

# Our work and achievements 2010/11

Over the past year, we have been working hard to support our members at a time when the NHS has faced unprecedented financial pressures and simultaneously responded to health reforms that, if implemented, will lead to the biggest reorganisation in its history.

We have been robust in representing our members' views to Government and policy-makers, and have continually stressed that policy-makers must listen to the people who will be responsible for implementing the policy in practice. We have also stressed that the proposed NHS reforms must focus sufficiently on the real problems facing the NHS – such as the financial squeeze and the need to better integrate services for patients – and have continued to seek greater clarity and assurance on behalf of our members about the nature and direction of the reform agenda.

While we have been working hard to respond to the reform agenda, we have not lost sight of the key issue affecting our members – how to maintain the quality of services while experiencing severe cuts in budgets. We know from the feedback we have received from members that they have found our work in this area particularly valuable.

Earlier in the year, we developed the 'Our priorities' section on our website to clearly reflect the work that we are undertaking on behalf of our members and help audiences navigate around the complex range of issues facing the NHS at this time. Below is a snapshot of some of the work that we have undertaken in 2010/11.

## NHS reforms

Since the NHS reform programme was announced in July 2010, the NHS Confederation has worked extensively to gain the views of its members and effectively represent them to Government, policy-makers and key individuals responsible for developing the reform programme. We have supported our members in their efforts to help shape the proposed reforms by providing a number of channels for them to engage and feed in their views at each stage of the reform process.

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 we proposed a ten-point action plan for managing the transition. We also responded to detailed elements of the reforms, including consultations on commissioning, the review of arm's length bodies, democracy and commissioning, healthcare regulation, and the outcomes framework.

We published a suite of briefings and reports during this period 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.

Following the pause in the reform programme, we played a key part in the debate as the Government's listening exercise drew to a close and it considered its next move on NHS reforms.

More than 40 members joined us in discussions with the Government's NHS Future Forum to put forward their concerns about the NHS reforms on issues including choice and competition, leadership, accountability, and education and training. Members' feedback formed a key part of our submission to the forum – *The right reform for patients: the NHS Confederation's response to the Government's listening exercise on the Health and Social Care Bill 2011*.

In our submission we strongly backed the idea of health service reform but said the case for the breadth of the Government's reforms had yet to be clearly made. We also stressed that we do not believe the proposed changes are sufficiently focused on the problems facing the NHS, such as the financial squeeze, variability in the standards of care, and the need to better integrate services for patients.

We set out a number of recommendations on key areas of the reform programme, including public accountability and patient involvement, clinical leadership and advice from healthcare professionals, choice and competition, education and training, and helping the healthcare system pull together.

The fact that the Government has had to pause its reforms reflects the fact that insufficient attention was given to drawing on the knowledge of the people who work at the coalface and in the management of the NHS. It is essential now that the changes that emerge from the listening exercise command the support of those in the service who understand the practicalities of implementation.

We have urged the Government to establish a process whereby there is on-going dialogue with senior healthcare leaders and managers as the health reforms unfold and as the detail emerges. The NHS is under enormous pressure and the Government must provide clarity, quickly, in order to make it easier for the NHS to deliver financial stability and high-quality services for patients.

## Public health reform

We produced an on-the-day briefing for members, setting 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 have significant potential to impact on the causes of ill health within a local population. We also welcomed the focus on improving public mental health.

However, we stressed that cooperation and coordination between relevant organisations will be key to ensuring the system functions effectively. 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 on who will have accountability for outcomes and performance.

We consulted extensively with our members between November 2010 and March 2011 to deliver our detailed response to the Government's public health white paper consultation. We produced our own consultation paper for members and in February held a member event to discuss the key challenges and opportunities associated with the reforms. We also gained feedback from more than 100 members through board meetings, events, policy seminars, telephone conversations and email.

Our overall response identified the policy proposals that we feel are particularly important and how we think they can be taken forward as quickly as possible. It also set out the risks our members identified and recommended actions for averting them.

We emphasised the need for long-term stability in the new public health system, especially given that public health problems are generational and cannot be fixed through short-term solutions that fit within a political cycle. The system, in whatever form it takes, must be allowed time to 'bed in' and it will be important to avoid any radical changes early on.

We recently gave written and oral evidence to a new Health Select Committee inquiry on the public health reforms and will continue to work closely with our members to influence the shape of the new public health system.

## Finance and efficiency

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

We generated questions and fed into a number of debates in both the House of Commons and the House of Lords on issues related to NHS funding.

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 2010 we published a report, *Dealing with the downturn: using the evidence*, which explored both the upsides and pitfalls associated with some of these ideas and set out the myths versus reality about saving money in the system.

Our half-day conference in December 2010 looked at 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, the Academy of Medical Royal Colleges and the Joint Medical Consultative Council, which set out practical recommendations on how clinicians in their own specialties can release NHS resources.

Finance and efficiency continues to form a key part of our work programme and we have outlined under 'our priorities for 2011/12' how we plan to support members in this area over the coming year.

## 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 Directors 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 the issues associated with commissioning and providing integrated health and social services.

For 2011/12 we have committed to carrying out a range of activities with national partners from across health and social care to influence the shape of the new system and support the development of a joined-up approach to funding and provision of care over the longer term.

## 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 report, *Feeling better? Improving patient experience in hospital*, explored the approaches of UK and United States hospital providers who have made significant progress in delivering patient-centred services. We also produced a factsheet, *Putting patients and the public back into patient safety*, which set 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 are committed to ensuring that issues surrounding quality and patient safety do not slip down the agenda amidst efforts to make efficiency savings and implement NHS reform. We have set out in detail our work programmes in this area for the next 12 months on page 12.

## Regulation

When the new Care Quality Commission (CQC) registration system was introduced for healthcare providers in April 2010, we surveyed our members to get a picture of how NHS trusts found the registration process. We 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 concerns 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 also expressed concern about the way in which the 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, 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.

## Workforce

As the NHS prepares to undergo 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.

## 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. As ever, the event, which focused on how the NHS can continue to drive up the quality of 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.

Our annual conference and exhibition in July 2011 will be the first large-scale meeting of health and social care professionals following the pause in the Government's NHS reform programme. For more information, see [www.nhsconfed.org/2011](http://www.nhsconfed.org/2011)