

Critique of DHSC ‘Review of patient safety across the health and care landscape’ – Recommendations on Local Healthwatch

Updated: 6 September 2025

This note critiques the analysis in the Department of Health and Social Care’s report ‘Review of patient safety across the health and care landscape’ (2025), focusing on recommendations to abolish Local Healthwatch.

1. No independence test

The report recommends moving Local Healthwatch functions inside ICB/provider teams but provides no framework for when patient-voice functions require independence. This risks conflicts of interest.

[Link](<https://www.gov.uk/government/publications/review-of-patient-safety-across-the-health-and-care-landscape>)

2. Assertions of duplication without evidence

Claims of overlap with ICB engagement are asserted but not demonstrated with side-by-side data on inputs, reach, or outcomes.

3. Weak methodology

The review is based mainly on desk research and discussions. This is insufficient as a basis to abolish a statutory independent watchdog.

4. No options appraisal

Despite criticising others for lacking cost-benefit analysis, the report itself provides no appraisal of reform vs abolition options.

5. Downplaying statutory powers

Local Healthwatch hold Enter & View powers (SI 2013/351). The report does not explain how these powers would be preserved if absorbed.

6. Conflating data capture with independence

Emphasis on NHS App/feedback conflates experience capture with independent scrutiny. Digital signals cannot replace local investigation.

7. Ignoring positive impact evidence

The report lists significant Local Healthwatch impacts (dentistry, discharge, mental health) but does not explain how these would continue post-abolition.

8. Equality impacts unassessed

No analysis of impacts on seldom-heard groups or those digitally excluded, despite Healthwatch’s proven reach.

9. Accountability vacuum

Proposal removes LHW duty to escalate to CQC, without creating enforceable duties for ICBs/providers to respond.

10. Diverging from external critiques

Think tanks such as The King's Fund warn against removing independent patient voice, but the report does not engage substantively with these critiques.

Conclusion

The review's rationale for abolishing Local Healthwatch rests on assertion rather than robust evidence. Without independence tests, cost-benefit analysis, equality assessment, or protection of statutory powers, the case is analytically weak. It risks leaving accountability gaps and undermining equity in patient voice.