

Clinical advice and leadership

A report from the NHS Future Forum

Extracts of relevance to the community optical sector.¹

Foreword

Clinical advice and leadership are pivotal to bringing about the necessary improvement in health outcomes envisaged in the Government's proposals for modernising the NHS. The Clinical Advice and Leadership workstream of the NHS Future Forum focused on how, through listening to people, we could make recommendations and suggestions for improvement to the current proposals.

Despite the relatively short timeframe for listening, it quickly became clear that the views we heard followed consistent themes. Most commonly heard was a concern that the full range of skills and clinical advice available from many different professional groups would not be actively engaged in a meaningful and influential way in the design and commissioning of services for patients.

Whilst much of the discussion has focused on commissioning at a local level there were also anxieties about clinical leadership at a strategic level, and in many cases, recognition that there would be a need for the capability to take clinically strategic decisions across broader geographical and functional areas.

In response to the messages we heard through the NHS Listening Exercise our overarching recommendation is that multi-professional advice and leadership should be visibly strengthened at all levels in the system. We make a clear distinction between the accountability of the governing bodies responsible for commissioning and the advice and engagement they need to achieve the best outcomes for patients. We have followed the principle that it is preferable to ensure that the right skills, capacity and capability are in place at all levels than have a tokenistic approach to representation. We propose that clinical and professional networks should have a significant role in providing a forum for multi-professional advice and influence. Bringing together clinical leaders at appropriate levels in the system in 'clinical senates' will provide a vehicle for cross specialty collaboration, strategic advice and innovation.

Evidence-based commissioning and practice is an important part of effective clinical advice and leadership. Our recommendations for improved information systems and flows, better

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

collection and use of data about clinical outcomes and support for research and innovation are intended to promote evidence-based practice and seamless, integrated care.

NHS Future Forum Clinical Advice and Leadership workstream

There should be multi-professional involvement in commissioning:

1. The current duties in the Health and Social Care Bill on commissioning consortia and the NHS Commissioning Board to seek appropriate advice should be strengthened to ensure that both are more directly required to take relevant multi-professional advice when making commissioning decisions.
2. As part of the authorisation and annual assessment process, commissioning consortia must demonstrate that they have the appropriate skills, capacity and capability to undertake their duties and functions.
3. Clinical and professional networks should be embedded in the new system. There should be further work to define and review the function, effectiveness and range of different types of networks.
4. Commissioning consortia and the NHS Commissioning Board should establish multi-specialty clinical senates to provide ongoing advice and support for their respective commissioning functions.
5. Independent advice from public health professionals should be available at every level of the system.
6. Given the importance of multi-professional input to commissioning, the terms 'GP led commissioning' or 'GP Commissioning Consortia' should be abandoned.

2 Multi-professional involvement in commissioning

- 2.2 Almost every group we met expressed fears that the proposed legislation is insufficient to guarantee that all relevant professions will be involved in commissioning decisions. To a lesser, but still significant extent, a similar concern was heard about multi-professional input to the NHS Commissioning Board in relation to its role in commissioning some services.
- 2.5 We heard powerful arguments for the important role of professionals such as Allied Health Professionals (AHPs), healthcare scientists, pharmacists and midwives whose contribution is too often overlooked. Optometrists, dentists and other groups explained how they can help, not only with improving quality of services, but reducing costs. We heard from many clinicians about the value they placed on the skills which their colleagues in management brought to the table.

- 2.7 Others had concerns that this would be a tokenistic approach rather than one which would achieve genuine multi-professional involvement. Some said that the focus on representation on boards was not right and that the process of commissioning should be separated out from formal accountability arrangements. They told us *‘The board has to be structured around those responsible for spend, but the function needs to be multi-disciplinary’* and *‘clinical advice should not be confused with governance’*.

Appropriate advice

- 2.18 We consider that the Health and Social Care Bill should place a stronger requirement on commissioning consortia and the NHS Commissioning Board to take appropriate advice when making commissioning decisions. We propose that there should be a clear obligation on these bodies to involve all those who have a contribution to make in the design of services.
- 2.19 We think that commissioning consortia should be required to demonstrate that they have robust arrangements for multi-professional involvement in service development and design. This requirement should be assured through the NHS Commissioning Board’s authorisation and annual assessment of consortia.

Networks

- 2.28 We propose that networks are supported and embedded at all levels of the system.

Clinical senates or cabinets

- 2.30 We see a benefit for multi-professional leaders being brought together in groups which provide advice and support for a range of bodies, including commissioning consortia, the NHS Commissioning Board and health and wellbeing boards.

Public health

- 2.32 There should be strong and visible public health leadership to support the commissioning of services. It is important that independent advice from public health professionals is available at every level of the system, including being available to support commissioning consortia and health and wellbeing boards. Public health professionals can offer valuable expertise and will have a particular role in working across boundaries to support local authorities and commissioning consortia.

3 Leadership and leadership development

- 3.7 Anxieties were frequently expressed about the future independence of public health leaders alongside their accountability to Public Health England. Many wanted to ensure that Directors of Public Health are professionally qualified and registered. They also wanted public health professionals to have access to development programmes to ensure that they have the skills they need to be effective in leadership roles.
- 3.20 There needs to be strong independent leadership for public health at all levels of the system – locally and nationally. Public health staff need to be professionally qualified, appropriately registered and supported through leadership development. Non-medically qualified public health specialists who are not eligible for specialist medical registration by the General Medical Council are admitted to a voluntary register. We recommend that registration by an appropriate national body should be compulsory for non-medically qualified public health staff. In response to the concerns that we heard about the independence of public health advice at a national level, we advise against establishing Public Health England fully within the Department of Health.

4 Information and evidence to support high quality integrated care

- 4.11 There should be further work to ensure tariff arrangements support the commissioning of joined up care pathways and that payment arrangements provide the right incentives and rewards for high quality care.