

Department of Health and Social Care

NHS Constitution: 10 year review

The NHS Constitution sets out the principles, values, rights and pledges underpinning the NHS as a comprehensive health service, free at the point of use for all who need it.

It empowers patients, staff and the public to know and exercise their rights in order to help drive improvements in quality, efficiency and responsiveness throughout the NHS. It brings together, in one place, existing rights as set out in various legislation. It does not, in itself, create new rights or replace existing ones.

We are now seeking views on how best to change the NHS Constitution. This consultation is part of the process to complete the 10 year review, as legislated for in the Health Act 2009.

The NHS Constitution applies to all those who use its many services, its staff and providers. During this consultation exercise, we want to hear from people across this broad spectrum, to help us define and enshrine the values of the NHS for years to come.

There is no word limit for responses, but to help with our analysis, please try to keep your answers to 250 words per question.

1. Responding to deterioration

Patients and their families, carers and advocates have a critical part to play in their care and can be uniquely placed to identify deterioration in their or their loved ones' condition, including where that indicates a need for an escalation in their treatment or care. We need to facilitate this input more effectively to ensure concerns are listened to and appropriately acted upon, including when there are concerns the local team are not responding to deterioration appropriately. We also need to take a structured approach to obtain information relating to a patient's condition directly from patients and their loved ones at least daily.

We propose adding the following new pledge for patients and the public under 'Involvement in your healthcare and the NHS':

"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? (optional)

- Agree
- Neither agree nor disagree
- Disagree
- Don't know

If you have any further views on the proposal, please provide these in up to 250 words, if possible. (optional)

2. Health disparities

There are stark disparities in how long people live and how long people live in good health across England. Poor health outcomes arise from particular combinations of factors and their impact varies geographically: inner city areas have younger populations but higher levels of homelessness and air pollution, and rural and coastal areas typically have an older age demographic, with some coastal areas and rural areas having high levels of deprivation (as addressed in the Chief Medical Officer's annual report for 2021).

Under the NHS Act 2006, NHS England and ICBs are required, in the exercise of their functions, to have regard to the need to reduce inequalities between persons with respect to their ability to access health services, and outcomes (including outcomes that show the quality of the patient experience). These and other duties on health bodies were strengthened in the Health and Care Act 2022. The Levelling Up White Paper and subsequent Levelling-up and Regeneration Act 2023 established the Levelling Up health mission to narrow the gap in healthy life expectancy by 2030 and increase healthy life expectancy by 5 years by 2035.

The NHS Constitution currently sets out, under the value 'Everyone counts', that:

"We maximise our resources for the benefit of the whole community, and make sure nobody is excluded, discriminated against or left behind. We accept that some people need more help, that difficult decisions have to be taken - and that when we waste resources we waste opportunities for others."

We propose adding the following sentence to the value 'Everyone counts' to provide further detail on how the NHS works to understand the needs of different people and reduce disparities: "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? (optional)

- Agree
- Neither agree nor disagree
- Disagree
- Don't know

If you have any further views on the proposal, please provide these in up to 250 words, if possible. (optional)

Acknowledging the urgent need of reducing disparities in healthcare access, experience, and outcomes for all is fundamental. Therefore, the RCGP welcomes this update in the NHS Constitution as health inequalities have worsened further in recent years and tackling them has become one of the key challenges of our health system. That is why the College has committed to contribute to reducing health inequalities as one of their key strategic priorities and has set a call in its [manifesto](#) to provide more support to patients in deprived communities.

We believe that reducing inequalities do require access to sound data for policymaking and tailoring interventions at local level. Health professionals need support to better understand the needs and outcomes of the populations they serve. Thus, the NHS should provide practices with access to robust local relevant datasets and the analytical capacity to use them.

The current statement calls to maximise the use of resources. We encourage to take that further as GPs across the UK are overstretched, doing their best to cope with growing patient demand with limited resources, particularly in the areas of great socioeconomic deprivation. Data shows that practices in the poorest areas have 14.4% more patients per fully qualified GP compared to wealthy areas, but receive 7% less funding after accounting for the additional needs of the population. Therefore, all general practice funding streams should be reviewed to channel more spending to the areas of greatest need, alongside an increased investment across general practice.

3.Environmental responsibilities

The NHS is a major contributor to the UK's carbon footprint, being responsible for over 30% of public sector emissions. The government has already placed legal duties on NHS bodies through the Health and Care Act 2022 that compel action on environmental issues.

As the hosts of the United Nations Climate Change Conference of the Parties (COP26) in 2021, the government further committed to updating the NHS Constitution to reflect its environmental responsibilities, while guaranteeing transparency for patients and the public on how this work aligns with the NHS's core principles and the government's overall environmental strategy.

We are therefore proposing to add a new NHS value of 'Environmental responsibilities': "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? (optional)

- Agree
- Neither agree nor disagree
- Disagree
- Don't know

If you have any further views on the proposal, please provide these in up to 250 words, if possible. (optional)

The RCGP has climate emergency a one of its strategic priorities and therefore welcomes similar commitments from the NHS. As part of the College's policy and campaigning work, we endeavour to advocate for clear policy asks to support general practice to improve the energy efficiency of its estates and implement climate adaptation strategies.

The RCGP is also aligned with supporting boosting sustainability which provides a cost-effective strategy to reduce carbon emissions and over-use of limited resources. For example, approximately 60% of carbon emissions in primary care come from prescribing. Reducing the environmental impacts of prescribing is the most significant direct measure general practice can take for the environment. It has been estimated that 10% of dispensed items are overprescribed, tackling will also reduce overall NHS expenditure. As stated in the proposed addition, it is important that any changes are not prioritised over patient care.

4. Patient responsibilities

The NHS belongs to all of us. There are things that we can all do for ourselves and for one another to help it work effectively, and to ensure resources are used responsibly. Currently, the NHS Constitution asks patients in 'Patients and the public: your responsibilities':

"Please keep appointments or cancel within reasonable time. Receiving treatment within the maximum waiting times may be compromised unless you do."

We propose strengthening this responsibility, to make it clearer that patients should cancel or rearrange appointments when they are unable to attend. We also propose

strengthening the responsibility on the NHS to communicate appointment information clearly with patients and consider accessibility needs.

Therefore, we propose changing this sentence to:

"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? (optional)

- Agree
- Neither agree nor disagree
- Disagree
- Don't know

If you have any further views on the proposal, please provide these in up to 250 words, if possible. (optional)

We agree with the statement above. Additionally, it is important to highlight the responsibility that every patient has to register with a GP to be able to access health services.

5. Research

Under the NHS Act 2006, the Secretary of State, NHS England and ICBs have duties to facilitate or otherwise promote research on matters relevant to the health service, and to facilitate the use of evidence obtained from research.

In partnership with the NHS, the National Institute for Health and Care Research (NIHR) has recently launched the Be Part of Research service to help support the discharge of these duties. Members of the public can sign up to the service and get in touch with researchers to discuss eligibility for participation in particular research studies. NHS England has also integrated the Be Part of Research service into the NHS App.

To better support our aim to embed research in the NHS, we propose strengthening the existing pledge ("to inform you of research studies in which you may be eligible to participate").

We propose adding an additional sentence to the pledge:

"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? (optional)

- Agree
- Neither agree nor disagree
- Disagree
- Don't know

If you have any further views on the proposal, please provide these in up to 250 words, if possible. (optional)

The College firmly believes in the value of research to substantiate healthcare decisions. That is why the RCGP has the Research and Surveillance Centre (RSC), a sentinel network that collects and monitors data from over 2000 practices across England and Wales. The RSC allows, among other things, to monitor the spread of communicable and respiratory diseases across primary care; this has been a crucial source of information for the UK Health Security Agency (UKHSA), particularly during the pandemic.

Therefore, the College welcomes initiatives such as Be Part of Research, and more concretely, the updated statement in the Constitution that embeds research into regular NHS work across the system.

Nonetheless, due to our position in the system, as GPs are data controllers, we are particularly careful of patients' data. That is why we would suggest that patients engaging in research initiatives are well informed by NHS about the conditions of the research they will be participating in, including which parts of their health record will be utilised, if their information will be shared in an identifiable or de-identifiable form, and who will be liable if a case of misuse occurs. In addition, we encourage robust data governance systems are in place as well as opt out options are available any time to patients, in order to protect patients taking part in these research projects. Hence, the Constitution statement should include a reference to the NHS information duty to patients in this regard.

6. Leadership

The NHS Constitution and the Staff handbook already include an extensive set of rights and pledges that are focused on ensuring staff have rewarding roles and feel supported in the workplace. These could be reinforced by reflecting the important role that leaders and senior managers can play in creating good workplace culture.

To achieve this, it is proposed that we add the following wording near the beginning of 'Staff: your rights and NHS pledges to you':

"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? (optional)

- Agree
- Neither agree nor disagree
- Disagree
- Don't know

If you have any further views on the proposal, please provide these in up to 250 words, if possible. (optional)

The RCGP acknowledges the comprehensive rights and pledges outlined in the NHS Constitution and Staff handbook, aimed at fostering a rewarding, supportive and diverse work environment. However, we believe more can be done, particularly in the unique setting of primary care and, more specifically, general practice. New to Practice Fellowships are valuable initiatives that support the transition of newly qualified practitioners into complex and unique clinical environments. These schemes offer a more defined route for GPs and GPNs to gain leadership and management skills and experience, and become embedded within PCNs and wider systems.

Furthermore, we recognise the indispensable role of HR and occupational health support in enhancing the well-being of GPs and their teams. Such support aids in maintaining effective team working, health and well-being of staff, and subsequently positively impacts patient experiences and outcomes. It is essential to acknowledge that the structures and provisions applicable in secondary care settings may not always be present, or feasible in primary care and general practice due to funding and distinct operational dynamics.

In conclusion, while the proposed wording in the Staff handbook is a step in the right direction, it is imperative that these principles are translated into actionable support to address the specific needs of primary care and general practice environments. Taking these steps, to ensure that all healthcare professionals, especially those in general practice, are equally supported to provide the highest standard of care will benefit both NHS staff and the communities they serve.

7. Sex and gender reassignment

In the NHS Constitution, 'Access to health services' includes a right for patients to "receive care and treatment that is appropriate to you, meets your needs and reflects your preferences".

We want patients to feel confident asking for care that meets their needs and preferences, including requests for intimate care to be carried out by someone of the same sex. We also want patients to have confidence that any such request will be accommodated, where reasonably possible.

Same-sex care is recognised through accompanying CQC statutory guidance to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The guidance sets out how providers should act when providing intimate or personal care, and make every reasonable effort to make sure that they respect people's preferences about who delivers their care and treatment, such as requesting staff of a specific sex. We are defining sex as biological sex.

We are defining intimate care as an examination of breasts, genitalia or rectum, and care tasks of an intimate nature such as helping someone use the toilet or changing continence pads. This definition aligns with that used by the General Medical Council.

The NHS Constitution does not currently reference same-sex intimate care. We want to introduce a new pledge to reinforce NHS healthcare providers' responsibilities to accommodate requests of this nature where reasonably possible.

We propose adding a pledge to 'Access to health services' to state that:
"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? (optional)

- Agree
- Neither agree nor disagree
- Disagree
- Don't know

If you have any further views on the proposal, please provide these in up to 250 words, if possible. (optional)

We are concerned about the direction of travel. It is important to provide further details or a list of what qualifies as "where reasonably possible". We believe that patients should be allowed to express a preference, but it should be clear that this cannot always be accommodated. Patients should most definitely have a right to access appropriately trained staff, but defining the sex of their healthcare professional is another matter.

Additionally, the statement threatens the NHS Professionals' right to anonymity. A doctor/nurse may not wish to declare their biological sex or to have their views in the public domain regarding their own identity. Moreover, we feel these professionals should not have to as long as they are appropriately trained and competent. We are concerned that this may put staff in an uncomfortable position. There may be staff working within the fields of obstetrics and gynaecology, urology, or sexual and reproductive health, who are transgender and have been practising for years. What is the expectation here on the doctor in terms of having to declare their "biological sex"?

Lastly, we are concerned that this may dissuade some health professionals from working in specialties where it is the norm for them to treat the opposite sex e.g female urology surgeons from treating men and male doctors training in obstetrics and gynaecology and sexual and reproductive health.

The NHS Constitution contains a pledge that states:

"if you are admitted to hospital, you will not have to share sleeping accommodation with patients of the opposite sex, except where appropriate, in line with details set out in the handbook to the NHS Constitution."

This means that patients should not have to share sleeping accommodation with patients of the opposite sex and should also have access to segregated bathroom and toilet facilities. Patients should not have to pass through opposite-sex areas to reach their own facilities. Women in mental health units should have access to women-only day spaces.

Sleeping accommodation includes areas where patients are admitted and cared for on beds or trolleys, even when they do not stay in hospital overnight. It therefore includes all

admissions and assessment units (including all clinical decision units), plus day surgery and endoscopy. It does not include areas where patients have not been admitted, such as accident and emergency cubicles.

Single-sex accommodation can be provided in:

- single-sex wards (this means the whole ward is occupied by men or women but not both)
- single rooms with adjacent single-sex toilet and washing facilities (preferably en-suite)
- single-sex accommodation within mixed wards (for instance, bays or rooms that accommodate either men or women (not both), with designated single-sex toilet and washing facilities preferably within or adjacent to the bay or room)

In considering how the provision of single-sex accommodation for men and women should apply to transgender people - a term used to refer to people whose gender identity is different from their biological sex - the needs of each patient in a ward or clinical area should be considered on an individual basis to understand how best to protect the privacy, dignity and safety of all patients. When making these decisions it is important to balance the impact on all service users and show that there is a sufficiently good reason for limiting or modifying a transgender person's access.

Recognising the concerns that patients may have about sharing hospital accommodation with patients of the opposite sex, we propose to amend the pledge to reflect the legal position on the provision of same-sex services and on which transgender patients can be offered separate accommodation as a proportionate means to a legitimate aim.

Specifically, the Equality Act 2010 expressly allows for the provision of single-sex or separate-sex services if certain conditions are met. Such provision must be a proportionate means of achieving a legitimate aim. The act also allows for persons with the protected characteristic of gender reassignment to be provided a different service in this scenario, provided such an approach is a proportionate means of achieving a legitimate aim. This could, for example, mean a transgender patient is provided with a single room in a hospital setting (provided other clinical priorities are considered). Any decision relating to accommodation of transgender patients should always consider the privacy, dignity and safety of all patients in a ward or bay.

We propose adding additional wording to the pledge on sleeping accommodation to state:

"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? (optional)

- Agree
- Neither agree nor disagree
- Disagree

- Don't know

If you have any further views on the proposal, please provide these in up to 250 words, if possible. (optional)

We recommend removing the example of a single room in a hospital. We believe the patient's clinical needs should be the priority, e.g., the patient requires this due to immunosuppression, infection risk or clinical circumstances. We do not think it is appropriate or fair for someone who is transgender to have an automatic right to a single room, over the clinical needs of someone who is not transgender. Additionally, we question how single rooms will be allocated here on the basis of perceived "need". Moreover, what guidance will be given to staff in terms of allocation. We all share accident and emergency, resus and ICU. Would a patient on immunosuppression be put in a bay, to allow someone who is transgender but with no additional clinical need to go in a single room?

In the NHS Constitution, 'Access to health services' includes a right for patients to "receive care and treatment that is appropriate to you, meets your needs and reflects your preferences". Meeting the needs of patients includes respecting the biological differences between men and women, such as sex-specific illnesses and conditions.

If these biological differences are not considered or respected, there is the potential for unintended adverse health consequences. Language, therefore, is very important when communicating with patients. Patients may be unclear about whether a specific condition applies to them and may not come forward for treatment if language is ambiguous. Clear terms that everyone can understand should always be used.

To this end, we propose adding a new right to 'Access to health services' to make clear patients have a right to expect that NHS services will reflect their preferences and meet their needs, including the differing biological needs of the sexes.

The wording we are proposing for the new right is related to the legal obligations on the NHS through the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014/2936 about providing person-centred care. It also aligns with the Equality Act 2010, specifically paragraphs 26, 27 and 28 of schedule 3 relating to separate services and single-sex services respectively.

We propose adding a right to 'Access to health services' to state that:

"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? (optional)

- Agree
- Neither agree nor disagree
- Disagree
- Don't know

If you have any further views on the proposal, please provide these in up to 250 words, if possible. (optional)

We believe patients have a right to access appropriately competent and trained professionals. Given that the NHS is currently underfunded with significant workforce challenges, we do not think reflecting preference is always possible and therefore the NHS Constitution needs to support both staff and patients alike. We are concerned that the support structure and resource is not yet in place at the current time, to give staff any chance of delivering on this pledge. A sufficient workforce and appropriate estates are an issue to accommodate this.

Additionally, it is important to consider the support that will be available to NHS staff who find themselves struggling with their own identity and are feeling pressured to declare this at work. Especially in the current context where the government has already tried to withdraw access to support for NHS professionals through schemes such as the Practitioner Health Services.

8. Technical changes to reflect the Equality Act 2010

The Equality Act 2010 establishes protection by references to the characteristic of sex as defined in the act. We therefore propose to change the language in the NHS Constitution from 'gender' to 'sex' to align with legislation where appropriate.

Additionally, we propose changing the language 'marital or civil partnership' to 'marriage and civil partnership' and 'religion, belief' to 'religion or belief' to align with the wording in the Equality Act 2010.

Under principle 1, the NHS Constitution currently sets out that:

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

Changing this or any other principle in the NHS Constitution would require the government to introduce secondary legislation.

Under 'Access to health services', the NHS Constitution currently sets out that:

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

We propose changing the language from 'gender' to 'sex', 'religion, belief' to 'religion or belief', and 'marital or civil partnership status' to 'marriage and civil partnership status' so that the amended text reads as follows.

Under principle 1:

"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."

Under access to health services:

"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? (optional)

- Agree
- Neither agree nor disagree
- Disagree
- Don't know

If you have any further views on the proposal, please provide these in up to 250 words, if possible. (optional)

9.Unpaid carers

The government is committed to supporting the health and wellbeing of unpaid carers and supporting people who are carers to balance employment with their caring responsibilities, where they wish to do so. The proposed amendments update the NHS Constitution to reflect changes introduced in the Health and Care Act 2022.

Section 10 of the Health and Care Act 2022 imposed a duty for NHS England to involve unpaid carers in the planning of commissioning arrangements and, in certain circumstances, the development and consideration of proposals by NHS England to change commissioning arrangements and decisions of NHS England relating to the operation of commissioning arrangements.

The Health and Care Act 2022 also includes provisions in respect of:

- the promotion of the involvement of unpaid carers in decisions by ICBs relating to the prevention or diagnosis or care and treatment of patients
- the involvement of unpaid carers in commissioning arrangements by ICBs
- where a patient is likely to have needs for care and support following discharge from hospital, the involvement of unpaid carers in discharge plans

Within 'Patients and the public: your rights and the NHS pledges to you', we propose referencing unpaid carers explicitly. The aim is also to reinforce the principle that the NHS has specific responsibilities towards unpaid carers as part of recent legislation and to capture duties and entitlements that have been introduced in the last 10 years relevant to unpaid carers and young carers.

We propose to add an additional pledge to 'Involvement in your healthcare and the NHS':

"We pledge to recognise and value your caring responsibilities."

To what extent do you agree or disagree with this proposal? (optional)

- Agree
- Neither agree nor disagree
- Disagree

- Don't know

If you have any further views on the proposal, please provide these in up to 250 words, if possible. (optional)

In line with the measures introduced for unpaid carers and the people they are caring for within the Health and Care Act 2022, we propose to add an additional right and pledge to 'Involvement in your healthcare and the NHS':

"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? (optional)

- Agree
- Neither agree nor disagree
- Disagree
- Don't know

If you have any further views on the proposal, please provide these in up to 250 words, if possible. (optional)

We propose to add an additional right to 'Involvement in your healthcare and the NHS':
"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? (optional)

- Agree
- Neither agree nor disagree
- Disagree
- Don't know

If you have any further views on the proposal, please provide these in up to 250 words, if possible. (optional)

10. Volunteers

Within 'Staff: your rights and NHS pledges to you', we propose inserting an additional sentence at the end of the pledges section recognising the importance of the role NHS volunteers play in contributing to the success of the health service. This will signal the support the NHS will continue to offer to volunteers who play a vital role in making a difference to patients and services.

While volunteering sits inside a different legal framework to employment, volunteers still have important legal duties and responsibilities. Therefore, we also propose inserting a sentence at the end of the responsibilities for staff section to reflect the responsibilities all volunteers have to the public, patients, fellow volunteers and staff.

We propose adding a new pledge to the staff section:

"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? (optional)

- Agree
- Neither agree nor disagree
- Disagree
- Don't know

If you have any further views on the proposal, please provide these in up to 250 words, if possible. (optional)

11. Health and work

Work is an important determinant of health, both directly and indirectly on the individual, their families and communities. Fifteen million of the working age population have a long-term health condition and although 10 million of those are in employment, many with long-term conditions are economically inactive.

The government has an ambitious package of support to help people with health conditions and disabled people to start, stay and succeed in work. In the Spring Budget 2023 and the Autumn Statement 2023, we announced new investment to improve access to joined-up work and health support.

The only reference to employment in the current NHS Constitution is with regard to NHS employees' rights and this does not reflect the NHS's key role in supporting people to work.

We propose adding the following wording to the NHS value '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? (optional)

- Agree
- Neither agree nor disagree
- Disagree
- Don't know

If you have any further views on the proposal, please provide these in up to 250 words, if possible. (optional)

The RCGP encourages those who can work to return where appropriate and with the proper occupational health support in place. In response to the Fit Note call for evidence by DHSC and DWP, we are adamant that any reformations will not compromise the

patients' ability to access the care they need. It is also important for employers to ensure adequate adjustments can be made for individuals that require it where appropriate.

12. Person-centred care

With 1 in 4 adults living with at least 2 health conditions, for many people care is rarely about a single visit to a single service. To effectively support people to manage the complexity of multiple health conditions, there is an increased need for co-ordinated clinical support across primary, community and secondary care. A critical aspect of this is greater join-up between mental and physical health services. Experiences of healthcare and support should feel person-centred, co-ordinated and tailored to the needs and preferences of the individual, their carers and family. This expectation is also set out in CQC's fundamental standards, which includes a standard on person-centred care.

We propose amending the existing pledge in 'Access to health services' from:
"make the transition as smooth as possible when you are referred between services, and to put you, your family and carers at the centre of decisions that affect you or them"
to:

"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? (optional)

- **Agree**
- Neither agree nor disagree
- Disagree
- Don't know

If you have any further views on the proposal, please provide these in up to 250 words, if possible. (optional)

The RCGP agrees with the proposed statement as GPs recognise and deliver high quality, person-centred care, always striving to provide patients with continuity of care and a truly holistic approach to medicine that treats the whole person, not just their condition and that is rooted in the community.

13. Other areas

We know you come into contact with the NHS throughout your lives, and the rights and pledges within the NHS Constitution cover the breadth of experiences you have when you use NHS services. We're keen to hear whether you feel the NHS Constitution reflects the experiences you have and gives you the support you need in your care and your working lives.

We welcome comments on any further areas you believe we should consider, which can be best delivered through the NHS Constitution, and anything you feel should change in the current document.

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

End of consultation