YOUR NHS - an outline from the Otford Patient Participation Group (PPG)

NHS changes now being implemented are complex and causing much political debate. We thought an outline of the biggest shake up of the NHS in 60 years might help. Ministers say their aim is to create a ‘patient-led NHS’ and cut bureaucracy by giving power to front-line clinicians. This, they promise, will not only improve care but also slash bills at a time when health costs are rising due to our growing and ageing population and the increased cost of drugs and new treatments. Critics say the very foundations of the NHS, with the promise of free care for all, are at risk. So what is the debate actually about? And what do the reforms really mean for patient care?

<table>
<thead>
<tr>
<th>Reform/issue</th>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Who controls the budget?</strong>&lt;br&gt;Basically GPs have been given the difficult decisions on how to ration out healthcare to patients based on the increasingly tight funds available. The budget for patient treatment by GPs is actually less than 10% of the total NHS budget. The rest of the budget is mainly spent on hospital and public health services. GPs act through newly created Clinical Commissioning Groups (CCGs). They are responsible for about two thirds of the NHS budget to plan and buy health services (including hospital care) for their patients. The CCG in our West Kent area represents over 250 GPs and 463,000 residents.</td>
<td>Giving GPs control of the money means they have the power to choose the best treatment for your condition, where you receive treatment and the drugs you need. The disbanding of Primary Care Trusts that preceded CCGs will save money.</td>
<td>The majority of GPs voted against having this responsibility. Many GPs believe that their skills are better used in frontline patient care, rather than commissioning services. Most CCGs will employ private companies to arrange the many contracts that are now required to commission services.</td>
</tr>
<tr>
<td><strong>Hospitals will be allowed to go bankrupt</strong>&lt;br&gt;Hospitals now have to generate all their own funding by offering services to CCGs with no guaranteed central funding. They will become Foundation Trusts, with control over budgets and the ability to borrow money. They’ll also have greater powers to increase their revenues e.g. by offering services to private patients. Before, 2 -10% of funds came from private practice but in future up to 49% can come from private work. For the first time, hospitals that go bankrupt will be allowed to close.</td>
<td>Private practice income could benefit NHS patients. An increase should help make hospitals financially viable. Allowing hospitals to close might bring more discipline to the control of costs.</td>
<td>The closing down of hospitals and selling the sites will cause much disruption and inconvenience to patients. Increasing private care in hospitals could produce a divisive, 2-tier system, where patients with the same illness on the same ward receive different treatment.</td>
</tr>
<tr>
<td><strong>Greater competition</strong>&lt;br&gt;The Government has legislated for greater competition throughout the NHS, which will allow the private sector to compete for NHS business. CCGs are now required to arrange competitive tenders for almost all contracts, which can be submitted by any qualified provider.</td>
<td>Competition might reduce costs. It could also free up NHS hospital doctors from carrying out some routine procedures, allowing them to concentrate on more complex cases.</td>
<td>The private sector might ‘cherry pick’ easy and high-profit services, leaving difficult and costly areas to be carried out by the NHS. Arranging contracts is very costly, wasting scarce resources. It will lead to a fully commercialised NHS - not what people voted for in 2010.</td>
</tr>
<tr>
<td><strong>More power to patients</strong>&lt;br&gt;Making sure patients are involved in and influence every stage of their own care is a key to the reforms. Frustratingly, details about how this might be put into effect are not yet clear.</td>
<td>Patients should have a stronger voice. Patients involved in their own treatment tend to cost the NHS around 20% less.</td>
<td>Many patients would prefer to leave difficult treatment decisions to the experts and would prefer not to take responsibility for their own care. Patient involvement in key commissioning decisions is limited at present.</td>
</tr>
</tbody>
</table>
The new NHS structure

Department of Health

- NHS England
- Public Health England

CCGs

- Health & Wellbeing Boards
- Local Healthwatches

Local Authorities

- Providers

Providers

- Made up of groups of GPs responsible for commissioning services from providers whether NHS or private: planned hospital care, rehab, urgent & emergency care, most community health services and mental health & learning disability services.

Health and wellbeing boards have been created to promote integrated working across health & social care. There are representatives from local authority’s health & social care public health and patient groups.

Local Healthwatches These bodies will monitor local health conditions and raise any concerns with Healthwatch England – a new consumer champion for health & adult social care which will be part of the Care Quality Commission who will fund it.

As you can see, the new NHS structure is extremely complex and has raised many issues that are of concern to your PPG. Representatives of PPGs in West Kent have regular meetings with WKCCG to discuss a range of issues. We will keep you informed of developments as the situation becomes clearer.

Ken Cardinal
Otford PPG Chairman

Email otfordppg@gmail.com

March 2014

Note :- The information in this paper represents only the views of the PPG and should not be taken to represent the views of the partners of the Otford Medical Practice