

# LEX COMM

## Equity, excellence and liberation – all laudable principles but what does it really mean for the NHS?



Almost as soon as the ink dried on the coalition agreement, the Health Secretary Andrew Lansley set about putting his ambitious and radical reforms of the NHS into practice. Despite anxieties at the highest levels within Treasury, wrangling amongst coalition partners and warning signs from the NHS Chief Executive David Nicholson, the Health Secretary has today launched his vision for the NHS in the form of the long awaited Health White Paper, setting out a package of reforms that will shakeup the NHS in its biggest overhaul since its creation over 60 years ago.

After much scene setting in the weekend press, Andrew Lansley announced the publication of the Health White Paper using rhetoric familiar to close followers of the healthcare debate in recent months: to promise increased patient control over healthcare through shared responsibility for decision making with their doctors, and a framework to enable GPs to take more responsibility for the commissioning of care for their patients.

Lansley also pledged to rid the NHS of the much maligned 'tick box target' culture that defined the Labour years, shifting the focus to outcomes.

### MAIN PROPOSALS AT A GLANCE

- Limits placed on the role of the Secretary of State in relation to the NHS Commissioning Board, and local NHS organisations
- The establishment of an Independent NHS Commissioning Board accountable to the Secretary of State for Health
- Devolution of power and responsibility for commissioning to GPs
- A new commissioning framework for GP consortia
- PCTs and SHAs to be phased out by 2012
- Strengthening the role of the Care Quality Commission as an effective quality inspectorate
- Developing Monitor into the economic regulator for health and social care, including provisions for special administration
- All NHS Trusts to become Foundation Trusts
- Abolition of practice boundaries, enabling patients to choose named consultants
- Allocation of personal health budgets for patients with long-term conditions
- Local Authorities given new functions to increase the local strategies for NHS commissioning of integrated social care and health care services
- Healthwatch established as a statutory part of the Care Quality Commission to champion patients' rights
- Making the National Institute for Health and Clinical Excellence (NICE) a non-departmental, independent public body and extend its remit to social care

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## How will the proposals fare politically?

The scale of the restructure announced today may seem at odds with the promise made in the coalition agreement that the NHS would be “free from wide scale reorganisation.” However, with the NHS budget ring fenced, today’s prelude to a more detailed consultation over the summer and the formal publication of the Health Bill in the autumn, comes with a commendable aim of cutting £1bn a year in ‘central bureaucracy’ through the phasing out of Strategic Health Authorities (SHAs) and the scaling down of the functions of Primary Care Trusts (PCTs) with many responsibilities passing to GPs. However, it is this headline measure of the Bill which has caused most difficulties behind closed doors in Government and is thought to have been responsible for the considerable delays to the publication of today’s White Paper.

Although Lansley’s proposals for the NHS have been in shape for some time, eleventh hour support was needed from the Prime Minister to allay Treasury fears that the £80bn budget for GP Commissioning would be a good use of public money at a time when all other Departments have been charged with making savings of up to 40 per cent.

Professor Chris Ham, the Chief Executive of The King’s Fund, said cutting managers meant a large initial payout in redundancy and increasing the number of commissioners could mean more paperwork. He also suggested GPs would be likely to demand more money for the additional work. Others said the savings to be gained from trimming the ‘management fat’ from within the NHS are often overstated. The BMA is likely to negotiate hard on this point, arguing that much of the work undertaken by many of the organisations

targeted by the proposals still needs to be carried out even if the organisation disappears.

One key question remains: how GPs will be held accountable for their stewardship of public funds. The Paper places great emphasis on the devolution of budgets to GPs to enable them to commission care but history tells us that for every enthusiastic and capable GP comes one who won’t be. The proposed Independent NHS Commissioning Board (to be established by April 2011) will certainly have a tough role to play here.

It is this which presents to biggest political headache for the Health Secretary. The former Health Secretary Andy Burnham MP, now the Shadow Health Secretary, has been a harsh critic of the plans accusing the Health Secretary of “deeply flawed thinking” which will rob the NHS of much needed stability through “an £80 billion political experiment” – an experiment which he sees as “a huge gamble with an NHS that is working well for patients.” The Liberal Democrats have been slightly cooler thus far in their response, having capitulated on much to please their coalition partners we wait to see who, if anyone, on the backbenches will emerge as a voice for the Liberal Democrats on healthcare.

Today Andrew Lansley began his personal crusade to transform the NHS. It will be this that is the defining venture of his political career. If he can succeed where previous Governments have failed to improve the speed of care, reduce waiting times and widen the range of NHS services available to patients, his legacy as one of the most passionate and visionary Health Secretaries of our time will be set. Should he fail, he risks presiding over inevitable cuts to frontline services and a legacy of broken promises – a scenario neither he nor the coalition Government can bare to contemplate.