

The Coalition of UK Medical Specialty Societies

Briefing on the Health and Social Care Bill

Overview

As a group of professional bodies representing clinicians and other health professionals working within the NHS, the Coalition of UK Medical Speciality Societies would like to see healthcare reforms that ensure the best care for our patients. The Coalition represents health professionals that make the best use of NHS funding and specialists who are committed to providing local care and is made up of the:

Association for Palliative Medicine (APM); Association of British Clinical Diabetologists (ABCD); Association of British Neurologists (ABN); Association of Cancer Physicians (ACP); British Association of Dermatologists (BAD); British Cardiovascular Society (BCS); British Geriatrics Society (BGS); British Infection Association (BIA); British Pharmacological Society (BPS); British Society of Gastroenterology (BSG); British Society of Rheumatology (BSR); British Thoracic Society (BTS); British Society for Haematology (BSH); Diabetes UK; Medical Ophthalmology Society (MOS); Society for Acute Medicine (SAM); Society for Endocrinology (SfE) and Renal Association (RA).

Choice and Competition

For the overwhelming majority of our patients, having access to high quality and suitable care is more important than choice. Co-operation between adjacent providers, to ensure that every patient has access to at least one high quality provider for any required specialist care service, is the most likely and efficient way to provide a high standard of care. It is essential that choice of provider is not based solely on price as this has the potential to drive standards down.

- Patient choice must be real and informed. Patients need to know the details of the experience, qualifications and outcomes of those who are treating them. In many areas of the country it is unrealistic to expect a choice of competing providers; geographical distances make inter-regional competition difficult.
- Choice must be for patients rather than provider; the provider choosing the simple cases and leaving the unprofitable, more complex cases (elderly, chronic illness, disabled) to fight for remaining funds will disadvantage patients.
- Competition could result in the fragmentation of patient care. Many different healthcare providers could make it harder to deliver integrated care and prevent health professionals from working collaboratively in multi-disciplinary teams.
- It is important that continuity of care remains a high priority amongst all providers.
- At present, Foundation Trusts have a financial incentive to maximise activity, while General Practitioners' referrals to secondary care do not have any impact on their own budget. These arrangements are inimical to efficient use of NHS resources, particularly in chronic care. The Coalition would welcome vertical integration of funding arrangements, so that primary care and secondary care providers had a shared interest in maximising the efficient use of NHS funds for population health.

Advice and leadership

- All stakeholders, particularly specialists should be involved in the planning and commissioning of all services.
- Local specialists as well as public health doctors should share positions within the governance structures of the new commissioning consortia. Input from local specialists will allow consortia to plan pathways across primary and secondary care, strengthen referral patterns and improve the flow of information as best fits local circumstances and patient needs. Excluding experts from commissioning decisions will put patients with rarer conditions at a distinct disadvantage.
- The NHS Commissioning Board should develop sub-groups (networks) of clinicians that look at specialised commissioning in the different specialties.

- Sufficient guidance and support should be in place to allow effective communication and coordination between consortia and providers of specialist care.
- There should be increased and more uniform involvement of secondary care providers and specialist societies in national audit with feedback based on quantitative measures of quality of care.

Accountability and Patient Involvement

- It is important for commissioning consortia to include specialist clinicians from the local area. Support for regional specialist clinical networks is also vital.
- The ***patient voice must be heard*** in decisions about commissioning. The large number of people with the hundreds of rare diseases must not be ignored.
- Patient engagement should be focussed on at all levels (locally, nationally and at individual levels).
- Regulation of services and professionals should aim to improve clinical standards, levels of service delivery and quality of care.
- Transparency and accountability of NHS is imperative. This must apply to all organisations utilising public funds.

Education and training

- The loss of postgraduate deaneries could prevent an appropriate range of experience and flexibility of training for junior doctors. Greater responsibility would also be placed in the hands of employers who have a conflicting responsibility for service provision.
- Details on workforce planning need to be made clearer. Local providers should not dictate workforce planning and numbers, as this could affect quality and long term planning. This should be determined by the Centre for Workforce Intelligence, Deaneries, specialist societies/colleges and SACs.
- Multi-professional training should be promoted where possible. Common areas of training should be pursued between healthcare professionals (e.g. leadership) and involve joint training with other professionals especially social care colleagues.
- Quality and management of training of training programmes should be monitored.
- Specialist clinicians have the knowledge to support the education and training of primary care, which should be utilised.

Research

- There is little mention of research in the proposed changes.
- Numerous competing provider units will challenge established research networks and threaten the movement of patients and sharing of research. This is central in established networks such as cancer and stroke and in the development of further networks through the work of the CLRN.
- Much progress has been made over the last few years in the integration of clinical and translational research with clinical practice. Fragmentation of clinical services, through competition by providers and uncertainty over specialist involvement in care packages and follow-up of complex patients, is likely to set these achievements back significantly.
- There is a need to continue and build research on integrated care with full participation from commissioners and specialist providers.