ACADEMY OF MEDICAL ROYAL COLLEGES

STATEMENT ON THE HEALTH AND SOCIAL CARE BILL

The Academy of Medical Royal Colleges:

- Continues to have serious concerns regarding the threat to integrated patient care from unnecessary competition
- Believes that competition should only be used in the NHS where it can be shown to clearly benefit patients and not undermine the quality of services, the delivery of safe, equitable and integrated care and the training of the future workforce. This must be reflected on the face of the Bill and in regulatory and financial arrangements.
- Considers that the application of the duty to promote choice must not undermine the provision of integrated care. Therefore the duties on commissioners to ensure integrated care should take precedence over the duty to promote choice
- Is concerned that proposals in the Bill could increase rather than reduce health inequalities and calls upon the House of Lords to consider the impact of the Bill on health inequalities
- Seeks clarity on lines of responsibility and accountability between the various bodies involved in the commissioning process
- Continues to have a number of concerns relating to the public health proposals in the Bill
- Calls for the Bill to contain a duty on employers to facilitate staff involvement in work on behalf of the wider NHS outside of their own organisations
- Calls for an explicit duty in the Bill on the Secretary of State to maintain a system for professional education and training as part of the comprehensive health service as promised in the Government response to the Future Forum

Introduction

The Academy of Medical Royal Colleges (the Academy) and its constituent members had significant concerns over the original Health and Social Care Bill and produced a joint statement earlier this year summarising our concerns about:

- The need for wider clinical involvement in commissioning
- Potential damage to the provision of integrated care because of extended competition and that price may override the quality and standard of care.

The Academy welcomed the establishment of the NHS Future Forum which engaged effectively with stakeholders including Medical Royal Colleges and Faculties. The Academy recognises and supports a number of the modifications to the Bill following the work of the NHS Future Forum.

However, serious issues of concern do remain and clarity is still sought in several areas. Individual Colleges and Faculties will have their own key issues and priorities but the core issues of common concern agreed amongst all Academy members are:

- **Assuring integrated patient care**

Patient care must be designed to meet the needs of patients rather than those of the organisational structure. Such integrated care should be seamless between primary, secondary and social care sectors from the patient's perspective and allow patients and doctors ready access to all relevant clinical expertise and patient information. The Academy acknowledges that the Bill contains duties on commissioners to ensure integrated care but competition puts integration at risk and could harm patient care. Barriers to delivering integrated care must be removed.

Whilst Government statements on the role of competition and the importance of collaborative work have been welcome, it is still unclear how this will apply in practice. Clarity is required on how Monitor will operate, the role of EU competition law and how collaboration and integrated services can be promoted and assured.

For many aspects of care, particularly when dealing with complex co-morbidities, competition between providers is not the right approach, and indeed could be disruptive. The Academy believes that competition should not be used in the NHS unless it can be shown to clearly benefit patient care and does not undermine the quality of services and delivery of safe, equitable integrated care and training.

Removal of a service from a hospital or community without careful planning and adjustment can weaken the complete cross-speciality care that has to be provided for patients with complex health needs and is also likely to compromise the arrangements for the training of the next generation of doctors and other health professionals.

Despite clarifications on the issue of 'any qualified provider', concerns remain. Clinically appropriate choice is important for patients and patients must always be involved in decisions and choices about their care. But the application of the duty to promote choice must not undermine the provision of integrated care, and so the duty to promote choice should be subsidiary to the duties to ensure integrated care and reduce health inequalities.

The Academy recognises that these are not mutually exclusive but it is important that clear skilled oversight can be assured from the National Commissioning Board and Monitor to prevent local decisions undermining the integrated services which benefit patients.

The Academy, Colleges and Faculties will be seeking assurances on these issues.

- **Health inequalities**

One of the key criteria for assessing any set of healthcare reforms must be the effect that they may have in reducing or widening health inequalities particularly for the most vulnerable groups. The Government recognises the need to reduce health inequalities and the Academy acknowledges and welcomes the specific duties in the Bill placed on the Secretary of State, National Commissioning Board and Clinical Commissioning Groups to reduce inequalities.

However, the content of the Bill does not directly address reducing health inequalities and there are real concerns that other proposals in the Bill may increase health inequalities through undermining the provision of co-ordinated health care and thus make it harder for

the Secretary of State, the National Commissioning Board and Clinical Commissioning Groups to fulfil this duty.

The Academy believes that all agencies involved in commissioning must have a duty to show how their actions have reduced health inequalities.

The Academy considers that there should be a proper study of the likely impact of the proposals on health inequalities and would urge the House of Lords to undertake this through establishing a Special Select Committee to conduct the study or other appropriate equivalent means.

- **Clarity on the interaction of the commissioning structures**

The Academy, Colleges and Faculties have welcomed the explicit recognition of the need for wider clinical involvement in commissioning and are working with the Department of Health on how this can work. The Academy believes that the subsequent Government statement that the doctor with secondary care experience and the nurse on Clinical Commissioning Groups should have to come from outside the local area or be retired is unnecessary and mistaken. The Academy also continues to believe that public health professionals should be on local Clinical Commissioning Groups.

With the additional structures and processes involved there does need to be clarity on lines of responsibility and accountability between the various bodies involved in the commissioning process. The system must retain flexibility, not become over-bureaucratic and ensure that Clinical Commissioning Groups are not so constrained that they are inhibited from making appropriate and timely decisions about service design and redesign.

The Academy also believes that the proposal to remove boundaries for GP practice registration would be a mistake. It is possible to address the needs of people wishing to see a GP near their work rather than their home without removing boundaries. The proposal would undermine the ability to plan and commission a service based on the population needs of an area. Funding allocation must remain based on population based formulae.

Commissioners having co-terminous boundaries with local authorities is crucial to ensure that services for children, especially around child protection, care for those with complex needs and those looked after are properly integrated with local authority social care and education responsibilities.

It is also important that care is taken to ensure that there are not perverse incentives within commissioning processes which encourage clinically inappropriate under or over-referral. It could be a role for Clinical Senates to monitor commissioning referral management arrangements.

- **Public Health**

The Academy remains concerned that public health does not fragment and remains unified with the creation of Public Health England and the transfer of responsibilities to local authorities. It is essential that public health professionals have direct involvement in Clinical Commissioning Groups and into the National Commissioning Board. It is also important that there is the opportunity for patient and public involvement in public health arrangements.

There still needs to be clarification of roles and responsibilities during public health emergencies and of the positioning of the Director of Public Health.

In terms of the profession, it is important that training arrangements for public health doctors remain within mainstream medical training and that all public health specialists are statutorily registered irrespective of their professional background.

- **Flexibility for clinicians to undertake work for the benefit of the wider NHS**

The work to improve patient care does not just take place in a clinician's own place of work. Developments in terms of service improvement, clinical standards, research, and education and training only happen because clinicians and others are able to contribute their time and expertise to work outside their own organisations for the benefit of the wider NHS.

However, because of the understandable pressures of service delivery, there is increasing difficulty in clinicians being afforded time by their employers to participate in activity outside their own organisation on behalf of the wider NHS. This applies to work developing clinical guidelines and setting standards, ensuring research ethics, providing education curricula and assessments, and providing expert clinical advice for a range of regional or national bodies including the Department of Health itself. Most national bodies report that they find it increasingly hard to secure clinician input to their work.

The active engagement and leadership of clinicians underpins the Government's reforms. Proposals such as Clinical Senates and Local Commissioning Groups require the active involvement of clinicians. This will not happen, and the system will not work, unless clinicians are supported and enabled to have the time to participate in this work for the benefit of the wider NHS. This is work to improve patient care and patient care will suffer if it cannot continue.

The Academy would, therefore, wish to see the Bill contain a duty on employers to facilitate staff involvement in defined work on behalf of the wider NHS outside of their own organisations.

- **Education and Training**

The Government's proposals for education and training are a key interest for Medical Royal Colleges and Faculties. In its response to the Future Forum Report on education and training the Government said it would "*introduce an explicit duty for the Secretary of State to maintain a system for professional education and training as part of the comprehensive health service."*

The Academy welcomed this statement and commitments to the promotion of research. However, the Bill does not contain any clause setting out this duty and the Academy would strongly urge that it is included in the Bill in line with the Government's commitment.

The Academy wants to ensure that funding and standards for medical and other professional education are preserved and, particularly, that the functions of Post-Graduate Deaneries are maintained effectively. The Academy will address these issues with relevant stakeholders and continue close discussions with the Department of Health.

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Academy members:

Royal College of Anaesthetists

Royal College of General Practitioners

Royal College of Obstetricians and Gynaecologists

Royal College of Ophthalmologists

Royal College of Paediatrics & Child Health

Royal College of Pathologists

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