Health Bill: Second Reading Briefing

Protecting Patient Voice in the NHS and Social Care

The Health Bill abolishes the current legislative arrangements for a separate and distinct body to gather and report on patient, carer and care user experience, ending more than 50 years of statutory independent user voice in the health and care system.

Healthwatch England's functions will be transferred into the Department of Health and Social Care, and Local Healthwatch functions will be taken on by Integrated Care Boards (for health) and local authorities (for social care).

Government argues this will bring patient insight "closer to decision-making". However, others have argued that bringing patient voice entirely in-house risks creating a perception that the NHS is being left to "mark its own homework".

No evidence has been presented by the government to support its argument that in-house patient voice functions are more effective at securing change. Indeed, there are many examples, from Mid-Staffs hospital through to the numerous recent maternity failings, where internal functions have failed catastrophically.

If Parliament supports these reforms, it should seek to learn from the successes of Healthwatch and push for greater safeguards to ensure the new system remains transparent, accountable, and able to hear from the most marginalised communities.

Why This Matters

Independent patient voice functions have historically played three critical roles:

1. Surfacing uncomfortable truths

Independent bodies have often highlighted problems missed by internal performance systems. For example, recent work by Healthwatch identified widespread failures in NHS referral processes, with 1 in 7 referrals delayed, lost or never sent. This issue is a key driver or poor patient experience but is invisible in the way the NHS currently measures performance.

2. Maintained confidence that feedback will be acted on

For example, the Healthwatch network's continual efforts reporting poor experiences of NHS dentistry, and how between 2018 and 2022 this grew into a full-blown national crisis. This led to policy focus and commitments for change – including the current government's reform plans - on a service that had relatively little attention over the previous decade.

3. Reaching under-represented communities

Independent organisations are often better able to build trust with communities less likely to engage directly with the NHS, including disabled people, ethnic minorities and inclusion health groups such as people experiencing homelessness.

In 2024 almost a quarter (24%) of NHS patients in a national poll said they had experienced poor care in the last year, yet more than half (56%) took no action. For one in five of these (20%) this was because they were scared that giving negative feedback directly to NHS services would affect their ongoing treatment – with women, people living in areas of greater deprivation, disabled people and unpaid carers all significantly more likely to give fear of retribution as a reason for not speaking up.

Four Safeguards Parliament Should Seek

Transparency

The Bill should ensure patient experience data are published and without interference.

Parliament should seek:

- requirements for the routine publication of patient feedback data, themes and demographics – making it clear who is having their voice heard and who isn't
- protections for the editorial independence of patient experience functions
- a duty on ICBs and local authorities to ensure quantitative and qualitative feedback data is fed in near real-time to the new Directorate of Patient Experience in the DHSC

Accountability

Listening alone is not enough - systems must demonstrate that feedback leads to change.

Parliament should seek:

- a statutory duty on DHSC, ICBs and councils to routinely report how feedback has informed decisions, including where the system has been unable to take action based on what people have told them (this needs to go significantly further than the current requirements on complaints which found that just 12% of NHS trusts were meeting their statutory reporting obligations)
- annual scrutiny of local response to feedback at Overview and Scrutiny Committees
- CQC oversight of how well ICBs and councils are discharging feedback functions
- an annual national "Patient Mandate" to be produced by the DHSC reporting to Parliament on the areas patients, carers and care users want to see prioritised and outlining where previous feedback has led to tangible improvements in care.

The new Director of Patient Experience should also be established in legislation, similar to the National Data Guardian or Patient Safety Commissioner, to enable it to operate with sufficient authority among senior colleagues and send a strong message to the system about the importance being placed on this new model for improving patient experience.

Equity

There is a significant risk that bringing engagement fully in-house will weaken participation from communities least likely to trust NHS institutions.

The value of Healthwatch is not that it is there to listen to those who come forward with feedback, the NHS already has systems that can do this that generate millions of pieces of feedback each year, for example the Friends and Family Test, the national patient surveys programme, and in the future the NHS App. Healthwatch's true value is in combining the listening function with deep trusted connections to communities.

A clear expectation needs to be set out in the Bill that ICBs and local authorities should commission trusted external voluntary and community sector partners to continue to undertake targeted engagement with marginalised groups to ensure their voices are heard.

Resourcing

No clarity has yet been provided on how these new functions will be funded. This reform comes alongside major reductions in ICB running costs. Parliament should seek assurances that user voice functions will be properly resourced nationally and locally.

The Healthwatch network currently receives £25.9 million a year, spread across 153 organisations. This is about 60% less in real-terms than the £43.5 million DHSC originally estimated would be needed to fund the network (worth £63.7 million in 2026 according to the Bank of England). With the abolition of Healthwatch there is a real risk that the money it receives is cut from the patient experience infrastructure entirely, with ICBs and local authorities expected to fund their new responsibilities from existing allocations.

Questions for Ministers

- How will the Government ensure that the major reorganisation set out in this Bill won't derail the issues that really matter to patients, e.g. improving access to GPs and planned hospital care?
- How will the Government ensure patient experience findings can be published independently of Departmental / commissioner communications processes?
- What safeguards exist to ensure that difficult or politically inconvenient feedback is still surfaced publicly?
- How will ICBs be supported to engage communities who may not trust the NHS?
- What mechanisms will allow Parliament and local communities to assess whether feedback has resulted in service change?
- Why has the Government chosen not to place additional statutory protections around the new Director of Patient Experience?