
Policy Briefing 4/11

Working in rapid political change case study: NHS White Paper 'Equity and Excellence: Liberating the NHS'

20 July 2011

Introduction

This paper provides an overview of a case study of working in rapid political change. It is a write up a presentation delivered as part of the South West Development Programme delivered on the 18 May 2011. The presentation is also available and you may find it useful to read that alongside this document. It is a personal reflection on the experience of working within policy at the time and has been written up at the request of attendees of the workshop as part of knowledge sharing. Any and all comments are welcome!

Objectives

The objectives of the session were to:

1. To reflect on a recent political change
2. To understand how the RCN Policy and International Department analysed this political change
3. To understand how the RCN policy position was formulated
4. To understand the timescales involved with policy announcement, analysis and RCN response
5. To explore how RCN regions can influence organizational direction in rapid political change

Why this case study?

This case study was chosen for a number of reasons:

1. The reforms set out in the White Paper stem from a change in Government from a previously Labour administration to a coalition Government of Conservatives and Liberal Democrats elected in May 2010
2. The coalition Government is a key change in the politics that inform policy on the NHS in England, being the first coalition government since the late 1940s. Both parties have had different stances on the NHS (although how important these differences really are/were is subject to debate)
3. The broader financial environment has led to debate on the nature and extent of austerity measures that need to be taken. Put simply the UK Government has a debt it must repay and that debt accounts for more than half of the UK's Gross Domestic Product.¹ It is perhaps fair to say that this has coloured much of the politics on the role and extent of the public vs. private sector across a range of industry sectors
4. As part of the austerity measures public sector spending has come under pressure and that includes funding for the NHS in England. Whilst there is an intention to raise NHS budgets in real terms, the reality will be challenging to deliver because the rate of increase in the NHS budget may not outweigh inflation. And because demand for health care continues to rise (and at a rate expected to outweigh the increases in the NHS budget) there is an anticipated shortfall in funding of the order of £20 billion over the next 4 to 5

¹ http://www.hm-treasury.gov.uk/d/junebudget_complete.pdf

years (often termed the 'Nicholson Challenge'). The intention of policy makers is to meet this gap by increasing efficiency; put simply doing more with the same money (captured under the Quality Innovation Productivity and Prevention (QIPP) initiative).

5. At the time when work was undertaken to analyse the White Paper it was difficult to pre-empt the likely nature and shape of reforms because of the need for the Conservatives and the Liberal Democrats to craft a plan that was acceptable to both parties.
6. Point 5 was confounded by the fact that the reforms that were proposed in the White Paper were not fully trailed in the parties manifestos. It was difficult therefore to know what was coming and prepare for it.

The timetable

The timetable below highlights key events as details of the Coalition Government's plans for reform of the NHS in England became known. Key dates when the RCN provided briefings and/or events are in bold.

<p>2010 Timetable</p> <ul style="list-style-type: none"> • 6 May General Election (new Coalition Government) • 13 May Initial Coalition Agreement (promised real terms funding increase for NHS) • 21 May Final Coalition Agreement • 13 May Andrew Lansley New Secretary of State for Health in England (shadow since June 2004) • 21 June NHS Operating Framework • 22 June Emergency Budget • 28 June RCN briefing on Emergency Budget and Coalition Programme • 12 July NHS White Paper (and 8 related consultations over the next weeks) • 26 July RCN briefing on White Paper • 3 September RCN Breakfast Roundtable • 6 September RCN Evening Seminar with Nurses in Commissioning • 17 September close date for members comments on White Paper • 4 October RCN response to NHS White Paper (and 8 related consultations over the next weeks) • 20 October Comprehensive Spending Review • 12 November RCN Frontline First Interim Report <p>2011 Timetable</p> <ul style="list-style-type: none"> • 17 January joint letter to the Times with others (e.g. UNISON, BMA and others) • 19 January Draft Health and Social Care Bill • 31 March Bill finished Committee stage • 4 April 'Pause' announced • 21 April first meeting of NHS Future Forum • 13 April RCN congress vote of no confidence in Lansley
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Some key points are worth highlighting when looking at the timetable;

- This ignores the myriad number of speeches, reports, discussions, media coverage of reforms that the Policy and International Department monitor
- The RCN briefings and events are not necessarily led and/or completed by the Policy and International Department alone. In many cases these reflect joint working across internal departments at the RCN and this inevitably adds time (but hopefully quality!) to RCN activities and outputs
- All outputs such as RCN briefings require appropriate signoff which inevitably adds time but is appropriate for good governance
- The RCN Policy and International Department also responds to requests on our views from both internal and external stakeholders such as requests for interviews from journalists

Altogether this means that the workload of the Department is difficult to predict and significant work is undertaken behind the scenes as members of the team work with others within the RCN and also attend meetings and discussions with external parties (e.g. think tanks, Department of Health, other agencies).

The NHS White Paper and the approach to analysis

Readers can find out more about the proposals in the NHS White Paper by reading the briefing available here:

http://www.rcn.org.uk/_data/assets/pdf_file/0007/330829/09.10_NHS_White_Paper.pdf

In terms of the approach to the analysis (which informed the briefing above), the Policy and International Department took the following approach:

- The Policy and International Department has individual leads on key areas (and you can find out who leads what areas here: http://www.rcn.org.uk/support/policy/the_policy_and_international_department) who were tasked with reviewing specific Chapters in the White Paper. My role and remit covers system regulation (i.e. the Care Quality Commission, Monitor) and competition. Hence my job was to review Chapter 4 of the White Paper and the later detailed consultation on regulating providers
- Often leads also reviewed the whole White Paper and the detailed consultations to ensure that a holistic view was taken
- Often leads also liaised with other individuals within departments at HQ (e.g. ERD)
- In addition to individual perspectives on the reforms, the Policy and International Department also held team discussions to tease out issues including interpretation of the proposals, knock on effects of policy choices in one area on another, respectful challenge to others' views, and to develop some consensus
- Together these informed presentations and discussions to internal working groups across the RCN including the Health and Social Care Policy Group (with membership drawn from across the RCN)
- Jointly this work helped identify opportunities, threats, and risks informed by internal work and evidence (e.g. evidence on price competition informed the position of the RCN to oppose any increase in the amount of price competition in the NHS) and views of the membership (see more detail on this below)

- This was then written up in separate sections by individual leads
- The final response was a composite of these separate sections and with separate editors from within the Department to ensure that the whole document read together
- The final sign off came from the Executive Team but only after discussions were completed by Council

RCN's own consultation

The White Paper was subject to a formal period of consultation (3 months) and within that period the RCN also undertook its own consultation to inform the development of policy positions. This included efforts to raise awareness of the reform proposals as well as different ways for members to feed their views in:

- A dedicated section on the RCN website
- All member email and online member survey
- Film (to support survey)
- RCN briefing for members
- PowerPoint presentation for use by RCN Boards, activists, and groups of members supported by presentations from members of the Policy and International Department when invited
- Website story on Peter Carter's message to members
- Nursing press articles, features and news reviews
- RCN Bulletin stories asking for member feedback and link to resources on the website
- Blogs for RCN website
- RCN evening meeting with commissioning nurses
- Webcast

The Department estimates RCN materials reached some 175,000 members and there were over 1000 member responses to the survey.

Forming the RCN position

The previous 2 sections have highlighted the ways that the Policy and International Department undertook analysis and ways that the RCN tried to reach out to members to gather their views. This is however only part of forming the formal RCN position. In essence, the Policy and International Department undertakes analysis to help others within the RCN to take a view and finalise a position. The Department works with others across the RCN in forming policy options, including links with:

- Nursing Department
- Employment Relations Department
- Legal Department
- Parliamentary Department
- RCN Learning and Development Institute
- RCN England
- Executive Team

Policy options are then discussed and agreed via Nursing, Policy and Practice Committee NPPC and Council, since it is formally for Council to take a position. These positions are

then disseminated via a number of routes including Policy and International web pages, submissions to Health Select Committees, and this is led by Communications and Parliamentary with support from many others (including Policy and International who are often asked to write and/or check briefings, articles, etc.).

Are changes possible?

Hopefully it is clear the amount of work that was undertaken on the reform proposals. There are undoubtedly areas which could be improved but the next obvious question is what has this work achieved? Although the situation is continually changing, there appear to be some key changes in line with RCN positions including, to name just a few:

- Slower pace of change with removal of dates for clinical commissioning consortia to formally take up their role
- Inclusion of a nurse on the National Commissioning Board and places on individual clinical commissioning consortia
- U-turn on the introduction of greater price competition (but it must be noted that the fixed price element, tariff, covers only £26bn² out of the approximately £100bn allocated to the NHS)

Update

Of course politics and policy is continually changing. The update on the reform plans delivered in the workshop is already out of date now that the NHS Future Forum has delivered its report, the Government has responded, and as at 16 June 2011 we all await the actual changes proposed to the Bill (since there is still scope for changes as the Bill goes through parliament). If you want to find out the current situation then don't hesitate to contact the Policy and International Department who as ever, will be reviewing changes and considering what it means for nursing and patients. You can read the policy pages at www.rcn.org.uk/policy, contact us on: 020 7647 3723 or email: policycontacts@rcn.org.uk or pop in and see us if you are in HQ. Don't forget you can always ask us to come and visit you to help you in your local area explore the issues!

**Policy & International Department, RCN
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²http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_120254.pdf