

Equity and excellence: Liberating the NHS

What could it mean for pharmacy?

The Vision

This White Paper sets out a vision which will impact on all that work within and with the NHS, including pharmacy:

- Patients will be at the heart of everything the NHS does; eliminates discrimination and reduces inequalities in care
- Clinical outcomes will replace process driven targets and health professionals will be empowered; is more transparent, with clearer accountabilities for quality and results
- Puts clinicians in the driving seat and sets hospitals and providers free to innovate, with stronger incentives to adopt best practice
- Unsafe and substandard care will not be tolerated
- Is less insular and fragmented, and works much better across boundaries, including with local authorities and between hospitals and practices; is more efficient and dynamic, with a radically smaller national, regional and local bureaucracy
- Is put on a more stable and sustainable footing, free from frequent and arbitrary political meddling

Key Elements

The Department of Health will have a reduced and more strategic role, focussing on improving public health, tackling health inequalities and reforming adult social care.

Public health – A White Paper will be published later in the year, setting out the Government's programme for public health, including the creation of a new Public Health Service. PCT responsibilities for health improvement will transfer to local authorities, who will employ the Director of Public Health. DH will have a ring-fenced public health budget that will be distributed to local authorities using a new allocation formula that will include a health premium designed to promote action to improve population-wide health and reduce health inequalities.

No decision about me without me - putting patients and the public first. Shared decision-making should become the norm in healthcare. There will be an increase in the use of Patient-Reported Outcome Measures (PROMs) and patient experience surveys, supporting peer review. Patients will be able to control their own health records, starting with access to GP records, extending over time to health records held by other providers. The patient will determine who can access their records and should be able to share them with third parties. Patients will be given a right to register with any GP practice they want with an open list, without being restricted by where they live. Patient and public involvement in health organisation will be strengthened by the creation of HealthWatch England, a new independent consumer champion within the Care Quality Commission.

GP Commissioning – in order to shift decision making as close as possible to individual patients, DH will devolve power and responsibility for commissioning services to local consortia of GP practices. Every GP practice will be a member of a consortium; consortia of GP practices, working with other healthcare professionals and in partnership with local communities and local authorities, will commission the great majority of NHS services for their patients.

GP consortia will not be directly responsible for commissioning services GPs themselves provide and will not commission dentistry, community pharmacy or primary ophthalmic services.

These will instead be the responsibility of an NHS Commissioning Board.

NHS Commissioning Board

This will have five main functions:

- Providing national leadership on commissioning for quality improvement
- Promoting and extending public and patient involvement and choice
- Ensuring the development of GP commissioning consortia
- Commissioning certain services including community pharmacy services
- Allocating and accounting for NHS resources

The Board will be established in shadow form as a special health authority from April 2011. In 2011/12 it will develop its future business model, organisational structure and staffing. It will be converted by the forthcoming Health Bill into a statutory body, with its own powers and duties, and will go live in April 2012.

The NHS Commissioning Board will take responsibility for the structure of payment systems, including enhancing incentives for quality improvement. The principle of rewarding quality will apply across the NHS, including in primary care.

PCTs and SHAs

Strategic Health Authorities (SHAs) will support the NHS Commissioning Board during its preparatory year, and have a critical role during the transition in managing finance and performance. It is likely that regional offices will be formed. **SHAs will be abolished as statutory bodies during 2012/13.**

Following the establishment of the NHS Commissioning Board and a comprehensive network of GP consortia, PCTs will no longer have NHS commissioning functions. To realise administrative cost savings, and achieve greater alignment with local government responsibilities for local health and wellbeing, the Government will transfer PCT health improvement functions to local authorities and abolish PCTs. It is expected that **PCTs will cease to exist from 2013.**

What does this mean for Community Pharmacy?

In line with the above vision, pharmacy is likely to be remunerated based on outcome measures and providing high quality services, optimising the use of medicines and supporting health. The role of Medicines Use Review is implied to ensure that patients are well informed and engaged in their treatment i.e. **'no decision about me without me'** (concordance). We might expect to hear more about the role pharmacy can play in supporting better health when the Public Health White Paper is published later in the year. It may be that local pharmacy services to improve public health (e.g. stop smoking, weight management, etc) are commissioned by local authorities as health improvement responsibilities are transferred from PCTs.

What should community pharmacy be doing now?

There are a number of strategies that pharmacy should be considering now so that it will be well placed within this new NHS and optimises the opportunity:

- Ensure delivery of high quality services against commissioned expectations
- Deliver high value and targeted Medicines Use Reviews to demonstrate the impact pharmacy can have on optimising medicines use, minimising waste, reducing harm and improving patient outcomes
- Understand the local health priorities covered by the Joint Strategic Needs Assessment (JSNA) and Operating Plan and input into the Pharmaceutical Needs Assessment; build this into business planning
- Build productive relationships with local stakeholders including local GP practices, public health, social care and local authorities which will underpin excellence and efficiency within a challenged NHS environment
- Consider whether pharmacy facilities (premises, IT and general environment) are fit for the future
- Consider what capabilities and skill mix will be needed to deliver in the future and start developing the workforce now
- Work closely with the Local Pharmaceutical Committee and Pharmaceutical Industry partners who will be looking to support the above.