

Inquiry into the DHSC's white paper on health and social care

Academy of Medical Royal Colleges evidence to the House of Commons Health and Care Select Committee

March / 2021

Introduction

1. The Academy of Medical Royal Colleges is the membership body for the medical royal colleges and faculties in the UK. We speak on standards of care and medical education. By bringing together the expertise of the medical royal colleges and faculties we aim to drive improvement in health and patient care through education, training and quality standards.
2. As such, a substantive piece of legislation impacting on the structure, organisation and others aspect of the NHS is of keen interest to us, our member organisations and, in turn their individual members – that is, doctors working in the NHS.
3. A number of our member organisations will submit their own evidence to the Inquiry. This submission is not intended to cut across any of their individual submissions but to provide a brief overview of cross-cutting issues.
4. The White Paper sets out a wide range of proposals covering many separate issues. Not all will be of concern to our members. For Academy members the issues around working together and supporting integration are likely to be of greatest interest.

Context

5. The Academy and its member organisations have long been clear that the fragmentation of services which emanated from the proposals in the 2012 Health and Social Care Act was detrimental to the effective delivery of seamless care to patients. We have consistently argued that collaboration between clinicians and organisations will achieve the best outcomes for patients. The pandemic has clearly demonstrated the importance and value of integrated and collaborative working.
6. Our view on integration was set out in [our response](#) to the NHSE 2019 consultation document *Implementing the NHS Long Term Plan – Proposals for possible changes to legislation* and also in [our response](#) to the 2020 NHSEI engagement document *Integrating care – Next steps to building strong and effective integrated care systems across England*.
7. In the latter document we said
 - The Academy and its member organisations strongly support the direction of travel towards greater integration of care systems.
 - There is broad consensus that giving ICSs a statutory footing from 2022, alongside other legislative proposals, provides the right foundation for the NHS over the next decade.
 - There is broad consensus that having a statutory corporate body offers a model that provides greater incentive for collaboration alongside clarity of accountability across systems, to Parliament and most importantly, to patients.
8. In light of this we are supportive in overall terms of the proposals on integration and ICS. Specific points are set out below.



9. We welcome the statements in the White Paper on the role of legislation and in particular its limitations. There is general recognition that legislation itself rarely creates cultural and behavioural change. But it can provide a framework to support change and, importantly, it can remove barriers to change.
10. It is important therefore that as far as possible legislation is permissive rather than restrictive. Every proposal in the legislation should be continually tested against the question "How will this actively improve the delivery of care for patients?".
11. Finally, we recognise that any NHS organisational change is disruptive and can distract attention from delivery and improvement of services. This is obviously particularly the case for those whose jobs may be impacted by the changes. It seems unlikely that there will be significant impact on clinicians and others in provider organisations. But commissioning and regional staff will face change. Sensitive handling of change and minimising disruption is essential especially following the pandemic.

Working together and supporting integration

12. It is the proposals on the development of ICS and integration of services that are probably of greatest interest to Colleges. As stated above, this is a direction of travel strongly supported by Colleges and as such we welcome the development of ICS and the integration both within the NHS and between the NHS and local government.
13. We support the proposals on the Duty to Collaborate, the Triple Aim, Collaborative Commissioning, Joint Committees and Data Sharing (which will be essential).
14. While the Triple Aim incorporates better health and well-being for everyone it could also have an explicit requirement to seek to reduce health inequalities. We believe making this a clear requirement for ICS will be important.
15. The precise working of ICS governance is not necessarily of most interest to Colleges although comments have been made about the potential for confusion between the ICS NHS Board and the Health and Care Partnership Board.
16. What is crucial is ensuring clinical engagement and clinical leadership in ICS. There is growing evidence on the importance of clinical leadership in securing improved patient outcomes. This must happen at ICS as much as individual organisation level. While clinician involvement in the Board and structures of ICS will be important, it must go further than this. This is a cultural and behavioural more than a legislative requirement but is going to be essential if ICS are to make an actual difference to patients.
17. STPs were always meant to ensure full clinical engagement. In practice this has been patchy and slow to develop. ICS must have the infrastructure to support and make clinical engagement a reality whether through clinical networks, input to planning processes and quality assurance.
18. While the Duty to Collaborate, which we support, is aimed at organisational collaboration it could be expanded to make clear that there is a requirement for supporting clinical collaboration and engagement.
19. The pandemic has seen a step-change in clinical leadership with clinicians being engaged more effectively, having more opportunities for engagement, facing fewer barriers and bureaucracy and it is important that this continues. We recognise that this requires clinicians to be willing to take that responsibility for leadership. But it requires the system to actively support and facilitate this. Currently that is not always the case.

Reducing bureaucracy

20. We support the proposals to remove the jurisdiction of the Competition and Markets Authority in respect of trust mergers and the decision to repeal Section 75 of the 2012 Act.
21. In regard to the NHS Tariff, we have in the past seen examples where NHS funding arrangements have appeared to work counter to the interests of joined up care and



collaboration. We would urge that financial arrangements work to enable and support collaboration and integration and do not act as a barrier. We would also urge that aspects of the Payment by Results (PbR) system that incentivised elective activity and promoted quality are retained wherever possible. These will be vital in tackling the enormous backlog in elective care that has arisen in the wake of the pandemic.

22. There is an important role for the ICS and regional level in terms of workforce strategy and planning, although it is important to emphasise that in terms of long-term medical workforce planning there is a clear need for a national responsibility. LETBs currently play an important role in that regional process although our perception is that their performance and impact is variable.
23. We recognise the need for flexibility in approach to meet the needs of the new system and are not, therefore, opposed in principle to the proposal to abolish LETBs. However, it is important that there are effective and transparent mechanisms for workforce planning at the regional and ICS level and that these enable full input from the clinical and employer voice.

Enhancing public confidence and accountability

24. The Academy supports the proposal for a formal merger of NHS England and NHS Improvement. As the White Paper says, the two have been working together effectively over the last couple of years. At a national level, they are perceived and operate as one organisation and it is simply logical to formalise this process.
25. We recognise that the proposals on the Secretary of State's powers in respect of direction of NHSE/I, local configurations, and transfer of ALB functions will provoke debate and concerns at potential consequences. We understand the practical logic set out in the White Paper, but we also recognise the anxieties that some may have. As is often the case with the strengthening of executive powers, this is fine when they are exercised sensibly and rationally but not when they aren't.
26. We welcome the assurance on the need for proper consultation on any proposals for transfer of functions between ALBs. We think it is essential to set out the rationale and to provide the opportunity for all stakeholders, including the impacted ALBs, to make their views clear.
27. We welcome the proposal on workforce accountability but do not believe it goes far enough. Workforce is the key challenge facing the NHS. Effective workforce planning is a hugely complex process but not one that the system has successfully managed. We are seeking
 - An inclusive and open debate about future workforce requirements across the four nations involving Governments, Statutory Education Bodies, employers, commissioners, regulators, professional bodies and trades unions and the public
 - Transparency and agreement on existing workforce data with sharing of appropriate data
 - A process through which, as far as is possible, agreement and consensus is reached on workforce requirements both in terms of specific staff groups and, importantly, across the workforce
 - An understanding of the ongoing roles and responsibilities of the various stakeholders at different levels of the system i.e., employers, commissioners, ICS, professional organisations, regulators and Government statutory bodies
 - A regular published assessment of workforce projections and requirements in each of the four nations from a designated responsible body
 - A further clear process by which Governments are required, on an ongoing basis, to consider and act on jointly agreed recommendations on workforce numbers from the designated body or provide a clear rationale for why they are not supported.



28. It may be that all these issues are not best addressed through this forthcoming legislation, but we do wish to see commitments from Government to the principles set out above.

Additional proposals

29. The remaining proposals cover a wide range of different issues. We do not intend to comment on them all but simply highlight some particular issues.
30. The proposals on social care seem sensible but the overwhelming need is for full reform of the social care system. The commitment to a wider programme of reform is welcome but its importance cannot be stressed enough. As a body representing medical organisations we have been vocal over the need for social care reform both for its own sake and for the benefit of the NHS. As we have said previously, the goals of the Long Term Plan will not be realised without an effective social care system in place.
31. The proposals relating to public health are very welcome and we fully support the initiatives on water fluoridation and obesity.
32. The Royal College of Psychiatrists has pointed out that proposals on obesity must not have unintended adverse consequences for people with eating disorders and we would endorse their view.
33. However, it is important to point out that we still lack any clarity on the overall plans for the public health system following the decision to abolish Public Health England. This may not be an issue for the Bill but without a proper system for public health improvement individual initiatives on public health such as those in the Bill will be fragmented and isolated.
34. We have previously supported the creation of the Health Services Safety Investigations Body and welcome the proposals for its establishment as an independent body.
35. Legislation to provide the professional regulators with more flexibility to make changes in the way they operate has been awaited for a very long time and the proposals in the White Paper are therefore welcomed. While the Bill proposes the power to remove a profession from regulation, it is unclear whether there is provision to add a profession into regulation. Being able to do this in a straightforward manner where there is agreement seems important particularly given the growth of advanced roles and multi-professional team-working.
36. We support the proposals on medical examiners and have been strong proponents of MEs.
37. We support the proposals on MHRA medicines registries.
38. We support the proposals on hospital food standards.
39. We support the proposals on reciprocal healthcare arrangements.

