

## **FAQ: Commissioning a Patient-Led NHS**

### ***What action is the RCSLT taking in response to the letter and circular from Sir Nigel Crisp (28 July) re: Commissioning a Patient –Led NHS?***

- The RCSLT has put an article into the [September 2005](#) issue of Bulletin (page 6) on these developments and the implications for the profession.
- The DH is not consulting on these changes as this policy direction has been set in place by ministers following the last general election in response to concerns raised by the public on access to community and primary care services. Our response and action needs to take this into account.
- RCSLT will work as part of the Allied Health Professions Federation (AHPF) to:
  - Issue a position statement to support both national and local lobbying
  - Provide up-to-date and accurate information about government intentions
  - Work with the Royal College of Nursing to support members through these changes. This may include a national event, the development of a toolkit or guidance materials.
- AHP lead at the Department of Health (DH) Karen Middleton presented an overview of the developments and her views on key opportunities and challenges for AHPs ([document attached](#))
- There have been a number of articles in other journals and RCSLT would like to draw these to the attention of RCSLT members:

#### [Health Service Journal](#) articles:-

*Simon Stevens on PCTs Demise* 11.8.05 p15

*Bacon to SHAs stop 'headlong rush' to transfer PCT services* 1.9.05 p. 5

*The right thing done the wrong way – chief executives speak out* 8.9.05 pp. 5-7

*No need for speed – why PCTs need time to breathe* (HSJ survey) p. 8-10

*NHS alliance press release* **7.9.05** (see below)

#### [Independent Nurse](#):-

*PCT nurses to set up own company* **22.8.05 p4**

*Nurses stunned by latest restructure* **22.8.05 p8**

*PCTs must support nurses through reform* **22.8.05 p11**

[Professional Executive Committee summary of proposal bid](#) (document attached)

### ***Do managers need to respond immediately?***

- PCT reconfiguration and changes to commissioning are subject to a more urgent timescale so managers need to engage in this debate quickly.
- Changes to provider services have a longer deadline. Some PCTs reacted very quickly and appeared to be making hasty decisions on provider services without proper planning.

- John Bacon, Group Director, Health and Social Care Services Delivery (DH) in response to concerned feedback from front line clinicians, has written to SHA Chief Executives (letter dated 26 August) to remind them that:

”It is very important to separate the proper consideration of organisational structure for commissioning from decisions about the provider functions. In *Commissioning a Patient-Led NHS* we have been clear that changes to PCT service provision do not need to be complete until December 2008 and that PCTs will want to wait for the White Paper, *Your Health, Your Care, Your Say*, before forming a firm view on how services should be provided in the future. It is unhelpful for SHAs to be rushing headlong into the design of new delivery units at this time.”

- New models of employment and service provision take time to develop. Managers should not be lulled into a false sense of security that there is plenty of time, equally they should not be rushed into hasty and ill thought out plans. It is very unlikely that there will be one solution that suits all service providers so you need to take into account all your own local circumstances

***Whilst AHPF is developing support materials, is there anything I can do in the meantime to influence the agenda?***

- The new commissioning structures will be subject to local consultation. It is important that SLTs influence their development by commenting on the plans during the next few months. Managers should influence the impact of PCT reconfiguration proposals bearing in mind the new roles these organisations will play. Managers should influence PCT plans to devolve indicative budgets to practices and consider how best SLTs can influence decision-making.
- SLTs should work with other clinical colleagues to consider future provider service options. It will take time to learn together so it is best to start now. Managers need to assess the risks associated with moving forward quickly or more slowly and respond accordingly.
- Find out as much as you can about different options eg: Karen Middleton’s document talk about primary care contracting routes (SPMS, APMS etc) and models such as public interest companies.
- The White Paper *Your health, Your care, Your say* is to be published soon. RCSLT will be responding to this document, so we will need to know your views.
- New ways of working and models of service provision will need to take account of policy themes:-
  - Flexibility, plurality and contestability
  - The form and structure of services must follow required functions
  - Emphasis on the patient pathway
  - New contractual freedoms
  - The emphasis on multi-professional and multi-skill-mix approaches and a disinclination to value uniprofessional interventions.

SLT managers will need to consider these themes when planning future service provision.

- Clinical leadership and engagement are essential
- AHPs are increasingly seen as being key to effective service provision. For example, self-referral and autonomous management can be shown to take pressures off other services; AHPs working together can manage large parts of a disease process and can act as case managers. It is essential that SLTs are recognised within this partnership.
- SLT services need to be able to demonstrate contestability and therefore the quality of their services in both quantitative and qualitative terms
- Demonstrating quality will need to include the views of our clients
- AHPF agreed that the unions and not AHPF should lead on pay and conditions issues.

#### Notes:

[NHSalliance](#) news release **07/09/2005**

nhsalliance

#### ***Fools rush in ...***

The NHS Alliance welcomes the Department of Health's swift action to clarify instructions to strategic health authorities under *Commissioning a patient-led NHS*. This follows the Alliance's warning that NHS reforms are threatened in areas where SHAs are insisting plans must be in place within weeks for the transfer of local NHS services to alternative providers. In at least one case – the Black Country SHA – PCTs were given only until the end of August to have their plans complete. Services affected include district nursing, physiotherapy, community hospitals, directly provided GP practices and more. Around 100,000 nurses will be affected nationwide, along with other clinical and administrative staff.

Rushed and crude decisions have the potential to damage patient care. New models of primary care led services have often taken painstaking work over long periods and depend on existing relationships between frontline clinicians, PCT managers, voluntary organisations and local government. These are little understood by those who have not been involved in the evolution of patient care.

The blunder appears to be a misinterpretation of *Commissioning a patient-led NHS*. These included a 15<sup>th</sup> October deadline for SHAs to put forward proposals for the re-configuration of PCTs. The document also announced that primary healthcare services will, in future, be delivered by a range of alternative providers instead of directly provided by the NHS. A new provider system is to be in place by December 2008. A number of SHAs have assumed that the 15<sup>th</sup> October deadline applies to provider functions as well as reconfiguration. That was mistaken.

NHS Alliance chairman Dr Michael Dixon wrote immediately to Sir Nigel Crisp, NHS chief executive, asking him to issue clarification urgently and to nullify any existing plans to transfer provider functions to new organisations. Dr Dixon said:

**“These reforms are about improving commissioning. It is nothing less than foolish to rush into identifying new providers when the White Paper on primary care has yet to be written and when, in most areas, providers do not yet exist. This could stifle the development of new models of primary care provision – and the entrepreneurs we need to lead them. *Commissioning a patient-led NHS* makes it clear that it is for the re-configured PCTs to plan the new system, not existing SHAs who will themselves disappear long before the new provider system is in place.**

**“The Department must make sure that bureaucratic convenience does not result in the long term de-stabilisation of primary care services and widespread demoralisation of frontline staff. The message that is coming across is that the NHS is being carved up over a brief summer period when most of those affected are on holiday and have little or no ability to affect decisions. Clinicians are not commodities that can be shifted around like parcels in a left luggage office.”**

ENDS

Notes to editors:

1. For more information, contact Pat Goodall, 01246 410707 or [p.goodall@nhsalliance.org](mailto:p.goodall@nhsalliance.org)
2. Commissioning a patient-led NHS is available on the Department of Health website at:  
[http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT\\_ID=4116716&chk=/%2Bb2QD](http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4116716&chk=/%2Bb2QD)