

NHS Future Forum

Summary report on proposed changes to the NHS

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Extracts of relevance to the community optical sector.¹

It is right that GPs should take responsibility for the health of their local populations and the financial and quality consequences of their clinical decisions through a comprehensive system of commissioning consortia. But, they cannot and should not do this on their own and must be required to obtain all relevant multi-professional advice to inform commissioning decisions and the redesign of patient pathways;

The place of competition should be as a tool for supporting choice, promoting integration and improving quality. It should never be pursued as an end in itself. Monitor's role in relation to 'promoting' competition should be significantly diluted;

Because the NHS 'belongs to the people' there must be transparency about how public money is spent and how and why decisions are made and the outcomes being achieved at every level of the system;

The NHS must also meet the costs of sophisticated but expensive new drugs and technologies. It must tackle unacceptable variations in quality, keep pace with public expectations and raise these expectations where they are simply too low. Meeting all these challenges requires constant evolution and adaptation.

My consultations are longer because patients' problems are more complex and they often have many physical, psychological and social problems all at the same time. These days, patients rightly want the same information, choices and convenience in healthcare as in other areas of their busy lives and, above all else, want to have more control.

The NHS must reassess the old model of hospital based care. A high priority now needs to be given to meeting the needs of the increasing numbers of older people. As people get older, they will require more support from both the NHS and social care to enable them to live independently in the community for as long as possible.

¹ A copy of the full report from the Future Forum is available here:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_127443

The NHS will need to move from focusing on treating people when they are acutely ill to focusing on prevention and supporting self-care as well. We will need to move resources away from hospitals so that we can provide more care in the community and in people's homes.

In primary care we need to continue to improve access to services, reduce variations in their quality and provide additional services that help to keep people out of hospital. GPs, their primary care teams, social care professionals and specialists must work much more closely together as part of extended teams to ensure that the care provided is effectively co-ordinated. Better information systems and the development of more integrated electronic care records will be a major enabling factor for this.

Whilst there was never any intention to introduce a market in the style of the utilities sector into healthcare, the Bill contained insufficient safeguards against cherry-picking and was not sufficiently clear that competition would only exist when it served the interests of patients not profit.

The core recommendations of the full NHS Future Forum are:

- **The enduring values of the NHS and the rights of patients and citizens as set out in the NHS Constitution are universally supported and should be protected and promoted at all times.** The Bill should be amended to place a new duty on the NHS Commissioning Board and commissioning consortia to actively promote the NHS Constitution. In addition, Monitor, the Care Quality Commission, the NHS Commissioning Board and commissioning consortia should all set out how they are meeting their duty to have regard to the NHS Constitution in their annual reports.
- **Because the NHS 'belongs to the people' there must be transparency about how public money is spent and how and why decisions are made.** The Bill should require commissioning consortia to have a governing body that meets in public with effective independent representation to protect against conflicts of interest. Members of the governing body should abide by the Nolan principles of public life.
- **GPs, specialist doctors, nurses, allied health professionals and all other health and care professionals state that there must be effective multi-professional involvement in the design and commissioning of services working in partnership with managers.** Arrangements for multi-professional involvement in the design and commissioning of services are needed at every level of the system. The Bill should require commissioning consortia to obtain all relevant multi-professional advice to inform commissioning decisions and the authorisation and annual assessment process should be used to assure this. In support of this, there should be a strong role for clinical and professional networks in the new system and multi-speciality clinical senates should be established to provide strategic advice to local commissioning consortia, health and wellbeing boards and the NHS Commissioning Board.
- **Local government and NHS staff see huge potential in health and wellbeing boards becoming the generators of health and social care integration and in ensuring the needs of local populations and vulnerable people are met.** The legislation should strengthen the role and

influence of health and wellbeing boards in this respect, giving them stronger powers to require commissioners of both local NHS and social care services to account if their commissioning plans are not in line with the joint health and wellbeing strategy.

- **Better integration of commissioning across health and social care should be the ambition for all local areas.** To support the system to make progress towards this, the boundaries of local commissioning consortia should not normally cross those of local authorities, with any departure needing to be clearly justified. The Government and the NHS Commissioning Board should enable a set of joint commissioning demonstration sites between health, social care and public health and evaluate their effectiveness.
- **Most NHS staff are unfamiliar with the Government's proposed changes to the education and training of the healthcare workforce. Those who are aware feel that much more time is needed to work through the detail.** The ultimate aim should be to have a multi-disciplinary and inter-professional system driven by employers. The roles of the postgraduate medical deaneries must be preserved and an interim home within the NHS found urgently. The professional development of all staff providing NHS funded services is critical to the delivery of safe, high quality care but is not being taken seriously enough. The National Quality Board should urgently examine how the situation can be improved and the constitutional pledge to 'provide all staff with personal development, access to appropriate training for their jobs and line management support to succeed' be honoured.
- **Improving the public's health is everyone's business but should be supported by independent, expert public health advice at every level of the system.** In order to ensure a coherent system-wide approach to improving and protecting the public's health, all local authorities, health and social care bodies (including NHS funded providers) must cooperate. At a national level, to ensure the provision of independent scientific advice to the public and the Government is not compromised we advise against establishing Public Health England fully within the Department of Health.

The public's health

At a local level, the move of public health services into local authorities is widely supported. We also heard from patients, carers, managers and health professionals that the public's health has got to be everyone's business.

Those clinicians leading commissioning consortia and local NHS providers all have a fundamental role to play. Health and wellbeing boards need to become the focal point for ensuring the health needs of local populations are met. To support the desired focus on population health, local commissioning consortia must be responsible for a defined geographical area, and while co-terminosity should not be an absolute requirement, we advise that boundaries should not normally cross those of local authorities, with any departure needing to be clearly justified.