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**healthwatch**

**11 November 2024**

*By Email*

**Rt Hon Wes Streeting MP, Secretary of State for Health and Social Care**  
**Department for Health and Social Care**  
**39 Victoria Street**  
**London**  
**SW1H 0EU**

Dear Secretary of State,

We are writing in our capacity as a statutory consultee to the government's mandate to NHS England to formally reflect the input we have shared with your officials in recent weeks. Our input to the mandate is based on the evidence we receive directly from the public and experiences shared by patients and service users with the network of 153 local Healthwatch across England.

We acknowledge that the NHS Mandate for 2024 comes later than usual due to the July General Election and subsequent change of government. It also comes shortly after publication of the independent Darzi investigation into the state of the NHS and at a time when you have embarked on a public and staff engagement exercise to inform the new 10-year-plan, due next Spring. We appreciate therefore that this year's Mandate is an 'interim' statement of priorities and that a fuller Mandate will be published in Spring 2025, again after consultation with Healthwatch England.

To inform this year's Mandate, we have highlighted three key priorities:

### **1. Primary care**

Problems accessing primary care services remain the top area of concern reported to us by the public. NHS dentistry, in particular, remains out of reach to great swathes of the population who live in 'dental deserts', can't afford dental charges or are unable to travel to out-of-area practices.

We have seen no direct evidence of improvements in access since 1 March 2024, when a Dental Recovery Plan was launched by the previous government, involving incentive payments for dentists to see patients on the NHS who had not had contact with a practice in the previous two years.

We would urge you to clarify if there are lessons to be learned from that initiative and to set out how NHS England should implement your government's Dental Rescue Plan, including delivering an 700k extra urgent appointments for patients, as pledged during the Election. Overall, we call for a clear signal to be sent to integrated care boards on making concerted efforts to recover NHS dental access – building on positive examples of flexible commissioning - and protect ring-fenced dental budgets.



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## 2. Waiting well

Your focus on reducing elective waiting lists is welcome. However, alongside reducing wait times the NHS must improve the quality of waits for people. The Darzi report noted: '[Research](#) from Healthwatch England highlighted that 45 per cent of those on lists received none or not enough information while waiting. 82 per cent received no help at all with pain relief, physiotherapy or mental health support while waiting.'

Getting the right information is also vital to referrals progressing to hospital appointments. Our [GP referrals research](#) found that patients not given any information or support were less likely (59%) to see their referral progress to an appointment or waiting list than those who did (74%).

Healthwatch believes NHS England, integrated care boards and trusts should work together to ensure patients: are given regular information on operation or appointment dates (in a format that works for them); know who to contact if they have questions or need to report changes in symptoms; and are given support, when required, for symptom management, mental health and wellbeing, and transport. A named, single point of contact, and referral management via the NHS App, for those who can use this method, would significantly improve the experience of waiting for care. This is a key health inequalities issue: our research has shown that people who are on lower incomes, disabled or from an ethnic minority background are likely to wait longer and have a poorer experience of waiting for treatment.

## 3. Patient voice

We would urge a strengthening of the 2023 NHS Mandate wording, which stated that integrated care boards and NHS England needed to 'engage with patients, carers and the public as they discharge their functions, both in relation to clinical and wider commissioning decisions'. The 2024 Mandate should go further, as per the recommendations in the Darzi report, on greater listening to the public, greater involvement of patients by NHS bodies in co-producing services, and a focus on complaints and feedback as core components of improvement within health and care organisations.

We hope this advisory letter is instructive as you finalise this year's Mandate. Please note that, as in previous years, we will make it public on our website.

Yours Sincerely,

**Louise Ansari**  
**Chief Executive**  
**Healthwatch England**