

## **Equity and Excellence: Liberating the NHS**

### **White paper briefing, July 2010**

The Secretary of State for Health, Andrew Lansley, has set out the government's plans to reform the NHS in England. The plans, documented in a new white paper entitled '*Equity and Excellence: Liberating the NHS*', state that more power will be given to patients and professionals in the design and delivery of health and social care. This briefing outlines a summary of the key reforms.

Please note, some terms which require further clarification are explained in a glossary at the end of this document.

The white paper focuses on four key areas:

1. Putting patients and the public first
2. Improving healthcare outcomes
3. Autonomy, accountability and democratic legitimacy
4. Cutting bureaucracy and improving efficiency

#### **A brief note on social care**

In addition to these four key areas, the document confirms the Department of Health's continued vital role in setting adult social care policy. The government intends to publish its vision for social care later this year. A commission on the funding of long-term care and support will be established and will report within a year. The government intends to bring together the conclusions of the Law Commission and the commission on funding, along with the government's own vision and to publish a white paper in 2011.

## **1. Putting patients and the public first**

### **Key reforms**

- Shared decision making - "no decision about me without me".
- Better accountability based on patient experience.
- Personalised care, reflecting individuals' health and care needs.
- Strengthened collective voice for patients and the public, including the establishment of HealthWatch England, a new consumer champion.
- An NHS "information revolution" to provide people with the information they need on healthcare.

### **Information revolution**

Information generated by patients will be critical to improving the accountability of NHS providers and commissioners. The government intends to make wider use of tools such as PROMs (Patient Reported Outcome Measures) and patient experience surveys in this process.

The government intends to ensure that the right data is collected by the Health and Social Care Information Centre to inform patient choice.

The Department of Health will publish an “information strategy” this autumn for consultation.

### **Improved accountability**

In order to strengthen the patient and public voice, there will be provisions in the forthcoming Health Bill (to be published in the autumn) to create HealthWatch England, an independent consumer champion located within the Care Quality Commission (CQC). LINKs (Local Involvement Networks) will become the local HealthWatch and the role of local authorities will be enhanced in promoting choice and complaints advocacy. Local HealthWatch organisations will ensure that views and feedback from patients and carers are an integral part of local commissioning across health and social care.

### **Other reforms**

- moving towards choice in end of life care to support people’s preferences about how to access the support they need and to have a good death;
- developing a coherent 24/7 urgent care service in every area of England with a single telephone number for every kind of urgent and social care;
- encouraging more pilots and the roll-out of personal health budgets; making choice of treatment and provider a reality by 2013/14, including choice of GP.

## **2. Improving health outcomes**

### Key reforms

- NHS will be held to account against clinically credible and evidence-based outcome measures, not process targets.
- Quality standards developed by NICE (National Institute for Health and Clinical Excellence) will inform commissioning.
- Role of NICE will be expanded to develop quality standards for social care.
- Value-based pricing for drugs will be introduced.

### **Outcome measures**

Each NICE quality standard is a set of five to ten specific, concise quality statements and measures that are designed to indicate quality care for a particular condition. NICE plans to produce 150 standards in the next five years. NICE’s remit will also be expanded to develop quality standards for social care.

### **Access to drugs**

The government intends to introduce value-based pricing for drugs, whereby drug companies are paid according to the value of new medicines in order to promote innovation and improve value for money.

## **Other reforms**

- scope and value of CQUIN (Commissioning for Quality and Innovation) payment framework will be extended to support local quality improvement goals;
- there will be a consultation on the integration of health and social care services;
- the basis of the current tariff system will be refined.

## **3. Autonomy, accountability and democratic legitimacy**

### Key reforms

- Power to commission services will be devolved to GPs working in consortia.
- National and regional specialised services will be the responsibility of the new NHS Commissioning Board, not GP consortia.
- GP consortia will have a duty to work in partnership with local authorities, for example in relation to linking up health and social care.
- The new NHS Commissioning Board will take over current CQC responsibility for assessing NHS commissioners and will hold GP consortia to account.
- Role of CQC will be strengthened as the quality inspectorate for health and social care.
- Monitor will become the economic regulator for health and social care from April 2012.

### **Commissioning of services**

GP consortia will have a duty to work in partnership with local authorities, for example in relation to linking up health and social care, and they will have a duty of public and patient involvement in the commissioning process.

The government will shortly issue a document setting out the proposals in more detail and any necessary legislation will be included in the forthcoming Health Bill. GP commissioning consortia will be established in shadow form during 2011/12, taking on full responsibility for commissioning in 2012/13, subject to parliamentary approval.

The new NHS Commissioning Board is intended to champion greater involvement of patients and carers in decision making and managing their own care, promoting personalisation and extending patient choice. The Board will be established in shadow form from April 2011 and go live in April 2012, subject to parliamentary approval.

### **Integrating health and social care**

Under the government's plans, local authorities are to promote the joining up of local NHS services, social care and health improvement. They will therefore be responsible for promoting integration and partnership working between NHS, social care, public health and other local services. Local authorities will lead on joint strategic needs assessments. These functions would replace the current statutory functions of Health Overview and Scrutiny Committees.

## **Other reforms**

- SHAs (Strategic Health Authorities) are to be abolished as statutory bodies during 2012/13. PCTs are expected to cease to exist from 2013.

- increasing the freedoms of foundation trusts (all NHS trusts will become, or be part of, foundation trusts within 3 years);
- There will be a joint licensing regime for all providers of NHS care overseen by Monitor and CQC (Monitor as the economic regulator and CQC as the quality inspectorate).

## **4. Cutting bureaucracy and improving efficiency**

### Key reforms

- NHS will release up to £20 billion of efficiency savings by 2014.
- Resources for frontline services will be increased by cutting the costs of health bureaucracy.
- Department of Health arm's-length bodies will be reviewed and those that aren't needed will be abolished.
- Unnecessary bureaucracy involved in medical research will be removed.

### **Protecting frontline services**

The government has committed to increasing health spending in real terms in every year of this parliament. By freeing up money through cutting bureaucracy, the idea is that resources can be redirected to frontline services, where they are most needed.

The Department of Health is shortly to publish a review of its arm's-length bodies and those that are viewed as unnecessary will be abolished.

### **Medical research**

The government states that it will cut the bureaucracy involved in medical research. An independent review will be conducted into this by the Academy of Medical Sciences.

### **Other reforms**

- a wide-ranging review of all health and social care regulation will be undertaken, with a view to making significant reductions in the burden of regulation;
- the QIPP (Quality, Innovation, Productivity and Prevention) initiative will continue with even greater urgency but with a stronger focus on general practice.

## **Conclusion and next steps**

Many of the commitments made in the white paper require primary legislation and are subject to parliamentary approval. There will be a series of consultations published on the various reforms that are to be implemented and a Health Bill will be published in the autumn.

## Glossary

**Commissioning** – the process of assessing the needs of a local population and putting in place services to meet those needs.

**Commissioning for Quality and Innovation (CQUIN) framework** – the CQUIN framework enables those commissioning care to pay for better quality care, helping promote a culture of continuous improvement.

**Foundation trusts** – NHS providers who achieve foundation trust status have greater freedoms and are subject to less central control, enabling them to be more responsive to the needs of local populations.

**Local Involvement Networks (LINKs)** – local organisations in each local authority area set up to represent views of local people on health and social care services. These will become local HealthWatch.

**National Institute for Health and Clinical Excellence (NICE)** – an independent organisation which provides advice and guidelines on the cost effectiveness of drugs and treatments.

**Patient Reported Outcome Measures (PROMs)** – PROMs provide information on how patients feel about their own health, and the impact of the treatment or care they receive.

**Personal health budget** – an extension of personalised care planning that gives people more choice and control over the services they receive by giving them more control over the money that is spent on their care.

**Primary care trusts (PCTs)** – NHS organisations currently responsible for commissioning healthcare services and, in most cases, providing community-based services such as district nursing, for a local area.

**Strategic health authorities (SHAs)** – the 10 public bodies which currently oversee commissioning and provision of NHS services at a regional level.

**Value-based pricing** – a mechanism for ensuring patients can get access to the medicines they need by linking the prices the NHS pays drug providers to the value of the treatment.