

The RCN and the Health and Social Care Bill

October 2011

Our position

The RCN has serious concerns about the Health and Social Care Bill and the reforms that accompany it. We are one of the leading organisations lobbying the Government to change the legislation to reflect the concerns of our members and their patients.

What we have done in the last year

- Given evidence to four Commons Select committees, including twice to the Health and Social Care Bill Committee.
- Held a number of listening exercises with RCN members, including three with the Secretary of State for Health.
- Took part in the TUC *March for the alternative* and a number of other local events.
- Met with a large number of parliamentarians from all sides of the House.
- Held meetings with the Prime Minister, Deputy Prime Minister and other senior politicians.
- RCN Congress held a vote of no confidence in the Secretary of State for Health's management of the reforms.
- Published letters in national newspapers highlighting our significant concerns on the bill.
- Issued a large number of briefings to parliamentarians on the bill.
- Been in constant contact with Department of Health officials drafting the legislation.
- Fought hard to ensure that our concerns have been raised in the media on as many occasions as possible.

What we have achieved

- Significant amendments to the wording of the bill around the role of Monitor, who now have a duty to promote the delivery of integrated services.
- Amendments to restrict the ability of Clinical Commissioning Groups to receive bonuses.
- A nurse on the National Commissioning Board and on every Clinical Commission Group Board.
- Removal of the maximum tariff price in the NHS.
- Changed the wording of the bill to remove emphasis on the role of GPs at the expense of other clinicians in the new commissioning framework – GP consortia are now called Clinical Commissioning Groups.
- Forced the Government to pursue a more realistic timetable for reform implementation.
- More safeguards to prevent “cherry picking” of services.
- Amended the bill to better reflect our concerns over the role of the Secretary of State.
- Succeeded in requiring commissioning groups to have more transparency.
- Secured concessions on patient involvement including the new Health and Well Being Boards.

What we still want to happen

- Further amendments to ensure a service which promotes integration and collaboration between service providers; not fragmentation, increased complexity and risk and an exacerbation of health inequalities.
- Amendments that will safeguard the quality of care and patient safety by introducing mandatory staffing levels and regulation of all healthcare workers.
- More checks and balances to prevent the extremes of competition.
- A more robust failure regime that assures that frontline NHS services are protected.
- The Government to respect nationally agreed pay, pensions, terms and conditions and resist any moves toward local pay bargaining.
- Local and national tariffs which will allow for comprehensive, high quality care pathways and patient experience.
- To strike the clause that removes the private patient income cap from NHS providers to the detriment of NHS patients struck from the bill.
- Further clarification of the role and responsibility of the Secretary of State for Health.

What happens now?

The bill is now at 2nd reading stage in the Lords and the RCN has issued a detailed briefing to all Peers covering the issues they still need to address. The RCN will continue to lobby on behalf of all its members and their patients.

For more information please contact the RCN parliamentary team on 020 7647 3629 or parliamentaryteam@rcn.org.uk