NHS Constitution – 10-year review consultation response

Link to consultation here.

Responding to deterioration

This concerns the input families/carers can have in identifying changes to a patient's condition, and in raising concerns the local team is not responding to deterioration appropriately. The government proposes to add a new pledge:

> *The NHS pledges to provide patients (and their families, carers and advocates) who are in acute or specialist provider sites a structured approach to providing information about their or their loved one's condition at least daily and if they have concerns about physiological deterioration that are not being responded to, access to a rapid review by appropriate clinicians from outside their immediate care team.*

To what extent do you agree or disagree with this proposal? [Agree/Neither agree nor disagree/Disagree/Don't know]

Further views (250 words):

- The RCR supports this proposal.
- It is important that patients' loved ones' views are considered, as they often have clinically relevant information to impart. A structured approach could increase the chances this information is received and acted on, where appropriate.
- However, we must recognise that this may create an extra burden on an already severely over-stretched workforce. The RCR's latest census reports reveal that there is a 30% shortfall in clinical radiologists, and a 15% shortfall in clinical oncologists. 97% of radiology clinical directors and 100% of cancer centre heads of service are concerned about stress and burnout among their staff.[1] Moreover, nearly one in six consultant radiologists and around 13% of consultant oncologists lack the minimum 1.5 SPAs in their job plan for non-clinical work.
- Additional resources would need to be deployed to deliver this commitment consistently across the NHS. Yet the backdrop for doing so is far from auspicious.

[1] RCR, 2023 clinical radiology and clinical oncology census reports (June 2024). Available at: https://www.rcr.ac.uk/news-policy/policy-reports-initiatives/clinical-radiology-census-reports/

- It should also be noted that there is currently no mechanism for loved ones' involvement to take place. Such a mechanism would need to be developed and implemented.
- Therefore, any structured approach must carefully consider how it is to be implemented within existing capacity, and recognise that expanded workforce capacity may be required to meet new demands.

Health disparities

The government proposes to expand the current text of the Constitution to set out clearly how the NHS will understand the needs of different groups and how the NHS will act to reduce disparities in healthcare access and outcomes:

> *NHS organisations work with statutory and non-statutory partners, using the best data available, to understand the range of healthcare needs within and between local communities and how to tailor services accordingly and fairly, reducing disparities in access, experience and outcomes for all.*

To what extent do you agree or disagree with this proposal? [Agree/Neither agree nor disagree/Disagree/Don't know]

Further views (250 words):

- The RCR strongly supports this proposal.
- There is much work to be done to identify where health disparities exist and to stage effective interventions to reduce these disparities.
- The RCR's work has identified certain disparities in healthcare access that need to be addresses as a matter of priority. One such disparity is the sometimes stark difference in access to cancer care between those living in urban and rural areas.
    - For example, there are 8.8 radiology consultants per 100,000 older population in South East Scotland, but only 5.2 per 100,000 older population in the North of Scotland. North Wales has only 5.3 clinical oncologists per 100,000 older population, versus 7.4 per 100,000 in South West Wales.[2]
    - This entails longer waits for diagnosis and treatment for patients living in rural areas. For specialist treatment, such as interventional radiology, patients often have to travel great distances – or else are unable to access these treatments.
- There are other factors that must also be considered.
    - Though artificial intelligence shows much promise in healthcare, it is crucial that health inequalities are not exacerbated by the use of AI

[2] Ibid.

algorithms. It is a well-founded concern that an AI algorithm used to assist the diagnosis of cancer, for example, might systematically under-report potentially positive results among scans of individuals from certain ethnic groups, if the data on which the algorithm is trained and tested is not sufficiently representative of the population on which it is used. Already, certain ethnic groups are less likely to receive cancer diagnoses at stages 1 or 2. It is vital that procedures are put in place to ensure AI tools help to address, not add to, this problem.
    - Similarly, measures need to be taken to ensure the most at-risk groups are not overlooked when recruiting patients for cancer screening services.
- The RCR's recent report on the progress of the Community Diagnostic Centre programme shows that the programme has much potential to reduce disparities in access to healthcare by moving services into the heart of communities; but also shows that much more work remains to be done to ensure the programme reaches its full potential.[3] This includes, crucially, the workforce to provide CDCs' services.

Environmental responsibilities

The NHS is responsible for >30% of public sector carbon emissions. At COP26 the government committed to updating the Constitution to reflect the NHS's environmental duties as set out in the Health and Care Act 2022. They propose adding a new value of environmental responsibilities to the Constitution:

> *We play our part in achieving legislative commitments on the environment. We do this by improving our resilience and efficiency, while always prioritising value for money. We will never compromise standards of care or the needs of patients in pursuit of these targets.*

To what extent do you agree or disagree with this proposal? [Agree/Neither agree nor disagree/Disagree/Don't know]

Further views (250 words):

- The RCR supports this proposal.
- As the UK's largest employer, the NHS has a clear responsibility to consider the environmental impact of its activities. In a survey of RCR members, 91% of respondents were concerned about the effects of climate change (of which 54%

[3] RCR, *CDCs Unveiled: Challenges and Triumphs*. (2023) Available at: https://www.rcr.ac.uk/news-policy/policy-reports-initiatives/representing-your-voice-in-uk-parliaments/cdcs-unveiled-challenges-and-triumphs/

were highly concerned and 37% quite concerned).[4] Climate change is of course a major health risk; not only would a warming and more volatile climate increase the occurrence of health problems such as dehydration and disaster-related injuries, global migration could increase the UK population and thus the burden on the health service.

- However, reducing the NHS's environmental impact should not be done at the expense of providing healthcare. In a net-zero UK, the NHS may continue to be a net contributor to carbon emissions, and would need to be offset by net negative emissions from other sectors. Whilst the NHS should of course reduce its carbon footprint and environmental impact as much as possible, patient care is paramount.
- One aspect of the NHS's contribution to carbon emissions is the manufacture and operation of large, complex equipment such as MRI and CT scanners. In the modern healthcare context, their use is unavoidable. Diagnostics play a role in 85% of all clinical pathways.[5] Nonetheless, methods can be deployed to reduce environmental impact. For instance, managed equipment services contracts could be negotiated to ensure that scanners are upgraded and updated over the course of their lifetimes, rather than being replaced outright. Newer models can be more energy-efficient, however, so outright replacement may be the optimal decision in some instances.[6] Trust/health board leaders will need to use their best judgment in individual cases, ensuring clinical and environmental priorities are appropriately balanced.
- Other methods for reducing the NHS's environmental impact could include: investing in NHS buildings to improve their energy efficiency; using technology to reduce the need for staff and patient travel; increasing the use of electronic communications and reducing the use of paper.
- A significant proportion (34%) of RCR members said that the NHS's plan to be net zero by 2045 was not achievable.[7] The NHS should continue to set out in detail how it plans to reduce its emissions and how progress against its targets will be measured.

Patient responsibilities

The government proposes strengthening the responsibility patients have towards the NHS. Currently the Constitution asks patients to keep or cancel appointments in a

[4] RCR Insight Panel, medicine and the environment (2022). Data available on request.
[5] McCaughey and Powis, NHSE/I board meeting, Diagnostics: recovery and renewal (2020). Available at: https://www.england.nhs.uk/wp-content/uploads/2020/10/BM2025Pu-item-5-diagnostics-capacity.pdf
[6] RCR, *Equipped for the Future. Diagnostics equipment in NHS England: the case for investment.* (June 2024)
[7] RCR Insight Panel, medicine and the environment (2022)

reasonable time. The government wants to make this clearer. They also propose strengthening the NHS's responsibility to inform patients about appointments and consider accessibility needs:

> *Please keep appointments or reschedule or cancel as soon as you know you will not be able to attend the appointment. Receiving treatment within the maximum waiting times, as well as care to other patients, may be compromised unless you do. The NHS will communicate information about your appointment in a clear and timely way, including in alternative formats when this is appropriate and reasonable.*

To what extent do you agree or disagree with this proposal? [Agree/Neither agree nor disagree/Disagree/Don't know]

Further views (250 words):

- The RCR supports this proposal.
- Though it is hard to quantify their impact, long waiting lists for diagnosis and treatment are compounded by did-not attends (DNAs). The NHS treatment waiting list is currently at 7.5 million.[8] 91% of patients started their cancer treatment within 31 days, versus a target of 96%, in March 2024.[9] Too many patients are waiting too long to be diagnosed and begin treatment. This can have a significant impact on their health outcomes. Clearly, all possible action to reduce waiting lists needs to be taken.
- The RCR supports the role the NHS has in keeping patients informed, and in empowering them to make choices. There are a number of actions the NHS could take:
    - The NHS should shift to digital communications with patients at pace. Internal administrative processes and the postal service can be slow, resulting in patients not receiving notice of appointments in sufficient time to attend them. Whilst the NHS should be aware of disparities in access to electronic communications, its use should be expanded rapidly.
    - Likewise, the NHS App needs to continue to be rolled out, with expanded functionalities and driving greater uptake.
    - Artificial intelligence tools have the potential to make appointments and staff rotas more flexible and faster. However, investment is needed in

[8] Nuffield Trust, NHS performance tracker. Available at: https://www.nuffieldtrust.org.uk/qualitywatch/nhs-performance-summary
[9] RCR, Diagnostic and Cancer Waiting Times data for December 2023 (May 2024). Available at: https://www.rcr.ac.uk/news-policy/latest-updates/diagnostic-and-cancer-waiting-times-data-for-march-2024/

these tools to ascertain the feasibility of implementing them and to ensure they are beneficial to staff and patients.

- Also crucial is the need to join up systems and ensure different health sectors communicate with each other effectively. In particular, greater links are needed between primary and secondary care, and between secondary and social care. Forums to communicate best practice and drives to set out aims and deliverables are needed to ensure no region is left behind.
- The RCR would not support any punitive measures on patients who DNA. There can be many reasons for DNAs. Many are unforeseeable and cannot be prevented, especially if the DNA is a result of the patient's health condition, or if socioeconomic inequalities (e.g. lack of public transport links) interfere. Actions to reduce DNAs should be about supporting patients to make the right choices.

Research

Under the NHS Act 2006, NHSE, ICBs and the Secretary of State have a responsibility to facilitate and promote research and the use of evidence gathered from such research. The government wants to strengthen the existing pledge by adding the following (new text highlighted):

> *To inform you of research studies in which you may be eligible to participate… Health research and the offer to be part of research should be integrated into health and care across the NHS.*

To what extent do you agree or disagree with this proposal? [Agree/Neither agree nor disagree/Disagree/Don't know]

Further views (250 words):

- The RCR supports this proposal.
- Clinical research is the bedrock of evolving medical treatment, especially for cancer care. Advances in treatments – and thus in patient outcomes – are the direct result of clinical research.
- Research is also required for new innovations, such as AI tools. As mentioned above, we need to ensure these are safe and effective, and do not exacerbate inequalities. In particular, longitudinal patient studies are needed to evaluate long-term health impacts on patients whose treatment involves AI tools assisting in their diagnosis or treatment.[10]

[10] RCR, *Embracing AI to support the NHS in delivering early diagnoses* (Jan 2024). Available at: https://www.rcr.ac.uk/news-policy/policy-reports-initiatives/embracing-ai-to-support-the-nhs-in-delivering-early-diagnoses/

- Research opportunities should be framed in a way which encourages the active participation from the diverse communities which the NHS serves by carefully considering use of language, publicity materials and patient information.
- All research programmes should also collect adequate EDI-related data as part of recruitment of patients to ensure the breadth of participants represents the society from where they are derived but also, importantly, to ensure that the outcome of such work does not inadvertently disadvantage one particular group of the population.

Leadership

The government want to add to the existing pledges on leadership a pledge to reflect the role leaders play in creating good workplace cultures:

> *Both the handbook to the NHS Constitution and the Staff handbook outline the rights and pledges that are central to creating a positive and supportive culture in the NHS workplace. Strong and effective leadership, management and governance of NHS organisations is central to the delivery of high-quality care, will support learning and innovation and promote an open and fair culture.*

To what extent do you agree or disagree with this proposal? [Agree/Neither agree nor disagree/Disagree/Don't know]

Further views (250 words):

- The RCR supports this proposal.
- Strong leadership is essential to deliver effective services and ensure patient safety. Medical leadership in particular is crucial. Senior doctors have the knowledge, skills and expertise to shape services and respond to incidents in patients' best interests.
- The RCR recently responded to the Health and Social Care Committee's Inquiry into Leadership, Performance and Patient Safety.[11] We argued that medical leadership leads to better outcomes for patients and a more effective and rational service. We also argued that by far the largest factor influencing patient safety at present are persistent and growing workforce shortfalls – across the NHS, but specifically in the medical specialties. These shortfalls of course directly cause the barriers to medical leadership, as well as affecting the care patients can receive, despite medical professionals' best efforts.
- Our recommendations for government included the need to put in place systems to properly value medical leadership and support doctors to enter into

[11] RCR, *Making the case for medical leadership* (May 2024). Available at: https://www.rcr.ac.uk/news-policy/latest-updates/making-the-case-for-medical-leadership/

leadership roles; to ensure medical leaders receive the necessary training; to address crippling workforce shortfalls; to ensure job plans enable doctors to meet both their clinical commitments and leadership responsibilities; and to provide an update on progress made against the recommendations of previous reviews into this subject.

Sex and gender reassignment

1. The government wants to ensure patients feel confident they can request intimate care be carried out by somebody of the same sex and that this be accommodated where reasonably possible. They state they define sex as biological sex, and intimate care as examination of breasts, genitalia or rectum, and tasks such as helping a patient use the toilet or change continence pads. The government proposes to add a new pledge to the Constitution:

> *Patients can request intimate care be provided, where reasonably possible, by someone of the same biological sex.*

To what extent do you agree or disagree with this proposal? [Agree/Neither agree nor disagree/Disagree/Don't know]

Further views (250 words):

- The definition of sex and gender are both poorly defined in case law and poorly understood by many. The updated Constitution should be more specific in definitions and define which they are referring to otherwise continue to be subject to misinterpretation.
- The government should include the definitions it uses in the consultation documentation for both 'sex' and 'intimate care' in the NHS Constitution or in its Handbook, if it decides to proceed with the proposed change. This will ensure clarity for patients and staff.
- Further detail needs to be provided about what counts as 'reasonably possible' so that patients can understand when they can and cannot be seen by a member of staff of the same sex, and so staff can have confidence in their decision making.
- Moreover, the ability to request appropriate support for intimate examination is already enshrined in the NHS Constitution and in relevant professional guidance. Therefore, this proposed addition is an unnecessary step.
- Furthermore, the proposals would potentially infringe the privacy rights of a number of potential staff groups, particularly transgender colleagues who would be forced to disclose their gender identity to both their managers and also their patients. Disclosure of gender identity is, rightly, protected by law.

- This proposal is not practical or pragmatic particularly at times of very limited staffing resource in the NHS. The staffing and workload implications should be carefully considered.

2. The government also proposes to amend the Constitution pledge on sleeping accommodation. Currently, this pledge states patients will not have to share sleeping accommodation with members of the opposite sex except where appropriate. The government want to include detail on the accommodation of transgender patients specifically. They include the proposal that single-room accommodation be used for transgender patients if proportionate and legitimate. The new pledge would read:

> *If you are admitted to hospital, you will not have to share sleeping accommodation with patients of the opposite biological sex, except where appropriate. The Equality Act 2010 allows for the provision of single-sex or separate-sex services. It also allows for transgender persons with the protected characteristic of gender reassignment to be provided a different service - for example, a single room in a hospital - if it is a proportionate means of achieving a legitimate aim.*

To what extent do you agree or disagree with this proposal? [Agree/Neither agree nor disagree/Disagree/Don't know]

Further views (250 words):

- NHS England already has a robust policy in place which balances the needs of transgender, non-binary and cis-gender patients. It is therefore unclear whether there is adequate justification for these proposed changes to the Constitution.
- No definition of "opposite biological sex" or "women-only space" is provided in the Review, which makes further commentary difficult.
- The proposals potentially facilitate the prevention of transgender and non-binary patients from accessing appropriate accommodation which is affirming of their gender, and it is difficult to see how this is compatible with the Equality Act 2010.

- The proposed change is explained in relation to ensuring the 'privacy, dignity and safety of all patients'. However, no evidence has been provided to show that trans people on single-sex wards are the cause of any issues around the privacy, dignity or safety of other patients. The Review states that there should be 'a sufficiently good reason for limiting or modifying a transgender person's access' to a single sex space but fails to provide such a reason.
- The proposal to use single-bed rooms for transgender patients may prove to be problematic in practice, given the lack of bed space many hospitals already face

in general. Currently, the occupancy rate for overnight beds in NHS England is 90.3%.[12]

- Moreover, the estates in many NHS units are not designed for creating single-sex wards, and making that possible could entail significant upfront costs in terms of building works. In the short term, mandating single-sex spaces could potentially delay treatments, if the physical geography of an NHS unit is such that appropriate and sufficient single-sex bed space cannot be found.
- Further clarity would be needed on:
    - How the extra space required would be found
    - What would happen in the event that there were no available single-bed rooms for a transgender patient
    - Whether the use of single-bed rooms for transgender patients is expected to become the norm, or the exception, to the rule
    - How staff are expected to make decisions about the accommodation of transgender patients and the use of single-sex wards – the triggers for such a decision, the factors to consider, whether any overrides exist, and responsibility and liability for such decisions. In reality, there are already well-defined processes in place which accommodate the needs of a variety of patients, and very little evidence that they are not currently working well.
    - How the physical and mental healthcare needs of transgender patients may be affected by accommodating them in single-bed rooms versus on multi-bed wards.

3. The government further proposes that the Constitution statement that care should "meet your needs and reflect your preferences" includes "respecting the biological differences between men and women, such as sex-specific illnesses and conditions". The government proposes adding a new right to the Constitution:

> *You have the right to expect that NHS services will reflect your preferences and meet your needs, including the differing biological needs of the sexes, providing single and separate-sex services where it is a proportionate means of achieving a legitimate aim.*

To what extent do you agree or disagree with this proposal? [Agree/Neither agree nor disagree/Disagree/Don't know]

Further views (250 words):

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[12] NHS England, Bed Availability and Occupancy Data – Overnight, Quarter 4, 2023-24 (May 2024). Available at: https://www.england.nhs.uk/statistics/statistical-work-areas/bed-availability-and-occupancy/bed-data-overnight/

- It would be advisable to set out further detail for patients and staff on what is meant by 'proportionate means of achieving a legitimate aim', so everybody knows when single and separate-sex services are able to be provided and when they may not be possible. Without these further details, we cannot support the proposal.
- There is good evidence that transgender and non-binary patients have a poor experience of healthcare for a variety of reasons. Our concern with these proposals is that they may inadvertently widen discrimination, rather than reduce it, particularly with the use of language which further implies that transgender people are unwelcome in the NHS.
- The discourse around the guidance may cause misunderstanding. For example, trans women over the age of 50 need access to breast cancer screening if they have breasts. Whilst there's nothing in this proposed change that indicates they should be prevented from accessing it, there is a risk that healthcare professionals may misinterpret what is being recommended.

Technical changes to reflect the Equality Act 2010

The government proposes updating the language used in the Constitution to reflect the Equality Act 2010. This would entail changing 'gender' to 'sex', 'marital or civil partnership' to 'marital and civil partnership' and 'religion, belief' to 'religion or belief' Principle 1 of the Constitution would read:

> *It is available to all irrespective of sex, race, disability, age, sexual orientation, religion or belief, gender reassignment, pregnancy and maternity or marriage and civil partnership status*.

And the 'access to health services' would be amended to read:

> *You have the right not to be unlawfully discriminated against in the provision of NHS services including on grounds of sex, race, disability, age, sexual orientation, religion or belief, gender reassignment, pregnancy and maternity or marriage and civil partnership status*.

To what extent do you agree or disagree with this proposal? [Agree/Neither agree nor disagree/Disagree/Don't know]

- This change reflects the language of the 2010 Equality Act and it is important that the NHS Constitution reflects the law.

Further views (250 words):

- No further comments

Unpaid carers

1. The government proposes to update the Constitution in light of the Health and Care Act 2022 to reflect NHS England's duties towards unpaid carers – namely, to include them in planning/commissioning arrangements, in patient discharge plans, and in decisions relating to patients' diagnosis and treatment made by ICBs. An additional pledge would be added:

> *We pledge to recognise and value your caring responsibilities*.

To what extent do you agree or disagree with this proposal? [Agree/Neither agree nor disagree/Disagree/Don't know]

Further views (250 words):

- The RCR supports this proposal.
- Unpaid carers are essential in facilitating and providing patients' care and enabling their recovery or palliation – especially with cancer and stroke patients. Recognising the role they play is a welcome step.

2. A further additional pledge would concern how the NHS interacts with unpaid carers:

> *The NHS pledges to provide you the opportunity to give feedback, make suggestions and raise concerns about the care we provide for the person you care for. We pledge to respect your expertise, listen and to involve you in decisions (with the consent of the patient)*.

To what extent do you agree or disagree with this proposal? [Agree/Neither agree nor disagree/Disagree/Don't know]

Further views (250 words):

- The RCR supports this proposal.
- It is essential that carers' voices are heard, whether they be updating doctors on their loved ones' condition or raising concerns about their care.
- Further details would be welcome on how feedback will be gathered in a structured way (as with 'responding to deterioration') and how this change will be bedded-in evenly across the country.
- As with the proposal to considering loved ones' wishes in the response to deterioration, careful consideration must be made of the workload impacts on this proposal.

3. A further pledge would concern the right of carers to be involved in patients' care:

You have the right to be involved (with patient consent) at the earliest available opportunity when plans are being made to discharge the person you care for from hospital.

To what extent do you agree or disagree with this proposal? [Agree/Neither agree nor disagree/Disagree/Don't know]

Further views (250 words):

- The RCR supports this proposal.
- Swift discharge is essential to ensure beds are freed up for further patients, and thus to bring down waiting lists for treatment, and also to ensure patients do not deteriorate whilst waiting in hospital for discharge.
- Ensuring carers are informed and can help to produce the care plans they will deliver is crucial to enable safe discharge to be done swiftly.
- Yet, discharge must be safe. One part of this is ensuring there is adequate follow-on care for patients after leaving the hospital.
- We would like to highlight two barriers to safe discharge that must be addressed:
    - The way in which the NHS communicates with patients can be poor. Communications can be late or unclear. The system relies on paper-based methods too often, as electronic communications have not been properly adopted across the board.
    - Social care services are under severe strain, and this prevents the swift discharge of patients from acute settings. Many patients do not have the ability to pay for carers, may not have loved ones able to care for them, or may be unable to enter supported living arrangements. Action to address the crisis in social care services is essential.

Volunteers

The government proposes inserting a new sentence to recognise the role NHS volunteers play in the health service. This is to recognise the support the NHS must also supply to its volunteers, as well as the legal duties and responsibilities volunteers have. The new pledge would read:

The NHS recognises the incredibly important work volunteers undertake in making a difference to staff, patients and their families. Volunteers complement the NHS workforce; they do not replace it. The NHS will support and encourage volunteers in all aspects of their roles.

To what extent do you agree or disagree with this proposal? [Agree/Neither agree nor disagree/Disagree/Don't know]

Further views (250 words):

- The RCR supports this proposal.
- An enormous amount of work is done by unpaid volunteers in and around the NHS, and it is right that this is recognised.
- Nonetheless, it would be beneficial to elucidate what 'support' would mean in practice. If not remuneration, what can volunteers expect to receive from the NHS to enable them to continue to help deliver patient services.
- We should recognise also that many doctors are, in effect, also volunteers, in the sense that they routinely give up huge amounts of their time beyond their contracted hours to meet their clinical commitments and to deliver supervision and teaching to junior colleagues. In an ideal world, this would not be the case. Further investment is needed in the NHS workforce to ensure services are properly staffed to deliver care for patients and implement service improvements in a timely fashion.

Health and work

The current Constitution does not recognise the NHS's role in supporting people to enter and remain in work. The government proposes to add the following to the NHS value of 'improving lives':

> *We support people to remain in, and return to, work, reflecting the good impact that work can have on a person's health and wellbeing.*

To what extent do you agree or disagree with this proposal? [Agree/Neither agree nor disagree/Disagree/Don't know]

Further views (250 words):

- The RCR supports this proposal.
- The aim of care is to make patients well and enable them to live fulfilled lives. Work can be a crucial part of an individual's wellbeing and sense of self-worth. Patients should be supported to return to work wherever possible and beneficial.
- Care should not be compromised by a desire to get people back into work. Patients should not be expected to return to work before their health allows. This would be ultimately self-defeating.

Person-centred care

The government wants to amend the Constitution to reflect the rise in multimorbidity and the concomitant need to ensure different parts of the health and social care service are joined up effectively. The aim is to recognise the responsibility care providers have

to ensure the care they provide is patient-centred. An existing pledge will be amended to read:

> *Support a co-ordinated approach to your care and make the transition as smooth as possible between services, including physical and mental health services, particularly if you have a number of health conditions, and to put you, your family and carers at the centre of decisions that affect you or them*

To what extent do you agree or disagree with this proposal? [Agree/Neither agree nor disagree/Disagree/Don't know]

Further views (250 words):

- The RCR supports this proposal.
- Joined-up services are essential if patients are to receive the best possible care.
- For example, in cancer care especially, primary and secondary sectors need to speak to one another efficiently to ensure patients are referred and diagnosed quickly. This would enable the proportion of cancers being diagnosed at stages 1 and 2 to be increased, and thus patients' chances of survival raised.
- As mentioned in the response to the unpaid carers questions above, social care services are essential. Though not part of the NHS, they play a crucial role in the discharge and follow-on care of patients; their lack of capacity leads to high occupancy of NHS beds, including by patients who are medically fit to be discharged, leading to longer waits for all.
- We would advise that social care is included explicitly in this amended pledge, to recognise the crucial role it plays.
- Patients need to know the next steps of their treatment journey, clearly laid out ahead of time, and have confidence these will be fulfilled.
- Often, patients are invited to attend different investigations on different days, necessitating multiple visits. They may also need to return for their outpatient appointment(s), and sometimes find their results are not ready. This means they have to come back again. If possible, we need to build a model that minimises the number of visits a patient must make.
- To make this possible, we need:
    - Greater investment in IT systems. We must enable interoperability of different IT systems and software tools. The NHS needs to step up its cloud migration programme to bring all organisations up to date.
    - The NHS also needs more IT and managerial staff who can lead the way on digital transformation. These staff need also to be experts in fields such as AI. The NHS needs to ensure its offer is competitive to recruit and retain the best talent.

Other areas

Question

If you have any other comments about the NHS Constitution, please provide these.

None.