

## **National Care Standards – overarching principles consultation**

Edited response – questions that require full text rather than Yes/No answer:

### **QX – Any other comments**

The question of a rights based care system is not a question of which rights can be prescribed in a way that forms an absolute entitlement within the care services but more a question of how to organise the delivery of a care model that can meet the expectation: the design-intention that creates an equitable distributive care system based on Social Justice without losing sight of the clinical and operational factors that actually deliver a health service.

If there is an inalienable right to healthcare there has to be an organisational capacity and capability to provide for that inalienable right. This is an operational and political consideration because there would have to be a design-intention, that is, a *system* that performs in a very prescribed way to ensure that the universal right to care is available: providing everybody with universally sub-optimal care may meet all the requirements of a rights based system, by satisfying the demand for equality, but fail in the important consideration of providing exemplary medical and/or care services that resolve illness.

A rights based care system is not an infallible guarantor of fair distribution of the best healthcare. After sixty plus years of a rights based healthcare system in the UK there are demonstrable inequalities in the distribution of care. UKHCA therefore suggests that, whilst the seven elements<sup>1</sup> that have been used to characterise the National Care Standards, should be seen as the admirable qualities of an aspirational Social Justice Model of health and social care, they do not create clinical, medical, diagnostic or economic health-gain in themselves: on their own they cannot guarantee equality in preference to objective clinical criteria.

We unequivocally accept the fundamental premise that a supportive and effective care service should embody these seven characteristics within the social milieu of the therapeutic enterprise. We do have some concerns, however, that these factors may be prioritised above the concrete measures that materially underpin a care-effective, cost-effective and timely health service.

We have concerns that a focus on the significant barriers to equality within health and social care could be distracted by prioritising the seven rights based factors<sup>1</sup> in preference to creating, by design, a more equitable care system that could bring about tangible health gain rather than incremental improvements in social justice. UKHCA suggests that the seven characteristics cited could be achieved by an enhanced focus on:

- Commissioning that prioritises preventative services, including diversionary schemes to avoid institutional based care
- A commissioning disposition that is predicated on redesigning the health and social care system and its priorities: we fully appreciate that this may involve the decommissioning of some institutional based provision to vire resources for enhanced and Place Based and locality care schemes. We consider that current integration plans could take years to mature whilst preserving the majority of the existing care architecture is unlikely to revitalise the system within the time or resources available.

<sup>1</sup> the seven elements cited in *The Review of the Scottish National Care Standards* document are: respect, compassion, inclusion, fairness, responsiveness, safety, personal wellbeing