Department of Health

The NHS Constitution: Government response to consultation on new patient rights

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Foreword

The NHS Constitution is a demonstration of our commitment to safeguarding the NHS for generations to come and presents a clear picture of the values and enduring principles of the NHS. It enables everyone to see clearly what the NHS stands for, what they can expect of it, and what they are entitled to.

The Constitution is a living document and this is why we brought forward proposals to extend patients' rights still further by establishing entitlements to an NHS Health Check and around waiting times.

And just as the Constitution was developed in partnership with the public, patients and staff, it was critical that these proposals for extending our ambitions for the Constitution were also based on a foundation of partnership. It was for this reason that we sought the views of as many people as possible, with each primary care trust conducting its own local consultation exercise.

I have been struck by the level of response to this consultation and I am delighted that so many people were able to take part. The overwhelmingly positive response endorses our commitment to the NHS Constitution and to securing the successes of the NHS. And the Government's response today is the first of many steps towards a system where individuals have clear entitlements over the services they receive, backed by clear and effective means of redress, and away from one based largely on targets and central direction.

The fact that I am in a position today to announce patient rights to waiting times is testimony to the enormous achievements of the NHS over the last ten years. It is on the basis of those achievements that we can build a truly great NHS for the years to come.

The responses to this consultation have also confirmed my view that we should be pressing ahead with greater choice around end-of-life care, so that people have the option to die in their home if they wish to and I will bring forward further proposals on this.

I would like to thank each strategic health authority and primary care trust for engaging their populations during this consultation, and for ensuring we move forward with a true consensus. And I would like to thank everyone who took the time to respond and share their views.

Andy Burnham
Secretary of State for Health

1. Executive summary

1. A 3-month consultation was held over proposals to introduce new rights into the NHS Constitution, and the role of Constitution champion. The consultation questions asked whether a right should be created in respect of waiting times, and NHS Health Checks. The consultation also asked whether a number of other potential future rights should be explored, and asked for thoughts on the role of Constitution champion.

2. The proposal to create new rights reflects progress in reducing waiting times for elective care and for access to cancer specialists. This progress means that we are now in a position to 'lock in' current performance levels as patient rights in the NHS Constitution. Creating these rights continues the shift from centralised control and targets towards an NHS where power is in the hands of patients and the public.

3. Over 8,000 people responded to the consultation which involved both local engagement activities carried out by primary care trusts (PCTs), and a national consultation process. We have carefully considered the responses and have today published a revised NHS Constitution including a new right to start non-urgent treatment within 18 weeks, and to see a specialist where cancer is suspected within 2 weeks of referral, or for the NHS to take all reasonable steps to offer a range of alternative providers where this is not possible. This right will commence on 1 April 2010. We will include a right to an NHS Health Check in 2012, and will continue to explore the introduction of further entitlements as NHS services continue to develop.

2. Context

4. The NHS Constitution was published on 21 January 2009. It brought together, for the first time, the principles, values, rights and responsibilities that underpin the NHS. It is designed to be an enduring and evolving document that reflects what matters most to people and their growing and changing expectations. Any proposed changes to the Constitution must be considered carefully and patients, the public, staff, and anyone who may be particularly affected by a proposed change must be consulted before changes are made.

5. Our aim has always been for the Constitution to keep up with progress in the NHS and people's changing expectations of it, which is why, in November, we brought forward proposals for further patient rights, and why we have signalled our intention to develop further proposals on one-to-one support for people with cancer.

6. A public consultation was launched on 10 November 2010 that sought people's views on including new patient rights around waiting times and NHS Health Checks in the NHS Constitution. The consultation also asked for views on five other areas in which patient rights could be introduced in the future, and for thoughts on what role a local 'Constitution champion' could play.

7. In recent years, significant progress has been made in reducing waiting times and targets have played their part in making this improvement. Establishing a patient right in the NHS Constitution to access services within waiting time standards would 'lock in' this progress.

8. Similarly, the NHS Health Check programme is already being rolled out and introducing a patient right to receive an NHS Health Check would help make this commitment enduring.

9. The creation of rights in this way will help move health services away from a system based largely on targets and central direction towards one where individuals have clear entitlements over the services they receive, backed by clear and effective means of redress.

3. The consultation process

10. The consultation ran between 10 November 2009 and 5 February 2010. The NHS Constitution is at the heart of the NHS and affects everyone, so it was important that the consultation involved as many people as possible and that we heard the full range of views of staff, patients, and the public.

11. It was also important that the voices of local people, and those who are sometimes hard to reach, were heard alongside those who spoke for national organisations and people who felt more able to express their views. PCTs were therefore asked to carry out local consultation and reach out to people in their local areas. Strategic health authorities (SHAs) consolidated these responses and reported them back to the Department of Health. These responses were supplemented by a centrally run national consultation process.

12. The locally led approach involved over 175,000 people in the consultation process, generating over 8,000 consultation responses. A number of hard to reach groups were also involved, such as travelling communities, the sensory impaired, individuals with learning disabilities, the homeless, and listeners to alternative language radio stations.

13. PCTs were asked to engage with their local communities in innovative ways, whilst utilising existing networks where they were established to ensure that costs were kept to a minimum. PCTs rose to this challenge by, for example, using social networking websites, placing articles in local media and by cascading messages through local public and patient groups, such as Patient Advisory and Liaison Services (PALS) and Local Involvement Networks (LINks).

14. Over 2,000 responses were also received to the national consultation. This included over 150 organisations, from a wide spectrum of third sector and NHS bodies, representing a diverse range of stakeholders and geographic locations. A list of responding organisations is included at **Annex 2**.

4. Results of the consultation

15. We were pleased with the very high number of people involved in the consultation process, which reflects the success of the local engagement activities PCTs carried out, and the level of interest in the Constitution.

16. Overall, there was a very high level of support for all of the proposals. The issues discussed below are those which were most commonly raised, but should be taken in the context of this significant level of support.

Waiting times right

17. The consultation asked:

    Should a right in respect of waiting times be established and included in a revised NHS Constitution?

    If so, should the right include:

    - *the current standard for treatment within 18 weeks?*
    - *the current standard for urgent referrals of suspected cancer to be seen by a specialist within two weeks?*

18. There was overwhelming support for the creation of this new right, with nearly 90% of respondents in favour of it as a whole (80% of respondents agreeing that a right should be created to include the current standard for treatment within 18 weeks, and 92% of respondents thinking that it should include the current standard for urgent referrals of suspected cancer). Comments supporting this proposal highlighted the progress already made in reducing waiting times and welcomed the clarity and reassurance the new rights would provide for patients.

19. Where respondents had concerns about the proposals, they tended to questions whether the maximum waiting times could be shorter and whether a new right might lead to litigation.

20. The current 18-week waiting time allows for pre-treatment tests and assessments to be carried out and, in practice, many patients already start treatment well before 18 weeks, with the average length of wait being just 8 weeks. The consultation was about 'locking in' current performance levels and the new right has been based on existing performance levels, as we are confident that they can be delivered without distorting priorities, diverting resource from other important NHS services, or reducing the quality of treatment (which were concerns expressed by other respondents).

21. Introducing a new right to start treatment or see a specialist within set maximum waiting times, or to an alternative provider where this is not possible, gives a clear commitment to maintaining performance levels and enables individuals to take action if their expectations are not met.

22. We are aiming to continue reducing waiting times; there are, for example, plans to offer all patients access to tests which can confirm or exclude cancer within one week. It is also expected that the new right will provide an additional stimulus to improve performance in the instances where waiting time standards are not met. When we are confident that the NHS can deliver against shorter waiting times, we will be able to investigate tightening up waiting time standards still further.

23. A very small proportion of respondents were concerned that the introduction of new rights could lead to increased litigation against the NHS. The NHS Constitution was never intended to be a lawyers' charter and there is no evidence to suggest that there has been an increase in litigation since its introduction. It is unlikely that the introduction of the new rights will change this, particularly as they are supported by a simple mechanism that enables patients to seek an alternative when their original choice of provider cannot deliver on their waiting time commitments.

24. A small proportion questioned the use of private providers as part of the offer of alternatives for individuals who are not treated or seen within 18 weeks or 2 weeks. It was felt that this may lead to funding going out of the NHS and de-stabilising the NHS. However, as explained in the consultation document, only private providers which meet NHS standards and the NHS tariff should be included in the range of alternative providers offered to a patient. This is simply an extension of the existing policy of free choice in the NHS and does not risk de-stabilising NHS providers.

Government response

25. As a result of the widespread support for the proposals contained in the consultation, we have included a new right in a revised version of the NHS Constitution, published alongside this document. The right will come into effect on 1 April 2010. It reads:

    'You have the right to access services within maximum waiting times, or for the NHS to take all reasonable steps to offer you a range of alternative providers if this is not possible. The waiting times are described in the Handbook to the NHS Constitution.'

26. The Handbook to the NHS Constitution has been amended to indicate that the waiting time standards to which this right applies are:

    - the 18-week standard from referral to consultant-led services to the start of treatment for patients with non-urgent conditions; and
    - the 2-week standard from referral to seeing a specialist for those with suspected cancer.

27. This right will be established via legally binding directions on PCTs and SHAs that have been published alongside this document and take effect from 1 April 2010. The directions will require PCTs to:

    - make arrangements to ensure that the waiting time standards are met;
    - take all reasonable steps to offer a range of alternative providers if the waiting times are not, or will not, be met in an individual case and the patient requests an alternative; and
    - ensure that patients have a point of contact at their provider, and one at their PCT, who will be able to help arrange treatment at an alternative provider, where possible.

    Some of these obligations fall to SHAs in relation to patients on 18-week pathways for nationally commissioned services.

28. The standard NHS contract for hospital services requires providers to comply with obligations placed on PCTs regarding waiting times.

29. Guidance to SHAs, PCTs and providers has been published alongside this document to help them fulfil their new legal obligations.

Should GPs provide specified information to patients on their rights around a 2-week referral?

30. Good communication between GPs and patients with suspected cancer is of particular importance, both for the patients' well-being and in the context of this right.

31. We are aware that GPs sometimes choose not to explain to patients why they are making an urgent referral, often because they may be concerned about causing undue stress or worry, especially when most urgent referrals do not result in a cancer diagnosis.

32. In response to this consultation question, most people agreed that GPs should tell their patients the reasons for their referral. Many respondents felt that GPs were already providing sufficient information to patients, although a similar number of people felt that this was not the case. On balance, therefore, we believe the provision of information could be improved.

33. We also acknowledge that GPs are faced with the difficult decision of balancing the potential stress or worry that suspected cancer may cause patients, against the possibility that patients may choose to delay their initial appointment if they are unaware of the potential urgent need for them to see a specialist. However, it is important that patients are aware of their rights, so that they can take action if they are not seen within their 2-week referral time. In order to exercise their right, patients will need to be made aware of the urgency of their referral, although, of course, this will need to be explained in a way that best suits each individual.

34. We will therefore work closely with GP leads and the Royal College of General Practitioners to develop some good practice guidance for GPs on informing patients about the reason for their referral. This will be designed to stress the importance of attending appointments without raising fears or causing undue stress to patients. We intend to publish this guidance later in the Spring.

35. We are also working on the production of a patient information leaflet about the new right to support this communication.

NHS Health Checks

36. The consultation asked:

Do you agree that a right to a NHS Health Check every five years for those aged 40-74 should be established, with effect from April 2012, and be included in a revised NHS Constitution?

37. There was extensive support for the introduction of a right to an NHS Health Check. Typically, respondents felt that this proposal would provide a welcome focus on prevention of ill health and help individuals take control of their own health by strengthening links to awareness of risks and health education.

38. Of the small proportion of respondents who raised concerns about this proposal, some questioned the need for a right to a NHS Health Check, some were concerned about the right placing an undue burden on the NHS, and some queried the age range proposed.

39. A few respondents felt that this right was not necessary, as people can already contact their GP and ask for checks on their health that are appropriate to them. However, many of the people who are most at risk from vascular disease, or who are unaware that they are at risk, are less likely to request or present themselves to health services for advice on preventive action they could take to reduce their risk. The NHS Health Check programme will ensure that everyone who is eligible for a check will be invited for one and this will help ensure that people who are most at risk from vascular disease have their risk assessed regularly and are offered preventative interventions. This approach should also address the concerns that a small number of respondents had about the 'worried well' taking up the offer of an NHS Health Check at the expense of those who are more in need.

40. Some respondents raised concerns about the cost of the NHS Health Check programme and were concerned that it would place an undue burden on the NHS and/or distort priorities. The programme is already being rolled out and has been budgeted for, so does not represent an extra pressure on the NHS. Economic modelling of the programme also indicates that it is both cost- and clinically-effective and that it has a total net benefit. The phased approach to implementation will allow the NHS to build up capacity to meet the demand

in services stimulated by the programme. Further details of the economic analysis and impact assessment that supports the programme can be found at:
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsLegislation/DH_090351

41. Some respondents felt that the age range should be extended to include the under-40s and/or over-74s, though there was no consensus on how far the range should be extended. It is important to remember that the NHS Health Check programme is a risk assessment and management programme, which has been developed in accordance with National Institute for Health and Clinical Excellence (NICE) guidance. All the interventions which form the programme are recommended by NICE, and the age range was selected in the light of these NICE guidelines. The programme's primary aim is to prevent disease and reduce people's risk of vascular disease (heart disease, stroke, diabetes and kidney disease) rather than detect and treat existing disease. Therefore, after careful analysis, an upper age limit of 74 was set.

42. In addition, many people over 74 will already have one of these conditions (about 80%) and are usually in frequent contact with their GP (with an average of 5 – 7 visits each year). On those visits, GPs would use their clinical judgement and carry out tests accordingly. The lower age limit was selected as there is a lower risk of vascular disease in younger people, but there is a lack of evidence of the effectiveness of some of the interventions involved in the programme amongst people younger than 40.

43. Nevertheless, PCTs have the flexibility to extend the range of people to whom an NHS Health Check is offered, where they consider it appropriate to meet the needs of their population. As this is a new programme, our intention is to put in place a mechanism which will review the programme, including the age range, to ensure it remains both clinically and cost effective and reflects new developments and advances in this area.

Government response

44. In response to the broad support for the proposals put forward in the consultation, we will bring forward a new right to come into force on 1 April 2012. The right will read as follows:

'You have the right to an NHS Health Check every five years if you are eligible for one. If you are not offered one at the provider you approach, you have the right to see an alternative provider.'

45. This right will also be established via legally binding directions on PCTs. These will be issued before the right comes into effect. They will place a legal duty on PCTs to ensure every eligible individual for whom they are responsible is offered an NHS Health Check, or is provided with one following a request, as part of a five-year rolling programme. In the meantime, we will continue to rollout the NHS Health Checks programme, with the aim of full rollout by April 2012, subject to the next spending review.

Other opportunities for future patient entitlements

46. The consultation asked whether people agreed to exploring potential future rights for patients and the public in the areas of:

- evening and weekend access to GPs;
- access to NHS dentistry;
- personal health budgets;
- choosing to die at home; and
- waiting times for cancer diagnostics.

47. Responses to the consultation indicate that the majority of people are in favour of exploring potential future rights in most of these areas. This helps to set the direction of travel for the NHS Constitution and we intend to bring forward fuller proposals in these areas once further progress has been made and the NHS is in a position to deliver on them.

- For GP access, we will seek to introduce a right as soon as practically possible, once the arrangements relating to the removal of practice boundaries and the delivery of extended opening hours have been worked through with the profession.
- For dentistry, the NHS is working to ensure that, by March 2011, everyone who seeks access to NHS dentistry can get it, and the NHS Operating Framework reflects that commitment. We will look to bring forward proposals at that point.
- For the choice to die at home, we will consult on more detailed proposals within the next Parliament. If the responses to that consultation are favourable, we will look to introduce this right as soon as possible.

- For waiting times for cancer diagnostics, we have commenced plans to deliver cancer diagnostic tests within 2 weeks by 2011 and within 1 week by 2015/16 and will bring forward proposals for a right to support this.

48. The responses to the proposals around personal health budgets were mixed. Some respondents felt that this would be an important area to explore in the future, whereas others did not. This may reflect the fact that we are at an early stage with piloting the policy and the fact that people may be less familiar with it. The recent consultation on personal health budgets regulations and guidance[1] set out our intentions in more detail. There was clear support for the policy in responses to that consultation.

49. However, personal health budgets raise lots of complexities, and there are a number of issues we need to work through. It is for this reason that we are currently piloting the policy and carrying out a robust independent evaluation, before bringing forward any proposals for a right in this area. The pilots are due to last until 2012.

50. Some respondents reflected the importance of hospice care, as well as the option to choose to die at home. We agree that hospices play a key role in supporting people to die in their place of choice in the community, and they are in an ideal position to bid for funds to implement the End of Life Care strategy.

Constitution champion

51. The consultation described the potential role of 'Constitution champion' and asked:

- *Do you agree the role of the Constitution champion should be determined locally by PCTs; and*
- *Do you think there are any particularly important aspects of the role?*

52. Amongst those who expressed an opinion, there was significant support for the local determination of the Constitution champion role. Some respondents felt that there was no need for a separate role to be created because its functions were already fulfilled elsewhere. However, by giving flexibility to PCTs, they will be able to shape the role so that it adds value to the functions that are already carried out by others.

1 Direct Payments For Health Care: A consultation on proposals for regulations and guidance http://www.dh.gov.uk/en/Consultations/Closedconsultations/DH_107425

53. Whilst some respondents felt that the role should be independent and/or have power to impose sanctions, there was a strong feeling that this role should not duplicate functions that are carried out elsewhere. There are already independent bodies that can influence health care services locally, and voice concerns raised by patients and the public (such as Local Involvement Networks (LINks) and Patient Advice and Liaison Services (PALS)). There are also independent bodies assessing health care provision (for instance the Care Quality Commission and the Health Service Ombudsman). Enabling the Constitution champion role to be shaped locally will ensure that it adds value to the mechanisms that are already in place locally to influence services, rather than duplicating them.

54. A minority expressed concern that the local determination of the role could potentially result in variation between PCTs in how effectively the Constitution is championed. However, we believe that introducing the role of Constitution champion will help ensure that the NHS Constitution is embedded consistently across the NHS. The local element to the role may mean that its precise functions vary between PCTs but this will ensure that it is responsive to local needs.

55. A number of respondents stressed the need for Constitution champions to develop strong links with local stakeholders and voluntary sector organisations, and we agree that this is an important aspect to the role. The report by the State of Readiness Group[2], published in December 2009, includes recommendations about the role of Constitution champion, including a recommendation to liaise with LINks and patient advocacy groups at the local level. PCTs have already been encouraged to implement these recommendations and this should help support Constitution champions in forging links.

56. Many respondents suggested a number of specific elements that the role should incorporate. The most common suggestions were:

- ensuring that locally diverse populations are heard;
- reporting on how the Constitution is being implemented locally;
- assessing patient feedback; and
- developing links to local organisations.

2 The NHS Constitution – The State of Readiness Group (SORG) report http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_109417

57. We agree that these aspects to the Constitution champion role could usefully be developed, according to local need. The Chief Executive of the NHS, Sir David Nicholson, has written to all Chief Executives of PCTs alongside this publication to recommend that they take this forward locally.

5. Next steps

58. A revised NHS Constitution and Handbook to the NHS Constitution have been published alongside this Government response. These include details of the new right to waiting times which will come into effect from 1 April 2010. Some minor updates have also been made to some of the references in the NHS Constitution and Handbook to the Constitution.

59. Directions have been issued to PCTs which give the new right its legal underpinning. Guidance has also been issued to PCTs and providers to help them understand and fulfil their new obligations: http://www.dh.gov.uk/en/Healthcare/NHSConstitution/DH_093437

60. Information to help patients understand their rights around waiting times will be published shortly, and guidance to help GPs in their conversations with patients around referrals for suspected cancer is being developed.

61. The NHS Health Check programme continues to be rolled out across the country and the majority of PCTs have already started, or will shortly be, offering NHS Health Checks. Directions supporting a right to an NHS Health Check will be published in 2012.

62. A range of communication activity is underway to engage patients, the public and front line staff with the Constitution. Working closely with patient and staff groups, the third sector, and appropriate stakeholders, we expect the combination of national, regional and local efforts to raise awareness and understanding of the Constitution amongst staff, patients, and the public. We expect that the Constitution will increasingly become part of everyday life in the NHS. It will also continue to form the basis for the relationship between staff, patients and the public – a relationship based on partnership, respect and shared commitment where everyone knows what they can expect from the NHS and what is expected from them.

Annex 1: Summary of consultation questions

Should a right in respect of waiting times be established and included in a revised NHS Constitution?

If so, should the right include:

- the current standard for treatment within 18 weeks?
- the current standard for urgent referrals of suspected cancer to be seen by a specialist within two weeks?

Should GPs provide specified information to patients on their rights around a 2-week referral?

Do you agree that a right to a NHS Health Check every five years for those aged 40-74 should be established, with effect from April 2012, and be included in a revised NHS Constitution?

Do you agree we should explore potential future rights for patients and the public in the areas set out in chapter 3?

Do you agree the role of the Constitution champion should be determined locally by PCTs?

- Do you think there are any particularly important aspects of the role?

Annex 2: List of organisations responding to the national consultation

Age Concern and Help the Aged
All Families Positive Health
Alzheimer's Society
Arthritis Care
Asian Community Leaders
Association for Perioperative Practice
Association of Directors of Public Health
B. E. E. A. S.
Bangladeshi Support Centre
Birmingham Children's Hospital
Bliss
Bowel Cancer UK
Breakthrough Breast Cancer
Breast Cancer Care
British Association for Counselling and Psychotherapy
British Dental Association
British Heart Foundation
British Medical Association
British Orthopaedic Association
Bromley LINk
Brookside Group Practice
BTUH
Bucks Signposting/Advocacy
Cambridgeshire and Peterborough Foundation
Campaign to Save Finsbury Health Centre
Cancer Research UK

Carers UK
Carers UK Somerset Branch
Citizens Advice Bureau
Community Voice
Company Chemists Association
Compassion in Dying
Crossroads Care Harrogate, Craven & York
Darlington Borough Council
Dartford and Gravesham NHS Trust
DeafBlind UK
Dental Practitioners Association
Diabetes UK
Doddington Patient Participation Group
Durham County Council
Ealing Hospital NHS Trust
East Riding of Yorkshire LINk
Elders Council of Newcastle
EMAS Trust
Fifty and Counting
Fitness Industry Association
Foundation for People with Learning Disabilities
FPA
GAIN
General Medical Council
Ghar Se Ghar Exercise Class
Great Western Hosptials NHS Foundation Trust
Guy's and St Thomas's NHS Foundation Trust
Halifax and District Irish Society
Halton LINk
Hampshire Partnership NHS Foundation Trust

Haverhill Association of Voluntary Organisations
Hearts of Positive Energy – HOPE
Help the Hospices
Hillingdon LINk
Huntingdonshire District Council
Infant and Dietetic Foods Association
Ipswich and Suffolk Council for Racial Equality
James Paget University Hospitals NHS Foundation Trust
Keep Our NHS Public
Kent Haemophilia Centre
King's Fund
Lancashire Teaching Hospitals NHS Foundation Trust
Lewes District Council
LINk Bristol
London Borough of Lambeth
Luton & Dunstable Hospital NHS Foundation Trust
Luton and Beds Cancer User Group
Macmillan Cancer Support
Macmillan GP Advisors
Marie Curie Cancer Care
Marlow People's Action Group
Men's Health Forum
Migrants Resource Centre
Mind
Monitor
Motor Neurone Disease Society
Muscular Dystrophy Campaign
National Council for Palliative Care
National Osteoporosis Society
National Rheumatoid Arthritis Society

NAVCA
Newcastle Deaf Community Event
Newcastle Under Lyme Borough Council
NHS Ashton, Leigh & Wigan
NHS Bassetlaw
NHS Cambridgeshire and Peterborough Foundation Trust
NHS Confederation
NHS Coventry and Warwickshire
NHS Devon
NHS Direct
NHS Dorset Healthcare
NHS East of England
NHS Foundation Trust for Gloucestershire
NHS Hammersmith and Fulham
NHS Islington
NHS Leeds and Partnership Community Healthcare
NHS Oxfordshire
NHS Peterborough
NHS South East Essex
NHS Suffolk
Norfolk and Norwich University Hospitals
Norfolk Mental Health Alliance
North Staffordshire Carers Association
Nottinghamshire County LINk
PALS, West Hertfordshire NHS Trust
Parkinson's Disease Society
Patient Assembly Mayday University Hospital
Patients Association
Patients Participation Group from Pear Tree Surgery, Kingsbury, North Warwickshire

Peterborough Paediatric Speech and Language Therapy Service.
Peterborough PCT
REACH
Rethink
Roche
Royal College of General Practitioners
Royal College of Midwives
Royal College of Nurses
Royal College of Paediatrics and Child Health
Royal College of Physicians
Royal College of Radiologists
Royal National Institute for the Blind
Royal Pharmaceutical Society of Great Britain
Royal Wolverhampton NHS Trust
Runnymede Borough Council
Saltbox
Sandwell and West Birmingham Hospitals NHS Trust
Save Frenchay Hospital Group
Sense
Shandwell
Sheffield 50+
Sheffield Children's NHS Foundation Trust
South Central Specialised Commissioning Group
South East Essex LINk
South East Essex PCT
South Tyneside NHS Foundation Trust
Specialist Healthcare Alliance
Specialised Healthcare Alliance
Staffordshire Health Scrutiny Committee
Sue Ryder Care

Stoke on Trent LINk
Sunderland Carers Centre
Sutton, Kingston and Epsom Working Age Group – PDS
Teignmouth Senior Council for Devon
Terrence Higgins Trust
The Blackdown Practice
The Civil Service Pensioners' Alliance
The Kidney Alliance
The Princess Alexandra Hospital Trust
The Queen Elizabeth Hospital, King's Lynn, NHS Trust
Turning Point
Tyneside Council Overview and Scrutiny Committee
UNISON
University of Portsmouth
Voluntary Norfolk
Waveney Local Strategic Partnership
West Herts NHS Trust
Which
Wolverhampton LINk
Women's Institute of Maldon and District

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