

Here is my feedback from the NHS Worcestershire Patient and Public Involvement Sub-Committee meeting on Tuesday.

1. Hardly surprisingly the major topic of interest was the reaction to the new Coalition Government, their ever recent outline of how they expect the NHS and the Health sector to be run, and implications for our own local health care. First, all WAVOCC members will wish to see the Coalition Programme for the NHS which can be found at:

<http://programmeforgovernment.hmg.gov.uk/nhs/>

And is as follows:

- We will guarantee that health spending increases in real terms in each year of the Parliament, while recognising the impact this decision will have on other departments.
- We will **stop the top-down reorganisations of the NHS** that have got in the way of patient care. We are committed to reducing duplication and the resources spent on administration, and diverting these resources back to front-line care.
- We will significantly cut the number of health quangos.
- We will cut the cost of NHS administration by a third and transfer resources to support doctors and nurses on the front line.
- We will stop the centrally dictated closure of A&E and maternity wards, so that people have better access to local services.
- We will strengthen the power of GPs as patients' expert guides through the health system by enabling them to commission care on their behalf.
- **We will ensure that there is a stronger voice for patients locally through directly elected individuals on the boards of their local primary care trust (PCT). The remainder of the PCT's board will be appointed by the relevant local authority or authorities, and the Chief Executive and principal officers will be appointed by the Secretary of State on the advice of the new independent NHS board. This will ensure the right balance between locally accountable individuals and technical expertise.**
- The local PCT will act as a champion for patients and commission those residual services that are best undertaken at a wider level, rather than directly by GPs. It will also take responsibility for improving public health for people in their area, working closely with the local authority and other local organisations.
- If a local authority has concerns about a significant proposed closure of local services, for example an A&E department, it will have the right to challenge health organisations, and refer the case to the Independent Reconfiguration Panel. The Panel would then provide advice to the Secretary of State for Health.
- We will give every patient the right to choose to register with the GP they want, without being restricted by where they live.
- We will develop a 24/7 urgent care service in every area of England, including GP out-of-hours services, and ensure every patient can access a local GP. We will make care more accessible by introducing a single number for every kind of urgent care and by using technology to help people communicate with their doctors.
- We will renegotiate the GP contract and incentivise ways of improving access to primary care in disadvantaged areas.
- We will make the NHS work better by extending best practice on improving discharge from hospital, maximising the number of day care operations,

reducing delays prior to operations, and where possible enabling community access to care and treatments.

- We will help elderly people live at home for longer through solutions such as home adaptations and community support programmes.
 - We will prioritise dementia research within the health research and development budget.
 - We will seek to stop foreign healthcare professionals working in the NHS unless they have passed robust language and competence tests.
 - Doctors and nurses need to be able to use their professional judgement about what is right for patients and we will support this by giving front-line staff more control of their working environment.
 - We will strengthen the role of the Care Quality Commission so it becomes an effective quality inspectorate. We will develop Monitor into an economic regulator that will oversee aspects of access, competition and price-setting in the NHS.
 - We will establish an independent NHS board to allocate resources and provide commissioning guidelines.
 - We will enable patients to rate hospitals and doctors according to the quality of care they received, and we will require hospitals to be open about mistakes and always tell patients if something has gone wrong.
 - We will measure our success on the health results that really matter – such as improving cancer and stroke survival rates or reducing hospital infections.
 - We will publish detailed data about the performance of healthcare providers online, so everyone will know who is providing a good service and who is falling behind.
 - We will put patients in charge of making decisions about their care, including control of their health records.
 - We will create a Cancer Drugs Fund to enable patients to access the cancer drugs their doctors think will help them, paid for using money saved by the NHS through our pledge to stop the rise in Employer National Insurance contributions from April 2011.
 - We will reform NICE and move to a system of value-based pricing, so that all patients can access the drugs and treatments their doctors think they need.
 - We will introduce a new dentistry contract that will focus on achieving good dental health and increasing access to NHS dentistry, with an additional focus on the oral health of schoolchildren.
 - We will provide £10 million a year beyond 2011 from within the budget of the Department of Health to support children's hospices in their vital work. And so that proper support for the most sick children and adults can continue in the setting of their choice, we will introduce a new per-patient funding system for all hospices and providers of palliative care.
 - We will encourage NHS organisations to work better with their local police forces to clamp down on anyone who is aggressive and abusive to staff.
 - We are committed to the continuous improvement of the quality of services to patients, and to achieving this through much greater involvement of independent and voluntary providers.
 - We will give every patient the power to choose any healthcare provider that meets NHS standards, within NHS prices. This includes independent, voluntary and community sector providers.
2. Following the issue of this Paul Bates, CEO NHS Worcestershire, briefed his senior executives on Monday 24th May on the following points:
- The Coalition is committed to the split between Commissioning and Providing; PCTs should not be Providers.

- The Coalition is committed to Patient Choice.
 - The “Preferred Provider” policy originally mooted by the last Sec of State for Health is ditched.
 - The Coalition is determined to reduce bureaucracy by having less regional interference. The National Framework directed from Whitehall is to be implemented by small regional offices with less power and no freedom to reinterpret policies locally.
 - Strategic Health Authorities will be abolished by April 2012.
 - The regional clusters of PCTs (West Mercia: Herefordshire, Worcestershire, Shropshire, Telford and Wrekin) will be created. Each PCT will continue to have their own CEO, one of whom will also be the cluster CEO.
 - The Coalition supports the NHS Constitution.
 - A new independent NHS Board will be created which will allocate resources and re-negotiate GP contracts.
 - GOPs will commission more services.
 - The Public Health budget will be ring-fenced, and PCTs will work closely with the Local Authorities in this area.
 - Reconfiguration (for example, Transforming Community Services) will take place if there is support of patients, GPs and Clinicians.
 - Monitor, the Quango that monitors NHS Foundation Trusts, will be strengthened to give it better scrutiny of governance and finance.
 - The Transforming Community Services plan has been agreed in outline but more detail is required in some areas. A proper business case is now being made for the Cooperation and Commissioning Panel. However, the plan will have to be reviewed in light of the new Coalition Government direction for the NHS, given above.
3. The new Carers Strategy jointly written by NHS Worcestershire and WCC is now out for consultation. Please can all WAVOCC members who wish to, access it on the NHS Worcs, or WCC website and comment? The lead is Helen Garfield at WCC.
 4. The NHS Worcestershire Cancer Strategy is also out for consultation. Again, please can WAVOCC members access it and comment as appropriate by 6 August 2010?
 5. LINK are now looking at the following areas: Admissions and Discharges from Worcester Royal Hospital, Health and Wellbeing (starting with obesity), Community Care in particular Day Centres and Care and Nursing Homes.