

Response to the

NHS White Paper: 'Equity and Excellence: Liberating the NHS' (England)

Executive Summary

Assurances required by the RCN on the NHS White Paper

The RCN believes there are a number of assurances which the Government must provide in order to ensure that the proposed reforms will work in practice to deliver a health service which is sustainable and fit for purpose.

NHS principles

- The proposed reforms must support the founding principles of the NHS, namely that it should be universal, provided free at the point of delivery, based on clinical need and not ability to pay, and financed through taxation.

National pay

- The RCN opposes moves away from national pay arrangements or the undermining of the Agenda for Change package.

Pensions

- NHS pensions must be protected and portable. All staff delivering NHS services must be guaranteed access to the NHS pension scheme.

Nursing leadership

- Existing nursing leadership expertise and skills must be transferred to new health and social care organisations. Capacity for further growth and

development must be supported at all levels across the healthcare system.

Education and training

- There must be national oversight of nursing education and mandatory training. Planning must take into account the need to integrate and align the commissioning of nursing education and patient services; covering all settings and sectors and both the medical and non medical workforce.

Commissioning

- Nursing must be represented at a senior level in general practice commissioning consortia and on the NHS Independent Commissioning Board. Nursing expertise must also be recognised and utilised at all levels of the commissioning process.

Public and patient involvement and engagement

- There must be full engagement and consultation with patient and service-user groups, and the wider general public; and the reforms must gain demonstrable support from both before being introduced.

Outcomes framework

- The nursing contribution to the NHS Outcomes Framework must be explicitly recognised.

Workforce planning

- There must be robust mechanisms in place to ensure the nursing workforce is sustainable and fit for purpose. This should include a mechanism for national oversight and integration between medical and non-medical workforce planning.

Pilots and phasing

- Structural reforms should be piloted and publicly evaluated. Reforms should only be phased in if evaluation proves that they are successful.

Political accountability

- There must be clear mechanisms by which the tax payer can hold ministers as well as those responsible for commissioning, delivering and overseeing care, accountable for the NHS funded health and social care services.

Health inequalities

- To prevent the widening of health inequalities, there must be clear mechanisms in place to monitor and address unacceptable variations in service quality/access to services.

Freeing NHS providers

- The Government must set out a blueprint for a system of effective checks and balances designed to provide for a level playing field for providers and commissioners, and prevent the fragmentation of healthcare in England. The system must be developed to work for the whole country, providing guaranteed standards of sustainable, safe, high quality and efficient healthcare for all patients throughout the country.

Co-operation and competition

- The Government must demonstrate how it will ensure that a fragmentation of service provision does not become a barrier to collaboration and the sharing of information, knowledge and best practice.

Social enterprise

- Staff must take a positive decision to work in a social enterprise, following comprehensive engagement and a staff ballot. All staff delivering NHS services must have guaranteed access to the NHS pension scheme.

Regulation

- The Government must demonstrate that there will be adequate regulation to safeguard the quality and safety of patient care. Providers must be able to demonstrate that nurse staffing is sufficient relative to the needs of the patients/clients they serve. There must be a balance between the emphasis on economic regulation of the health and social care service and the quality of care delivered.

Systems management

- The Government must demonstrate how it will manage the risks associated with system reform and ensure that NHS funded health and social care commissioners, provider organisations and regulators work effectively together to maintain the delivery of a sustainable, safe, high quality and efficient service. It must also be clear how the transition costs of reorganisation will be met.

The Health Bill

- The team responsible for the forthcoming Health Bill should include and be supported by advisers from across the nursing profession.

The following pages contain a summary of the RCN response to each chapter in the NHS White Paper.

Chapter 1 – liberating the NHS

- Nurses deliver care to all NHS service users, from cradle to grave; their impact on patient outcomes and their perspective of the patient experience is unique and vital to any reform of the NHS. How their contribution is to be included in reform must be made explicitly clear by Government.
- The RCN welcomes and shares the Government's commitment to the NHS and its core principles. The RCN is proud of the NHS and the improvements it has made in recent years.
- Whilst areas for improvement still exist in the current system, best practice and areas that are working must be kept and built on in any reform to ensure that previous investment, knowledge and skills are not wasted.
- The RCN warmly welcomes the principles underpinning the NHS White Paper's vision, yet is concerned by the lack of detail about how these principles will be implemented in practice.
- The nursing role is critical in any future reform of public health and social care and the RCN is keen to see further details about these reforms, and how nurses will be able to influence and input into future changes.
- These reforms sit in a context of financial austerity, significant rises in healthcare demand and, as found in the RCN's Frontline First campaign, at a time when trusts are making short-sighted cuts in staff to meet £20 billion efficiency savings. The College has significant concerns about the cost of the proposed reform to the NHS and how this will distract attention from delivering high quality care.
- The RCN is extremely concerned by the Government's proposed timescale for implementing the proposals set out in the White Paper, which threatens the fulfilment of its ambitions.

Chapter 2 – putting patients and the public first

- The RCN welcomes the Government's commitment to enabling patients to have more choice over their individual healthcare and to supporting the better involvement of patients and the public in the planning and delivery of health and social care services.
- However, many of the commitments lack detail about their implementation or practical application, and do not reference how they would interact with existing NHS initiatives, for instance care planning.
- There is a distinct lack of consideration of the role that nurses and the nursing profession could play in delivering the outcomes that the Government is seeking to achieve.
- The RCN is gravely concerned that the Government takes little or no account of the proposals' potential impact on disadvantaged or disengaged individuals or communities. This is especially important in relation to the increased use of information to inform patient choice and decision-making, as well as to the more well acknowledged issues relating to involvement and engagement by the health services with disenfranchised communities.

Chapter 3 – improving healthcare outcomes

- Nursing plays a vital and unique contribution to the delivery of health outcomes. Nurses' input will ensure an effective and meaningful outcomes framework, with unique insight into the delivery of high quality, safe care.
- The RCN supports a framework that is sufficiently flexible to allow for local responses, whilst providing a robust national NHS framework to allow for comparisons and bench-marking, and to ensure populations across England are not disadvantaged through poor commissioning, poor delivery or inappropriate allocation of resources.

- In terms of public accountability, the RCN agrees that professionals need more freedom to relate to the public they serve but this cannot be at the expense of proper accountability for tax payers' funds.
- It is important to recognise that outcomes are influenced by issues such as staffing and skill mix; internal processes such as team work; safety systems and supervision; and particular patterns of behaviour¹.
- Lessons learnt from previous NHS failures at West London Mental Health NHS Trust, Stoke Mandeville Hospital, Mid Staffordshire NHS Foundation Trust and Maidstone and Tunbridge Wells NHS Trust must be applied to any future reform. The quality of care and patient safety depends on appropriate staffing, an appropriate culture of care and a climate of openness and transparency.
- The RCN strongly believes there would be value in including measures that are linked to health and wellbeing of the workforce, as these are now shown to have an impact on the quality of services and care to patients.
- Patient experience measures need to be cross-referenced with staff experience measures to highlight where organisations are failing to invest properly in an appropriately skilled and sustainable workforce. The RCN believes it will be important to discuss how nurses, as a significant part of the workforce, are appropriately rewarded for successful outcomes in care.
- be recognised and utilised at all levels of the commissioning process. The RCN calls for nurses to be included within all General Practice Consortia and NHS Independent Board structures by holding senior positions on their governing bodies.
- Modern general practice is delivered by a multi-disciplinary healthcare team. The RCN believes that 'clinical commissioning' and 'clinical commissioning consortia' are more appropriate terms than 'General Practice commissioning consortia' and would be more reflective of the role played by all healthcare professionals.
- The RCN calls for more detail on the proposed structure and role for the NHS Commissioning Board including what the term 'independence' will mean in practice.
- The NHS is a vital public service and costs the taxpayer substantial sums of money. Given the retention of significant strategic decision making by the Secretary of State for Health, accountability must not be side stepped; nor must the value of political scrutiny to ask questions on behalf of the public and patients be ignored.
- In view of the evidenced link between staff engagement and their employment conditions and patient outcomes, the RCN can only support social enterprises where there is a robust and sustainable individual case for change that will benefit patients and where NHS pay terms and conditions are available to all staff.
- The RCN cannot support the removal of the private income cap. Until foundation trusts can credibly demonstrate that private income is not at the expense of NHS patients the current arrangements for the cap should remain in place. The RCN does not believe that there has been sufficient analysis to justify the proposed changes in this area.
- The RCN fully supports the critical functions performed by the CQC in terms of ensuring the quality and safety of care provided in the NHS. The

Chapter 4 – autonomy, accountability and democratic legitimacy

- Nursing must be formally represented at a senior level in commissioning consortia and on the NHS Commissioning Board. Nursing expertise must also

¹ Plesk, P. E (2001) *Redesigning health care with insights from the science of complex adaptive systems. In: Crossing the quality chasm: a new health system for the 21st century*, Washington: National Academy Press

RCN believes that the CQC should be fully supported to mature and develop as an organisation.

- The RCN supports the principle of intelligent regulation for health and social care systems. Questions remain about the ability of Monitor to expand its functions to cover economic regulation and how it will manage the conflict of interest implied by its role to both protect services as well as promote competition.
- The RCN calls for regulators to be provided with appropriate resourcing and for more unannounced inspections and staffing metrics to be explicitly included within regulatory approaches. This is even more important if there are to be more providers involved in delivering NHS services under the ‘any willing provider’ arrangement.
- The RCN believes that the CQC and Monitor should include standards and targets on staff health and wellbeing in assessment processes and standards for best employer practice including staffing levels and staff engagement.
- The RCN has and continues to support the introduction of foundation trusts on a case by case basis. There are considerable risks in moving all remaining acute trusts to foundation trust status within 18 months, which could result in a lower level of quality.
- The RCN believes that there needs to be clarity between the relative benefits of both the social enterprise and foundation trust models.
- The RCN supports close health professional involvement in decisions about education and training and looks forward to seeing more details on the Government’s proposals.
- The RCN believes that any move away from national pay as proposed in the NHS White Paper would be an expensive folly, distract NHS employers from their core purpose of delivering quality patient services and would have a disruptive effect on the nursing labour market, severely affecting the recruitment and retention of nurses.
- The RCN believes that nurses’ pension arrangements must be protected when they are moved from the NHS to a non NHS provider and that staff delivering NHS funded services should have the same entitlement to NHS scheme benefits as those who remain in the NHS. The RCN considers the portability of the NHS Pension Scheme as an important priority and the stability of the NHS Pension Scheme would potentially be put in jeopardy if appropriate transfer arrangements were not assured.

Chapter 5 – cutting bureaucracy and improving efficiency

- The RCN welcomes the plans to remove unnecessary bureaucracy that impedes the ability of nurses to deliver patient care. However, the RCN has concerns over how proposals to make the ‘largest reduction’ in administrative costs will impact on the quality of care at a time when the NHS is already having to find ways to save £20 billion.
- The key to delivering real NHS productivity is to work in close partnership with NHS staff and their trade unions.
- The NHS cannot afford to lose the skills, knowledge and experience that senior nurses working with SHAs and PCTs have developed. Any such loss would directly be felt across patient care.
- The Government needs to be careful that by reducing administrative posts frontline nurses are not given more administrative duties, taking their time away from direct patient care.
- Many of the arms-length organisations facing significant change have been instrumental in protecting and promoting good health. The Government must ensure that the key functions they perform, particularly with regards to improving quality, are not lost in a re-organised system.