Department of Health White Paper
Equity and excellence: Liberating the NHS

On 12th July 2010, the Department of Health published its Health White Paper. The proposals, set out in the White Paper, will see some of the most radical reforms to the NHS since its creation. Plans to abolish Strategic Health Authorities (SHAs) and Primary Care Trusts (PCTs), alongside the creation of GP consortia, are intended to ensure that the health system is reformed to perform as efficiently and as effectively as possible at a time of national austerity.

This fact sheet sets out the main areas of reform which have emerged.

COMMISSIONING THROUGH GP CONSORTIA

The White Paper sets out proposals for putting local consortia of GP practices in charge of commissioning services to “best meet the needs of local people”, with guidance from a new national NHS Commissioning Board. They will be made up of local GP practices, grouping together to form statutory public bodies, or consortia. These GP consortia will commission health services on behalf of patients, including planned hospital care; rehabilitative care; urgent and emergency care and some community health services.

GP consortia will manage their own budgets, decide on commissioning priorities and allocate resources based on the needs of patients.

REGULATION OF GP CONSORTIA

To ensure the delivery of effective services, the new GP consortia will be held to account by a new NHS Commissioning Board. The NHS Commissioning Board will look at the extent to which GP consortia are improving the health of their patients and helping to achieve national outcomes, set out in a new NHS Outcomes Framework, as well as looking at how effectively the GP consortia are managing their budgets and making the best of resources.

The National Institute for Health and Clinical Excellence (NICE) will establish a set of Quality Standards which will form the basis for NHS commissioning decisions and payment systems.

REGULATION OF NHS SERVICES

NHS services will be regulated by a dual-licensing system, under the direction of the Care Quality Commission (CQC) and Monitor.

The CQC will be responsible for ensuring that NHS service providers meet the standards of quality and safety, while Monitor will be the economic regulator for providers of health and social care, ensuring that organisations meet proper standards of economic management.

Organisations will have to prove that they meet proper standards of economic management in order to be able to provide services. It will have the power to intervene if it feels that a service is failing, protecting the interests of patients and the public by regulating prices and promoting competition.

PUBLIC HEALTH

A new Public Health Service (PHS) will take responsibility for improving the health of the population, working with local authorities to

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jointly appoint directors of public health who will be given control over ring-fenced public health budgets in their local area. The PHS will be in charge of setting national objectives for improving public health and work alongside local authorities on national campaigns.

Local authorities will be responsible for improving the health of the local population, taking a lead role in supporting the engagement of local communities and the development of patient choice. They will also fund and contract local patient engagement services.

HEALTH AND WELLBEING BOARDS

Health and Wellbeing Boards will be created within local government to help coordinate the commissioning of NHS services and social services.

Further details of these proposals will be set out in the Government’s Public Health White Paper, which is expected in autumn 2010.

PATIENT AND PUBLIC ENGAGEMENT

The White Paper also sets out plans for Local Involvement Networks (LiNKs) to be replaced by a new local ‘HealthWatch’. Local HealthWatch will act as patient champions, helping people to exercise choice as well as providing health and social care services. These local HealthWatch will provide information to a national organisation, ‘HealthWatch England’, to identify poorly performing services.

PATIENT CHOICE AND CONTROL

The Coalition Government’s plans to put patients first, through greater choice, involvement and control, and to give clinicians a more important role in deciding health priorities, are highlighted throughout the paper. The Government’s mantra throughout the White Paper has been that there will be “no decision about me, without me”. New policy drivers will be put in place to give patients increased control over their records; the ability to rate hospitals and clinical departments; the ability to register with any GP; and shared decision making with healthcare providers to ensure that no decision is made without them.

A new Department of Health information strategy, due to be published in the autumn, will include further details about how data on outcomes will be made available to the public.

The White Paper, ‘Equity and Excellence: Liberating the NHS’ can be viewed on the Department of Health website:


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