ACADEMY OF MEDICAL ROYAL COLLEGES

EQUITY AND EXCELLENCE – LIBERATING THE NHS

ACADEMY OF MEDICAL ROYAL COLLEGES RESPONSE

The Academy of Medical Royal Colleges welcomes the opportunity to comment on the White Paper, *"Equity and Excellence – Liberating the NHS".*

The Academy's membership comprises the Medical Royal Colleges and Faculties across the UK. Individual Colleges and Faculties will have submitted their own responses to the White Paper and the accompanying consultation documents. This response does not seek to summarise or encompass all those submissions but rather concentrates on some key generic issues which are of interest or concern to members as a whole. The primary interests of Colleges as organisations are postgraduate medical education and standards of clinical practice but they also have a general interest in healthcare policy

The Academy shares the Government's vision for the NHS as set in paragraph 1.10 of the White Paper. In particular we welcome:

- The clear commitment to putting the needs of patients and the public first
- The use of improved health outcomes as the driver and measure of success
- The empowerment and engagement of clinical healthcare professionals.

The Academy recognises that the White Paper proposals are for England only. We believe however, that there are many areas, particularly around quality and standards, where it is important to maintain consistency across the UK health system. We would urge the Ministers to engage with the counterparts in the devolved administrations to ensure consistency in key areas.

Putting Patients and the Public First

Information and choice

The Academy recognises the central importance of information both for patients to understand and make decisions about their care and for clinicians to assess and improve the quality of care they provide. If an information revolution is to succeed, equal attention must be paid to the quality as well as the quantity of information.

The Academy has endorsed a vision for patient focussed records developed by the Royal College of Physicians of London www.aomrc.org.uk/publications/statements. This vision should be taken up with a view to having outcome data (and data for many other purposes) derived directly from the electronic patient records that comprise data recorded as part of the process of routine clinical care by 2020.

If there is to be choice of consultant led teams based on information about individual doctors, it is essential that those individuals are involved in ensuring the accuracy of data.

Improving Healthcare Outcomes

Outcomes Framework
The Academy will be submitting a detailed response to the NHS Outcomes Framework consultation.

We broadly welcome the concept of the NHS Outcomes Framework and support maintaining the three components of quality in terms of effectiveness, safety and patient experience.

It is important, however, to be alert to the dangers of unintended consequences. Whilst the Government has been clear that items included in the framework are not the only issues of importance, the NHS may have a tendency to behave as if the indicators explicitly set out nationally in the outcomes framework are the new targets to be followed at the expense of other areas. Avoiding this requires a cultural and psychological change beyond a simple statement of intent. If the Outcomes Framework is to succeed it has to be owned by clinicians and regarded by them as a positive aid to quality improvement rather than a bureaucratic process.

It is also important that there are clear and transparent methods for how indicators are developed in new areas and the process for considering them for inclusion in the outcome framework over time.

The Academy believes that the Outcomes Framework must be presented and recognised as evolving and developing rather than providing all the answers at this time. Whilst it is essential that measures in the framework are robust, it is important to make a start with the framework rather than waiting for ideal indicators across every domain.

Developing and implementing quality standards
The development of national quality standards by NICE will be extremely important and Medical Royal Colleges must play a central role in their development and implementation. We would seek further discussions about how the clinical standards produced by Colleges will interact with the NICE Quality Standards. Colleges may also be able to play a positive role in monitoring or ensuring that standards are met locally.

Promoting research
The Academy welcomes the Government’s commitment to maintaining research as a core NHS role.

Autonomy, accountability and democratic legitimacy

GP Commissioning consortia
The Academy welcomes the principle that clinicians should play a leading role in the commissioning of services. In principle we support the concept of GP commissioning consortia although we believe that the successful establishment of consortia across the country will be a complex process entailing potentially considerable risk. General Practitioners as whole do not currently have the time, skills or capacity to undertake wholesale commissioning.

We also believe that it is important the commissioning process involves doctors and clinicians other than solely GPs. This would be both public health specialists in terms the commissioning services on a population wide basis and secondary care specialists whose expertise can usefully inform the process.

The Royal College of General Practitioners is obviously submitting detailed comments on the proposals for GP Commissioning Consortia

It is also crucial that there is coherence in commissioning arrangement so that the right services are commissioned at the right level whether that is at individual consortium, cross-consortia or national level. For example, maternity and neo-natal services should be commissioned together.

An autonomous NHS Commissioning Board
The Academy recognises the need for a national body to undertake the roles outlined for the National Commissioning Board. It is obviously unclear at present how it will operate in practice and therefore difficult to comment in detail.

Role of local authorities and public health
The Academy recognises the crucial role that local authorities can play in health and well being. We do believe, however, that it is important that public health remain a vital part of healthcare and social care and believe that the proposed Public Health Service should support both sectors.

Training and education
Medical training and education is a key concern for Medical Royal Colleges. The detail in the White Paper is very limited and we await the fuller proposals with interest. The Academy and its constituent members expect to be fully involved in the development of any new arrangements.

In terms of the vision outlined for medical education, we welcome the commitment that education commissioning will be led locally and nationally by the healthcare professions and to them having a leading role in deciding the content of training and quality standards. We also agree that all providers of healthcare should pay to meet the costs of education and training but that any changes to do not destabilise individual providers.

We have stated previously that if MEE is to take on full national responsibilities for commissioning education for doctors (and other groups) its current remit and structure will have to be substantially amended.

Cutting bureaucracy and improving efficiency

The Academy supports moves to cut bureaucracy and administrative costs although an ambition to reduce management costs by 45% would seem highly ambitious. At the same time we do value the expertise of effective management and administration and it is important that cutbacks in this area do not result in inappropriate tasks falling to clinicians and so diverting them from their core roles.

Implementation

There is always a danger that significant change and reorganisation causes disruption and diversion from the core business. These changes are being implemented at a time when resources will be under huge pressure which adds to the risk.

There are real concerns about whether the timetable for change is too ambitious. Care needs to be taken over implementation processes particularly the new local commissioning arrangements. Whilst we recognise the Government's desire to make progress, rushed implementation risks confusion and alienating clinicians and potentially failure to achieve the desired outcomes.

It is essential that doctors and other staff are engaged and involved throughout the process of implementation and change.

The Academy and its member Colleges and Faculties would also wish to engage with government as the details of proposals are developed.

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