



# RCOG policy briefing

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Royal College of  
Obstetricians  
and Gynaecologists

Bringing to life the best  
in women's health care

## RCOG statement on the publication of the Future Forum report on its second phase of work

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The RCOG welcomes the publication of the Future Forum's final reports in the second phase of its work.

To follow is our response to the key recommendations of each of the four workstreams.

### 1. Integration

Integrated services in the NHS are needed in light of the increasingly complex and long-term health and social care needs of the nation. The RCOG welcomes the Future Forum's view that integrated care must focus on the patient rather than systems. The RCOG welcomes the emphasis on better outcomes for patients with a view to localism rather than centralisation.

The Future Forum recommends the use of patient experience as a benchmark of service provision. Although the RCOG supports the concept of measuring and evaluating patients' experiences, we feel strongly that services must first be underpinned by robust clinical standards and the adherence to national guidelines. These 'structures' and pathways can help improve the patient experience. Likewise, patients with complex health needs should have a central point of contact. Cohesion between the NHS outcomes framework, public health and adult social care should be encouraged.

On the whole, the RCOG welcomes the Future Forum's recognition that the one-size-fits-all approach will not work and local solutions are needed. Flexibility is required and a tailored approach to service provision should be encouraged where appropriate.

There is the pressing need to ensure that the structures and protocols connecting health to social care are in place. Separate to the establishment of the Clinical Commissioning Groups (CCG), Health and Wellbeing Boards (HWB) and various other groups, the RCOG believes that the network model, as proposed in its *High Quality Women's Health Care* report published in July 2011, will enable the full spectrum of services in women's health, from the community-based to tertiary care, to be provided. An example of where this system works is the integration of sexual and reproductive healthcare with maternity.

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The RCOG supports the recommendation to develop innovative approaches towards care outside hospital settings. We believe that maternity and gynaecological services need to be organised in such a manner as to provide care in a range of settings that is convenient to the patient and, more importantly, maximises on finite resources.

The RCOG believes that clarity is still needed on the role of Monitor as the economic regulator and the Coalition Government's proposals on the interplay between competition and choice in the NHS.

## 1. Information

Robust information systems that link and talk to one another are needed to enable a joined-up approach to healthcare. In the case of maternity data, much work is still needed on the quality of data collected. The RCOG believes that the NHS National Commissioning Board (NCB) must ensure that healthcare providers submit data in the required format so that meaningful information is collected and put to use to benefit patient care. The acceptance of the National Maternity Data Set should be a step forward.

The RCOG welcomes the Future Forum's recommendations on public/patient information and data sharing between providers. These would ensure that comprehensive NHS records are kept and made use of intelligently and effectively. Data must be shared and transmitted to the relevant care provider. Health and social care professionals will then be aware of the needs of their patients and be in the position to provide patient-centred care. However, patient confidentiality and information governance are needed.

The RCOG welcomes the Future Forum's observation that non-NHS providers, ie. private and voluntary/community groups must work to the same information standards and share data.

Finally, as stated in the previous section, the RCOG welcomes the use of qualitative patient experience as an outcome measure. However, it is important to ensure that objective, quantitative criteria such as clinical standards are also audited. This approach is crucial to ensuring that safe and good quality care are provided.

## 2. Public health

The RCOG agrees with the Future Forum's recommendations on a co-ordinated approach between government agencies and the professional bodies to spread public health messages. Details of the relationship between the Department of Health, Public Health England (PHE), the CMO and the NHSCB are needed.

There is concern that the proposed move of public health over to local authorities may result in the weakening of the public health system. It is the RCOG's view that PHE should therefore be a special health authority. The RCOG would like to see an independent chair of PHE appointed and agrees with the need to the register and regulate public health specialists.

The RCOG supports the recommendation to maximise on opportunities during healthcare professionals' contact time with patients. The suggestion to use every encounter with patients to promote healthy messages means that key areas such as alcohol consumption, smoking, diet and physical activity are discussed. This reinforces to individuals the need for them to make healthy choices and tackles health inequalities. Other areas requiring

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attention in women's sexual and reproductive health include: contraception, STI and cervical screening and pregnancy/postnatal mental health.

These recommendations mirror those in *High Quality Women's Health Care*. The report calls for a targeted approach in reaching out and communicating with patients. There are key moments in an individual's life when they are more receptive to advice on adopting healthy lifestyles.

The RCOG does not believe that such an approach is tantamount to a 'nanny state' system since the core principles in any public health agenda is for individuals to take responsibility for their own health, guided by an education programme so that the right decisions are made.

The RCOG remains concerned by the extent of choice offered on the NHS as it may not, in some instances, be in the best interests of the patient and result in a strain on resources.

### 3. Education and training

The RCOG welcomes the increasing clarity about the purpose and function of the Local Education and Training Boards (LETBs) and the clear intent to safeguard the functions of the postgraduate medical deaneries both in the transition period and in the new multi-professional system. However, there is still much to work through in terms of the network of relationships within this new architecture, ie. the interactions between Health Education England (HEE), the General Medical Council (GMC) and other regulators, the LETBs, universities, health providers and the royal colleges.

The RCOG agrees with the caution that the requirements and accountabilities of regulators, commissioners and other bodies should be carefully assessed to mitigate the risk of overburdening and possibly confusing organisations in the new system. For that reason, the RCOG supports the proposal for the Care Quality Commission (CQC) and the regulators act to inform HEE and the LETBs when problems in staff education and training are identified as there may be related systemic flaws requiring further investigation.

Clarity is required in the recommendation about the development a quality premium, to be paid to organisations that deliver good quality learning programmes. If this is in addition to education and training funding, this needs to be made clear. Allocating such a premium will require careful thought, sound management and governance.

The RCOG is pleased to see the Future Forum's recommendation that the Department of Health and HEE should use authorisation criteria to ensure LETBs have robust governance systems in their partnerships with service and education and training providers. This will ensure that the system is based on a consistent value system enabling both statutory obligations and more developmental work to be safely managed.

The RCOG welcomes the recommendation that LETBs must work closely with the royal colleges and the GMC. The royal medical colleges must continue to be involved in the quality assurance mechanisms for local providers in education and training.

On the topic of revalidation, the RCOG is pleased to see the recommendation that the Department of Health and HEE support a systematic approach to CPD planning and appraisal programmes and for the ring-fencing of these activities by the LETBs. The RCOG assumes

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that the Postgraduate Medical Dean as the legally-designated Responsible Officer for trainee doctors will be included in the ring-fenced activities.

On the topic of workforce planning, the RCOG agrees with the recommendation that HEE and the LETBs must work closely with the Centre for Workforce Intelligence (CfWI) so that the NHS is responsive to changes in population and service trends. Royal medical colleges must also be involved in this process in an advisory capacity to ensure that the production of the future workforce meets with service demands.

These are comments about the second phase of the Future Forum's work. The RCOG pays tribute to the Forum's hard work and for developing these recommendations. There are, however, some outstanding issues with the Health and Social Care Bill and the RCOG is presently preparing its response to the Government.

#### Outstanding issues:

- The RCOG welcomes the emphasis on care as an outcome measure. Patient experience however is a woolly concept and it would be useful to know how the Government proposes commissioners gather such information and how these fit with other measures such as quality standards and patient safety.
- The RCOG would like clarity over whose responsibility it is to implement quality in Foundation Trusts and to monitor their adherence to NICE guidelines.
- Monitor will have a role in promoting integration in the NHS. Does it also have a regulatory role in the clinical implications of integrated working? This is not clear.
- Medical training has become too focused and inflexible. There is a need to develop strategies for doctors to be generalists. Possible ways forward would be to have national examinations for medical students and extended GP training time.
- There is some anxiety over plans for the future training of specialists and whether these would result in the production of too many subspecialties.

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#### Notes

For more information about the RCOG's public affairs activities, please email Gerald Chan on [gchan@rcog.org.uk](mailto:gchan@rcog.org.uk)