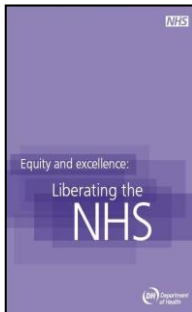




"Today I am fulfilling the pledge I made before the election to put an end to the imposition of top-down reconfigurations in the NHS."
 Andrew Lansley 21st May 2010 [DH Press Release](#)

Equity and Excellence: Liberating the NHS



[Full Document here](#)

"This is hugely far reaching. Commissioning is put in the hands of GP (private businesses). All Trusts are to become FTs and they are to migrate into social enterprises (effectively private businesses). Effectively, this is privatisation. The NHS will be a brand, regulating a market and buying care from any willing provider. This is the end of the NHS as a state enterprise".

Roy Lilley

Key Points:

- Increase health spending in real terms in each year of this Parliament.
- Put patients at the heart of the NHS, through an information revolution and greater choice and control:
- Shared decision-making will become the norm: *no decision about me without me.*
- Patients will have access to the information they want, to make choices about their care. They will have increased control over their own care records.
- Patients will have choice of any provider, choice of consultant-led team, choice of GP practice and choice of treatment. We will extend choice in maternity through new maternity networks.
- Patients to rate hospitals and clinical departments according to the quality of care they receive, and we will require hospitals to be open about mistakes and always tell patients if something has gone wrong.
- We will strengthen the collective voice of patients and the public through arrangements led by local authorities, and at national level, through a powerful

Good news but 'real terms' does not mean big.

Better information is a good thing but a lot of it is still to be developed

Again, data is the issue. Choice of practice is likely to be the first step towards the end of the 'list'

Most patients say their care was great (90+% approval rating) Being open about mistakes will need 'no-blame' legislation. Indemnifiers will not want any admission of liability

new consumer champion, HealthWatch England, located in the Care Quality Commission.

This is new. But, the CQC has not been great; do we want the Watch people in their pockets?

- The service must be focused on outcomes and the quality standards that deliver them. The Government's objectives are to reduce mortality and morbidity, increase safety, and improve patient experience and outcomes for all.

What else would it be?

- The NHS will be held to account against clinically credible and evidence-based outcome measures, not process targets. We will remove targets with no clinical justification.

Up go waiting times?

- A culture of open information, active responsibility and challenge will ensure that patient safety is put above all else

Another job for NICE? It's huge now. How much bigger can it get and how long will it take?

- Quality standards, developed by NICE, will inform the commissioning of all NHS care and payment systems. Inspection will be against essential quality standards.

- We will pay drug companies according to the value of new medicines, to promote innovation, ensure better access for patients to effective drugs and improve value for money. As an interim measure, we are creating a new Cancer Drug Fund, which will operate from April 2011; this fund will support patients to get the drugs their doctors recommend.

How to decide how much value? How to define value? This is NICE by another name? Cancer Fund – what happens when it runs out? Who puts a rationale behind the use of resources?

- Money will follow the patient through transparent, comprehensive and stable payment systems across the NHS to promote high quality care, drive efficiency, and support patient choice.

NHS doesn't have the IT and what is the transaction cost?

- Providers will be paid according to their performance. Payment should reflect outcomes, not just activity, and provide an incentive for better quality.

We live in hope!

- The forthcoming Health Bill will give the NHS greater freedoms and help prevent political micromanagement.

- The Government will devolve power and responsibility for commissioning services to the healthcare professionals closest to patients: GPs and their practice teams working in consortia.

Huge risks. Can and do GPs want to do it? They will need help and they will have to hire people to do it. 5-600 consortia may triple the present 150 PCT transaction costs. What happens if they go broke?

■ To strengthen democratic legitimacy at local level, local authorities will promote the joining up of local NHS services, social care and health improvement.

This has been on the cards for a while.

■ Establish an independent and accountable NHS Commissioning Board. The Board will lead on the achievement of health outcomes, allocate and account for NHS resources, lead on quality improvement and promoting patient involvement and choice. The Board will have an explicit duty to promote equality and tackle inequalities in access to healthcare. We will limit the powers of Ministers over day-to-day NHS decisions.

This is the DH in a frock.

■ We aim to create the largest social enterprise sector in the world by increasing the freedoms of foundation trusts and giving NHS staff the opportunity to have a greater say in the future of their organisations, including as employee-led social enterprises. All NHS trusts will become or be part of a foundation trust.

This is soooo important! FTs becoming Social Enterprises puts them and their assets outside the NHS and Treasury. Effectively it privatises the supply-side of the NHS. All Trusts becoming TFs dilutes the FT brand. Some places are just no up to it. So, expect mergers.

■ Monitor will become an economic regulator, to promote effective and efficient providers of health and care, to promote competition, regulate prices and safeguard the continuity of services.

With power to close Hospitals down?

■ We will strengthen the role of the Care Quality Commission as an effective quality inspectorate across both health and social care.

Is the job too big?

■ We will ring-fence the public health budget, allocated to reflect relative population health outcomes, with a new health premium to promote action to reduce health inequalities.

Most public health initiatives take longer than a life of a parliament or very controversial legislation

■ The NHS will release up to £20 billion of efficiency savings by 2014, which will be reinvested to support improvements in quality and outcomes.

Whilst the NHS is busy dismantling PCTs and SHAs and showing GPs how to do a contract risk analysis – or some such?

■ The Government will reduce NHS management costs by more than 45% over the next four years, freeing up further resources for front-line care.

How many jobs will go? Start counting in thousands.

■ We will radically delayer and simplify the number of NHS bodies, and radically reduce the Department of Health's own NHS functions. We will abolish quangos that do not need to exist and streamline the functions of those that do.

Who and how many?

- This is a challenging and far-reaching set of reforms, which will drive cultural changes in the NHS. We are setting out plans for managing change, including the transitional roles of strategic health authorities and primary care trusts. Implementation will happen bottom-up.

Many of the commitments made in this White Paper require primary legislation and are subject to Parliamentary approval.