



**Royal
Pharmaceutical
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of Great Britain

Health White Paper: Liberating the NHS

12th July 2010

The Coalition Government's health white paper was published on Monday 12th July, and draws a line under the Pharmacy White Paper, published in 2007 by the, then labour Government. Like many white papers, it introduces many questions and leaves them unanswered. The change in political direction is marked, with a free market approach being introduced into healthcare. The very name of the document: Liberating the NHS, gives an indication of the content within: reducing bureaucracy; offering more autonomy; removing some of the existing governance.

The overall tone is one of empowering GPs and healthcare professionals, working in partnership with better-informed patients.

The White Paper puts an end to SHAs and PCTs, replacing them with GP commissioning and a new NHS Commissioning Board.

GP commissioning will be made compulsory for all GPs, who will be encouraged to form consortia, empowered to commission additional services required by the communities they serve and look at service redesign opportunities where services can be moved out of hospitals. Consortia will be expected to form of their own free will, defining their own geographic boundaries but the new NHS Commissioning Board will be authorised to compel an individual GP to join a consortium. Health Secretary, Andrew Lansley, commented that he had seen pilot schemes that served populations of between 100,000 and 1 million people.

The NHS Commissioning Board has 5 main functions:

1. Providing national leadership on commissioning for quality improvement
2. Promoting and extending public and patient involvement and choice
3. Ensuring the development of GP commissioning consortia
4. Commissioning services that cannot solely be commissioned by consortia
5. Allocating and accounting for NHS resources

Essential contracts with pharmacists, optometrists and dentists will be continued under the auspices of the NHS Commissioning Board.

Local Authorities

Local authorities will have a combined health care and social care remit under Health and Wellbeing Boards, which will take on the function of joining up the commissioning of local NHS services, social care and health improvement. Health and Wellbeing Boards will replace existing Health Overview Scrutiny Committees. They will also appoint a Director of Public Health, jointly with GP consortia, who will be given responsibility for health improvement.

The full healthcare remit of local authorities will be:

1. Promote integration and partnership working
2. Lead joint strategic needs assessments
3. Build partnership for service changes and priorities

The Government will launch Health Watch England, a new 'consumer champion', which will sit within the Care Quality Commission (CQC). The White Paper provides an ethos for structural change; the NHS must be patient led and choices must be led by those at the frontline of delivering those services to patients, i.e. clinicians. On a national level, it will be able to propose CQC investigations of poor service. This organisation will help to strengthen the patient voice and ensure that patient feedback is heard at a local level. Patients will not only have power over the choice of GP they would like to attend (regardless of where they live), but will also have power over who has sight of their patient record.

All NHS Trusts will become or be part of a Foundation Trust and this will be the preferred governance model in the health service. These Trusts will be given more freedom to innovate to improve patient care. NHS staff will have the opportunity - where appropriate - to manage these organisations as *'the largest social enterprise sector in the world'*.

Secretary of State, Andrew Lansley, commented that there will be no bail-out for foundation trusts that run into financial difficulties, but services to patients would be guaranteed.

Part of the new, enhanced role for the Care Quality Commission (CQC) will be a more robust form of inspection, after having received information on a service provider. Where inspection reveals that a provider is not meeting essential levels of safety and quality, the CQC will take enforcement action to bring about improvement.

The Department of Health is expected to have a progressively reducing role in overseeing education and training. In future, healthcare employers and staff will agree plans and funding for workforce development and training. Education commissioning will be led locally by the healthcare professions, through Medical Education England.

The professions will have a leading role in deciding the structure and content of training and quality standards.

Individual healthcare employers will have the right to determine pay for their own staff.

Timetable

The following timetable of significant events is published in the White paper:

1. Shadow consortia are expected to be in place by 2011/12
2. Consortia will take on full responsibility by 2012/13
3. NHS Commissioning Board will make allocations for 2013/14 directly to Consortia in late 2012
4. Consortia to take full financial responsibility from April 2013
5. PCTs will be expected to manage the transition from the current system to complete wind-down by 2013

Patient-centred

The White Paper sets out an aim to involve patients more in determining their own care pathway. Patients will agree the most suitable care pathway with their GP, and what a good outcome would be. Patients will be expected to offer feedback on services received via a web-based system, to help raise the quality of care.