

Brief overview of a BMA discussion paper, *A rational way forward for the NHS in England*, outlining an alternative approach to health reform

Doctors at the BMA's annual conference in 2006 expressed their alarm at the incoherence of the government's NHS policies. Thanks to the hard work of NHS staff, patients have seen real improvements in the health service. However, progress in England is under threat due to a constant wave of poorly integrated initiatives from the centre.

The BMA and doctors have a long-term commitment to the NHS and to high-quality patient care. They have consistently championed the founding principles of the NHS, that the NHS should provide care that is free at the point of delivery, ethically rationed according to clinical priority, equitably resourced and funded from general taxation. Doctors want policy changes that benefit patients. By training, they are innovators who are keen to improve the care they deliver to patients, but many of their planned initiatives are being blocked, reducing the ability of doctors to provide the most effective and efficient patient care locally and make better use of taxpayers' money.

As a result of concerns that the government's direction of travel is damaging the fabric of the NHS and threatening its viability, the BMA has undertaken a nine-month review of the challenges facing the NHS in England. This resulted in the publication of a discussion document, *A rational way forward for the NHS in England* (May 2007). The report calls for an alternative, rational approach to health reform to secure the long-term future of the NHS in which Parliament would oversee the setting of national standards with health professionals, supported by managers, directing and operating the NHS within those standards. In doing so they would be answerable to locally elected representatives of the people.

Doctors want to make care more effective and recognise that efficiency is a core aim of the health service. The BMA's 24 recommendations begin from a desire to move from the position we are in now to a more sustainable one where health professionals and managers are able to work together to shape local health services to improve patient care. The NHS is suffering from reorganisation fatigue, so there are no proposals to dismantle existing structures.

The recommendations contained in the BMA's discussion document call for a rational way forward for the NHS to deliver the highest quality of care that patients deserve, and include:

- **a constitution for the NHS**, a written agreement between government, the NHS and the public which would cover the NHS's core values, a charter explaining what the public can expect and what is expected of them, and the core services which would be available nationally
- **developing core services**. While the NHS should provide a full range of services, priority setting is inevitable if patients are to benefit from an equitable approach within limited resources. Politicians, health professionals and the public need to debate and decide on a process to define a list of core services that will be available nationally
- **an independent framework for the NHS** to allow greater flexibility for localities to develop care systems and find ways of increasing local accountability. The BMA proposes an independent board of governors who will be accountable to Parliament for ensuring the constitution is delivered. Politicians would have a greater role to play in deciding national priorities, but a more limited role in the day-to-day management of the NHS
- a shift in focus by the Department of Health towards **public health** to reduce health inequalities. A key role for the health secretary should be to represent public

health at Cabinet level with a remit to lead on health across government, in a way that genuinely integrates policies across departments

- the **private sector** supporting the NHS rather than supplanting it
- **clinical engagement:** the involvement of health professionals early in the process of shaping health policies
- the creation of **local health councils** to link the public to health professionals in local areas.

Any effective service has to evolve and doctors absolutely recognise the need for change, which has to proceed in a rational, evaluated and agreed way. Evidence not ideology must be at the centre of any reform initiative, whether national or local. All evaluation must be conducted after reliable data collection has taken place.

The BMA's alternative approach requires coordinated change on a number of fronts – political clarity about the services and standards that are provided, professional leadership in the operation and development of the NHS, and greater accountability at local level.

Enshrining the core values of the NHS within a constitution

To ensure the future of the NHS, its core values should be enshrined in the form of a constitution which sets out an agreement between the government, the NHS and the public. The NHS must constantly manage a set of financial tensions due to an increasing range of treatments and technology, rising public expectations and an ageing population. All of these place pressure on available health resources and in managing financial pressures the NHS must evaluate best practice to ensure cost and clinical effectiveness. Ensuring a long term future for the NHS will mean that the system has to set priorities for access to resources.

A constitution should contain:

- a) the core values of the NHS – containing its founding values and adding new ones such as the provision of integrated care pathways, a commitment to supporting world-class research and education, and a focus on health as well as illness
- b) a charter explaining what the public can expect from the NHS as patients and carers and what the NHS expects from them. The Scottish Patients' Charter, *The NHS and You*, provides a good model for England
- c) the arrangements in place to determine the range of services that are nationally available on the NHS and nationally agreed standards for the quality of services.

The BMA is committed to the following core values:

- the health service should provide a system of integrated and seamless care
- the NHS is socially accountable
- patient and public involvement and influence is core to good health services
- raising funds from general taxation to pool social risk is the fairest and most effective way to finance a health system
- the health system should aim to promote and maintain health in unison with providing health services
- the health service should actively pursue policies to diminish health inequalities
- the healthcare system should embrace the principles of human rights and equality, striving to promote, protect and demonstrably improve the health of the community it serves
- the NHS should be committed to the continuing development and education of professionals.

Developing core services

It is critical that the NHS is universal, which means treating everyone equally. Although it provides a full range of services, the NHS is not fully comprehensive. In managing financial pressures, the health service evaluates best practice in order to ensure both cost and clinical effectiveness.

The NHS will not be able to provide all services. In the future it may be necessary to ration some services if society is not prepared to pay higher taxes. If future sustainability requires balancing increasing efficiencies, increasing expenditure and setting priorities, then this position must be reached through an open debate on how to find a fair way to achieve this. It is vital that the process is open, honest and equitable and undertaken on the basis of agreement among all. It is for localities to agree and define a process by which people will access locally-funded additional services outside the core NHS services.

An independent framework for the NHS

The NHS should be given independence from day-to-day politics. While politicians should have an enhanced role to play in deciding national priorities, they should have a more limited role in the day-to-day management of the NHS. The BMA therefore proposes the following structure:

Parliament would:

- decide high-order questions around priority setting, identify core services and the resources that are allocated to services
- have financial responsibility for the decisions it is making about scope and standards of services
- establish, appoint and be accountable for an independent board of governors for the NHS

The **Department of Health's** role would be to:

- ensure resources to the service to deliver services
- concentrate on the context of health care and strengthen national capacity for public health
- focus on health inequalities and position public health as a cross-government theme

A **board of governors** would:

- be appointed by and answerable to parliament
- ensure that the constitution is followed
- have responsibility for setting the strategic direction for the NHS to follow
- ensure the central position of research and education

An **executive management board** would:

- be appointed by and accountable to the governors
- include among others, the NHS and strategic health authority chief executives, and directors of finance, human resources, and research and development

Strategic health authorities would:

- provide the link between the board and local health economies
- have the regional public health function
- fulfil the workforce planning function for the region
- oversee region-wide specialist commissioning
- link research, education and service networks
- facilitate strong, collaborative relationships between different parts of the healthcare and social care systems

Local health economies (term used to describe a primary care trust area in which there are various providers) would:

- have greater freedom to decide coordinated changes, in line with national standards and ensuring development of sustainable services

- take decisions about the shape and delivery of services, based on innovations driven by health professionals working with patients and the public to improve services for them.

Public Health

The Department of Health should focus on public health and the reduction of health inequalities. In parallel with its changing role, a review of the national capacity for public health should be undertaken, learning lessons from the operation of public health elsewhere.

Private sector involvement in NHS healthcare

There is no evidence that the private sector offers improved services or better value for money than the NHS. NHS clinical services should be publicly provided as far as capacity allows and commissioning must remain in the public sector.

Private sector provision should only be commissioned to meet a need which has been identified by the NHS and that it cannot itself meet. It should support the NHS rather than supplant it and there should be no further central procurement of private sector provision.

Clinical involvement and collaboration

The BMA wants to see a fundamental change in the manager and doctor relationship, moving away from disempowering professionals and towards working in partnership. Management focus must change. There is a critical need for government to grant managers the freedom to move away from satisfying political demands and towards using their skills to support improvements in clinical quality and service development.

Health professionals and managers need greater autonomy and flexibility to change commissioning arrangements and the shape of service provision in their area. This must include mechanisms that enable professionals to work together across boundaries to achieve coordinated development and effective delivery of services.

To support greater collaboration, clinical networks should be developed. These are the means by which healthcare professionals jointly agree, implement and monitor provision of care for their patients. They must have patient, carer and user involvement at their centre, be closely connected to education and research networks, and provide greater ability to reshape care across institutional boundaries, between primary and secondary care and health and social care. Management needs to focus on generating information to help clinical groups review and improve practice.

Engaging the public and patients

Given the scale of changes, there has never been a more important time to have effective patient and public involvement and influence in the NHS. It is important for people to have a real involvement in their care and those developing care pathways need to involve them in agreeing aims and objectives.

Public engagement should be higher up the list of managerial priorities and consultation must be meaningful and sustained. Finding ways of strengthening local accountability is a key challenge ahead and the BMA proposes the creation of local health councils (LHCs) as bodies that would provide a forum for patients and the public whose representatives would be elected. LHCs would be a focus for individuals to represent local views, raise issues and allow community discussion of service developments. The BMA has not spelled out in any great detail how these bodies would work before talking to a wide range of people to gain their views.

The BMA's report contains further clarification of the issues raised in this document, and covers many other issues and recommendations. It contains detailed analyses on where and why the

current reform programme is going wrong. The full report can be found on the BMA's website at <http://www.bma.org.uk/rationalwayforward> This discussion document will be subject to debate within and outside the medical profession. Please send your comments on the recommendations by Friday 7 September 2007 to caringfortheNHS@bma.org.uk.

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