Equity and Excellence: Liberating the NHS

Overview

- White Paper published 12th July 2010
  - "Equity and Excellence: Liberating the NHS"
- Further consultation documents in July
  - Commissioning for Patients
  - Transparency in outcomes
  - Regulating healthcare providers
  - Local democratic legitimacy
- Three month consultation period

Headlines

- Passing control for NHS decisions away from Ministers
  - towards patients and professionals
  - "**No decision about me without me**"
- Changing the top of the NHS
- GP-led commissioning consortia
  - with abolition of PCTs by 2013
- Development of an economic regulator – Monitor
- A new provider landscape – "any willing provider"
- Shift of Public Health to Local Authorities
- Health Watch – part of Local Authorities

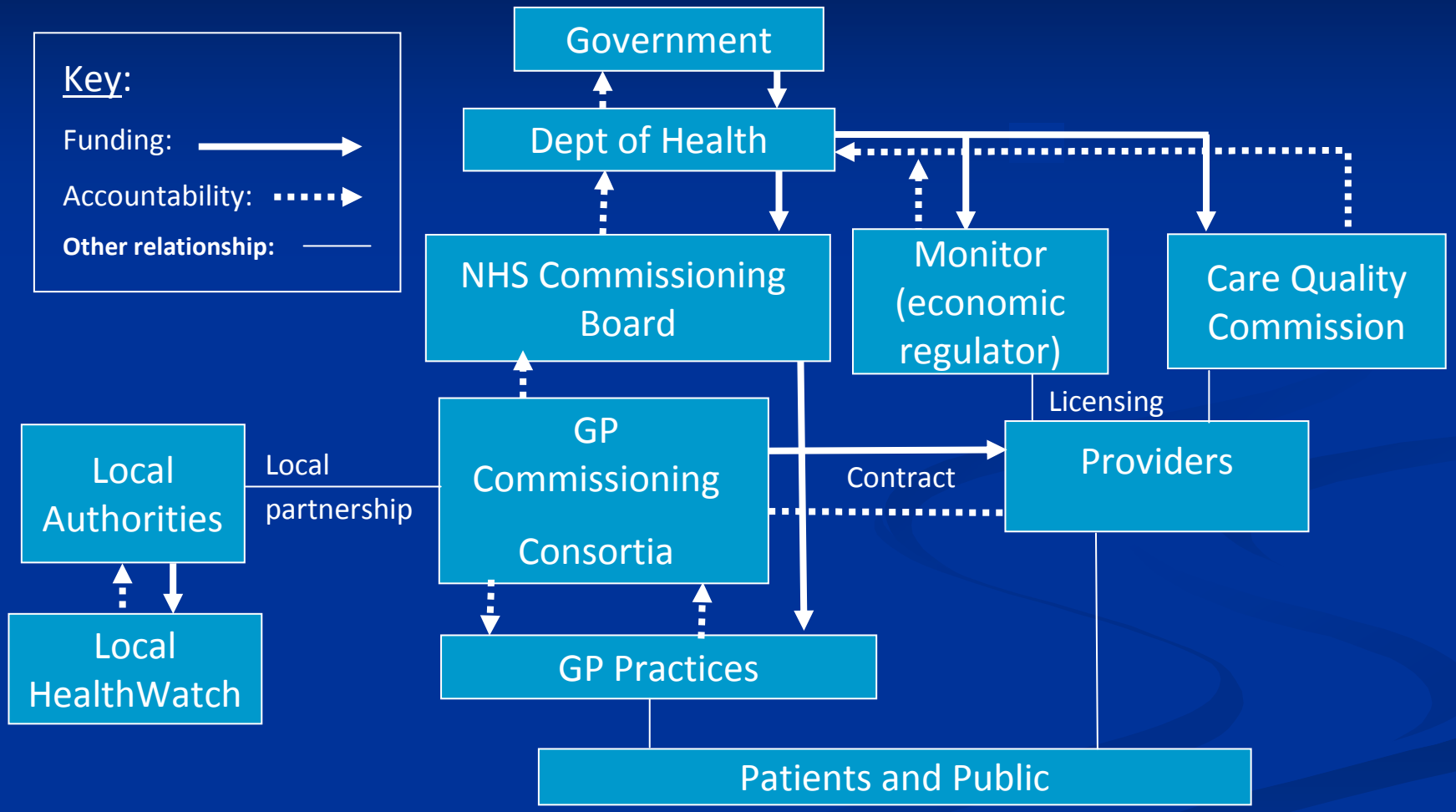
Changing the top of the NHS

- DH substantially reduced in size
- DH contracts with three bodies
  - NHS Commissioning Board
  - Monitor – the economic regulator (sets NHS prices and rules)
    - To encourage competition
  - Care Quality Commission (supervises provider quality)
- Only the NHS Commissioning Board is responsible to the Sec of State through the DH
- Monitor and Care Quality Commission responsible to Parliament

Changing the top of the NHS

- NHS Commissioning Board "free from day to day political interference"
- Board responsible for
  - assessing GP commissioning consortia
  - holding them to account
  - holding GP contracts
- To be established in shadow in April 2011
- 2011/12 – establish business model and staffing
- Go live April 2012
- SHAs to be abolished in 2012/13

New Structure



GP commissioning consortia

- Consortia to replace PCTs and will be statutory bodies
- Will have Accountable Officer and Chief Financial Officer
- Responsible to NHS Commissioning Board
- Commission most services, including emergency and OOH services, except:
  - GMS/PMS
  - Pharmacy, dental, opticians, *maternity*
  - Specialised regional services
- All practices required to join

GP commissioning consortia

- Hold contracts with providers
- May choose a lead commissioner model e.g. for dealing with large teaching hospitals
- Duty to determine local health needs
- Duty to promote equalities
- Duty to work with local authority (public health, social care, safeguarding)
- Duty of public and patient involvement
- Government insists there will be ‘no bail-outs’

GP commissioning consortia – GPC view

- Practices in each consortium elect a 'board of appointment' for CEO/AccO and FD
- Consortia will require an effective governance structure
  - Likely size – 100k to 750k population
  - May link up to save money or to create service agencies
- Should consider appointing capable and highly experienced former PCT managers
- Commissioning budgets MUST be separate from practice budgets
- Essential to work closely with secondary care clinicians

Timetable for GPCC changes

- GP consortia in place in shadow in 2011/12
  - taking on increasing delegated responsibility from PCTs
- Health Bill passed (date??)
- Consortia responsible for commissioning in 2012/13
- Financial allocations direct to GP consortia in late 2012
- Full financial responsibility from April 2013
- PCTs abolished April 2013

NHS Outcomes Framework

- Replacing targets with 1500 "outcome goals"
- Domains of quality measured by clinical outcomes and patient reported outcome measures (PROMS)
  - Effectiveness of treatment
  - Safety of treatment and care
  - Patient experience
- Developed by NICE
  - available 2011 with implementation in 2012
- 150 standards with up to 10 quality measures
- Create incentives for GP consortia
- Not clear what any of this means

Putting patients first

- Shared decision making
  - "Nothing about me without me"
- PROMS, patient experience data and real time feedback to rate services and departments
  - Undeveloped and limited evidence so far
- HealthWatch England to be created
  - Unclear what this means
- Democratic involvement through local authority
  - Unclear how this will work

Patient Choice; promoting competition

- Choice of "any willing provider"
- Choice of consultant-led team
- Extended maternity choice
- Choice of mental health service
- Choice of treatment, care in long term conditions and end-of-life care
- Choice of any GP practice – not limited by where a patient lives or practice boundary

The Information Revolution

- New online services in addition to NHS Choices
- Quality Accounts produced by all providers
  - Primary Care QAs undeveloped to date
- Staff feedback publicly available
- Patient control of their records
  - Could control and download this to show third party
  - Not explicit about future of Summary Care Record
    - May well change into an emergency record
- Not clear who will run IT if not PCTs

Regulating healthcare providers

- Monitor
  - promote competition
  - regulate prices
  - support service continuity
  - licence providers
  - Will practices will need a licence from Monitor?
- Care Quality Commission
  - licensing providers for essential safety and quality
  - quality inspections
  - take enforcement action when required

Performance management

- "Consortia to work with practices to drive up quality and improve use of NHS resources"
- Peer pressure
- Benchmarking practices (scorecards)
- Could expel practice from consortium
- Great potential for disharmony

Education and Training

- "All providers will pay to meet the costs of training and education"
- Not clear if this will include practices
- GP Consortia will provide local oversight of providers funding plans for training
- BMA objects as this should be a central function

A New GP Contract?
"Commissioning for Patients" consultation

- "Proportion of GP practice income linked to the outcomes that practices achieve collaboratively in consortia and the effectiveness with which they manage NHS resources"
- Quality premium paid to consortium and they decide how to apportion to practices
- QOF to focus more on health outcomes not process
- All funded from existing resources
- Not clear how any of this will work
- Local Enhanced Services probably locally commissioned
- One contract in future – GMS+PMS – probably nGMS II

Risks…

- Damage to doctor/patient relationship
- Privatisation by the back-door
- Funding formula not accurate
- GPs blamed for cuts
- GPs accused of making excessive profit
- Enough local leaders with the right skills?
- Enthusiasts without a mandate setting an inappropriate agenda

…more risks…

- Some GP Consortia will fail – what then?
- How to handle inherited or new debt
- PCT implosion, loss of key staff and skills
- Competition v collaboration
- Conflict between practices
- BMA therefore adopted position of "critical engagement"
  - Learn the lessons of PCG/PCT mergers
  - Learn lessons of Fundholding

Next steps?

- Work with LMC, PCT and existing PBC groups
- Resist PCT/SHA interference in consortium formation
- All practices in an area should be involved in discussions about future arrangements
- Identify local skills and expertise
- Early collaboration with local consultants and public health physicians
- Use BMA advice and support guides
- Respond to the White Paper consultation

…and opportunities?

- Clinical leadership
- Real involvement in re-designing services and improving services for patients
- New OOH services, 111 and life after NHS Direct
- Developing practices
- Developing meaningful partnerships between consortia, LA, hospital trusts and consultants
- Reducing bureaucracy – how long will it last?
- Can we avoid the re-creation of PCTs?

The BMA Special meeting

- The Representative Meeting is the BMAs ultimate policy making body
- A special Meeting has been called to
  - consider the implications of the Health and Social Care Bill
  - help to clarify and to highlight BMA policy during the parliamentary process
  - focus on the main areas covered by the Bill
  - address the detailed proposals the BMA should try
    - to oppose,
    - seek to change
    - support.

Key issues for the SRM

- The pace and scale of the proposed reforms
- The engagement of patients and the public in the design of services
- The expansion of the market and the any willing provider policy
- Price competition and competitive tendering
- Regulators, regulation, governance arrangements
- How any poorly performing organisation is handled
- Implications for the of education and training
- The principle of clinician-led commissioning
- Who should, and who shouldn't be involved in supporting the development and the delivery of any commissioning process
- The future of public health practice and the role of local authorities