

## **NCVO, ACEVO and NAVCA Joint Seminar on the NHS Future Forum**

May 2011

In a burst of partnership, NCVO, ACEVO and NAVCA came together to host a VCS discussion on the Health Bill. It was an opportunity for Sir Stephen Bubb, as Chairman of the panel commissioned by the Prime Minister to look at 'choice and competition', to hear straight from our combined memberships.

These comments also informed NCVO's separate submission to the NHS Future Forum 'listening exercise'.

Discussion posed a number of positives – managed against a range of concerns.

### **Overview of discussions**

#### **Competition and market structure**

- Can be positive, if handled correctly, to increase standards
- Questioned whether this is the best way to a financially stable health system
- It was emphasised that quality needs to be paramount over price
- Talk of 'opening up the market' is concerning –
  - Sporadic 'opening up' across the country needs to be avoided
  - Concern that larger/private organisations will overtake bids
- How will competition be structured? For the VCS to be involved there needs to be procurement scale on different tiers. Intervention and management is vital
- VCS need to consider, and be supported, to work in collaboration
- Avoid VCS capacity being wasted in contract and tendering processes
- Keep what works and limit destabilisation

#### **Choice – token or genuine?**

- There needs to be clear communication to ensure this is genuine
- The role of the Joint Strategic Needs Assessment (JSNA) is key

- Stigmatised conditions/conditions affecting minorities – can the JSNA pick these up?
- Equality/patient voice in the JSNA is needed
- Choice and accessible services matching need to avoid perpetuating inequalities
- Access to choice – strategically who will look at gaps?

### **GPs – appropriately placed?**

- Need to be super local like the VCS
- An idea for incentives for GPs and clinicians to engage with VCS was put forward but how this could be done was unclear
- Needs of local communities are broader than...
  - GP patients - what about the voice of non-registered patients?
  - The clinical view of health. Wellness, within a social model of health, needs to be recognised
- Dual role as commissioners and providers is questionable

### **Logistics – do the reforms really match the needs of users/communities?**

- How truly local will the role out be?
  - Local decision making not actually on Health and Wellbeing Boards – guidance needed around involvement in decision making
  - True representation on boards and involved in processes – not just accessible service users and those who can engage...what about the less able?
- A clear structure of representation was called for
- Where do citizens come in?
- Where do personal budgets fit?
- Monopolies

- Price fixing
- Creaming and parking
- Payment by Result – appropriate market/mechanisms for welfare?
- Accountability
  - Transparency (bureaucracy for all)
- HealthWatch
  - How will this work from a national to local level?
  - Real representation ability and voice? Composition needs to reflect VCS
  - Support needed in the transition from LINKs

### **Integration – ensuring cooperation**

- Barriers of cultural and terminology differences between sectors
  - Toolkits/guides needed
  - Need to align what is meant by outcomes...do GPs understand the value/contribution the VCS makes? Difficulty of measuring some outcomes such as prevention provision

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We are really grateful for everyone who attended and contributed to the morning discussions and will be feeding the recommendations back to the Government to ensure the points are considered. Many thanks to our partners, The King's Fund, for hosting us.