

## OUR WORK AND KEY ACHIEVEMENTS: HIGHLIGHTS OF 2010/2011

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**Over the past year, we have been working hard to support our members at a time when the NHS is under severe financial pressure and is simultaneously preparing to undertake the biggest reform programme in its history.**

**We have been robust in representing our members' views to Government and policy-makers, and in seeking greater clarity and assurance on behalf of our members about how the risks and dangers associated with this complex agenda will be accounted for and mitigated against.**

**We developed the *Our Priorities* section on our website to clearly reflect the work that we are undertaking on behalf of our members and to help audiences navigate around the complex range of issues facing the NHS at this time. Below is a snapshot of just some the work that we have been undertaking in 2010/11.**

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### 1. NHS reforms

Over the past 12 months we have been working closely with our members to seek their views on the proposed NHS reforms and represent these to Government and policy-makers.

More than 300 of our members fed into and helped shape our response to the *'Liberating the NHS'* white paper consultation in summer 2010. Our overall response included 40 suggestions for improving the new system and proposed a ten-point action plan for managing the transition. We urged the government to tackle the issues, either by making changes to national policy or enabling local solutions.

We also responded to detailed elements of the reforms including consultations on commissioning, the arm's length bodies review, democracy and commissioning, healthcare regulation and the outcomes framework.

We have produced a suite of briefings and reports over the past 12 months to help members keep abreast of and make sense of the proposed reforms – providing a practical assessment of their impact on different parts of the system and what this means for the NHS as a whole. We have also provided briefings for parliamentarians ahead of key debates and committee hearings to highlight areas of the Health and Social Care Bill that we believe need further scrutiny.

We gave written and oral evidence during the Committee stage of the Health and Social Care Bill and reiterated our main concerns about the need for effective mechanisms to facilitate the transfer of expertise and support a smooth transition to the new system. We also highlighted the need for further clarity about how the Government sees the new system operating – in particular what will drive quality improvement in the new system, and who will intervene when things go wrong.

We were pleased to see that in line with our feedback, the Government amended the Bill to remove Monitor's right to allow competition on price for NHS care which we believed could result in a risk to quality. And we were influential in getting a proposed amendment removed that would have set a limit for financial allocations to individual GP consortia.

We will continue our work to influence the final shape of the system, working closely with our members to ensure that their views and concerns are taken on board as the Bill passes through Parliament.

## **2. Public health reform**

We produced an on-the-day briefing for members to set out the main points of the *Healthy Lives Healthy People* public health white paper following its publication in November 2010. In our initial response we supported shifting public health responsibilities to local authorities as we believe that councils having significant potential to impact on the causes of ill health within a local population, and we very much welcomed the focus on improving public mental health.

However, we stressed that co-operation and co-ordination between relevant organisations will be key to ensuring the system functions effectively and that for this to be achieved, we need further clarity on what incentives there will be to encourage each part of the system to work together and who will have accountability for outcomes and performance.

We worked closely with our members to deliver a detailed response to the Government white paper consultation. We produced our own consultation paper for members and in February held an event to discuss the key issues. We used the feedback to help shape and inform our draft response which we submitted in March.

We will continue to work closely with our members and national stakeholders across the health and social care system to influence and support effective implementation of the new public health system.

## **3. Finance and efficiency**

With healthcare leaders required to achieve efficiencies worth £15-20 billion over the next four years while tackling underlying increase in costs and demand, we have been a key voice in highlighting the extent of the financial challenge facing the NHS.

We held discussions with our members to explore how the NHS might respond to the financial pressures – looking at areas such as providing care closer to home, managing long-term conditions to reduce costs, reducing variation, skill mix and substitution, organisational mergers, and integrating services.

In June, we published the report *Dealing with the downturn: using the evidence*, to explore both upsides and pitfalls associated with some of these ideas, look at the issues in detail and set out the myths versus reality about saving money in the system.

In December, we held a half-day conference to explore how clinical leaders could help address the financial challenges facing the health system. We published a joint report – *Clinical responses to the downturn* – with the British Medical Association (BMA), the Academy of Medical Royal Colleges and the Joint Medical Consultative Council, which set out practical recommendations on how clinicians in their own specialities can release NHS resources.

Finance and efficiency continues to form a key part of our work programme for 2011/12.

## **4. Local Government and social care**

Our regular dialogue with the Local Government Association became more important than ever as we work to support strong relationships and effective joint-working between the NHS and local authorities over the longer term.

We met regularly with the Association of Adult Social Services (ADASS) and ran a programme of joint events to discuss the implications of the NHS reforms. We also published a joint discussion paper, *Where next for health and social care integration*, to look at issues associated with commissioning and providing integrated health and social services.

## **5. Quality and safety**

We have been robust in our assertion that quality and patient safety must remain a priority as the NHS struggles to deal with the financial challenge and simultaneously implement the radical programme of reform.

Our recent report, *Feeling better? Improving patient experience in hospital report*, explored the approaches of both UK and USA hospital providers that have made significant progress in delivering patient-centred services. We also produced a *Putting patients and the public back into patient safety* factsheet which sets out six questions that board members should ask in order to seek assurance that the patient voice is heard at the top of their organisation.

We will continue our work to ensure that issues surrounding quality and patient safety do not slip down the agenda amidst efforts to make efficiency savings and implement the changes set out in the Health and Social Care Bill.

## **6. Regulation**

When the new Care Quality Commission registration system was introduced for in April 2010, we surveyed our members to gain a picture of how NHS trusts found the registration process and used these findings to help underpin our discussions with the CQC regarding the future registration system.

We worked closely with our members to develop our response to the CQC consultation on registration fees. In particular, we raised concern over the issue of cost neutrality and the need for the fee structure to be sufficiently flexible in order to accommodate changing patterns of service provision and emerging types of service provider across the NHS.

In our response to the CQC consultation on its revised enforcement policy in August 2010, we outlined our support for a number of the proposals put forward, but expressed concern about the way in which CQC will make decisions about how and when to use its different enforcement approaches. We asked that this be rationalised and simplified so that providers can clearly and easily understand when the CQC may intervene and in what way.

The issue of regulation gained further prominence in 2010 with the proposed changes to the regulatory system set out in the Health and Social Care Bill. We hosted three seminars in October, November and January on economic regulation, quality regulation and the overall system respectively, to help members understand what is needed to achieve effective regulation within the context of the new regulatory framework.

We will continue to work closely with the CQC and Monitor in 2011/12 to ensure that we take an active role on behalf of our members in shaping the new regulatory system.

## **7. Workforce**

As the NHS undergoes radical restructuring, it has never been more important for healthcare leaders to effectively engage the NHS workforce and involve them in organisational change. The NHS Employers organisation, part of the NHS Confederation, has provided a range of resources and support services to help healthcare leaders successfully engage with their workforce and develop the right skills to meet the challenges during a period of change and transition.

## **8. Influencing and shaping the debate**

We have maintained a high profile with stakeholders and parliamentarians throughout 2010/11. Our work has generated questions and featured in debates in both the House of Commons and the House of Lords, in particular on the Health and Social Care Bill and NHS finances.

Nigel Edwards, acting chief executive of the NHS Confederation, addressed members of the All-Parliamentary Group about the issues facing the NHS and the challenges associated with

Government's proposed health reforms. We have also been called upon to give evidence to a number of Select Committee inquiries, including those on the Health and Social Care Bill, public expenditure, commissioning, and complaints and litigation.

We continued to meet regularly with Government, policy-makers and national stakeholders to ensure that we are effective in representing the views of our members and informing the wider healthcare debate.

In the past year we have met with the Secretary of State, Andrew Lansley and members of his frontbench team including health care ministers Paul Burstow MP and Simon Burns MP, as well as members of the Labour health team including shadow health secretary John Healey MP. We also met with backbench MPs and Lords across all parties and members of the Health Select Committee responsible for scrutinising the Health and Social Care Bill, including the chair Stephen Dorrell MP.

We continued to work closely with the Department of Health and meet regularly with Sir David Nicholson, chief executive of the NHS in England, as well as national bodies that will have a key role in bringing about the proposed healthcare reforms. This includes meetings with Monitor chair Steve Bundred; CQC chair and chief executive, Dame Jo Williams and Cynthia Bower; chair of the Co-operation and Competition Panel, Lord Carter of Coles; director of Public Health England Anita Marsland; NICE chair Professor Sir Michael Rawlins; and the chief executive of the Local Government Association, John Ransford.

We also continued to build upon our relationships with healthcare professionals, meeting with Dr Hamish Meldrum, chair of the British Medical Association, Dr Steve Field and Dr Clare Gerada, outgoing and incoming chairs of the Royal College of General Practitioners, and Dr Peter Carter, chief executive of the Royal College of Nursing

We will continue to prioritise key relationships on behalf of our members in 2011/12 and build upon the strong links that we have with partners working across the health and social care system.

## **9. Annual conference and exhibition**

Our annual three-day conference and exhibition, **Local leadership, national service**, brought together over 1,800 leaders, policy-makers and healthcare professionals working across health. As ever, the event – which focused on how the NHS can continue to drive up the quality care for patients at a time of severe financial constraint – provided a unique opportunity for colleagues to come together, reflect, share learning and explore the challenges and solutions facing the NHS both now and over the longer term.

Andrew Lansley provided the keynote address, his first major public speaking engagement in his role as Secretary of State for Health. Other high profile speakers included Sir Michael Marmot, the author of *Strategic Review of Health Inequalities in England 2010*, and Sir David Nicholson, chief executive of the NHS in England.

Places for our 2011 annual conference and exhibition are already being snapped up. Find out more about this year's event at [www.nhsconfed.org/2011](http://www.nhsconfed.org/2011)

## **OUR WORK PROGRAMMES FOR 2011/12**

We have set out in detail our priorities and work programmes for 2011/12. You can view this information on the 'about us' page and 'what we do' section on our website.

## **FURTHER INFORMATION**

If you would like to find out more about our work, you can contact the membership team at [membership@nhsconfed.org](mailto:membership@nhsconfed.org).