

NHS Confederation

Fit for the future

The coming financial year is likely to be the most challenging for the NHS in recent history. Given the scale of change facing the NHS, we recognise that the NHS Confederation needs to change the way it works so that we can continue to effectively support all parts of the health system as the proposed healthcare reforms are implemented.

We have consulted with you about how we can best support you and, following your feedback, we have developed the services and support we are offering members for 2011/12.

Our unique role

We are the only body to bring together the full range of organisations that make up the modern NHS to help improve the health of patients and the public.

We believe that in the current environment, it is more important than ever to have a place for the whole system to come together and that we have a unique role to play in the new NHS as a strong and inclusive membership body.

We are the only organisation that speaks for the whole NHS and talks on the issues that matter to all those involved in healthcare. We also reflect the diverse views of different parts of the health system, including all types of organisations providing and commissioning NHS services.

Within an increasingly fluid and diverse healthcare system, we can help you to make sense of the bigger picture and bring you together with colleagues from across health and social care to tackle the key issues of shared concern.

We are also committed to providing added value to you and the wider NHS through the delivery of industry-wide support functions such as the NHS European Office and research networks.

How we will support you: benefits of membership

Making sense of the whole health system

We will focus on delivering **high-quality analysis and insight** to help you make sense of the whole health system. We know that this is particularly important as the radical change outlined in the Health and Social Care Bill is implemented.

We will continue to deliver **regular and timely briefings** to help you understand how the reforms are affecting different parts of the system and what this means for the NHS as a whole.

Our **detailed reports** will drill down into key areas of the complex policy agenda and provide practical assessment of its impact on the planning, commissioning and delivery of system-wide services.

Our ongoing **regional policy events** will enable you to get up-to-the-minute information and discuss the issues in more detail with us and colleagues from across the NHS.

Through our **press summaries**, **online public affairs service** and our **Health Policy Digest e-newsletter**, we will continue to monitor and summarise developments across the wider world of health – providing you with

commentary and analysis on the latest news, views and policy trends.

And finally, our **annual conference and exhibition** continues to provide an unparalleled opportunity for leaders and decision-makers from across the world of health and social care to come together to discuss system-wide issues, share learning and develop new ideas. This year, we will be helping delegates to explore the challenges and solutions that the NHS reforms present for staff, patients and the public. As a member of the NHS Confederation, you are entitled to a **reduced delegate rate** to the conference, ensuring that you get excellent value for money from this three-day event.

Tackling issues of shared concern

During the year we will continue to work closely with you to **identify and prioritise the issues** that you tell us are most important to you and the NHS as a whole. We will deliver cross-cutting work programmes in the selected areas to **bring you together with colleagues** from across the health and social care system to tackle these key issues.

In response to your feedback we will also be developing **new regional support services** from April 2012 so that you can come together with colleagues to discuss these issues at the local level. You have indicated that this will be particularly helpful given the planned abolition of strategic health authorities (SHAs).

We know that balancing finances and making cost savings while maintaining the quality of services is the area of greatest common concern for our members over the next 12 months, as well as understanding the transition to the new health system and supporting the new commissioning landscape.

We will be focusing on these issues for 2011/12 so that we can effectively channel our resources and make a significant impact in each of these areas. Here is a snapshot of our planned **work programme** for the coming year.

Finance

- *Shared learning on Quality, Innovation, Productivity and Prevention (QIPP)*: We will work with our members to highlight examples of successful QIPP activities and produce a signposting report for NHS organisations which we will showcase on our website.

- *Clinical responses to the downturn*: We will work alongside the National Institute for Health and Clinical Excellence (NICE) to encourage clinicians to identify areas where savings can be made alongside improvements to patient care. We will gain quality assurance from clinical experts and publish these examples in a report for members.
- *Managing rising demand*: We will work with our members to identify different approaches to managing demand and dealing with long-term conditions, publishing our findings and the key learning points for organisations providing and commissioning NHS care.

Quality

- *Commission on improving patient experience*: We intend to establish a member commission on improving patient experience. The commission will focus on how the NHS can ensure care, compassion and dignity for all patients. Its function will be to undertake research and policy analysis, including hearing expert evidence from a range of individuals and organisations.

We will publish a report setting out the commission's findings and deliver a programme of influencing activities to encourage implementation of the commission's recommendations.

Understanding the transition

- *Health economy*: We will run two seminars, one in an urban area and one in a rural area, to bring together the key players in a local health economy to explore how the new system will function. This will include providers, commissioners, local authorities, independent sector providers and LINKs. We will publish the findings to help members think through the challenges in their own area and use the information to underpin our responses to consultations by national bodies.

We will also produce a series of briefing documents for members, summarising how the new system will work once the Health and Social Care Bill has been passed.

Shaping the new system

- We will work to influence the shape of the new system to help ensure that it can deliver what patients and the public need, in particular with the NHS Commissioning Board and evolving Monitor and Care Quality Commission.

New commissioning landscape

- The cultural change needed to introduce the new commissioning landscape cannot be underestimated and we are working hard to support our primary care trust (PCT) members and to develop useful products for future GP commissioners throughout this transition period. In 2011/12, emerging commissioning consortia will be able to access membership of the NHS Confederation through their PCT.

We are keen to ensure that the NHS Confederation continues to represent the whole of the NHS – both commissioners and providers – into the future. We are working with the Royal College of GPs to explore how we might develop a membership offer for the new emerging commissioning consortia from 2012.

We will also deliver opportunities for members from across the health and social care system to come together with commissioning consortia and with each other, to discuss how we can collectively rise to the challenges involved in introducing the new commissioning landscape.

We will continue to identify priority work areas on an ongoing basis through regular surveying of our membership and via the feedback that we receive from our specialist networks.

Providing a voice for healthcare leaders

We know that you want us to continue to provide a **strong voice for healthcare leaders** on the issues that matter to all those involved in healthcare. And we know that Government and national stakeholders value and listen to us because our views are informed by your expert knowledge of every part of the NHS.

We will use the full range of mechanisms available to us to regularly seek your views so that we can **influence key decisions on your behalf** and ensure that your voice is heard on key issues of shared concern.

We will also provide opportunities for you to **engage directly with senior figures and policy-makers** on the issues that you have identified as being most important to you.

Our specialist networks will continue to work closely to consult with and represent you on issues specific to your part of the healthcare system.

Working across health and social care

We will work with national partners from across the health and social care system to **influence and respond** to proposals for developing a deliverable and joined-up approach to funding and provision of care over the longer term.

You told us that as the new health and social care system develops, you would like us to focus on **building strong links** with the NHS Commissioning Board, Monitor, the Care Quality Commission and the Local Government Association (LGA), as well as national and local GP bodies and national and local social care bodies, in particular the Association of Directors of Adult Social Services (ADASS).

We will prioritise these relationships on your behalf and will provide **regular feedback and information** for members via our range of communications channels.

We will also focus on a number of key areas, including:

Integration

- *Health and social care:* We will carry out a survey to explore the extent of health and social care integration across the NHS and local government and to assess what impact clustering and the direction of the health reforms are having on integration arrangements.
- *Community providers:* We are looking to deliver a programme of work to support community providers in relation to their role in the development of integrated services.

Social care

- *Response to the Dilnot social care commission:* We plan to run a workshop for members and representatives from local government to explore what Dilnot's recommendations will mean for organisations working in health and social care. We will publish a report for members to share the findings and recommendations.

Public health

- We will work with the LGA, health and well-being boards and commissioning consortia to explore the commissioning of public health services and deliver briefing documents for members on the shape of the new public health system.

Working with our networks

We will support our specialist networks for ambulance trusts, mental health providers and independent sector partners to ensure that you have **a strong and autonomous voice** on issues where your part of the healthcare system has a distinct view.

We will continue to work closely with the Foundation Trust Network (FTN) on cross-cutting issues that affect our members and will ensure we offer foundation trusts (FTs) within our membership ongoing support on areas of work not provided for by the FTN. FTN have asked that their members retain membership to the NHS Confederation in 2011/12 and both organisations are committed to developing complementary offers for FTs going forward.

Members of the Primary Care Trust Network are already going through significant changes as a result of the proposals set out in the Health and Social Care Bill. We are starting to reflect the new clustering of PCTs within our membership and opening up this offer to emerging consortia within existing PCTs.

We are also developing services for those organisations that are not affiliated to any of our specialist networks. This will apply in particular to acute trusts and for the range of new NHS groups including commissioning consortia, third sector providers, social enterprises and community services, so that we can continue to **effectively represent the full range of commissioners and providers** working within the healthcare system.

Delivering key industry-wide support functions

We currently deliver a small number of industry-wide support functions for the NHS.

The NHS Employers organisation, part of the NHS Confederation, works to represent trusts in England on workforce issues.

We also provide **added value** to our membership and the wider healthcare system through the work of the NHS European Office, the Service Delivery and Organisation Network and the Health Services Research Network.

As the Department of Health considers outsourcing some of the functions that are currently provided by Government, we are well placed to assume delivery of some of these support services.

Where we believe it is in our members' interest, we will pursue these new opportunities and will channel any generated income back into the development and delivery of our member services.

Our commitment to you

We have spent a significant amount of time consulting with you and working out how we can best support you in the future.

We believe that we now have the right structures in place to effectively respond to the changing shape of the NHS and deliver a flexible range of services in the ways that will suit you best.

We understand that money is tight and we are committed to demonstrating to you the strength of our member offer over the next 12 months and the real benefit that membership of the NHS Confederation can provide for you and your organisation.

We are confident that we have a unique offer and that by focusing our resources in the areas that matter to you most, we will be able to deliver improved services and better value for money for you and the wider NHS.

Representing the NHS in Europe

The NHS European Office (the Office) extends the reach and influence of the NHS Confederation and its members beyond the UK.

The Office provides a vital link between EU and domestic policies and plays an essential role in providing NHS organisations with information and advice on EU law and helping them to prepare for its implementation.

It represents the NHS to EU decision-makers throughout the European legislative process, highlighting the potential impact of EU proposals on the NHS and influencing the development of EU policy to support NHS interests.

As the Government's programme of reforms across health and social care develops, NHS organisations will need to adhere to relevant EU laws and be aware of the potential repercussions if they fail to do so.

For example, increased competition through the "any willing provider" model will further open up England's healthcare system to market principles regulated by EU competition law. And under proposals in the Government's Localism Bill, failure to correctly implement an EU directive could lead single NHS organisations to be exposed to significant European fines.

Looking ahead: priorities in 2011/12

Here is a look at what the NHS European Office will be focusing on in 2011/12:

- *Working time*: The Office will be heavily involved in the process to revise the European Working Time Directive and will press for a more flexible application of the rules for the benefit of NHS trusts, their workforce and patients.
- *Mobility of health professionals*: The Office is leading NHS input into the review of the EU directive that enables health professionals to register and practise in European countries other than the one in which they qualified. We will work to ensure that these rules do not adversely affect the safety and quality of NHS healthcare provision.
- *Public procurement*: A review has been commissioned to identify how EU public procurement rules can be revised to increase the efficiency of public spending. At a time when procurement has been highlighted as a key means for the NHS to achieve significant savings, the Office will speak to NHS experts in procurement and commissioning to ensure that this review reflects current and future NHS needs.
- *Research and clinical trials*: Having made EU decision-makers aware of the need to reform the current EU Clinical Trials Directive, the Office will continue to work with research managers in the NHS to ensure that the EU's legislative framework encourages rather than discourages clinical research. We will also press for NHS research priorities to be reflected in the forthcoming EU research funding programme.
- *Medical devices*: The pending review of the EU's Medical Devices Directives could have significant implications in terms of rendering illegal current procedures where in vitro medical devices are produced 'in house' by NHS organisations, and also by making the reprocessing of single use devices illegal. We will assess the potential implications of these changes on the NHS and make EU decision-makers aware of our views and concerns.

To find out more about the work of the NHS European Office, please email Elisabetta Zanon, NHS European Office director, at elisabetta.zanon@nhsconfed.org

Research networks

The NHS Confederation hosts two research networks – the Service Delivery and Organisation Network (SDO Network) and the Health Services Research Network (HSRN). Membership to the SDO Network is free to all NHS organisations. Membership to the HSRN is free to all core members of the NHS Confederation.

SDO Network

The SDO Network – funded by a grant from the National Institute for Health Research Service Delivery and Organisation research programme (NIHR SDO) – is designed to help NHS leaders engage with and use health services research to develop and improve their services. The network currently has more than 90 members and works to:

- highlight relevant and timely health services research evidence to members
- build the capacity of members to access, appraise and use health services research
- broker relationships and support the development of partnerships between members and the health services research community
- engage members in identifying future health services research commissioning priorities
- support the health services research community to maximise the impact that their research can deliver for healthcare systems both in the UK and internationally.

www.nhsconfed.org/sdonetwork

The Health Services Research Network

The Health Services Research Network (HSRN) helps NHS organisations to undertake, fund or participate in health services research. HSRN has more than 100 members, including around 60 groups of health services researchers in universities and other research institutes.

Members can freely attend HSRN regional and national events, participate in HSRN workshops and benefit from a reduced rate to attend the joint SDO Network and HSRN annual conference **Delivering better health services**.

Regular email alerts and quarterly bulletins keep members up to date with the latest news from the health services research community, including funding options, research briefings, seminars, conferences and opportunities to present your own research findings.

If you are interested in joining or would like to find out more about the work of the research networks, please email sdonetwork@nhsconfed.org or hsrn@nhsconfed.org

www.nhsconfed.org/hsrn