



'The Future of the NHS' A Smith Institute Inquiry into the Health & Social Care Bill

Project Outline

The Smith Institute is undertaking an investigation into the implications of the reforms to the NHS in England which have been presented to Parliament in the Health & Social Care Bill.

The initial study will invite leaders and commentators on the NHS to give their perspectives on what they see as the strengths, weaknesses, opportunities and threats posed by the reforms and the manner in which they are being implemented. A follow-up report will provide a critique of the main proposals and identify recommendations for the implementation and oversight of the reforms by NHS Commissioning Board, GP Consortia and Health and Wellbeing Boards.

Background

It is widely agreed that the NHS must change, in order to meet the growing demands posed by an ageing population, public health challenges like obesity and the rising cost of new drugs and medical technology. In this regard, the NHS is in the same position as health systems in other parts of the developed world, the cost of which is rising faster than inflation at a time when public funding is being severely reduced.

The Coalition Government in England has published a Health & Social Care Bill which contains the most radical proposals for the re-organisation of the NHS since its foundation in 1948. The changes are being implemented at a time when the NHS is seeking to achieve efficiency savings of £20 billion a year, a productivity gain larger than the service has made at any time in its history. The pace of reform is rapid but the principles behind the reforms – greater clinical leadership and patient involvement – have been widely welcomed. Widespread concerns have been raised, however, by organizations representing doctors, nurses, NHS managers and patients. Are these the right reforms, will they do what they aspire to do and are they being implemented in the right way at the right pace? Is The Lancet right to conclude that the reforms mark the 'end of the NHS'?

Furthermore, as doctors and managers translate new policies into practice, are there opportunities in crisis? Does the 'creative destruction' being unleashed on the NHS, in the words of one MP, present opportunities for clinicians and managers have not had before to re-design aspects of our healthcare system and improve care whilst reducing costs?

Major Themes

The inquiry will give clinical leaders, senior managers, voluntary sector leaders, academics and commentators the opportunity to highlight the issues they believe are most important about the Health & Social Care Bill. The questions are likely to include:

Will the reforms deliver the principles they set out to achieve?

The Health & Social Care Bill promises that it will liberate clinicians to do the right thing, free from political interference and put patients at the centre of their care, with information and choice driving quality improvement. It also establishes new mechanisms to deliver those principles: including an NHS Commissioning Board; Outcomes Frameworks for the NHS, Public Health and Social Care; GP commissioning consortia and a new regulatory landscape. Will these mechanisms deliver improvements in quality and productivity, how uniformly might they do so and over what time?

Competition, collaboration and regulation

Competition and choice play prominent parts in the new NHS vision set out in the Health & Social Care Bill. But is the balance right between competition and collaboration? And what does 'good competition' look like and how should it be introduced and regulated? Is there a danger of 'bad competition' undermining the economic viability of Foundation Trusts and is the proposed approach to extending and regulating competition fit for purpose? Is the proposed inspection regime sufficient to guarantee patient safety and effective safeguarding?

Postcode lotteries or postcode democracies

In the new NHS, decisions about access to drugs and nature of local services will be made by GP consortia, rather than NICE or PCTs. This is likely to result in growing variation in what is available to patients locally. To what extent is this a good thing or a bad thing for patients? Will patients tolerate variability in drug provision? Are there aspects of care where strong national strategies or initiatives are needed? To what extent is there a need for a regional tier to determine strategy and implementation? Is the balance between the centre, the regions and the locality right? Are we losing the National in our National Health Service?

Health Inequalities and public health

The challenges facing the NHS are to a significant extent the challenges of health inequality. Rates of smoking and obesity create rising pressures on NHS services. Emergency hospital admissions are higher in areas of disadvantage. And yet, these are often the areas where primary care is currently less robust. The emphasis on information and choice, often delivered online, could exclude patients who need care most. How strongly will the needs of small numbers of patients with complex needs feature in commissioning priorities? Will the transfer of parts of the Public Health Service to local government deliver better population health? To what extent will the new NHS be able to address health inequalities and improve the outcomes experienced by the most disadvantaged?

Accountability and scrutiny

Huge changes are being introduced into assurance, accountability and scrutiny mechanisms within the NHS. New Health and Wellbeing Boards will be established in local government to oversee health and social care. What opportunities and limitations do they present? How should GP consortia involve patients and public in their decision making? Will there be greater transparency or will more decisions be taken behind closed doors? How accountable will the NHS be to Parliament and ministers and is the Secretary of State's role clear and consistent?

Trust and public engagement

Will the reforms change the public's relationship with the NHS. GPs are currently some of the most trusted professionals in England. Some doctors are concerned, however, that in future they will be blamed for rationing decisions taken over from NICE and PCTs, undermining that relationship of trust. Is this fear justified? And will public engagement be strengthened or weakened as the reforms are introduced at a time of public spending cuts? How will HealthWatch, GP consortia and other forms of public involvement ensure that seldom heard views and disengaged communities are drawn into effective involvement, shared decision making and co-creation strategies?

Consultation

The project will engage policy makers, key stakeholders and leading thinkers involved in healthcare. Over the coming months the Smith Institute will host a number of round-tables highlight issues and shape a final report. The project will also have a peer review group of renowned experts and academics.

Timeline

The project will take place over six months to September 2011.

A final report will be circulated to MPs, civil servants, clinical leaders, NHS managers, local government, third sector organisations, trade unions, academia, business, policymakers, opinion formers, and the media.

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