

## **Government response to NHS Future Forum Summary of key changes**

*(Extract taken in full from Government response to future forum report June 13<sup>th</sup> 2011)*

### **1. Overall accountability for the NHS**

Some have raised concerns that the Health and Social Care Bill would weaken NHS principles or the Government's overall responsibility for the NHS. In response:-

- We'll make sure the NHS Commissioning Board and clinical commissioning groups take active steps to promote the NHS Constitution, which enshrines the core principles and values of the NHS, including the 18 week limit on waiting times;
- We'll make clear in the Bill that Ministers are responsible for the NHS overall – the original duty to promote a comprehensive health service will remain.

### **2. Clinical advice and leadership**

The Forum's report shows there is universal agreement that patient care is better if it is based on input from those closest to patients – doctors, nurses and other health and social care professionals – in discussion with patients and carers, the voluntary sector and other healthcare partners.

But we have also heard that, to do this well so it really makes a difference to patients and carers, we need to be more ambitious. In response:-

- GP Consortia will be called "Clinical Commissioning Groups". They will have governing bodies with at least one nurse and one specialist doctor;
- Commissioners will be supported by clinical networks (advising on single areas of care, such as cancer) and new "clinical senates" in each area of the country (providing multi-professional advice on local commissioning plans) – both hosted by the NHS Commissioning Board.

### **3. Public accountability and patient involvement**

The Future Forum agrees with us that patients and carers should be at the heart of the NHS and that there should be "no decision about me without me".

But we have also heard from the Future Forum that there is more to do to make this second-nature in the NHS. In response we will:-

- Make sure there are clearer duties across the system to involve the public, patients and carers;
- Improve governance for clinical commissioning groups: their governing bodies will have lay members and will meet in public;
- Insist that Foundation Trusts have public board meetings;
- Create a stronger role for Health and Wellbeing Boards in local Councils, with the right to refer back local commissioning plans that are not in line with the Health and Wellbeing Strategy.

#### **4. Choice and Competition**

Nearly everyone who contributed to the listening exercise felt patients should be given more choice and control over their care. Some felt that the competition that accompanies increased choice brought benefits for patients, but others had serious concerns about its impact on existing NHS providers and integrated services. We are committed to giving patients greater choice and creating a level playing field in which the best providers flourish, whether from the public, voluntary or private sector. We will make sure that what matters is the quality for care provided, not who owns the organisation providing it.

The NHS Future Forum said the Government should make its position clearer and guard against the dangers of competition being an end in itself. We have heard this message and we will improve our plans. In response:-

- Monitor's core duty will be to protect and promote the interests of patients – not to promote competition as if it were an end in itself;
- There will be new safeguards against price competition, cherry-picking and privatisation;
- There will be stronger duties on commissioners to promote (and Monitor to support) care that is integrated around the needs of users – e.g. by extending their personal health budgets and joint health and social care budgets, in light of the current pilots;
- The NHS Commissioning Board will promote innovative ways to integrate care for patients.

#### **5. Developing the healthcare workforce**

We have some of the best health and care professionals in the world. They should be supported by a world class education and training system. And we need high quality management to help improve frontline care.

The NHS Future Forum said there was strong support for our proposals to improve education, training and development. But they also highlighted the need to keep focused on quality while we make these changes and said that further work is needed to develop detailed proposals. In response we will:-

- Ensure a safe and robust transition for the education and training system, taking action to put Health Education England in place quickly to provide national leadership and strong accountability while moving towards provider-led networks in a phased way;
- Ensure that, during the transition, deaneries will continue to oversee the training of junior doctors and dentists and give them a clear home within the NHS family;
- Improve the quality of management and leadership, for example by retaining the best talent from PCTs and SHAs and through the ongoing training and development of managers;
- Further consider how best to ensure funding for education and training is protected and distributed fairly and transparently and public more detail in the autumn.

## **6. The timetable for change**

While few have questioned the case for change, many during the listening exercise, questioned the pace of change. Following the consultation on the White Paper, we have already made some amendments to the timetable. However, we recognise we can go further and that the benefits of doing so outweigh the risks of any delay. In response:-

- Commissioning groups will all be established by April 2013 – there will be no two-tier system. They will not be authorised to take on any part of the commissioning budget in their local area until they are ready and willing to do so;
- Where a commissioning group is ready and willing, it will be able to take on commissioning responsibility earlier. Where a group is not yet ready, the NSH Commissioning Board will commission on its behalf.
- Monitor will continue to have transitional powers over all Foundation Trusts until 2016 to maintain high standards of governance during the transition;
- There will be a careful transition process on education and training to avoid instability – we will publish further proposals in the autumn.