## Policy Briefing

| Topic               | NHS White Paper  
|---------------------|--------------------
|                     | Health Equality and Excellence: Liberating the NHS |
| Date                | July 2010 |
| Target Audience     | Birmingham Third Sector Assembly Members  
|                     | Birmingham's Voluntary Sector  
|                     | Public information via BVSC website [www.bvsc.org](http://www.bvsc.org) and Third Sector Assembly website [www.assembly3.org.uk](http://www.assembly3.org.uk) |
| Purpose             | To inform the sector of the recent NHS White Paper: Health Equality and Excellence: Liberating the NHS. |
| Overview            | The NHS White Paper, Equality and excellence: Liberating the NHS, sets out the Government’s long term vision for the future of the NHS – a comprehensive service, available to all, free at the point of use, based on need, not ability to pay.  
|                     | The white paper sets out how the NHS will:  
|                     | - Put patients at the heart of the NHS  
|                     | - Focus on continuously improving patient outcomes  
|                     | - Empower and liberate clinicians to innovate, with the freedom to focus on improving healthcare services  
|                     | The Department of Health is currently consulting on elements of these proposals, further information about the consultations can be found within this policy briefing |
| In detail: NHS White Paper | Putting Patients and Public First  
|                     | Patients will be at the heart of the NHS, having greater choice and control:  
|                     | - A shared decision making process will become the norm  
|                     | - Patients will have access to the information they want and will be able to make choices about their care. Patients will have increased control over their own care records  
|                     | - Patients will have the choice of any provider, choice of consultant-led team, choice of GP practice and choice of treatment.  
|                     | - The Government will enable patients to rate hospitals and clinical departments according to the quality of care they receive  
|                     | - The Government will strengthen the collective voice of patients and the public through arrangements led by local authorities, and at national level, through a new consumer champion: HealthWatch England  
|                     | **Improving healthcare outcomes**  
|                     | The Government's objectives are to reduce mortality and morbidity, increase safety, and improve patient experience and outcomes for all through:  
|                     | - The removal of targets with no clinical justifications  
|                     | - A culture of open information, active responsibility and challenge will ensure that patient safety is put above all else |
- Quality standards, developed by the National Institute for Clinical Excellence (NICE) will inform the commissioning of all NHS care and payment systems. Inspection will be against essential quality standards.
- The Government propose to pay drug companies according to the value of new medicines, to promote innovation, ensure better access for patients to effective drugs and ensure value for money. As an interim measure, the Government is creating a new Cancer Drug Fund, which will operate from April 2011; this fund will support patients to get the drugs their doctor recommends.
- Providers will be paid according to their performance. Payment should reflect outcomes, not just activity, and provide an incentive for better quality.

**Autonomy, accountability and democratic legitimacy**

The Government's reforms will empower professionals and providers, giving them more autonomy and, in return, making them more accountable for the results they achieve, accountable to patients through choice and accountable to the public at a local level.

- The Government will devolve power and responsibility for commissioning services to healthcare professionals closest to patients: GPs and their practice teams working in consortia.
- To strengthen democratic legitimacy at a local level, local authorities will promote the joining up of local NHS services, social care and health improvement.
- Establishment of an independent and accountable NHS Commissioning Board. The Board will lead on the achievement of health outcomes, allocate and account for NHS resources, lead on quality improvement and promoting patient involvement and choice. The Board will have an explicit duty to promote equality and tackle inequalities in access to healthcare.
- Government aim to create the largest social enterprise sector in the world by increasing the freedoms of foundation trusts and giving NHS staff the opportunity to have a greater say in the future of their organisations, including as employee-led social enterprises. All NHS trusts will become or be part of a foundation trust.
- Government will ring-fence the public health budget, allocated to reflect relative population health outcomes, with a new health premium to promote action to reduce health inequalities.

The Government also sets out plans for the abolition of Strategic Health Authorities (SHAs) and Primary Care Trusts (PCTs).

SHAs will no longer exist from 2012/13. Instead, commissioning oversight will reside in the NHS Commissioning Board and provider issues will fall under the new system of regulation.

Primary Care Trusts will cease to exist from April 2013, in light of the successful establishment of GP consortia. PCTs will play a crucial role in the transition, by ensuring that financial control and delivery are maintained and by enabling the creation of GP consortia.

| National and Local HealthWatch | Under the proposals in the white paper, HealthWatch England will be established as a new independent consumer champion within the Care Quality Commission. HealthWatch will provide advice to the NHS Commissioning Board, Monitor and the Secretary of State. It will also advise the Health and Social Care Information Centre of the information which would be of most use to patients to facilitate their choices about their care. Based on information from local HealthWatch organisations, HealthWatch |
England will also have powers to propose CQC investigations of poor services.

At a local level, Local Involvement Networks (LINks) will become local HealthWatch organisations and will continue to ensure that the views and feedback from patients and carers are an integral part of local health and social care commissioning.

Local authorities will be able to commission local HealthWatch or HealthWatch England to provide complaints advocacy and support, helping local people access and make choices about services, and supporting individuals who want to make a complaint.

Local HealthWatch will be funded by and accountable to local authorities and will be involved in local authorities’ new partnership functions. To reinforce local accountability, local authorities will be responsible for ensuring that local HealthWatch are operating effectively, and for putting in place better arrangements if they are not.

Local HealthWatch will also provide a source of intelligence for national HealthWatch and will be able to report concerns about the quality of providers, independently of the local authority.

Consultations

Consultation: Liberating the NHS: commissioning for patients

The Department of health is launching a consultation and engagement process on the implementation of the proposals for putting local consortia of GP practices in charge of commissioning services, supported by an independent NHS Commissioning Board.

The consultation seeks views on a number of areas including:
- How GP consortia and the NHS Commissioning Board can best involve patients in improving the quality of health services
- How GP consortia can work closely with secondary care, community partners and other health and care professionals to design joined-up services that are responsive to patients and the public
- How the NHS Commissioning Board and GP consortia can best work together to make effective and efficient commissioning decisions
- How the NHS Commissioning Board can best support consortia and ensure they achieve improvements in outcomes within NHS resources


Consultation: Increasing democratic legitimacy in health

This consultation builds on the proposals in the White Paper to increase local democratic legitimacy in health. This consultation seeks views on the role of national and local HealthWatch and the responsibilities of local authorities.

This consultation links closely to the consultation on commissioning for patients. Taken together, these two documents set out the strategy for commissioning of health, care and wellbeing. They set out how the new system will work together to provide improved outcomes for patients, users and the public.

Consultation: Transparency in Outcomes – a Framework for the NHS

This consultation sets out how the Secretary of State for Health will hold the NHS Commissioning Board to account for delivering better health outcomes through a national NHS Outcomes Framework.

The purpose of the consultation is to seek the help of those working in the NHS, patients and the public in developing this NHS Outcomes Framework.

The consultation document can be downloaded here:

Consultation: regulating healthcare providers

This consultation further outlines proposals on foundation trusts and the establishment of Monitor as an independent economic regulator for health and adult social care.

The consultation document can be downloaded here:

The deadline for all consultation responses is 11th October 2010

Future Consultations

- Information strategy and how to implement these changes – Autumn 2010
- Choice of treatment – Autumn 2010
- The development of “health and wellbeing boards” – Autumn 2010
- Public Health White Paper – Autumn 2010
- Social Care White Paper – 2011

Impact on the Voluntary sector

There is an opportunity and an expectation for the voluntary sector to be involved in shaping how the proposals set out in the White Paper are implemented.

The White Paper sets out a commitment to enable “any willing provider” to deliver healthcare services, increasing opportunities for new providers, including voluntary sector organisations. There is a pledge within the White Paper to create “the largest social enterprise sector in the world”, giving more opportunities for NHS staff spin-offs.

The White Paper also sets out a commitment for patients to have increased choice and control. Patients will be expected to take responsibility for the choices they make. Personal health budgets will be extended and therefore, voluntary sector organisations may need to consider how best to help service users make choices and support the most vulnerable.

The Government’s commitment to GP consortia and the abolition of PCTs and SHAs will have an impact on the voluntary sector. If GP consortia cover smaller areas than current PCT boundaries, there could be resource implications for the sector if multiple tenders are required. Voluntary sector organisations, especially community organisations will need to work with GP consortia to ensure that local need is understood. There is also a need to educate GPs on the diversity of the voluntary sector, especially regarding often excluded communities. In turn, the voluntary sector will need to be educated on how best to work with GPs. However, there may be opportunities to open up a range of voluntary sector providers.

PCTs have provided significant funding for the voluntary sector; including services which may not emerge as priorities due to reduced spending and the establishment of
GP consortia. SHAs have also provided funding to the sector and the loss of the regional tier could have implications on funding for organisations that cross boundaries.

The proposals for HealthWatch will have possible implications for the voluntary sector. The sector has a role in choice and shared decision making. There may be a need for debate about how local/national advocacy will work as many organisations already provide advocacy in other areas. There is a need for Local HealthWatch to commit to work more closely with the voluntary sector.

The Government intend to publish information on services on a commissioner basis, including public assessments of how well commissioners are performing. Patients will be given control of their health records and proposals include people being able to share their records with third parties, including voluntary sector support groups, who can help them understand their records and manage their condition better. For example, there could be the opportunity for voluntary sector organisations to work with statutory services to identify support mechanisms for those who do not have access to the internet.

| Next Steps | The Health and Social Care Network of the Third Sector Assembly will be asking voluntary sector organisations for their comments on the White Paper. Discussions will take place on the Third Sector Assembly Website: [www.3sa.org.uk](http://www.3sa.org.uk) and a meeting will be held on Wednesday 29th September, 2.00 – 4.00 at the Birmingham Midland Institute to discuss the sector’s response to the paper. The Assembly’s response will be fed through to Birmingham’s Local Involvement Network; National Association for Voluntary Community Action (NAVCA) and the National Council for Voluntary Organisations (NCVO). |
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