Equality and Excellence: Liberating the NHS

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Liberating the NHS

- Putting patients and the public first
- Improving healthcare outcomes
- Autonomy, Accountability and democratic legitimacy
- Cutting bureaucracy and improving efficiency
- Making it happen/ the transition

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Putting Patients & Public First

- “No decision about me without me”
- Access to information – whatever patients want to know
- Choice of any provider, any team, any GP practice
- Patients to rate hospitals/ departments
- Creation of ‘Healthwatch England’, located in CQC, as a consumer champion
- Local links to become local Healthwatch (funded by and accountable to local authorities), and to provide advocacy and support to patients

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Improving Outcomes

- NHS will be held to account against clinically credible and evidence based outcome measures
- NICE quality standards will inform the Commissioning of all NHS care and payment systems
- Money will follow patients, but providers will be paid according to performance on outcomes not just activity
- New tariffs, more best practice tariffs, extended CQUIN, new dental contract.

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Autonomy and Accountability

- GP Commissioning Consortia
  - Statutory basis/ accountable officer
  - Weighted capitation funding
  - Every GP practice will be a member of a consortia
  - No minimum/ maximum size but must be large enough to manage risk
  - A management allowance will be paid to each consortia
  - Will have a duty to work in partnership with local authorities, and to engage with patients and the public

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Autonomy and Accountability (2)

The NHS Commissioning Board has 5 main functions

1. To provide national leadership on commissioning for quality improvement including:
    - Setting commissioning guidelines
    - Designing model contracts
    - Designing the structure of tariff
    - Host some networks (e.g. transplant)
    - Setting quality standards for NHS Commissioning
    - Make available information on commissioner performance
    - Tackling inequalities in outcomes

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Autonomy and Accountability (3)

. Promoting patient and public involvement and choice

. Ensuring the establishment and development of GP

commissioning consortia including:

- holding consortia to account for delivering outcomes and financial performance

- developing and maintaining an effective system of consortia

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Autonomy and Accountability (4)

5. Allocating and accounting for NHS Resource including:
    - Allocating revenue resource to consortia
    - Managing overall revenue limit
    - Promoting improved productivity

Any Regional structure will be a matter for determination by the Board

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Autonomy and Accountability (5)

Implementation

- The Board will be established in shadow form as a Special Health Authority from April 2011, becoming a statutory body in April 2012

- SHAs will be abolished during 2012/13

- PCTS will be abolished in 2013 with health improvement functions being transferred to local authorities

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Autonomy and Accountability (6)

- Local Directors of Public Health will be jointly appointed by local authorities and the Public Health service

- Local authorities will establish “health and wellbeing boards” or utilize existing strategic partnerships to take on the function of joining up the Local NHS, Social Care and health improvement. These new arrangements will replace the current OSCs

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Autonomy and Accountability (7)

Providers

- Ambition to create a large and vibrant social enterprise sector
- All NHS Trusts ? Foundation Trusts
- Increase freedoms for FTs (simplify mergers, remove private patient cap etc)
- From April 2013 the new Independent Regulator (Monitor) will take on the responsibility of regulating all NHS Providers irrespective of their status.

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Autonomy and Accountability (8)

- Providers will be governed by a stable, transparent and rules based system
- In most sectors, any willing provider can offer services giving patients choice and ensuring effective competition
- Providers will have a joint licence (CQC/Monitor)

MONITOR

*Promote competition

*Regulate price

*Ensure service continuity

*Applies competition law

*Oversee risk pool

*Intervenes in the event of failure

CQC

*Ensures essential safety/quality standards

*Inspects providers (targeted & risk based)

*Provides “Healthwatch England”

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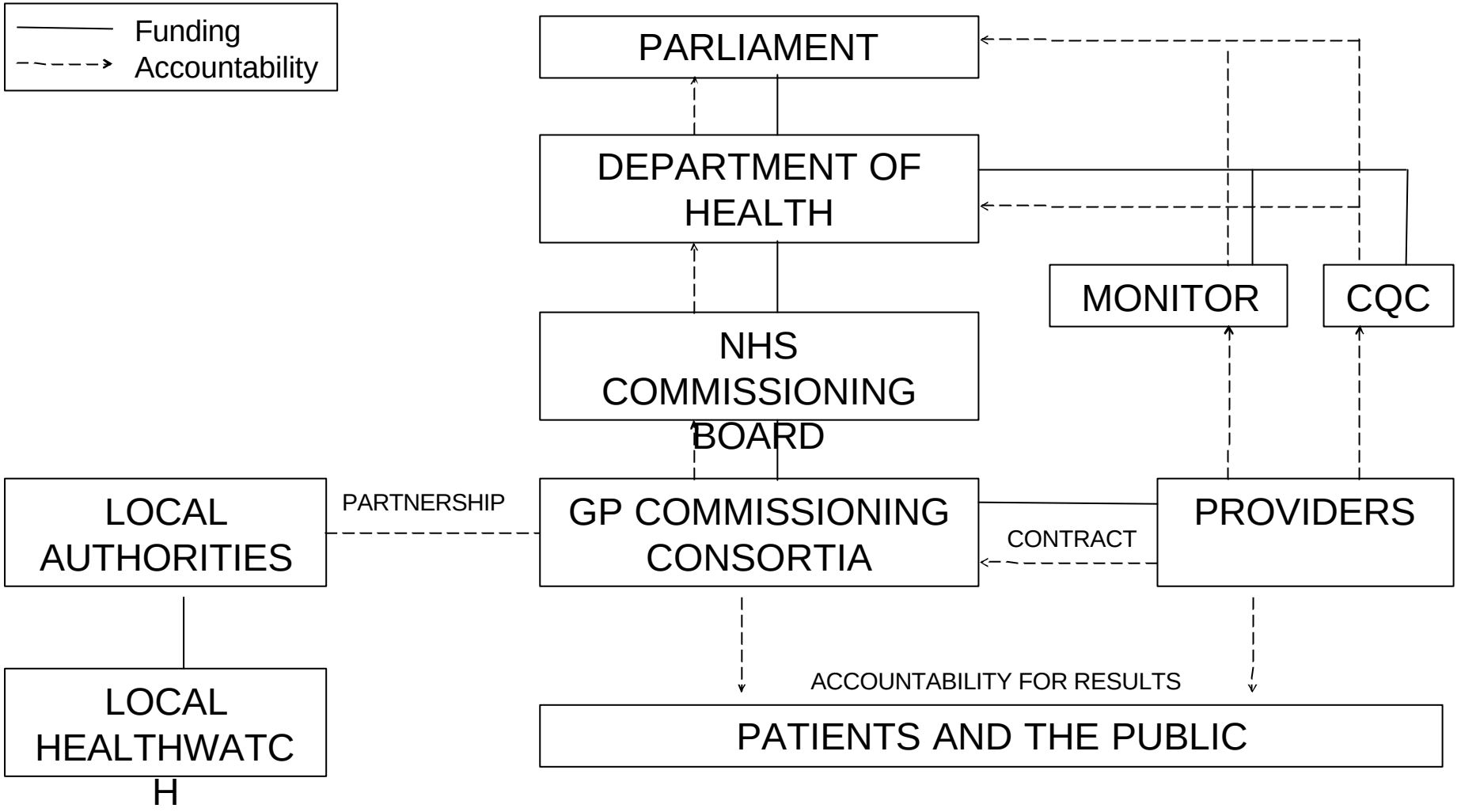
Accountability Diagram



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Education & Training

ROLE OF THE DH IN OVERSEEING EDUCATION AND TRAINING TO REDUCE:

- Employers to agree plans and funding for Workforce Development/Training (i.e. Education Commissioning Plans)
- MEE will commission education for doctors, dentists, scientists and pharmacists. Similar mechanisms for Nurses, Midwives and AHPs
- Healthcare providers will pay education and training costs. Funding flows will be transparent
- NHS Commissioning Board will oversee this process via GP Consortia

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Making it Happen

- Creation of a Public Health Service
- Transfer local health improvement functions to local authorities
- Establish improving outcomes as the central purpose of the NHS
- Make NICE a NDPB, define its role and function and extend its remit to Social Care
- Establish the NHS Commissioning Board/Abolish SHAs
- Limit the day to day role of the Secretary of State in running the NHS
- Give Local Authorities new functions at a strategic level to support partnership working/integration across the NHS Social Care and Public Health
- Establish a comprehensive system of GP Consortia

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Making it Happen continued..

- Abolish PCTs
- Establish Healthwatch as a statutory part of the CQC
- Reform the FT Model
- Strengthen the role of the CQC
- Develop Monitor into the economic regulator for health and social care

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Managing the Transition

- Key Points:
  - Clear national directions
  - Move with pace
  - Maintain control of finance, performance, quality and productivity
  - Creation of a bridging function at SHA level

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QUESTIONS

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