

Commissioning a patient-led NHS RCN Scorecard

Have your say

The NHS is no stranger to reforms. In the last 10 years, the NHS has been the subject of constant attention and debate as politicians and the public seek a high quality health and social care system that is also equitable and efficient.

On 28 July this year Sir Nigel Crisp wrote to all NHS and local authority chief executives. He instructed strategic health authorities (SHAs) to submit plans to the Department of Health (DH) by 15 October, 2005 to reduce the number of SHAs and primary care trusts (PCTs), and to make savings of £250m. Current speculation is that SHAs will be reduced to 10 or 12 from 28, and PCTs from 300 to around 100 to 150.

Since the first RCN *Policy and employment briefing* was issued in the summer, the RCN has met with the Chief Nursing Officer, DH, and SHA executive nurses. We have received considerable feedback from a wide range of primary care staff, and there has been extensive media coverage.

The RCN began a legal challenge against the Government to prevent the plan of reducing the PCT provider role to a minimum without prior consultation. The legal case has now been settled. The Secretary of State for Health sets out the current policy unequivocally in a letter of 8 December, 2005 to the RCN General Secretary.

This is a summary of the letter:

- the policy position on future service provision is as it was before the Sir Nigel Crisp letter of the 28 July
- this consultation must cover the reconfiguration of organisational boundaries only
- because the policy position has changed since the 28 July there is a risk that reconfiguration proposals could have been developed on the assumption of a minimum provider policy. The Secretary of State says “there is no reason why reconfiguration of PCTs should involve a new organisational design for reduced service provision”
- any changes to service provision in the future would require a separate and specific consultation process. There is no preferred national position on who future providers will be and the Secretary of State says that “we will support PCTs whether or not they divest themselves of service provision, provided, that what is being offered is genuinely best for local patient care”
- nursing must be represented on new SHA and PCT Boards.

The RCN will not support any proposals that attempt to bypass the proper process for consultation and local debate on who provides local health care. This consultation process should be about reconfiguration of PCTs and SHAs only.

A full copy of the letter from the Secretary of State for Health can be found on the RCN website at www.rcn.org.uk

The RCN's main concerns about reform plans for SHAs and PCTs

The RCN believes that the principle objectives of strengthening commissioning and realigning NHS boundaries to improve organisational effectiveness in alignment with local communities are commonsense proposals. This can be achieved within the NHS family by adapting existing structures, or potentially by creating new models of NHS provision.

The future provision of community services must be the subject of separate and specific consultation with the both the public and the staff concerned. The RCN agrees with the Secretary of State for Health that the guiding principle in determining any future provider models should be based on what is best for delivering high quality patient care.

However, the RCN believes the implications of Sir Nigel Crisp's letter could fundamentally change the nature of the NHS. Commentators believe that the plans are designed to introduce market style incentives, and a divide between purchaser and provider - greater patient choice underpinned by 'Payment by Results', foundation trusts and a range of other providers outside the NHS.

While the RCN has always recognised the important role that the independent and voluntary sectors play in providing community care, we are concerned that plans to increase their involvement raise significant issues such as democratic accountability, transparency, governance, and commercial sensitivity around public and private funding.

The RCN believes that patients, the public and key stakeholders must be fully consulted on these major plans to reform the NHS.

Scorecard

The scorecard is designed to help you analyse and respond to local consultations over the shape and function of your SHA and PCTs. It will also help us to develop a national overview of the key issues. It will directly inform the development of RCN policy and campaigning work around the first stage of the restructuring and reform of SHAs and PCTs.

Using the scorecard

We recommend that you read the SHA consultation document that outlines the proposals for reconfiguration. You can find this on your trust, PCT or SHA website, or ask your SHA for a copy. Then go through the scorecard questions below, using them to check that the document addresses RCN concerns to your satisfaction.

Your consultation responses should be balanced, pointing out where the document is deficient and highlighting where the RCN's concerns have been addressed satisfactorily. You may want to use the RCN's issue headings in drafting your response.

Raising local concerns

You should raise issues of local concern as part of the consultation process. This may be at meetings or consultation events. However, you should also set out in writing any concerns RCN members have and send these to the NHS staff who are leading the consultation. You should ask for a written reply before the end of the consultation period, and if RCN concerns have not been addressed you should make sure that the relevant NHS chief executives are aware of nurses' views.

It is entirely a matter for local RCN members to come to a decision about whether or not they feel able to support the reconfiguration proposals that have been put forward. Your guiding principle should be whether what is proposed will:

- support the delivery of high quality patient care
- undermine the ability of nurses to deliver that care
- *fit* the needs of the local community you serve, or not.

However, the RCN is absolutely clear that at this stage this process is not about PCTs divesting themselves of the provision of services, and we will not support attempts to bypass consultation and local debate. If the consultation document proposes plans to take provision away from PCTs before the end of the consultation process, raise this with the SHA as a priority and notify the RCN Policy Unit as soon as possible.

If you have any other questions, please feel free to contact a member of the Policy team if you wish to discuss it further. Our contact details are at the end.

How to raise membership concerns that are not covered by the scorecard

It is possible that there are issues that are particularly relevant to you and your members that we have not covered in the scorecard. This could include, for example, the appropriateness of proposed boundaries or co-terminosity with other agencies. Feel free to highlight these issues in your consultation response with the agreement of your members. The scorecard is purely designed to outline the RCN's main concerns.

What to do with the completed scorecard

The scorecard is yours to keep as a reference source for future consultations that will follow. You may wish to use it as an evaluation tool to measure how far the SHA has responded to the members concerns locally.

In any event, we would be grateful if you would send a copy of the completed scorecard and feedback form to us at the address below. We would also be grateful to receive copies of your specific responses to your local consultation exercises. If you have highlighted other issues not included on the scorecard, please use the blank space at the end or a separate piece of paper to add your comments.

We are also keen to identify areas of best practice, so if you have had a particularly useful experience, do let us know. Send us your contact details in case we need to discuss it in more detail.

By completing and returning the scorecard and the feedback form you will be providing us with vital intelligence regarding the changing shape of SHA and PCT structures. You will help inform our national policy position, which will ensure that the RCN has a clearer picture of the next stage for primary care reforms.

Thank you.

Please return your scorecards to:

Policy Unit
RCN
20 Cavendish Square
London
W1G 0RN

Tel: 0207 647 3723

Further reading

The RCN is not alone in raising its concerns about these latest health care reforms. The list of websites below provides a range of information about the restructuring plans, and some of the arguments about the implications of the increasing use of market-based reforms. Many of the publications and resources are free to download.

RCN primary care and public health zone

Contains a range of briefings and article on primary care reform: www2.rcn.org.uk/pcph

RCN policy pages

Contains all most recent RCN policy statements, briefings and discussion papers relevant to a range of health and social care issues: www.rcn.org.uk/aboutus/policy

King's Fund

The King's Fund is an independent policy think tank working for better health, particularly for Londoners. It offers a range of publications and briefings on key health and social care developments, such as the future of NHS markets: www.kingsfund.org.uk

NHS Alliance

The NHS Alliance is the main representative organisation of primary care trusts in England. It is also the representative organisation of health professionals (including managers; pharmacists; allied health professionals; optometrists; dentists and lay people), who work in PCTs and their equivalent organisations. www.nhsalliance.org

Department of Health

The Department of Health is responsible for driving the changes discussed here. Their website provides details of all the proposals as well as providing health and social care policy, guidance and publications. www.dh.gov.uk

The NHS Confederation

The NHS Confederation brings together the organisations that make up the modern NHS across the UK. www.nhsconfed.org

Scorecard

Name of SHA or PCT

Quality of care

Proposals for reform of strategic health services and primary care services are said to be about improving the quality of patient care. Have the proposals fully explained how the new structures will enhance:

Ease of patient access to information and services (e.g. availability of information regarding location of services and systems of delivery)? Yes No

Improve health and reduce inequalities? Yes No

Improve the engagement of the public, nurses, GPs, in the practice-based commissioning (PBC) process? Yes No

Quality assurance and improvement of clinical outcomes? Yes No

Nursing development

Have the proposals given a detailed risk assessment of the impact that reorganisation and restructuring of services will have on nurses and nursing in terms of:

Clinical leadership, and in particular, nurse leadership at executive level? Yes No

A commitment to ensuring continuity of provision of time and resources for professional development, team building and reflective practice? Yes No

Maintaining and developing communication and collaboration between the different community teams during and after reconfiguration? Yes No

Sustainability

Continued reconfiguration of services and pressure on costs can lead to gaps in service provision or governance if not carefully managed. The challenge for many organisations is to ensure universal coverage and access for services, underpinned by effective systems of governance and management.

Has there been an assessment of the impact on:

• local and regional health needs? Yes No

• altering the level and scope of commissioning? Yes No

• providing an effective public health function at local and regional level? Yes No

Has any assessment been made of the possible loss during the consultation or resulting re-structuring of:

• senior nurse experience? Yes No

• management capacity? Yes No

Practice-based commissioning is a main supporting plank of the reforms to commissioning locally-focused services. Does the consultation document describe how the new structures are going to support the development of PBC? Yes No

Does the document give detailed proposals regarding the future arrangements for the continued use of the professional executive committees? Yes No

Value for money

Predicted budget deficits and the need to achieve financial break even across all NHS organisations is a major driver behind service reconfiguration. Primary care reforms are required to deliver £250m of savings from management costs and ‘backroom functions’.

Have the proposals detailed the predicted level of deficit the reforms are addressing? Yes No

Are the proposals supported by a thorough audit of the cost pressures and savings? Yes No

Are **any** PCT or SHA services identified to be contracted-out? Yes No

Public and patient involvement

The planning of future services will depend on greater engagement and participation by patients and the public.

Has work been undertaken by the SHA prior to, and during the consultation to ensure that vulnerable and marginal groups are consulted? Yes No

Have relevant local stakeholders (e.g. public and patient involvement forums, local government health scrutiny committees, trade unions, people with special needs and so on) been consulted or involved at all stages? Yes No

Human resources

Cost and efficiency savings will have implications for the workforces employed by reconfigured organisations. National guidance sets out a clear human resources (HR) framework for dealing with transferring staff and dealing with change, but local and regional commitment to partnership must also be explicit.

Have organisations demonstrated a commitment to maintaining partnership with local staff side organisations in the new structures? For example:

- is there a designated executive lead with responsibility for partnership working? Yes No
- how will representative groups access the new structures? Yes No
- how will SHAs continue to facilitate partnership work? Yes No

Does the application set out clear arrangements for communicating with staff and providing support about their employment security, addition to national guidance? For example, will there be:

- dedicated briefings? Yes No
- open forums for affected staff? Yes No
- career counselling, and so on? Yes No

Are there detailed provisions in the document that explain which agencies will have responsibility for workforce planning? This should apply at local and regional levels, inside and outside the NHS. They should also relate to the function of SHAs. Yes No

Developing competition – reprovision of community services

Commissioning a patient-led NHS (CPLNHS) has stated that for commissioning to become more effective, PCTs must demonstrate how they will separate commissioning and provider functions. At this stage, however, there is no compulsion for PCTs to divest themselves of the provider function.

Has the consultation document addressed this matter in any detail? Specifically:

Does the consultation document clearly state that the reprovision of community services is a matter for further discussion and consultation? Yes No

If the document refers to the reprovision of community services **outside** of the NHS, are alternative providers or structures discussed? If so, please give details:

Does the document detail how PCTs propose to separate commissioning and provision of services **within existing NHS structures**? Yes No

Is there anything about the proposed way in which future PCTs are to be structured that appears to prejudge the issue of whether or not they should **provide** services? Yes No

Would the current proposals result in a loss of workforce capability or capacity that would make it difficult for PCTs to provide services in future? Yes No

Other questions

Has the timetable for consultation been clearly identified? Yes No

Is it reasonable? Yes No

Is it clear how the final decision will be made, and how will it be communicated? Yes No

Is there a clear indication of how contributors can continue to influence the debate on the final outcome after the consultation closes? Yes No

Are there any other issues that you want to raise, or which have influenced your decision? Please use the feedback form below for your comments. Yes No

If you have any other comments about the scorecard, or have any suggestions about what other resources that you would like to receive from the RCN Policy Unit, please tell us in the feedback form below. Yes No

Feedback form

The scorecard is a simple tool that allows us to do an initial analysis of the changes, and allows you to form some sense of how appropriate the proposals are. The questions raised may also have helped you challenge some of the content of the proposals in more detail.

Using the form below, we would appreciate hearing how you have used this guidance, and what the outcomes were in the terms described below.

Did you find the scorecard useful?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the proposed merger/reconfiguration accepted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you able to offer suggestions as to how the proposals could be improved?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were those proposals accepted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the RCN invited and able to attend public consultation meetings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the RCN able to attend/organise membership consultation meetings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In your opinion, were those consultation meetings generally well attended?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Overall, can the RCN support your SHA or PCT's proposals?	<input type="checkbox"/> Yes <input type="checkbox"/> No

In order of priority, which three:

- of the following were most important for you and your local membership?
- were given the highest priority in the consultation process?

	Highest	Middle	Lowest
Quality of patient care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nursing development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Human resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sustainability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public patient involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Value for money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developing competition (reprovision of community services)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

