



Royal College of
Obstetricians
and Gynaecologists

Bringing to life the best
in women's health care

RCOG policy briefing

Number: P – 02/12 – 02

RCOG briefing on Report Stage of the Health and Social Care Bill in the House of Lords

This is an update on the Royal College of Obstetricians and Gynaecologists' position on the Health and Social Care Bill.

Developments surrounding the Bill over recent weeks have moved along swiftly. Matters are still in flux.

Main issues:

- Opponents of the Bill contend that the Bill will lead to the wide scale privatisation of the NHS
- This in turn will result in an open market economy with new entrants from the US and Europe in the form of any qualified providers (AQPs)
- The perceived impact is that there will be greater health inequalities among the general population but especially amongst those who are socially-excluded and vulnerable
- There is also concern about fragmentation of services and 'cherry-picking' by private and third-sector providers.

Other issues:

- The Nicholson Challenge of cost-savings has meant that funding is being cut. In some areas, this has restricted services and impacted on delivery
- The pace of change has been deemed to be too quick
- There continues to be uncertainty over proposed systems such as the establishment of the new Special Health Authorities such as Health Education England and Public Health England.

Developments:

The Government published their amendments on 1 February. These can be found here http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_132479.pdf. These amendments address the Secretary of State's role in the NHS and fears about competition and health inequalities.

College activity:

The RCOG President and Vice Presidents met with Earl Howe and his policy team at the Department of Health where the RCOG's views and key areas of concern were outlined. Several issues were discussed including:

- How we must move towards a model of providing services in women's health instead of separating the specialty into obstetric and gynaecological services
- How our concept of women's health networks from the *High Quality Women's Health Care* <http://www.rcog.org.uk/high-quality-womens-health-care> report would enable better integration of services from the community up to the tertiary level
- How we need to pursue the life-course approach
- How competition from AQPs must not disadvantage NHS services and must include the duty of AQPs to provide education and training.

Currently, O&G services are usually presented as services in either child or maternity care. This model is not inclusive and should instead look at the entirety of a woman's life, from adolescence to old age. The RCOG believes that in order to better provide services for women, healthcare should be offered in a continuum with an emphasis on the public health approach so that health opportunities at each key period of life are capitalised on to instil positive lifestyle behaviours.

The RCOG is assured that clauses have been placed in the Bill consolidating the Secretary of State's responsibilities and duties in the NHS. These developments should ensure that the Government remains firmly in charge and in control of the National Health Service. However, the RCOG also believes that this issue is a matter for Parliament to decide.

The RCOG's present concerns:

The RCOG remains concerned that there are examples of where O&G services are struggling as a result of the Nicholson Challenge. The RCOG has received reports of some community and elective services being cut or contracted out to private providers working to different standards with little or no scrutiny by the Care Quality Commission. Some NHS colleagues are facing immense challenges, eg. in the commissioning of sexual health services.

There is a need to ensure that services continue to be provided during this period of reform. Commissioners must continue to ensure the provision of patient-centred care.

Public health

There are outstanding issues around the role of public health and the provision of services. By placing local authorities in charge of public health budgets, overseen by Healthwatch England and the local Health and Wellbeing Boards, there may be competing interests which dilute the original intention to place public health at the very heart of the disease prevention agenda.

Systems must be in place to ensure that local authorities are accountable to the NHS Commissioning Board (NHSCB). The interaction between the NHS and local authorities must be better defined. Local authorities must work closely with the Clinical Commissioning Groups (CCGs) to ensure that decisions undertaken reflect local needs in health and social care.

Public Health England (PHE) must provide integrated care.

Integration

The RCOG is also assured that significant safeguards have been placed within the Bill to reduce health inequalities. The RCOG believes that integration is an empowering tool in the NHS to enable better and more targeted healthcare to be provided. The RCOG would like to reiterate that the emphasis on patient care must be based on the concept of continuity of care and a seamless patient journey in the NHS. Integrated care should be based on the Darzi approach of quality frameworks and clinical outcomes.

Integrated care must look at the totality of women's health care. This is best offered through the network model where all services are linked. Clinical leadership is required to ensure that quality is embedded into networks and this is best done through the appointment of a National Clinical Director for Women's Health.

Competition and any qualified providers (AQPs)

Competition should only be introduced in areas where it would be of benefit to patients. It should not disadvantage the NHS.

AQPs must be made to co-operate with NHS providers in service delivery. They should not be allowed to cherry pick services and must bear responsibility for appropriate follow-up treatment. Competition must be based on quality and careful consideration must be paid to ensure that services are not fragmented. There are issues around the tendering process for contracts and conflicts of interests which the Government needs to be wary of.

AQPs must have a role in the provision of education and training.

Education and training

In education and training, the RCOG wants clarity over the role of the royal colleges in Health Education England (HEE). During this transitional phase, the deaneries are in charge of education and training. The RCOG would like to see a formalisation of their role and functions within the structure of the new Local Education Training Boards (LETBs).

The royal colleges are best positioned to advise HEE on standards in education and training at the national level.

The RCOG would like to see the detail regarding the governance and quality assurance of LETBs. Local boards need to be provider-led to enable quality assurance.

Long-term planning in education and training is central to an effective medical workforce. Without this approach, health services will be fractured and provision compromised. Planning will be better co-ordinated nationally through HEE working closely with the deaneries with oversight by a National Clinical Director.

Concluding remarks:

The RCOG Council have agreed that continued engagement with the Department of Health and the NHS is crucial to ensure that the needs of women and that of the specialty are represented in the Bill.

The RCOG will continue to work with Government, MPs and the civil service to ensure that women's health services offer high quality care.

7 February 2012

For more information on the RCOG's public affairs activities, please email Gerald Chan on gchan@rcog.org.uk

Notes

The RCOG has released a statement about the Government amendments. To view, please click here <http://www.rcog.org.uk/what-we-do/campaigning-and-opinions/statement/rcog-statement-government-amendments-bill>