RCOG policy briefing

Number: P – 07/11 – 07

Royal College of Obstetricians and Gynaecologists

Bringing to life the best in women's health care

RCOG briefing on the Government's response to the NHS Future Forum report

The Royal College of Obstetricians and Gynaecologists (RCOG) welcomed the Coalition Government's initial response to the NHS Future Forum report in a statement on the 15 June 2011.

The Department of Health's full response was published two weeks later. There was acceptance by the Coalition Government that the content of the Health and Social Care Bill needed to change and the NHS Future Forum's recommendations were deemed to be sensible.

This means that the Bill has returned to the Public Bill Committee for further debate and discussion in the autumn. This will enable the concerns raised by the professional bodies, health organisations and individuals to be considered in fuller detail.

However, now that we have had time to reflect on this document, there are still some outstanding concerns which the Coalition Government needs to address.

A. Clinical leadership – The RCOG is pleased by the announcement that the commissioning groups will have input from clinicians and the National Commissioning Board (NCB) must seek clinical advice when designing NHS pricing structures. This will ensure tailored services can be provided and these are commissioned appropriately. The RCOG welcomes the assurances by the Government about the instruments to be put in place to prevent conflicts of interests for those involved in the commissioning groups.

   The RCOG recommends that women's healthcare services are organised as managed clinical networks, as is currently the case in cancer care. Such a system will cover both obstetrics and gynaecological services. This will have many benefits including:

   - Better integrated care, so that care can be provided in a continuum
   - Better collaboration between different healthcare professionals and social services
   - Better choice of treatment for patients, offering care closer to home, in a range of settings

   In order to meet with the challenges posed by the current financial pressures, there is a need to shift some O&G services away from hospitals to primary or community settings where appropriate.

This is only possible after good risk assessment of the patient is made and the case and skills mix in primary and community settings have been carefully considered and quality assured. The rationale behind this is to improve access and ensure that limited specialised NHS resources are concentrated where they are most needed.

To complement the work of a women's health network, the RCOG proposes that a national clinical director is appointed to lead on women's health.

These recommendations are explained in more detail in *High Quality Women's Health Care: a proposal for change* report published on 14 July 2011.

In its response to the Future Forum, Coalition Government has promised 'a significant role for the Royal Colleges' in the NCB. The RCOG looks forward to contributing to the NCB through the five outcomes framework streams and would welcome clarification of its role.

Although women's health covers all five overarching frameworks; there seems a closer symbiosis with patient safety and patient experience. The RCOG can assist the NCB by advising on care provision on the basis of safety and patient choice.

In its response to the Future Forum, Coalition Government promised 'a significant role for the Royal Colleges' in the NCB. The RCOG looks forward to contributing to the NCB and would welcome clarification its role.

B. Patient involvement – the RCOG agrees that patients should be involved throughout their patient journey so that they receive the care they need and want.

The Coalition Government states that their aim is to devolve power to the professionals and providers so that political and managerial interference are minimised. This is already enshrined in the NHS Constitution and greater accountability and transparency in the way these relationships are managed will increase public confidence in the NHS.

Patients should continue to have a role in designing services and their role in the local HealthWatch and Health and Wellbeing Boards will give them a stronger voice. To enable them to make good decisions, good quality information, based on the best available evidence, must be provided. Healthcare professionals must have an active role in advising patients on their options in care pathways and treatment.

In reference to the offer of patient choice, the RCOG firmly believes that choice offered should be clinically appropriate and based on what is practicable. Choice cannot always be promised because of limited resources and the potential it has to destabilise services.

C. Competition – The RCOG welcomes the announcement that Monitor will promote integrated care for those providing services rather than competition. However, there needs to be clear understanding between service providers of what is meant by 'integrated care'.

Integrated care should mean that health and social services are connected across all levels. The RCOG believes that care offered in women's health networks will join community, primary, secondary and tertiary services. These need to be linked with related social services such as mental health, housing and education. This will ensure women's health and social care needs are met.

Integrated care provided should not lead to fragmented services. There is still the real danger of any qualified providers choosing the services to provide. While it is accepted that in some cases, quality and outcome by private providers have been shown to be good, there may be the unintended consequence of the NHS having to provide the follow-up services which other providers may have started but did not complete.

Competition has been shown to improve the quality of services when they are delivered by a provider following national standards. If integration includes partnership between NHS providers and the private sector, there needs to be a mechanism to ensure that this does not lead to the privatisation of the NHS. This fear has led to much anxiety and the Government must prove that the NHS remains a national health service, paid for by the taxpayer through the national insurance scheme, and available to all.

Competition needs to be regulated. There was mention in the Government's response of the involvement of the Office for Fair Trading. More detail is needed on how the Coalition Government believes such a system could work in tandem with the roles currently carried out by Monitor and the Care Quality Commission.

D. Workforce, education and training – The RCOG is relieved to see that the Deanery structure will remain for the time being. It serves an important function and continues to do so. Any attempt to reintroduce a new organisation will result in creating more bureaucracy.

However, the question over the future responsibility for education and training still remains. The RCOG welcomes the Coalition Government's announcement that the body responsible for postgraduate medical education will be situated in the NHS. The royal medical colleges have had a lead role in liaising with the Deaneries, providing expert advice and assistance. It is important to ensure that these links remain.

The EWTR and the likely reduction in trainee numbers in O&G and neonatology mean that careful workforce planning is needed so that care can be provided across the different settings. Apart from moving to a consultant-delivered service, workforce planning must be centralised for the specialty as this ensures that numbers are monitored and services are provided where they are most needed.

The RCOG agrees with the need for an educational levy for any qualified providers. This will ensure that any qualified providers have responsibility for the provision of education, training, CPD and research and the growing needs of the NHS are met. Training or research undertaken by any qualified providers must meet with the same high standards which the NHS adheres to.

There are also issues surrounding the training of international medical graduates and the MTI scheme. The RCOG is aware of the current consultation by the UK Border Agency on the issue and would like to see a continuation in the programme of a period of no less than two years. This will be of benefit to the NHS and to the international doctors on the scheme.

The RCOG looks forward to working with Health Education England (HEE) and the GMC to ensure that standards in postgraduate medical education and training are maintained.

Although the Coalition Government has stated its support for doctors' CPD and research, it remains to be seen how these will be developed and implemented. Due recognition must be placed by the Department of Health on the value of consultants' continued involvement with the royal colleges and subspecialty bodies. Their contribution has resulted in many long-term gains for the NHS.

Alongside the above four themes, the RCOG would like to draw to the Coalition Government's attention the following unresolved issues:

E. Public health – The RCOG strongly supports the Coalition Government's plans to shift the focus in the NHS from disease intervention to disease prevention and the recommendations by the RCOG to organise services into women's health networks will help achieve this.

   Plans to include the private sector, charities and voluntary organisations in delivering public health services must be further developed to include mechanisms that prevent conflicts of interests and provide oversight.

   The present loss of key funding via local authorities for some charities means that their ability to provide services and their participation in the Health and Wellbeing Boards in the ways that was intended is curtailed. Likewise, the closure of the National Support Team networks which tackled health inequalities will have a profound impact on local teenage pregnancy and sexually transmitted infection rates in years to come.

   There is the need to ensure that women's sexual and reproductive healthcare needs are an essential component in the public health agenda. Aside from tackling health inequalities, the role of education in encouraging healthy behaviours must be reinforced in the national curriculum.

   The creation of Public Health England as an executive agency will help ensure that the public health agenda is kept at the forefront. However, in order to maintain the independence of this new national public health body, it should be situated away from the Department of Health.

F. Quangos – Tied into a functioning and responsive NHS are the much discussed plans to disband a wide range of quasi non-governmental organisations. The four which are of most concern to the RCOG are:

   - Health Protection Agency
   - National Patient Safety Agency
   - Human Tissue Authority
   - Human Fertilisation and Embryology Authority

   The HPA played a leading role during the swine flu pandemic in 2009/10. The NPSA oversees patient safety in the NHS and the maternal and child health reviews. Both the HTA and HFEA regulate complex areas of clinical practise and research.

   It is of great concern that a great deal of expertise will be lost when the HTA and HFEA are dissolved. It is expected these four organisations will be absorbed into the new public health body. As each organisation has very specific functions and responsibilities, it is unclear how the new body will carry out work in each area.

In particular, the RCOG has expressed its deep apprehension over the discontinuation of the confidential enquiries into maternal and perinatal death. **The uncertainty caused by the abrupt cessation of these audits has caused much disquiet for all working in maternity and neonatal services. The Department of Health is currently reviewing the confidential enquiries and the RCOG will work with key stakeholders to develop proposals on a way forward. The RCOG will work closely with the Department of Health and NHS to ensure that these reviews are carried out in future.**

The purpose of getting rid of the SHAs and PCTs and cutting down on the number of health quangos is to reduce bureaucracy and managerial control in clinical decision-making. This is to be commended. However, a recent analysis revealed that there will now be an expected 358 new organisations created, including the new local clinical commissioning groups, clinical senates and health and wellbeing boards. More details are needed on the way in which the Coalition Government plans to ensure a health service that is not mired in a burdensome infrastructure which may impede progress rather than encourage it.

It needs to be mentioned that O&G is an acute specialty and should therefore be adequately staffed. The RCOG renews its call for 24/7 cover where appropriate and a managed process to increase in the number of consultants.

The RCOG would be pleased to meet with representatives from the Department of Health and the NHS to discuss its views in more detail.

July 2011

For more information, please contact Gerald Chan on 020 7772 6446 or email gchan@rcog.org.uk

GC – updated 2 Aug 11