



Briefing for Brighton and Hove LINK on the White Paper July 2010

The White Paper (Equity and Excellence: Liberating The NHS) was issued on 12th July 2010.

What is a White Paper?

A Government policy document which is a collection of statements of what the Government plans to do in a certain area. It does not mean that everything in the White Paper will happen, as a new Health Bill will have to be passed which will aim to put the policies into action when passed.

Overview

The White Paper represents a major restructuring of health services and councils' responsibilities in relation to health. Much of what is stated in the White Paper was expected but the scale and speed of the reforms being planned is surprising. The NHS still has to find savings of up to £20bn by 2014.

- 3 key themes: GP-led commissioning, increasing patient-centred service, and cutting costs
- The aim is to reduce unnecessary bureaucracy (reducing NHS management costs by more than 45% over the next four years) and devolve power to the local level.
- Patients first through greater choice, involvement and control
- Patient outcomes, not targets unless they can be clinically justified
- Reducing the number and scope of arms-length bodies (quangos)

Abolition

- Primary Care Trusts (PCTs) to be abolished by April 2013 (will exist until GP consortia are established). PCTs had running costs of up to £1bn per year
- Strategic Health Authorities (SHAs) to be abolished by 2012-13
- LINKs transition starts April 2011
- Health Overview and Scrutiny Committees (HOSC) to be abolished (April 2012)

New Organisations/Structures

- Creation of GP consortia (up to 500) GP consortia that will have budgets (between 70% and 80% of the NHS £105bn) and be accountable to new NHS Commissioning Board. Consortia will monitor outcome and commission maternity services (possible budget of £100 million per consortium). GPs will be allocated to consortia if they don't set up their own.
- New NHS Commissioning Board to oversee commissioning and champion improvement and patient involvement in health services



- Councils to establish a new statutory Health and Wellbeing Board to ensure co-ordination, integration and partnership working on social care, public health and health improvement
- All providers – hospitals, mental health and children's trusts, ambulance services – will go into foundation trust (FT) status in 2013-14.
- Creation of HealthWatch England (national organisation) as part of Care Quality Commission
- Local Involvement Networks (LINks) will become the local HealthWatch.

New Responsibilities and Roles

- Responsibility for public health to move (from April 2013) to local authorities which will be accountable for joint strategic needs assessment (JSNA) outcomes, vaccination and screening. They will have a ring-fenced budget for public health
- Monitor will become the economic regulator for all health and social care providers. Previously monitored only regulated NHS B&H Foundation Trusts.
- Care Quality Commission (CQC) will become the quality inspectorate and will be strengthened. Together with Monitor, CQC will operate a joint licensing regime, with CQC being responsible for licensing against the essential safety and quality requirements. CQC will inspect providers against the essential levels of safety and quality. Inspection will be targeted and risk-based
- All NHS trusts will become self-governing foundation trusts with the "aim to create the largest social enterprise sector in the world"
- Allow any willing provider to deliver services to NHS patients – provided that they deliver the high-quality standards of care expected from them
- Quality standards, developed by National Institute for Clinical Excellence (NICE), will inform the commissioning of all NHS care and payment systems. Inspection will be against essential quality standards.
- Providers will be paid according to their performance. Payment should reflect outcomes, not just activity, and provide an incentive for better quality.

What could this mean for patients?

- Allow patients to register with whichever GP practice they choose, regardless of where they live.
- Enables patients to choose which hospital and consultant-led team they want to be treated by.
- Extending 'personal budgets', giving patients with long-term conditions real choices about their care
- Much greater access to information – including the power to control their patient record. Information on conditions and treatment will be provided, and Patient Reported Outcome Measures (PROMs) and patient surveys will be increasingly used



- Shared decision-making will become the norm: no decision about me without me

More Information/The Future

5 more publications over the next few months which will seek detailed views on particular aspects of its proposals.

Another White Paper will be published on Public Health in the autumn and will bring forward proposals for the future funding of social care in October 2011.

Comments should be sent by 5th October 2010, to:

NHSWhitePaper@dh.gsi.gov.uk



HealthWatch

Local HealthWatch

Local HealthWatch is a new body to act as the voice for patients and the public.

April 2011 - Begin transformation of Local Involvement Networks into local HealthWatch

April 2012 - Launch HealthWatch nationally

Local HealthWatch will:

- be funded by and accountable to local authorities,
- be able to provide complaints advocacy services on their behalf if the local authority wishes.
- provide a source of intelligence for national HealthWatch and will be able to report concerns about the quality of providers, independently of the local authority
- have the power to recommend that poor services are investigated
- ensure that the views and feedback from patients and carers are an integral part of local commissioning across health and social care

HealthWatch England (national body)

HealthWatch England will:

- provide leadership, advice and support to local HealthWatch, and will be able to provide advocacy services on their behalf if the local authority wishes;
- provide advice to the Health and Social Care Information Centre on the information which would be of most use to patients to facilitate their choices about their care
- provide advice to the NHS Commissioning Board, Monitor and the Secretary of State; and based on information received from local HealthWatch and other sources, HealthWatch England will have powers to propose CQC investigations of poor services.