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Modernising the NHS: Health and Social Care Bill 2011

Like all European countries the UK was hit hard by the financial crisis. Since its formation, the new coalition government has announced widespread cuts across public sector spending. Although the healthcare budget was exempt, the government announced plans in January 2011 to modernise the National Health Service in the hopes of improving care and making long-term financial savings.

The modernised NHS is described as the patient-centred NHS, putting patients at the heart of everything it does. The proposed changes should lead to better quality of care, more choice and improved outcomes for patients as well as long-term financial savings allowing for reinvestment in care. With the bill, for the first time, there will be a defined legal duty for the NHS to continuously improve quality. Proposals include:

- Giving more responsibility to GP-led groups;
- Increasing accountability for patients through local health and wellbeing boards within local councils;
- Liberating the NHS from political micromanagement by allowing all trusts to become foundation trusts and establish independent regulation; and
- Reducing bureaucracy by streamlining arm's-length bodies.
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These proposals will potentially improve the NHS in five key ways:

- Patients will be more involved in decisions;
- More focus on results that are meaningful to patients (success of treatment and quality of life instead of waiting list targets);
- Local GPs will commission services depending on what local communities need;
- Democratic legitimacy with councils and clinicians shaping local services; and
- The best people will deliver the best care for patients, putting those on the front-line in control, not ministers or bureaucrats.

The department of health believes these modernisation measures will save the NHS over five billion pounds by 2014/2015 and 1.7 billion every year after that. If successful, this amounts to enough money to pay for 40,000 extra nurses, 17,000 extra doctors or over 11,000 senior doctors every year. But where do these savings come from? It is said the majority of the savings would come from the reduction in bureaucracy following the abolition of strategic health authorities and primary care trusts and a reduction in management staff by an estimated 24,500 posts.

Unsurprisingly, when the bill was announced in January, it was met with widespread criticism from the press, the opposition party and many of those in the healthcare sector. This opposition led to a pause in reform plans in April of this year. The government realised the need to stop, reflect and listen to people's concerns and did so using the independent NHS Future Forum. The Future Forum listened to over 6,700 people face to face at over 200 separate events. Over 25,00 emails were received along with 2,400 comments online and 1,500 other electronic responses. These responses came from both organisations and individuals. Many of the recommendations made by the Future Forum have been accepted by the government and changed in the original bill.

Key changes include:

- Wider involvement in clinical commissioning groups;
- Stronger safeguards against a market free-for-all;
- Additional safeguards against privatisation;
- Evolution, not revolution (clinical commissioning groups will take charge when they are able in a more phased approach);
- Greater information and choice for patients;
- Breaking down barriers within and beyond the NHS;
- Investing for the future of the NHS (costs of education and training of NHS staff changes will be introduced carefully).
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The NHS Future Forum will continue to listen to patients and other stakeholders ensuring an effective communication channel with the NHS. The Health and Social Care Bill, with these changes, will be scrutinised in Parliament.

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