

POLICY INSIGHTS AND INSPIRATION



Government supports major rethink of controversial Health and Social Care Bill but maintains its fundamental principles

Why?

The NHS Future Forum, which consists of an independent group of healthcare professionals, was launched in April this year as part of the Government's listening exercise on the current Health and Social Care Bill. Over 25,000 people have shared their views with the Forum and, yesterday, a report with 16 recommended amendments to the Bill was released. The government announced today that it has accepted most of the recommendations from this report.

What did it say?

The report, led by Professor Steve Field, the former president of the Royal College of GPs recommended that:

- The NHS economic watchdog, Monitor, should not promote competition but should "support choice, collaboration and integration"
- The so-called 'GP Consortia' will now involve a wider range of healthcare professionals and will take form as 'Clinical Commissioning Groups'. PCTs will still cease to exist by April 2013. However, commissioning groups will not be authorised to take on budgets until they are "ready and willing to do so"
- The ultimate legal responsibility for the overall performance of the NHS should fall to the Secretary of State for Health
- 'Private providers' should be able to support training and professional development within the NHS
- Local educational commissioning and post-graduate medical deaneries should be transferred to a host organisation if the new local education training boards cannot be in place by the time the Strategic Health Authorities are abolished
- An authority called Health Education England is set to be created which will oversee education and training across all clinical professions under the government's plans. The report called for this authority to become operational as soon as possible to provide focus and leadership whilst the rest of the education and training architecture is planned

Who said what?

- Cameron said the core recommendations of the Future Forum had been accepted

Why is this relevant?

The original proposals shifted responsibility for commissioning, and therefore budget, away from PCTs and into the hands of 'Clinical Commissioning Groups'. This shift in power and budget will create a new pathway within the NHS which will need to be navigated by the industry to understand points of access and the new stakeholders who will need to be engaged.

The proposed NHS reforms will have an impact on the NHS and how the pharmaceutical industry interacts with the medical profession and key stakeholders.

In addition, the new 'clinical senates' announced by Cameron last week and consisting of senior medical professionals to oversee the integration of NHS services across local areas, highlight the shift in focus to a more locally-centred healthcare system. This will present both opportunities and challenges for those wishing to engage with stakeholders, as decision-making in healthcare will now be managed on a much more micro level than before.

The suggestion that 'private providers' should be able to support with CPD may open up new avenues for pharmaceutical companies investing in medical education.

- The Lib Dems said their demands had been "handsomely met"
- Labour stated that the revisions have not gone far enough to protect the NHS
- The BMA welcomed the "acknowledgement that the education and training reforms need much more thinking through" ([Click here for press release](#))

What next?

A more detailed response, in the form of a new command paper, is expected to be published next Monday.

It has been suggested that the bill will not now be returned to the committee stage – as had been previously predicted by some MPs – and will instead be given a longer period at the report stage.

The Future Forum recommendations in full are:

- **The enduring values of the NHS and the rights of patients and citizens as set out in the NHS Constitution are universally supported and should be protected and promoted at all times.**
The bill should be amended to place a new duty on the NHS Commissioning Board and commissioning consortia to actively promote the NHS Constitution. In addition, Monitor, the Care Quality Commission (CQC), the NHS Commissioning Board and commissioning consortia should all set out how they are meeting their duty to have regard to the NHS Constitution in their annual reports.
- **The NHS should be freed from day-to-day political interference but the Secretary of State must remain ultimately accountable for the National Health Service.** The bill should be amended to make this clear.
- **Patients and carers want to be equal partners with healthcare professionals in discussions and decisions about their health and care. Citizens want their involvement in decisions about the design of their local health services to be genuine, authentic and meaningful. There can be no place for tokenism or paternalism.**
The declaration of 'no decision about me, without me' must become a reality, supported by stronger and clearer duties of involvement written into the bill focused on the principles of shared decision-making.
- **Because the NHS 'belongs to the people' there must be transparency about how public money is spent and how and why decisions are made.** The bill should require commissioning consortia to have a governing body that meets in public with effective independent representation to protect against conflicts of interest. Members of the governing body should abide by the Nolan principles of public life. All commissioners and significant providers of NHS-funded services, including NHS Foundation Trusts, should be required, as a minimum, to publish board papers and minutes and hold their board meetings in public. Foundation Trust governors must be given appropriate training and support to oversee their Trust's performance – until governors have the necessary skills and capability to take on this role effectively, Monitor's compliance role should continue.

- **GPs, specialist doctors, nurses, allied health professionals and all other health and care professionals state that there must be effective multiprofessional involvement in the design and commissioning of services working in partnership with managers.** Arrangements for multiprofessional involvement in the design and commissioning of services are needed at every level of the system. The bill should require commissioning consortia to obtain all relevant multiprofessional advice to inform commissioning decisions and the authorisation and annual assessment process should be used to assure this. In support of this, there should be a strong role for clinical and professional networks in the new system and multi-speciality clinical senates should be established to provide strategic advice to local commissioning consortia, health and wellbeing boards and the NHS Commissioning Board.
- **Managers have a critical role to play in working with and supporting clinicians and clinical leaders.** Experienced managers must be retained in order to ensure a smooth transition and support clinical leaders in tackling the financial challenges facing the NHS.
- **There should be a comprehensive system of commissioning consortia but they should only take on their full range of responsibilities when they can demonstrate that they have the right skills, capacity and capability to do so.** The assessment of the skills, capacity and capability of commissioning consortia must be placed at the heart of authorisation and annual assessment process. Where commissioning consortia are not ready, the NHS Commissioning Board should commission on their behalf but provide all necessary support to enable the transfer of power to take place as soon as possible.
- **Patients want to have real choice and control over their care that extends well beyond just choice of provider.** Building on the NHS Constitution, the Secretary of State should, following full public consultation, give a 'choice mandate' to the NHS Commissioning Board setting out the parameters for choice and competition in all parts of the service. A Citizens Panel, as part of Healthwatch England, should report to Parliament on how well the mandate has been implemented and further work should be done to give citizens a new 'Right to Challenge' poor quality services and lack of choice.
- **Competition should be used as a tool for supporting choice, promoting integration and improving quality and must never be pursued as an end in itself.** Monitor's role in relation to competition should be significantly diluted in the bill. Its primary duty to 'promote' competition should be removed and the bill should be amended to require Monitor to support choice, collaboration and integration.
- **Private providers should not be allowed to 'cherry pick' patients and the government should not seek to increase the role of the private sector as an end in itself.** Additional safeguards should be brought forward.
- **The duties placed on the Secretary of State, the NHS Commissioning Board and commissioning consortia to reduce health inequalities are welcome. These now need to be translated into practical action.** The Mandate for the NHS

Commissioning Board, the outcomes frameworks for the NHS, public health and social care, commissioning plans and other system levers and incentives must all be used to help reduce health inequalities and improve the health of the most vulnerable.

- **Local government and NHS staff see huge potential in health and wellbeing boards becoming the generators of health and social care integration and in ensuring the needs of local populations and vulnerable people are met.** The legislation should strengthen the role and influence of health and wellbeing boards in this respect, giving them stronger powers to require commissioners of both local NHS and social care services to account if their commissioning plans are not in line with the joint health and wellbeing strategy.
- **Better integration of commissioning across health and social care should be the ambition for all local areas.** To support the system to make progress towards this, the boundaries of local commissioning consortia should not normally cross those of local authorities, with any departure needing to be clearly justified. The government and the NHS Commissioning Board should enable a set of joint commissioning demonstration sites between health, social care and public health and evaluate their effectiveness.
- **Most NHS staff are unfamiliar with the government's proposed changes to the education and training of the healthcare workforce. Those who are aware feel that much more time is needed to work through the detail.** The ultimate aim should be to have a multi-disciplinary and interprofessional system driven by employers. The roles of the postgraduate medical deaneries must be preserved and an interim home within the NHS found urgently. The professional development of all staff providing NHS funded services is critical to the delivery of safe, high quality care but is not being taken seriously enough. The National Quality Board should urgently examine how the situation can be improved and the constitutional pledge to 'provide all staff with personal development, access to appropriate training for their jobs and line management support to succeed' be honoured.
- **Improving the public's health is everyone's business but should be supported by independent, expert public health advice at every level of the system.** In order to ensure a coherent system-wide approach to improving and protecting the public's health, all local authorities, health and social care bodies (including NHS funded providers) must cooperate. At a national level, to ensure the provision of independent scientific advice to the public and the Government is not compromised we advise against establishing Public Health England fully within the Department of Health.
- **Clinical leaders, managers and all those who care about the success of the NHS agree that quality, safety and meeting the financial challenge must take primacy and the pace of transition should reflect this.** To ensure focused leadership for quality, safety and the financial challenge, the NHS Commissioning Board should be established as soon as possible.



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