

The outcome of listening: what now?

NCVO summary of the NHS Future Forum recommendations

Zoe Garbett, June 2011

Over 6,700 attended the events and over 25,000 people emailed comments to engage with the listening exercise coordinated by the Future Forum. The findings of the Future Forum can be read as a summary or as a detailed report from each topic area covering: Choice and Competition; Public Accountability and Patient Involvement; Clinical Advice and Leadership and Education and Training.

So what does the Future Forum advise?

There is awareness and agreement that changes to the NHS need to be made in order to cope with reducing resources and changing demographics; however, it is warned that if the changes are not inline with these demands then there are difficult times ahead. If such massive overhauls to structure and function are going to be made they need to be done correctly and not hinder the delivery of high quality care and improved patient outcomes. This is the lens the Future Forum scrutinized the reforms through.

The following points are key sections, relevant to the voluntary and community sector, from the Future Forum report and Government response.

GP Clinical Commissioning Groups

Broadly speaking it is right that GPs, via commissioning consortia, take responsibility for the health of local populations but they cannot and should not do this alone. There must be a requirement for consortia to obtain relevant multi-professional advice to inform decisions and redesign of patient pathways. The GP consortia membership will increase and the bodies known as 'clinical commissioning groups' which will exist within local authority boundaries. Commissioning groups will have to contain, at the very least, two lay members, a nurse and hospital doctor.

There was a big question and concern around the transparency of the commissioning processes. The commissioning governing bodies will meet in public, no decisions will be made, in the words of the Government 'behind closed doors'...it will be interesting to see how this will become a reality.

It has been publicized that primary care trust (PCT) managers are jumping ship meaning a lot of valuable expertise and experience is being lost in transition. Manager involvement and support is vital to ensure an effective transition and transfer of power. This does touch on a point made by George Osborne, which has surfaced in recent debates, around the questionable difference between PCTs and clinical commissioning and where people are being made redundant by PCTs and rehired as part of commissioning boards, this is obviously a huge waste of time and money and also...not real change!

Another important change is that the timeframe of GPs commissioning by 2013 has been relaxed and they will commission 'when they are ready' (which screams for more detail and hopefully there will be support for those that take longer). Central Commissioning Boards should commission on their behalf until new bodies are ready. The NHS Commissioning Board (original deadline April 2012) and HealthWatch England need to be set up as soon as possible to ensure "focused leadership" during the transition; with regards to HealthWatch this will help put patients at the centre.

Other points around commissioning include the need for it to be evidence-based and the GP-led commissioning consortia and central NHS Commissioning Board should actively promote the NHS Constitution.

Working Together

Working together, joining-up and becoming more integrated is the only way for the transition to work as well as being able to ensure that the final structure (when confirmed and up and running) is stable, efficient and operating with patient and public interest at its heart.

At a time of transition, for structures internally as well as developing relationships externally, integration will be difficult but is required for the success of the whole system. The coalition have committed to joining-up different parts of the NHS and putting integration at the heart of the reforms.

Competition and choice

Monitor, the independent regulator of NHS Foundation Trusts, was described in the Bill as having a role of promoting competition. This role has been diluted and will only promote competition as a tool for supporting improved choice for patients.

Through the listening event there was a lot of concern that more private providers of health and social care cherry picking patients and services; leaving costly and difficult areas to the NHS. Safeguards are needed to ensure this does not happen.

Any Qualified Provider and other policies were described as increasing the chance for the private sector being commissioned and therefore the privatization of the NHS. If not handled appropriately competition will threaten the core values of the NHS. The Any Qualified Provider plans have been delayed, until April 2012...it does not feel like this has been sufficiently sorted and will be a recurring issue. Although, the private sector and previous supporters of the bill have voiced irritation at the coalition's changes.

Patients were more concerned about quality and safety rather than choosing where to go. The Future Forums report also mentioned that personal health budgets require a stronger push.

A warning for the voluntary and community sector

There is a worrying lack of mention of the voluntary and community sectors (VCS)

involvement in the listening exercises; the Future Forum said they heard from “NHS Staff, patients and the public”. There is an even more concerning lack of mention of VCS providers of health and social care services as well as no mention of the Compact.

In order for the VCS to stay afloat amongst this tidal wave of reforms the sector must actively engage with the development of local structures (commissioning bodies and HealthWatch for example) to stay up-to-date with changes and to learn how to best position themselves in this new arena. The VCS need to promote their skills, expertise and experience to relevant partners. It is a shame that the sectors abilities are easily overlooked as it has a lot to offer in the way of types of service provided, in the integration of health and social care, contributing to the wellbeing agenda, reducing health inequalities, supporting prevention, promoting choice and control and providing community based services.

What happens now?

So it seems that the original Bill got a lot of things wrong. A lot of time and money has been wasted reforming the reform which could have been avoided if proper engagement and evidence was used in the first draft of the Bill. There needs to be a more cohesive link between what we need from the NHS and what we are going to get from the reforms.

The Prime Minister has accepted the ‘core’ changes outlined in the Future Forums report. The disputed sections of the Health and Social Care Bill will be revisiting the committee stage to be reconsidered. New amendments, at committee stage, are set to be completed before summer recess...it seems there will be 12 days for MPs to scrutinize the Bill.

It will be interesting to see if the Future Forums report, and subsequent coalition response, has done anything to change the fear, anxiety and mistrust evident from the listening exercises.