



Working  
together for a  
stronger NHS

NHS  
Listening Exercise

Pause, Listen, Reflect, Improve

Your details	
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Organisation type: e.g. individual, Trust, patient organisation etc	Charity
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In which region are you based? (South East, South West, London, East of England, East Midlands, West Midlands, Yorks & Humber, North West, North East)	Our head office is in London but we work nationally

CHOICE AND COMPETITION	
<b><i>How can we best ensure that competition and patient choice drives NHS improvement?</i></b>	
We are interested in your views on this area, including:	
1. Which are the types of services where choice of provider is most likely to improve quality?	<p>In most cases, a large choice of providers is not actually what children and young people desire. Rather, the evidence shows that they want services which have a multidisciplinary, multi-agency, one-stop-shop approach and are available in non-stigmatising settings at times that suit them.</p> <p>By definition, the voluntary and community sector (VCS) will spend a disproportionate amount of time supporting those with the most complex needs. Such cases often require a significant investment of both time and money and we are concerned under a competitive, payment by results system, these patients will be ignored by private providers who will focus on more lucrative, easier to treat patients.</p>
2. What is the best way to ensure a level playing field between the different kinds of provider who could be involved?	<p>The Government must recognise that there are currently major obstacles for VCS organisations wanting to deliver statutory health services. Compared to private companies, VCS organisations are generally smaller, with fewer reserves and less access to development capital. This gives the private sector a major advantage when it comes to the resource intensive process of applying for and managing statutory contracts. In 2009, Children England commissioned a two year study to provide evidence on the impact of current commissioning and procurement practices on the sector. The report has revealed the hidden costs associated with the competitive tendering process. Many managers in the voluntary and community sector now spend 80% of their time managing various contracts and the burdensome reporting which comes from them,</p>

	<p>rather than managing actual projects and in larger VCS organisations, new contract managing posts have had to be created. At a time when the VCS is suffering the double pressures of reduced funding and higher demand, the Government must lessen the burden of commissioning if it is to create a level playing field.</p> <p>Similarly, we believe that strict evidence criteria are likely to prevent many VCS organisations from competing for contracts. Few have the resources to undertake clinical evaluations of their work and funding for evaluation is often the first to be cut by statutory funders when budgets are tight.</p> <p>Without support, small, trusted and effective VCS organisations are likely to be unable to compete. Yet, it is precisely these groups that are often best at reaching vulnerable children and young people who are uncomfortable engaging with statutory or private service providers.</p>
3. What else can be done to make patient choice a reality?	

**PUBLIC ACCOUNTABILITY AND PATIENT INVOLVEMENT**

***How can we make the NHS properly accountable to the public, and make sure that patient involvement is at the heart of its decision making?***

We are interested in your views on this area, including:

4. How can we ensure commissioning decisions are made transparent to the public, and that commissioning consortia engage fully with patients, carers and communities?	<p>We believe that GP commissioners should have a statutory duty to consult with local healthwatches and that in turn, local healthwatches should have a statutory duty to consult with the public. In order that the views of children and young people are properly considered, local healthwatches should provide specialised fora with skilled facilitators.</p>
5. How can we best ensure that the NHS commissioning budget, held by the new NHS Commissioning Board, is allocated transparently and used with proper accountability to the public at local level, and Parliament at a national level?	<p>As presently set out in the Health and Social Care Bill, GP consortia are virtually unaccountable at a local level. They must have regard to the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy but the local health and wellbeing board is unable to sanction them if they do not. Health and wellbeing boards must be given teeth if they are to properly hold GP consortia to account.</p> <p>Contracted out services are effectively one step further away from democratically accountable elected representatives than those that are delivered directly by the state. Most contracts are not very responsive to customer or citizen pressure, reducing the ability of elected representatives to achieve change for their electorate. The Government has suggested that providers will be accountable</p>

	<p>due to greater citizen choice but we are highly sceptical. The markets for brain surgery and maternity services are not the same as those for toothpaste and shoes due to the limited number of sellers, barriers to changing services and the fact that in most cases government will be buying the services on people's behalf. Only where citizens become commissioners though individual budgets will choice have any real power. Given this, it is essential that service providers can be held directly accountable by users through effective complaint and appeals procedures.</p> <p>For children who are unable to vote, the need for a powerful Children's Commissioner, suitable appeal mechanisms and regular consultation with under 18s at both a national and local level is essential.</p>
6. Are we doing enough to make sure the NHS at local level has the freedom it needs to take locally-based decisions?	<p>GP commissioning consortia and local authorities have more than sufficient flexibility to take locally-based decisions. If anything, we are concerned that the Government has not taken sufficient steps to prepare the public for the inevitable postcode lottery that will arise as a result of such localism.</p>

## CLINICAL ADVICE AND LEADERSHIP

### ***How can we ensure that advice and leadership from NHS staff themselves on improving services and tackling patient needs are at the heart of the health service?***

We are interested in your views on this area, including:

7. What early action is being taken in your area to improve quality of services through clinically-led commissioning? What is working well?	
8. How can commissioning consortia best engage and take on views from across the range of health professions in taking their commissioning decisions?	<p>We believe that representatives from the VCS should sit on the boards of GP commissioning consortia. This will not only help to improve joint working but will also enable commissioning consortia to benefit from the indepth understanding of local needs that VCS organisations have gained from working with the most vulnerable members of the community.</p>
9. What more could we do to ensure that commissioners collaborate to join up services to fit around the lives of patients and carers, and the particular	<p>In order to ensure that an area's Joint Health and Wellbeing Strategy meets the challenges on the ground, VCS organisation should have a statutory place on health and wellbeing boards and should be engaged in the Joint Strategic Needs Assessment process. Commissioners should then be required to follow the Joint Health and Wellbeing Strategy with meaningful penalties if they fail to do so.</p> <p>As mentioned above, VCS representatives should also sit on GP</p>

<p>circumstances of certain conditions?</p>	<p>consortia boards in order to inform commissioning decisions and help integrate the work of GPs with that of VCS organisations. GPs currently have a poor understanding of the VCS's role in delivery as well as advice, advocacy and research.</p> <p>For young people, one of the principal barriers to delivering a service that fits around their lives is the transition from youth to adult services where they may suddenly lose the social worker who has supported them for the past 5 years and have to familiarise themselves with a completely different system. While the VCS has the flexibility to deliver support across this transition, statutory commissioning structures often make it difficult to secure funding. The Government should work to develop better joint commissioning between the youth and adult sectors to overcome this problem.</p>
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<b>EDUCATION AND TRAINING</b>	
<p><b><i>How can we make sure that NHS staff in the future have the right skills to meet changing patient needs? Are the arrangements we have proposed for education and training the best ones to ensure this?</i></b></p> <p>We are interested in your views on this area, including:</p>	
<p>10. Will the proposed changes to the education and training system support the aims of the modernisation process?</p>	<p>At present, there is a lack of child specific training for health professionals who have contact with children and young people. We would urge the Government to provide formal child development, mental health awareness and engagement training, particularly for GPs who will soon have to commission services for children and young people as well as treat them. The VCS is well placed to support GPs, with particular expertise in involving children and young people in the design and delivery of services.</p>
<p>11. How can health professionals themselves take greater ownership of the education and training of their own professions, whilst meeting the needs of healthcare employers?</p>	
<p>12. How can we ensure that the values of the NHS are placed at the heart of our education and training arrangements?</p>	
<p>13. How can we best combine local and national knowledge and expertise to improve staff training and</p>	

education?	
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## OTHER FEEDBACK

### *Is there any other feedback you'd like to give us?*

We are concerned that GP consortia will lack the expertise and purchasing power necessary to effectively commission services for vulnerable children with high cost, low incidence conditions. We are also worried that splitting responsibility for the commissioning of children's health services between GP consortia, local authorities and the NHS Commission Board could lead to patients falling between the gaps, particularly during the transition to the new system. Nowhere is this more critical than safeguarding where successive serious case reviews into the deaths and serious abuse of children have revealed that a lack of communication between organisations across the health and social care sectors is a common cause. The key will be beefing up the powers of health and wellbeing boards so that they can effectively coordinate providers and differentiate responsibilities.

Please send your responses via email to:

[nhsfutureforum@dh.gsi.gov.uk](mailto:nhsfutureforum@dh.gsi.gov.uk)

or via post to:

**NHS Modernisation Listening Exercise  
Room 605, Richmond House  
79 Whitehall  
London  
SW1A 2NS**

There are more chances to have your say with events running in every part of the country over the next two months. This will give people a chance to get involved – from specific events for NHS staff, to others involved with the NHS, and those already involved in making change.

Comments should be received by **31<sup>st</sup> May 2011**. However, the NHS Future Forum would be grateful to receive responses as early as possible so that they these can help shape their initial advice to the Prime Minister, Deputy Prime Minister and the Secretary of State for Health by the end of May.

### **Summary of the Listening Exercise**

The comments you submit in response to the NHS Listening Exercise will be considered as part of the extensive period of listening, reflecting and improving led by the NHS Future Forum. The Forum's first task will be to report to the Prime Minister, the Deputy Prime Minister and the Secretary of State for Health on what they have heard.

### **Confidentiality of Information**

1. We manage the information you provide in response to these engagement questions in accordance with the Department of Health's Information Charter.
2. Information we receive, including personal information, may be published or disclosed in accordance with the access to information regimes (primarily the Freedom of Information Act 2000 (FOIA), the Data Protection Act 1998 (DPA) and the Environmental Information Regulations 2004).
3. If you want the information that you provide to be treated as confidential, please be aware that, under the FOIA, there is a statutory Code of Practice with which public authorities must comply and which deals, amongst other things, with obligations of confidence. In view of this, it would be helpful if you could explain to us why you regard the information you have provided as confidential. If we receive a request for disclosure of the information, we will take full account of your explanation, but we cannot give assurance that confidentiality can be maintained in all circumstances. An automatic confidentiality disclaimer generated by your IT system will not, of itself, be regarded as binding on the Department.
4. The Department will process your personal data in accordance with the DPA and, in most circumstances, this will mean that your personal data will not be disclosed to third parties.