Modernising the NHS: the Health and Social Care Bill

1. Summary

The Health and Social Care Bill will modernise the NHS to give every patient the best chance of surviving an illness like cancer, and the best quality of life if they have a long-term condition like diabetes.

We want the NHS to be there for everyone, free-of-charge, and based on need and not ability to pay. That is why we are increasing spending on the NHS above inflation year after year - something that Labour opposes.

Our ambition is simple – to deliver care for patients which is the best of anywhere in the world, on the NHS. Despite the best efforts of staff, the NHS does not achieve this now:

- Someone in this country is twice as likely to die from a heart attack as someone in France

- Survival rates for cervical, colorectal and breast cancer are amongst the worst in the OECD

- Premature mortality rates from respiratory disease are worse than the EU-15 average

That is why we need to modernise the NHS. Our plans:

- **Cut managers, waste and bureaucracy**, and give extra money to front line services to pay for things like the Cancer Drugs Fund, which is already giving hundreds of patients access to the drugs they need.

- **Give control over NHS services to frontline doctors and nurses** and take it out of the hands of ministers and managers, so that patients get the best possible care.

- **Give local communities powers to stop forced and unwanted closures** of A&E and maternity services.

- **Inject real democratic legitimacy into the NHS** for the first time in almost 40 years through the creation of Health and Wellbeing Boards, which will drive the integration of health and social care.

- **Focus the NHS on the results it actually delivers for patients** by allowing the best people – whether from the public, independent or charitable sectors – to deliver the care which patients need.

Because we are handing over power to patients, frontline doctors and nurses, and local communities, **we will be able to make £5 billion of administrative savings** over the coming years – all of which we will plough straight back into patient care. This is equivalent to **over 40,000 extra nurses, 17,000 extra doctors or over 11,000 extra consultants every year.**

2. How will care improve?

The Coalition's plans to modernise the NHS will give patients the best-possible care, on the NHS.

- When a local hospital feels that they can provide diagnostic tests more conveniently to patients in the community, they will be free to do so.

- If local GPs see that there is a significant need for physiotherapy services in their local area, they will be able to organise local clinics for their patients – rather than giving them a default option of having to travel to a hospital miles away.

- When a GP feels that a patient with serious diabetes is in danger of not managing it effectively, they will be able to make sure the patient has the support to remain independent – preventing unnecessary emergency admissions to hospital.

- When frontline nurses feel that they can deliver better care to autistic children in partnership with a local charity, they will be free to make this happen.

- When a local community decides that they want a new health clinic or walk-in centre, their local council will be able to work with the local NHS to help achieve this.

3. Our modernisation plans in detail

The Coalition Government's plans will modernise the NHS:

- The power and responsibility for decisions about NHS services will be transferred into the hands of doctors and nurses at the frontline, instead of remote organisations few people have heard of. This means that the NHS's money will no longer be spent by 'Primary Care Trusts', but instead by groups of GPs working in partnership. And it will mean that hospitals and other health services become 'Foundation Trusts', which are free from central government interference.

- To prevent political micromanagement, which has damaged patient care, responsibility for overseeing the NHS at the national level will be passed to an independent NHS body – the NHS Commissioning Board. This will stop politicians constantly interfering in the NHS. And we will do away with the top-down targets which do not improve care. We will instead focus on what matters to patients the results and quality of care. This means whether they survive cancer, whether they get seen when they need to be, and whether they are supported to remain in work.

- To give local communities more power, we will establish health and wellbeing boards in all local councils, with the responsibility of planning local services, jointly with the NHS and social services. These boards will publish a new 'health and wellbeing strategy', setting out the ways in which local NHS and social services will be improved in every local area.

- To give patients more power, we will allow them to choose to be treated anywhere they want which meets NHS standards, so long as the treatment doesn't cost more than it would do on the NHS. This means that charities and social enterprises will be able to provide services to NHS patients, free of charge, either together with the NHS or on their own. It also means that the private sector will be able to provide NHS services free-of-charge, and we will establish a strong economic regulator to make sure that no-one is behaving unfairly. Any decision about where to be treated will be for the patient himself or herself, in partnership with their doctor, and as now no-one will pay for their NHS care.

To help patients and GPs decide where the best services are, we will give everyone more information about the quality of care each hospital and health service delivers. And we will establish a powerful new watchdog – HealthWatch – which will make sure that patients' views about their local NHS and social services are listened to.

Myths

Myth 1	The NHS is being cut.

Fact

We are increasing the NHS budget above inflation year-after-year – something which Labour opposes But this does not mean that we can continue to put up with inefficient services, because of the rising demands on the NHS due to an ageing population and better technologies. That is why we are modernising the NHS – but any savings we make will be ploughed straight back into patient care.

Myth 2	The changes weren't in either of your parties' manifestos

Fact

They were in both the Conservative and Liberal Democrat manifestos.

The Conservative manifesto (p. 46) promised that GPs would be given control over the health service budget. The Conservative manifesto (p. 45) promised that every Trust would be made a Foundation Trust. Both the Conservative (p. 27) and Liberal Democrat (p. 42) manifestos promised that new social enterprises would be created to deliver NHS services. The Conservative (p. 45) and Liberal Democrat (p.42) manifestos promised that all types of providers – NHS, voluntary, or independent sector – would be free to deliver NHS services. An independent NHS Board was promised in the Conservative manifesto (p. 46). Scrapping central, politically-motivated targets was promised in both the Conservative (p.46) and Liberal Democrat (p. 42) manifestos. Cutting back on unnecessary administrative costs was included in both the Conservative (p. 46) and Liberal Democrat (pp. 40-41) manifestos.

Myth 3	The NHS doesn't need any change.

Fact

Someone in this country is twice as likely to die from a heart attack as someone in France. Survival rates for some cancers are amongst the worst in the OECD. Premature mortality rates from respiratory disease are worse than the European average. The number of managers in the NHS doubled under Labour, and productivity went down year-on-year.

Myth 4	These changes represent the privatisation of the NHS.

Fact

We will never privatise the NHS. The NHS will always be there for everyone who needs it, funded from general taxation, and based on need and not ability to pay.

Myth 5	Private hospitals will take over the NHS.

Fact

We want patients to be able to choose to be treated wherever they want to be – whether it's an NHS hospital, or one in the voluntary or private sectors. This is because more choice and more competition will lead to benefits for patients. But we don't want to set a target for the amount of private sector involvement in the NHS – unlike Labour – and unlike Labour we won't pay the private sector any more than we would pay the NHS. And we will establish a powerful new regulator to enforce these rules.

Myth 6 GP consortia will be forced to use the private sector

Fact

It will be up to GP consortia to decide their own arrangements.

Myth 7 Every NHS service will need to be competitively tendered.

Fact

Our plans for 'any willing provider' are precisely the opposite. Competitive tendering means identifying a single provider to offer a service exclusively. 'Any willing provider' means being clear that a service needs to meet NHS standards and NHS costs, and then allowing patients to choose themselves wherever they want to be treated. It is designed to avoid the need for costly tendering processes, unlike Labour's 'independent sector treatment centres'.

Myth 8 The policy of price competition in the NHS will lead to a "race to the bottom" on quality

Fact

Patients won't know how much a service costs, because NHS services are free at the point of use. Patients will therefore choose to be treated at the highest-quality provider. There will be competition on quality, not price.

Where prices can be reduced, in agreement with both frontline GPs and with those offering the service, we will allow it in certain cases. This is the policy Labour set out in 2009, when in government (Department of Health, *NHS Operating Framework 2010-11* (paragraph 3.44), 16 December 2009).

Myth 9 Introducing competition will destroy integrated care

Fact

Allowing patients to choose the best care package for them, in consultation with their doctor, will drive integration. And there is nothing in our plans that will stop GPs working with clinicians from hospitals – or to stop hospitals working with other

hospitals – to plan ways in which patient care can be improved. Indeed, the Health and Social Care Bill creates a new duty to promote integration.

Myth 10 Private providers will just cherry-pick the easiest cases, undercutting the NHS

Fact

The less complex the procedure, the less someone – including in the private sector – will be paid. Unlike Labour, we will not rig the market in favour of the private sector.

Myth 11 The NHS will cease to be a single, national organisation.

Fact

The NHS has never been a single, national organisation. It has always been made up of hundreds and thousands of different organisations and individuals – many of them from the independent sector – providing care free at the point of use and based on need and not ability to pay. This will not change.

Myth 12 These changes will cost £3 billion

Fact

The one-off cost of our changes will be £1.4 billion, of which £1 billion are the costs associated with reducing the size of the NHS bureaucracy – a reduction that is needed to honour both parties' promises to reduce the cost of administration in the NHS. As a result, the changes will pay for themselves within two years, and go on to deliver £5 billion of savings over this Parliament.

Myth 13 Waiting times will increase.

Fact

We are not removing any guarantees which benefit patients. That's why we've retained the cancer waiting time targets. It's why we will ensure that patient experience is central to how we measure NHS performance. And it's why we'll allow patients to choose where to be treated, which will drive improvements in quality and waiting times. But when a quarter of patients with cancer are diagnosed only after an emergency, it's not enough just to focus simply on waiting times. That is why we're focusing on the actual results which matter as well, like survival rates from cancer.

Myth 14 These changes will lead to a postcode lottery.

Fact

Clear national standards of care will be set, so patients can be confident that – wherever they are treated – NHS care will be of the same high standard, wherever they live.

Myth 15 These aims could have been achieved by putting GPs on PCT boards

Fact

This would have simply allowed an additional layer of NHS bureaucracy to continue. We inherited 151 PCTs and 909 'practice-based commissioning groups'. Our changes are simplifying this system, cutting its costs and bringing it closer to patients.

Myth 16 Doctors and nurses will be turned into accountants.

Fact

Frontline doctors and nurses will not be turned into accountants. They will bring clinical leadership into the NHS. They will be given all the support they need to help them take decisions in the best interests of their patients, so that they have even more power to do what they do best: caring for patients.

Myth 17 These plans will result in the closure of hospitals.

Fact

There are no plans to close hospitals. Indeed, our plans will prevent the kind of top-down closures Labour made without reference to local communities. And our changes will make the NHS more efficient by cutting back on bureaucracy, ensuring that every penny spent in the NHS is spent where it should be.

Myth 18 GPs do not want to do the job you are asking them to do.

Fact

In just 12 weeks, GPs covering over half of the country have come together in groups to lead our modernisation. They have come forward voluntarily, more than two years before the formal handover of responsibility takes place in April 2013. This demonstrates the enthusiasm among frontline GPs to take advantage of the opportunities our modernisation plans offer.

Myth 19 These changes are a revolution.

Fact

Our proposals are an evolution of plans which governments of all parties have introduced over the past twenty years. Giving power to GPs has been around for the last two decades, with Labour setting up 'practice-based commissioning' when they realised that abolishing GP fundholding was a mistake. Foundation hospitals, and allowing patients to choose where to be treated on the NHS, have been ideas in the NHS for the best part of a decade.

Myth 20 This is a huge, top-down reorganisation.

Fact

We're moving away from top-down organisation and control. We're removing targets that tie up NHS staff in red tape and we're getting politicians out of decision-making. We're removing whole tiers of management that sit above doctors and nurses and instead giving them the power to decide what's best for their patients. We're giving patients more choice and control over their care, rather than managers telling them what they get. Our changes are about simplifying and modernising the NHS; not top-down change.

Myth 21 No-one has been consulted on these plans.

Fact

We received over 6,000 responses to the consultation on our plans, and we have modified our plans accordingly. For example, we have introduced the programme of GP 'pathfinder' consortia.

Myth 22 Primary Care Trust commissioning is in 'meltdown'

Fact

More than 50,000 people are currently employed in NHS commissioning. We are clear that we want to reduce this number, but we are doing so in a carefully-planned manner. We are implementing our plans through a clearly-defined transition process, over a period of over two years. This process involves the creation of 'clusters' of PCTs, which will step back from commissioning as and when GP consortia are able to move into their place.

Myth 23 Patients with rare conditions will suffer, because GPs don't know enough about them

Fact

Like now, the care of people with rare conditions won't be commissioned by GPs, but by national experts in these conditions.

Myth 24 GPs will be made responsible for the rationing of NHS care

Fact

GPs are already responsible for taking decisions about NHS expenditure – when they tell a patient that they do not need a medicine; when they decide to prescribe a drug; and when they decide to refer a patient. But because they aren't responsible for this expenditure at the moment – only for the decision – the Primary Care Trust has to 'second-guess' the decisions taken by all their GPs before deciding what services need to be offered. This means that the system is more complicated than it needs to be. As the NHS Confederation has said, the move to 'GP consortia', *"presents*

significant opportunities to improve quality, efficiency and value for money in the healthcare system".

Myth 25 No-one will be in charge

Fact

Ministers will remain fully accountable to Parliament for the way in which the NHS's money is spent. But local services will be shaped to meet local needs through GP practices working together, rather than imposed by a Primary Care Trust.