

Equity and excellence:

# *Liberating the NHS*

# Overall Strategy

“Our goal is an NHS which achieves results that are among the best in the world.”



# “Liberating the NHS”

- Four core areas of White Paper:
- Putting Patients and Public First
- Improving Healthcare Outcomes
- Autonomy, Accountability and Democratic Legitimacy
- Cutting Bureaucracy and Improving Efficiency



# Patients and public first

- Shared decision-making : *no decision about me without me*
- Patients will have access to the information they want, to make choices about their care
- Patients will have increased control over their own care records
- Patients will have choice of:
  - any provider
  - consultant-led team
  - GP practice
  - and treatment
  - Maternity through new maternity networks
- Patients to rate hospitals and clinical departments
- Focus on personalised care
- HealthWatch England, located in the Care Quality Commission



# Improving healthcare outcomes

- Quality the focus - reduce mortality and morbidity, increase safety, and improve patient experience and outcomes for all:
  - NHS measured against clinically credible and evidence-based outcome measures, not process targets
  - Patient safety above all else
  - Quality standards, developed by NICE will inform the commissioning of all NHS care and payment systems
  - New Cancer Drug Fund
  - Pay Drug companies on new basis to encourage innovation and better access
  - Money to follow the patient transparently
  - Provider payments linked to outcomes

# Autonomy, accountability and democratic legitimacy

- Devolve power and responsibility for commissioning to GP Consortia
- Local Authorities will promote the joining up of local NHS services, social care and health improvement
- New NHS Commissioning Board
- All NHS trusts will become or be part of a foundation trust
- Increase FT freedom and encourage social enterprise model
- Monitor – economic regulator
- CQC – quality regulator
- Ring-fence public health budget
  - To reflect relative population health outcomes
  - New health premium

# Autonomy, accountability and democratic legitimacy

## Implications

- The majority of commissioning will be done by GP Consortia
- The NHS Commissioning Board will be independent with responsibilities for:
  - Achieving health outcomes
  - Allocate and account for resources (hold GP Consortia to account)
  - Lead on quality improvement
  - Promoting patient involvement and choice
  - Commission certain services



# Autonomy, accountability and democratic legitimacy continued

## Implications

- Monitor will be responsible for:
  - Promote effective and efficient provider
  - Promote competition
  - Regulate prices
  - Safeguard the continuity of services
- Public Health (Health Improvement) – responsibility will transfer to Local Authorities
- PCTs will be abolished
- SHAs will be abolished as Statutory Bodies



# GP Consortia

- Commission the great majority of NHS Services/but not dentistry, community pharmacy and primary ophthalmic services
- Consortia will have an accountable officer
- Every practice will be a member
- Consortia will have a 'sufficient geographic focus'
- Freedom to decide the commissioning activities they undertake themselves



# Cutting bureaucracy and improving efficiency

- QIPP is confirmed as a priority
- Cut NHS management costs by 45% over the next four years
- New review of Quangos

# Training and education

- More employer led determination
- Education commissioning will be 'led locally and nationally' by Medical Education England for doctors, dentists, healthcare scientists and pharmacists
- Similar mechanisms for:
  - nurses, midwives and allied health professions
- The NHS Commissioning Board will provide national oversight



# Research

- Research a core NHS role
- DH will continue to promote
  - Biomedical Research Centres and Units
  - Academic Health Science Centres
  - Collaborations for Leadership in Allied Health Research and Care



# Timetable

Publications on: <ul style="list-style-type: none"><li>•the framework for transition</li><li>•NHS outcomes framework</li><li>•commissioning for patients</li><li>•local democratic legitimacy in health</li><li>•freeing providers and economic regulation</li></ul>	July
Report on arm's length bodies	Summer
Health Bill introduced in Parliament	Autumn
SHA's separate commissioning and provider oversight functions	End 2010

# Timetable (cont.)

Publications on: <ul style="list-style-type: none"><li>• Vision for adult social care</li><li>• Information strategy</li><li>• Patient choice</li><li>• A provider-led education and training</li><li>• Review of data returns</li></ul>	End 2010
Public Health White Paper	Late 2010
White Paper on social care reform	2011

# Timetable (cont.)

<ul style="list-style-type: none"><li>• Shadow NHS Board</li><li>• Commissioning Board established as a special health authority</li></ul>	April 2011
GP Consortia established in shadow form	2011/12
<p>Majority of reforms come into affect</p> <ul style="list-style-type: none"><li>• NHS Commissioning Board fully established</li><li>• New local authority health and wellbeing boards in place</li></ul>	April 2012

# Timetable (cont.)

<p>Majority of reforms come into effect</p> <ul style="list-style-type: none"><li>• Limits on ability of SoS to micromanage and intervene</li><li>• Public Record of all meetings between the Board and the SoS</li><li>• Public Health Service in place, with ring fenced budget and local health improvement led by Directors of Public Health in local authorities</li><li>• NICE put on a firmer statutory footing</li><li>• HealthWatch established</li><li>• Monitor established as economic regulator</li></ul>	<p>April 2012</p>
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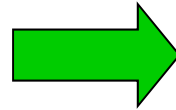
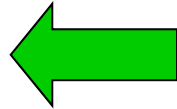
# Timetable (cont.)

SHA as statutory bodies are abolished	2012/13
PCTs are abolished	From April 2013
All NHS Trusts become or are part of FT	2013/14

# Ahead of the Game..

## The White Paper

- Outcomes not processes
- Choice and Competition
- GP Consortia
- Patient Information
- Social Enterprise
- Closer LA links
- Working with Independent sector
- HealthWatch
- Tariff for new services
- FT freedoms



## East of England

- Improving Lives; Saving Lives
- QIE data published
- HCAI zero tolerance (pledge 6)
- Regional competition panel
  - 2<sup>nd</sup> in Choose and Book
- NHS Cambridgeshire
  - 77 PBC, PBC Network
- Regional Partnerships Director
- Provider Separation
  - Monitor “type” Provider system
  - TCS in Essex, Cambridgeshire
  - Hinchingsbrooke, BLPT
- Regional LINKs Network
- Tariffs already being developed



# Managing the transition: Next steps and engagement

- National consultations on detailed proposals
- Local discussion with clinicians and partners
- SHA to engage regionally on key WP issues & associated consultations, and transition
- Engagement with stakeholders representing patients, staff and the third sector
- NHS organisations to discuss issues at Board level and with staff
- Draft legislation to Parliament in the Autumn

# Managing the transition: need to take action now

- Supporting staff - every member of staff in an SHA or PCT to have opportunity for full discussion with their line manager on affect of changes
- NHS leaders can begin work immediately Plus specific actions for NHS providers, commissioners, SHAs
- Need to remain true to the values of the NHS that bind the system together
- Values and principles set out in the NHS Constitution should remain our touchstone



# The Transition

- We now start working in a new way
- We need to focus on delivery:
  - QIPP
  - The Operating Framework
  - Financial Control

# The Transition

Nationally:

- Barbara Hakin will be Managing Director for Commissioning
- Ian Dalton will be managing Director for Provider Development
- A bridging function provided by David Nicholson, David Flory and Jim Easton

# The Transition

Within our SHA:

- Dr Paul Zollinger-Read will lead on commissioning development
- Dr Steve Dunn will lead on provider development
- Our bridging function will be provided by Sir Neil McKay, Stephen Welfare and Robert Harris with the full involvement as now of all ET Directors
- National workforce policy to be led by Clare Chapman and Sir Neil McKay will lead SHA actions across all regions

# Employment Framework

- A regional partnership between all NHS employers and trade unions to:
  - Plan and deliver change
  - Ensure NHS organisations work together
  - Support and retain staff through changes
  - Avoid costly and unnecessary redundancies
- To include:
  - Restricted recruitment
  - Local and regional clearing houses for jobs
  - Consistent organisational change arrangements
  - Managed redeployment and re-skilling of staff
  - Consistent staff support arrangements

# Any questions?

