

Royal College of Nursing
Response to Commissioning a Patient-Led NHS – 19th September 2005

Background

On the 27 July Sir Nigel Crisp wrote to all NHS and Local Authority CEOs instructing SHAs to submit plans to the DoH by 15 October to reduce the numbers of both SHAs and PCTs. These plans must deliver £250m of savings and current speculation is that SHAs will be reduced from 28 to 10-12 and PCTs from 300 to anywhere between 100 - 150. Furthermore he stated that by the end of 2008 the role of PCTs in providing services will be reduced to a "minimum".

Since the first RCN Policy and Employment briefing was issued the RCN has met with the CNO, DoH, SHA Executive nurses, received considerable feedback from a wide range of primary care staff and there has been extensive media coverage. This update will inform the lobbying activity that the RCN delegations at the Party Political conferences will be undertaking.

Key Issues

- The RCN believe the implications of Sir Nigel Crisp's letter could fundamentally change the nature of the NHS. No longer will it be a provider of services and employer of staff but instead a commissioning agent behind an NHS logo.
- The RCN has always recognised the important role the Private and Independent sector play in delivering healthcare in the UK and approximately 25% of RCN members are employed in this sector. There has always been a plurality of providers of NHS care and recent extensions to this have been on the basis that care is delivered based on NHS principles and adds genuine capacity.
- The significance of the Crisp announcement is that by stating that PCTs will only have a "minimum" provider role it appears to dramatically redistribute the balance between public and private provision in favour of the latter. It assumes that it does not matter who actually provides services, and therefore employs staff, so long as NHS principles remain.
- This is a significant redefinition of what the NHS is however it appears to be a question that is off limits as far as the recently announced "Your Health, Your Care, Your Say" consultation is concerned.
- This development must also be seen in the context of a raft of other initiatives which commentators overwhelmingly accept are designed to introduce market style incentives and disincentives and purchaser and provider divides i.e. patient choice, payment by results and Foundation Trusts.
- If this is the type of NHS that is being developed it raises huge issues in respect of governance structures and democratic accountability, transparency and commercial sensitivity and future public and private funding streams.
- Politicians have not though set out clearly what their "end game" is or what they anticipate the NHS will look like even in the next 3/4 years. When such fundamental issues are at stake is it acceptable for the public and staff to have to play a guessing game about the future of the NHS?

Policy Positions

- The timetable for the Your Health, Your Say consultation is too short (finishes on the 4 November). It should be extended and staff should be able to also have their say (currently staff can only participate if they are invited and as a citizen, not a nurse).
- The results of the extended consultation exercise should then inform the White Paper and decisions about future structures. The current timetable means that decisions about structures will be taken before we know what the public wants the structures to do.
- There are enormous workforce implications for front line staff who could see their employment transferred to the Private and Independent sector, through to Nurse

Executives who will be made redundant. We do not believe staff should be forced out of the NHS family, pay and pensions should be protected and it is essential that we retain nursing expertise and experience on which so many of the service improvements of the last few years have been built. As a priority high level HR processes must be negotiated and implemented.

- We know that the announcement of these changes has caused huge anxiety and uncertainty at a local level amongst both NHS staff, patients and the public. Politicians and political parties should publicly reassure staff and the public about the future provider and employer role of the NHS.
- RCN Congress in 2005 overwhelmingly rejected the creeping privatisation of the NHS and called on Council to lobby against this. We are publicly calling on the Government to spell out what their "end game" is for the NHS and what they want the NHS to look like by the time the next general election is called.
- RCN Council will, at their next meeting in November, be considering what level of engagement and support in further policy announcements and initiatives is appropriate prior to the Government clarifying the future role and responsibilities of the NHS.

RCN Actions

- RCN concerns following both the Sir Nigel Crisp and "Your Health, Your Say" announcements have been quoted in a range of national newspapers, the HSJ and nursing journals.
- The RCN has written to the CNO and the office of the Secretary of State and has also held meetings with both. The RCN has also met with SHA Nurse Directors/Lead Nurses.
- A Policy and Employment briefing and FAQs document has been produced and provided to the English regions. Regular Policy updates will continue to be provided.
- The Primary Care Zone on the website has been regularly updated and contains information in respect of all the key announcements, RCN responses and guidance.
- A project group has been established, chaired by Tom Sandford, to co-ordinate the RCNs response and ongoing work in relation to a Commissioning a Patient-Led NHS. This group will liaise closely with Council Members.
- The RCN will be hosting a pan England event next month for Nurse Directors and other senior community nurses to discuss the issues that arise out of Commissioning a Patient-Led NHS.
- A RCN Direct hotline will be set up to enable members to provide feedback on developments and concerns from their workplaces.
- Next month the RCN will produce a scorecard and toolkit for members to use to assess SHA plans. The DoH is not expected to announce its approval of these plans until the beginning of November at the earliest, at which time consultations will begin.
- The RCN is arranging workshops to assist nurses at both a strategic and operational level to develop their understanding and engage in the commissioning process.
- Staff side organisations have written to Andrew Foster to express concern about the nature of the announcement, questioned the partnership process and called for a national framework for managing change.
- The RCN will be lobbying actively on these issues at all three major party political conferences.