

The NHS Alliance:

1. Is strongly supportive of Clinical Commissioning, with the purpose of improving population health and health care to individuals. The NHS Alliance believes that there should be an appropriate balance between local freedom to meet local needs and accountability both to the centre and local populations.
2. Believes that Clinical Commissioning Group Boards should have GPs as majority members. Boards need to ensure the appropriate involvement of other clinicians and managers and have a strong representation from local communities and Independent Directors.
3. Considers that NHS Commissioning is and should continue to be a function exercised by statutory bodies in the public sector alone.
4. Recognises that NHS provision is already distributed across public, third, and independent sectors, which should continue where it can be shown in the public interest. Competition is a means to an end and not an end in itself. Those providing NHS services should clearly subscribe to NHS values of openness, transparency and accountability and behave in a manner consistent with those values.
5. Is supportive of an NHS that promotes the delivery of integrated care, both vertically and horizontally. We believe that this requires reform of payment systems, particularly Payment by Results. This includes the ability of Clinical Commissioning Groups to set activity caps and financial ceilings.
6. Is concerned that the new structure will be cumbersome and top down. The NHS Commissioning Board may have too much power and requires better two way connections to clinical commissioning groups, locally and nationally – as an organisation that enables rather than controls their work. The NHS Alliance wishes to see a strengthening of the Secretary of State's mandate to intervene if the National Commissioning Board becomes a hindrance to the autonomy of clinical commissioning groups.
7. Welcomes the creation Clinical Senates, Clinical Networks, and Local Health and Wellbeing Boards as a means of wider clinical involvement. They should help, not hinder Clinical Commissioning Groups however, who are the final decision makers for their patients.
8. Considers that Monitor and CQC should be required to demonstrate that they are acting in pursuit of the public interest. Their decisions and policies should be subject to challenge by commissioning groups.
9. Is supportive of the purpose of Quality premiums to reward those Clinical Commissioning Groups that commission effectively. Regulations should require that Premiums should only be used to enhance patient services.

Michael Sobanja
Chief Executive
Monday, 18 July 2011