



Department of Health & Social Care

*From the Ministerial Correspondence
and Public Enquiries Unit*

*39 Victoria Street
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Dear Councillor Hanna,

Thank you for your correspondence of 3 July to the former Secretary of State for Health and Social Care about the future of patient voice in Oxfordshire with the closure of Healthwatch. I have been asked to reply.

I appreciate your concerns regarding the importance of independent patient and resident voice.

The Government aims to ensure that patients, carers or their representatives, and anyone who draws on care and support services, has a say in the services that matter to them. Integrated Care Boards (ICBs) and local authorities (LAs) already have responsibilities to involve the public in shaping services. Currently, there are too many different routes through which feedback is gathered, and too often that means people's experiences do not have the influence they should. The Government is therefore making accountability clearer.

Subject to parliamentary passage of the Health Bill, the Government is making it explicit that accountability for listening to local people, and acting on what they say, sits with ICBs and LAs. And where support is needed to make that work, the Government aims to work alongside ICBs and LAs to help them deliver it well. The Government is not being prescriptive about how the feedback is gathered. However, ICBs and LAs will be accountable for acting on the feedback provided. This cuts through duplication, ends confusion, and makes it much clearer to patients and service users who is accountable for listening to them, and acting on what they say.

ICBs and LAs will be represented on health and wellbeing boards. It is at this point that the more integrated joined up approach to the provision of health and care services comes together – allowing LAs and ICBs to share insights, confront challenges, and take action to improve services locally.

At national level, the Government is bringing patient voice into the Department, through a new Patient Experience Directorate, where it can drive real change. The Department aims to focus on groups less likely to engage. Guidance published by the Department aims to make it clear that ICBs and LAs should ensure that the steps they take to involve local people include those experiencing health inequalities, those who do not have access to digital platforms, those who are less proficient with technology, and people for whom English is a second language. This will ensure that services provided will benefit all people in the area. This marks a decisive step change in how the Government listens to and acts on patient experience in shaping national policy. It puts patient experience at the heart of national policymaking.

The priority of the Government's reforms around patient and public voice is not to maintain the current independent structures, but to strengthen the patient and public voice by bringing it closer to decision-makers, so what people say cannot be ignored and has a more direct impact on services. The Patient Experience Directorate in the Department of Health and Social Care seeks to be transparent, visible and influential in a way that better drives change.

To support this, the Government is developing a new, more sophisticated patient voice intelligence system. It will go beyond current feedback mechanisms, bringing together both qualitative and quantitative data on patient experience, providing a much richer, more complete picture of how services are performing. Information will be made more accessible and visible, including being available in places and formats people are more likely to encounter and use in their day-to-day interactions with the NHS. Overall, this aims to make it much clearer how the NHS is performing on patient experience, strengthening accountability across the system.

I hope this reply is helpful.

Yours sincerely,

Correspondence Officer

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