THE STATEMENT OF
NHS Accountability

for England
21 January 2009
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**Target audience**
- PCT CEs, NHS Trust CEs, SHA CEs, Care Trust CEs, Foundation Trust CEs, Trust Board Chairs, Special HA CEs, Directors of HR, Directors of Finance, Allied Health Professionals, GPs, Communications Leads, Emergency Care Leads.

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- PCT CEs, NHS Trust CEs, SHA CEs, Care Trust CEs, Foundation Trust CEs, PCT Chairs, NHS Trust Board Chairs, Special HA CEs, Directors of HR, Leads, Emergency Care Leads, Voluntary Organisations/NDPBs.

**Description**
This document describes the system of responsibility and accountability for taking decisions in the NHS.

**Cross reference**
- NHS Constitution, Government Response to the Consultation on the NHS Constitution.

**Superseded documents**
- NA

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For recipient use
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Introduction

The NHS Constitution commits the Government to providing a statement of NHS accountability which describes the system of responsibility and accountability for taking decisions in the NHS. This document accompanies the NHS Constitution and provides a summary of the current structure and functions of the NHS in England.

The NHS is a system of organisations responsible for organising and providing a comprehensive health service. The NHS is founded on the principles of access being equal for all, and services being free at the point of use and based on clinical need, not ability to pay.

The funding for running the NHS is granted to the Department of Health by Parliament out of national taxation. There is therefore a continuous thread of accountability to the Government running throughout the NHS. The Secretary of State for Health is accountable to Parliament, and through Parliament to the voters, for the promotion of a comprehensive health service and for the use of public money. Any decision taken by ministers in relation to health policy can be scrutinised by Members of Parliament.

The NHS in England currently spends around £100 billion a year – equivalent to nearly £2,000 per person on average. The majority of the funding granted to the Department of Health by Parliament is allocated directly to local organisations known as primary care trusts, which use it to commission services for their population (refer to the section on primary care trusts on page 9).

This Statement of Accountability describes how the NHS in England works and who is responsible for its different parts. Responsibility for healthcare in Scotland, Wales and Northern Ireland is devolved to the Scottish Executive, the Welsh Assembly Government and the Northern Ireland Assembly respectively. However, the governments of England, Scotland, Wales and Northern Ireland have signed up to a set of common principles. The fundamental principles of the NHS are therefore the same across the United Kingdom.

‘Commissioning’

Primary care trusts are responsible for assessing the needs of their local population and putting in place NHS services to meet those needs. This process is called ‘commissioning’.
Roles and responsibilities

**NHS services – Provider organisations**

A range of organisations provide NHS services direct to patients, including:

- hospital trusts;
- mental health trusts;
- ambulance trusts;
- GP practices;
- dental practices;
- community pharmacies;
- optical practices; and
- NHS Direct.

All organisations that provide care for NHS patients are responsible for ensuring that their services meet appropriate levels of safety and quality.

Most NHS services are provided by ‘NHS bodies’, which are part of the public sector. There are also many other types of organisation involved in providing NHS care, including providers from the independent sector or third sector. For example, pharmacies tend to be independent sector organisations, and most GPs and dentists have traditionally worked as contractors for the NHS, either individually or in partnerships. The third sector includes organisations such as local community groups, voluntary groups, registered charities, social enterprises and co-operatives. All organisations contracted to provide NHS services must meet the NHS’s required levels of care.

There are two main ways in which organisations providing care for NHS patients are held to account for the quality of their services:

1. By the local primary care trust, which generally has the power to end the contract with the provider or to commission services from elsewhere; and
2. By the regulators. The role of the regulators is explained below.
GP practices
The family doctor or general practitioner (GP) is the first point of contact with the health service for most people. Most people are registered with a GP practice and have an ongoing relationship with that practice. GPs diagnose and treat a range of conditions, help people manage long-term conditions, such as diabetes, and, where necessary, refer patients to other healthcare services. The majority of practices also provide additional services such as vaccinations and immunisations, and antenatal and postnatal care. Some GP practices provide more specialist services, such as minor surgery.

There are other ways to access NHS services directly for urgent and emergency care, including NHS Direct, NHS walk-in centres, GP out-of-hours services and accident and emergency.

Dental practices
Dentists offer check-ups, advice on oral health and prevention of oral disease, as well as routine dental treatments and emergency help if you have a particular problem.

Pharmacies
Pharmacists are experts in medicines and how they work. They dispense prescriptions, provide a range of services related to specific health issues, and can give advice on healthy living and minor ailments.

NHS Direct
NHS Direct is a national service providing health advice and information 24 hours a day through a national telephone number (0845 46 47), the NHS Choices website (www.nhs.uk) and a digital TV service. NHS Direct is staffed by experienced teams of nurses and health advisors who can assess how urgently treatment might be needed and advise on the best course of action.

NHS Direct provides confidential information on:
- what to do if you or your family are feeling ill;
- particular health conditions;
- local healthcare services, such as doctors, dentists or late night opening pharmacies; and
- self-help and support organisations.

NHS trusts
NHS hospital, mental health and ambulance services are generally provided by ‘trusts’. They are managed as separate organisations and are run by a board, which includes a chief executive, a chair and non-executive directors. Non-executive directors are often people with experience of the business, public or voluntary sector who usually come from the local area.
NHS foundation trusts
NHS foundation trusts are part of the NHS.

High-performing NHS trusts can apply for foundation trust status and the Government intends for all NHS trusts to become NHS foundation trusts over time. They must be well managed and financially robust to be granted NHS foundation trust status.

NHS foundation trusts provide the same kind of services as any other hospital, mental health or ambulance trust but are accountable in a different way and have greater freedoms. They were created to move decision-making from central government to local organisations and communities so that services could become more responsive to the needs and wishes of local people. This means that, unlike other NHS bodies, NHS foundation trusts are not overseen by strategic health authorities or the Department of Health but are instead regulated by an independent body called Monitor.

Like all NHS bodies, NHS foundation trusts are accountable to the primary care trusts that commission services from them. They are also accountable to their local populations through a board of governors: members of the public, patients and staff can become members of their NHS foundation trust. The membership elects the board of governors, which is made up of patients, the public and staff through locally run elections. Local stakeholders are also represented on the board of governors. The governors’ role is to represent the interests of patients and the local community in the way the trust is managed.

NHS foundation trusts are financially independent organisations with greater freedom over the way they shape the healthcare services they provide. They are free to manage their own budgets. However, national standards and the legal framework for the NHS are the responsibility of ministers and apply to NHS foundation trusts just as they do to other parts of the NHS.
Heart of England NHS Foundation Trust – An example

Heart of England NHS Foundation Trust provides over 40 different healthcare services and is based across four sites: Birmingham Heartlands Hospital; Solihull Hospital; Good Hope Hospital; and Birmingham Chest Clinic.

The services provided by the Trust include general medical, surgical and accident and emergency services, as well as specialist services, such as:

- cardiology;
- dermatology;
- orthodontics;
- paediatrics;
- radiology; and
- speech and language therapy.

There are other NHS organisations working to support these providers, and to help ensure the NHS delivers the kind of care patients and the public need.

The local NHS – Primary care trusts

At the local level, the primary care trust is the key organisation responsible for ensuring there is a comprehensive range of health services for the local population.

Increasingly, primary care trusts call themselves by the name of their local area. For example, NHS Oxford is the primary care trust responsible for ensuring the provision of NHS services in the Oxford area. Primary care trusts commission healthcare services for their area. They often also directly provide some NHS services, such as community health services. Overall, they control the vast majority of the NHS budget.

Primary care trusts are responsible for improving the health and well-being of their local population. To achieve this, they are under a legal duty to work with the local authority to assess what kind of health services people need. They then commission services to meet those needs. This is done in partnership with local clinicians, who are involved in service planning and commissioning decisions.

Primary care trusts can commission services from a range of different organisations. Any service a primary care trust commissions will always be NHS-funded but it can be provided by voluntary or independent sector organisations as well as NHS organisations. Primary care trusts generally hold the providers of these services to account via contracts. Primary care trusts can ask the regulators to step in if the providers are not meeting the expected standards.
Primary care trusts are held to account by strategic health authorities. The board of the primary care trust is accountable to the board of the strategic health authority covering that region.

The health of the public, however, is not solely the responsibility of the NHS. The wider local public sector, as well as employers, and voluntary and community groups, all have a vital contribution to make. Primary care trusts work directly with other local partners such as local authorities, including children’s services and housing services, to promote and protect the health and well-being of the local population. All primary care trusts are also part of a body called a local strategic partnership, which is led by the council. This body brings together at a local level the different parts of the public sector as well as the private, community and voluntary sectors, for example, police, fire and rescue services, charity groups, local businesses and more, to co-ordinate plans and make sure the right services are delivered.

It is important that primary care trusts engage with their local populations and their partner organisations to take account of local views. There are a number of ways in which they can do this, in addition to their work with Local Involvement Networks and the local authority’s overview and scrutiny committees (see page 15). For example, they might decide to create a local membership system with members drawn from the public, or invite local councillors to sit on their board.

**NHS Leeds – An example**

The primary care trust in Leeds serves a population of 720,000 and has an annual budget of almost £1 billion. It commissions services from over 100 GP practices, as well as dental practices and community pharmacies. Many community health services, such as district nursing, are commissioned from the primary care trust’s arm’s-length provider. NHS Leeds commissions hospital and specialist care from a range of providers, including:

- Leeds Teaching Hospitals Trust;
- Leeds Partnership NHS Foundation Trust;
- Harrogate & District NHS Foundation Trust;
- Mid Yorkshire Hospitals NHS Trust; and
- the independent sector.
The regional NHS – Strategic health authorities

Strategic health authorities are the regional headquarters of the NHS and carry out functions delegated to them by the Secretary of State. They are accountable for the performance and management of the healthcare system. Each strategic health authority is responsible for ensuring that patients have access to high-quality services in its area. Strategic health authorities oversee the performance of primary care trusts and NHS trusts, and are responsible for supporting NHS trusts to reach foundation trust status. They hold primary care trusts to account and are themselves directly accountable to the Department of Health.

There are 10 strategic health authorities covering regions across England. For example, NHS Yorkshire and Humber is responsible for overseeing all the NHS services in that region.

The national level – The Department of Health

The Department of Health is a government department. Its overall aim is to improve the health and well-being of the people of England. To do this it:

- develops the strategy and direction for the healthcare system;
- develops the legislative framework; and
- secures and allocates resources for healthcare services.

The Department is accountable to Parliament and the public. The Department does not lead on the day-to-day running and organisation of health services.

The Department of Health is made up of civil servants who advise the Secretary of State for Health and other ministers on health policy. The Secretary of State is a politician and is the Cabinet minister responsible for health in England. He or she takes decisions on national health policy.

The Chief Executive of the NHS sits in the Department of Health and is responsible for delivery and leadership in the healthcare system on behalf of the Secretary of State. The Chief Executive is the chief policy adviser to ministers on NHS matters.

The Department also has responsibilities beyond the NHS, including:

- setting the strategic framework for adult social care; and
- taking the lead on issues such as environmental hazards to health, infectious diseases, health promotion and education, the safety of medicines, and ethical issues in health and social care.
Independent regulators
The NHS is underpinned by a system of regulation, which is independent from government and from the NHS itself. It is there to ensure that the care patients receive is safe and of acceptable quality. The regulators also make sure the bodies or healthcare professionals they regulate are sound and fit for purpose.

Care Quality Commission
From April 2009, the safety and quality regulator for all health services will be the Care Quality Commission. The Care Quality Commission will also regulate adult social care services.

The Care Quality Commission’s principal functions in relation to healthcare will be to:

- register healthcare providers (whether or not they provide services for the NHS);
- monitor compliance with registration requirements and, if necessary, use its enforcement powers to ensure all service providers meet those requirements;
- review and publish comparative information on organisations providing and commissioning healthcare, and undertake reviews or studies of particular types of care; and
- monitor the operation of the Mental Health Act and Mental Capacity Act.

The Care Quality Commission will publish independent assessments of how organisations are performing by drawing on a range of sources of information, including what patients and the public tell them. It will also report annually to Parliament on how the health and social care systems are working overall.

The Care Quality Commission will have the power to inspect all registered healthcare providers. It will also have the power to suspend services, impose fines, prosecute or deregister organisations if it has evidence that suggests a serious problem that may be putting patients at risk.

Monitor
Unlike NHS trusts, which are overseen by strategic health authorities, NHS foundation trusts are regulated by Monitor, an independent regulator. NHS foundation trusts are assessed by the Care Quality Commission in the same way as other hospitals.

NHS trusts have to apply to become NHS foundation trusts. Monitor assesses and decides on their applications. It also ensures that NHS foundation trusts meet the conditions it sets for the way they operate so that they are well managed and financially robust. It has powers to intervene in the running of an NHS foundation trust to safeguard NHS patients and services.
Monitor is accountable to Parliament but independent of the Secretary of State.

Professional regulators
There are a number of regulatory bodies that are responsible for the regulation of healthcare professionals. A list is provided at the back of this document. An example is the General Medical Council, which regulates doctors.

The professional regulators are independent bodies responsible to Parliament which register and regulate the training and practice of health professionals. They safeguard the safety and the quality of the care that patients receive from health professionals. This includes dealing with concerns about misconduct raised by patients, their families or other professionals. Professional regulators certify new practitioners and ensure that they maintain standards and remain fit to practise.

Information on how to report a health professional to the relevant professional regulator is available on the website of the Council for Healthcare Regulatory Excellence, which provides an oversight role on professional regulation (there is a link to its website at the back of this document).

Other specialist national bodies
There are a number of national bodies involved in the provision or organisation of NHS services. They have responsibility for things which are best done or co-ordinated at the national level. Some examples are as follows:

- The NHS Blood and Transplant Authority is responsible for the supply of blood, organs, plasma and tissues across the NHS;
- The Medicines and Healthcare products Regulatory Agency is responsible for ensuring that medicines work and are acceptably safe; and
- The National Institute for Health and Clinical Excellence (NICE) is responsible for producing national guidance on which drugs and treatments are clinically and cost effective, as well as guidance on promoting good health.
How the NHS is accountable at a local level

While the NHS is a national system that is primarily held to account nationally, there is also a range of ways in which it is accountable to patients and the public at a local level. Some of the main ways are described here.

Duty to involve and report to the public

NHS bodies are under a legal duty to involve people who use health services or their representatives in decisions about those services. This duty applies to strategic health authorities, primary care trusts, NHS trusts and NHS foundation trusts. The duty applies to the planning of health services, proposals for changes in the provision of services and decisions that will affect the way services operate.

Strategic health authorities and primary care trusts are also under a legal duty to report publicly on how they have involved people in their activities and on the impact of the consultation on their decisions. Members of the public are also able to attend the board meetings of strategic health authorities and primary care trusts.

There are opportunities to give feedback on local services through regular patient surveys.

NHS foundation trust membership

Members of the public, patients and staff can become involved in the running of their NHS foundation trust by becoming a member of it. Members are able to stand and vote in elections for governors of the NHS foundation trust. The board of governors works with the board of directors to ensure that the interests of the members are reflected in the way that the NHS foundation trust is managed. The board of directors is responsible for the day-to-day running of the trust.
By law, the board of governors:

- appoint and remove the chair and non-executive directors, and decide their pay and terms and conditions;
- approve the appointment of the chief executive; and
- must be consulted on the NHS foundation trust’s annual plan.

**Local Involvement Networks**

Local Involvement Networks (LINks) give citizens a voice in how their health and social care services are planned and delivered. LINks are made up of individuals and community groups who work together to improve local health and social care services. Local authorities are responsible for making arrangements to establish LINks but LINks operate independently.

The role of LINks is to find out what people want, allow them to suggest ideas for improving services, monitor local services and look into specific issues of concern to the community. Primary care trusts, NHS trusts and NHS foundation trusts are legally obliged to allow LINks representatives to enter and view their services.

NHS organisations are required to respond to recommendations made by LINks and be clear about what actions they will take as a result.

**Overview and scrutiny committees**

The public’s opinion can also influence local health services through the overview and scrutiny committees of local authorities. Overview and scrutiny committees are made up of elected local councillors, supported by council officials. They allow democratically elected community leaders to voice the views of their constituents and require local NHS bodies to listen and respond.

Overview and scrutiny committees have the power to scrutinise the operation and planning of local health services. They can require the NHS to provide information and explanations about how the needs of the local population are being addressed.
What to do if things go wrong

Any comments, whether positive or negative, can be fed back to the primary care trust or directly at the point of care, either to the clinician providing care or through the Patient Advice and Liaison Service (PALS). PALS are available in most hospitals and primary care trusts, and act on behalf of patients when handling concerns. The NHS has its own complaints procedure which is always the first step for any complaint about the NHS. For information on how to complain about NHS services, please refer to page 11 of the Handbook to the NHS Constitution.

Parliamentary and Health Service Ombudsman
If you are not satisfied with the way your complaint has been dealt with, you have the right to take your complaint to the Parliamentary and Health Service Ombudsman. The Ombudsman’s services are confidential and free.

The Ombudsman conducts independent investigations into complaints that government departments, a range of other public bodies in the UK, or the NHS in England have not acted properly or fairly, or have provided a poor service.

The Ombudsman can look at complaints about the actions of providers of NHS care, as well as primary care trusts and strategic health authorities. The Ombudsman can also look at complaints about the Department of Health, the Care Quality Commission and Monitor.

The Ombudsman is accountable to Parliament and independent of government and the NHS.
How to find out more

NHS Choices: www.nhs.uk
Department of Health: www.dh.gov.uk
Care Quality Commission (takes over the regulation of health and social care on 1 April 2009): www.cqc.org.uk
Monitor: www.monitor-nhsft.gov.uk
Council for Healthcare Regulatory Excellence: www.chre.org.uk
General Medical Council: www.gmc-uk.org
The Nursing and Midwifery Council (which regulates nurses, midwives and specialist community public health nurses): www.nmc-uk.org
The Health Professions Council (which regulates 13 professions, including paramedics and physiotherapists): www.hpc-uk.org
The General Dental Council (which regulates dentists, dental hygienists and dental therapists): www.gdc-uk.org
The General Optical Council (which regulates dispensing opticians and optometrists): www.optical.org
The General Chiropractic Council (which regulates chiropractors): www.gcc-uk.org
The General Osteopathic Council (which regulates osteopaths): www.osteopathy.org.uk
The Royal Pharmaceutical Society of Great Britain (which regulates pharmacists): www.rpsgb.org.uk
LINks: www.dh.gov.uk/en/Managingyourorganisation/PatientAndPublicinvolvement/dh_076366
The Parliamentary and Health Service Ombudsman: www.ombudsman.org.uk