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# ***POLICY BRIEFINGS***

*West Sussex Voluntary Organisations' Liaison Group  
Ground Floor, Parbrook House, Natts Lane,  
Billingshurst, West Sussex RH14 9EY*

☎ 01403 787940 📠 01403 787941

# THE NHS PLAN

## Summary and key issues for voluntary organisations

The NHS Plan, published in July 2000, is a very big document with very big implications (which is why this briefing paper is longer than usual). The focus is on Government plans for investment in & reform of the NHS. With increased funding, the NHS is expected to greatly improve its quality of service & focus on patient needs.

Greater integration of health and social services is proposed & the Plan includes creating care trusts to commission &/or provide health and social care services. There are plans to develop intermediate care services to keep older people out of hospital. The Plan sets out the Government's proposals for funding long-term care, in response to the Royal Commission on Long Term Care.

New local structures will be created - Patients Forums, advisory forums, and local modernisation boards - for involving patients and voluntary organisations in health planning. Proposed Patient Advocacy and Liaison Services (PALs) will be created to support patients in every trust, starting with major hospitals. PALs replace Community Health Councils, which are to be abolished.

Major implications for the voluntary sector in West Sussex are: involvement in these new arrangements for joint working and for patient involvement, that voluntary organisations are involved and not replaced or sidelined by care trusts, the PALs' definition of advocacy & the county's advocacy strategy (in development).

### **Priorities identified from public consultation leading up to the Plan:**

- ✓ More & better paid staff using new ways of working
- ✓ Reduced waiting times & high quality care centred on patients
- ✓ Improvements in local hospitals & surgeries

### **Problems highlighted:**

- × A lack of national standards
- × Old fashioned demarcations between staff & barriers between services
- × A lack of clear incentives & levers to improve performance
- × Over-centralisation & disempowered patients

The NHS Plan Pledges for:

### **1. NHS Services**

Investment in facilities:

- ① 7,000 extra beds in hospitals
- ① over 100 new hospitals by 2010 & 500 new one-stop primary care centres combining GPs, dentists, opticians & other health/social care professionals
- ① over 3,000 GP premises modernised & 250 new scanners
- ① clean wards – overseen by new senior sisters (modern matrons) - & better hospital food
- ① modern IT systems in every hospital & GP surgery

Investment in staff:

- ① 7,500 more consultants & 2,000 more GPs
- ① 7 year commitment to NHS from new consultants
- ① consultants' contracts will clearly specify their responsibilities to NHS
- ① 20,000 extra nurses & 6,500 extra therapists
- ① 1,000 more medical school places
- ① childcare support for NHS staff with 100 on-site nurseries

### **Waiting Times**

- ① by 2004 access to a primary care professional within 24 hours, a GP appointment within 48 hours
- ① by 2004 A&E from arrival to admission/transfer or discharge will be no longer than 4 hours
- ① by end 2005 the max. waiting time for an outpatient appointment will be 3 months, for inpatients 6 months
- ① up to 1,000 specialist GPs in place of outpatients in hospitals

### **Other**

- ① A new service, Care Direct (complementary to NHS Direct), to be piloted in 2001, will provide information on and access to care and support services, including health, social care, housing and benefits.

## 2. Older People

- ① national standards for caring for older people to ensure that ageism is not tolerated
- ① breast screening to cover all women aged 65 – 70 years
- ① personal care plans for elderly people & their carers
- ① nursing care in nursing homes to become free
- ① by 2004 a £900m package of new intermediate care services to avoid ‘bed blocking’ (cottage hospitals & designated wards) & allow older people to live more independent lives

## 3. Mental Health

Increased funding for mental health services to provide:

- ① 335 community mental health teams to provide an immediate response to crises
- ① mental health care workers linked to GPs
- ① early intervention for young people with psychosis
- ① crisis intervention services to keep people out of hospital
- ① assertive outreach for hard to reach people
- ① more day centres for women
- ① more support for carers
- ① creation of more combined mental health & social care trusts

## 4. Paying for Long-Term Care

- ① from October 2001 nursing care in nursing homes will be wholly NHS funded
- ① however, personal care will continue to be charged for
- ① the value of a person’s home will be disregarded from means testing for the 1<sup>st</sup> 3 months & local authority loan schemes may be extended

## 5. Improving Health & National Inequalities Targets

- ① increase & improve primary care in deprived areas
- ① introduce screening programmes for women & children
- ① step up smoking cessation services
- ① improve the diet of young children by making fruit freely available in schools for 4-6 year olds
- ① a big expansion in cancer screening programmes
- ① an end to the postcode lottery (i.e. where you live) affecting prescribing of cancer drugs
- ① rapid access chest pain clinics across the country by 2003
- ① shorter waits for heart operations

5.1 National health inequalities targets will be developed over the next year, which will include the reduction of the gap in infant and early child mortality and ill health between socio-economic groups and a target to address inequalities later in life. By 2002, there will be a new health poverty index that combines data about health status, access to health services, uptake of preventive services and opportunities to pursue good health e.g. access to good food or a safe environment.

5.2 By 2003, reducing inequalities will be a key criterion for allocating NHS resources, including steps to make the distribution of GPs and primary care staff more equitable. By 2001, local NHS action to tackle health inequalities and ensure equitable access to healthcare will be included in performance assessment measures.

5.3 By 2003 a free and nationally available translation and interpretation service will be available from every NHS premise through NHS Direct.

5.4 Specific health improvement measures include:

- ✓ A major expansion of Sure Start and the creation of a Children's Fund for preventive work
- ✓ A new sexual health and HIV strategy
- ✓ A national antenatal and neonatal screening programme for sickle cell disease, and other haemoglobin conditions
- ✓ Implementation of the Government strategy to reduce teenage pregnancy
- ✓ Wider availability of Nicotine Replacement Therapy and other smoking cessation treatments, and specialist services focusing on heavily dependent and pregnant smokers
- ✓ Promotion of healthy eating, including a scheme whereby every child in nursery or aged 4-6 in infant schools will be entitled to a free piece of fruit a day.
- ✓ Improving prevention and treatment for problem drug misusers, and by 2004, implementing a strategy to address alcohol misuse

5.5 The NHS has a key strategic role in partnerships with other agencies to deal with health inequalities. The NHS will play a full part in the Government's Strategy for Neighbourhood Renewal.

5.6 The NHS will help develop Local Strategic Partnerships, into which, in the medium term health action zones and other local action zones could be integrated, to strengthen the links between health, education, employment and other causes of social exclusion. In the meantime, effective health action zones will continue.

5.7 By 2002, there will be integrated public health groups across NHS regional offices and government offices of the regions, thus enabling regeneration of the regions to include health. A national 'Healthy Communities Collaborative' will spread best practice.

5.8 By 2003 there will be a leadership programme for health visitors and community nurses to provide them with the skills to work with people from local communities to improve health.

## **6. Patient Involvement**

- ① letters about an individual patient's care will be copied to the patient
- ① better information will help patients choose a GP
- ① patient advocates & advisors will be set up in every hospital
- ① proper redress when operations are cancelled on the day they are due to take place & rescheduling within 28 days
- ① patients' surveys & forums to help services become more patient-centred

Community Health Councils will be abolished, with their roles replaced by the following mechanisms:

6.1 By 2002, a Government funded Patient Advocacy and Liaison Service (PALS) will be set up in every trust, starting with the major hospitals. Usually situated in the main reception area of hospitals, the patient advocate team will be a point of contact and information for patients and carers. The plan states that patient advocates will act as an independent facilitator to handle patient and family concerns, with direct access to the chief executive and the power to negotiate immediate solutions. They will steer people towards the complaints process, and support complainants. In mental health and learning disability they will build on existing advocacy services.

- 6.2 A Patients Forum will be established in every NHS Trust and primary care trust to provide direct input from patients into how local NHS services are run. Half of its members will be drawn from local patients groups and voluntary organisations, and half from randomly selected respondents to the trust's annual patients survey. The Patients Forum will elect patient representatives on to every NHS Trust board. The Forum will have the right to visit and inspect any aspect of the trust's care at any time. The Forum will be supported by the PALS.
- 6.3 Each health authority area will be required to set up an independent advisory forum chosen from residents of the area, to provide a sounding board for determining health priorities and policies, including the health improvement programme.
- 6.4 There are no details in the plan as to how these new structures will be managed or how they will operate. In particular, it is not clear how independent they will be, or how the Patients Forum and advisory forum will relate to other local consultative or participatory arrangements.
- 6.5 Local government will be given the power to scrutinise the NHS locally. Chief Executives of NHS organisations will be required to attend the main local authority all party scrutiny committee at least twice a year if requested. The scrutiny committee will also be able to refer contested major service reconfigurations to the National Reconfiguration Panel, a new body made up of health service managers, health professionals, and patient representatives, which will advise the Government and publish its recommendations.
- 6.6 Patients will have more access to information, including a right to see letters between doctors about their care. Information will be published about each GP practice, including their performance, list size, and accessibility. By 2001, a new NHS Charter will set out the NHS commitment to patients, and rights and responsibilities of patients within the NHS. The complaints procedure is being reviewed. NHS Direct will be nationwide by the end of 2000, and accessible via digital TV, and touch-screen information points by 2004.
- 6.7 All NHS trusts, primary care groups and primary care trusts will have to ask patients and carers for their views on the services that they have received. Every local NHS organisation and care home will have to publish, in a patient prospectus, the services available locally, the ratings they have received from patients, and their position in the national Performance Assessment Framework.

## 7. Quality & Control

7.1 All NHS organisations (health authorities, NHS Trusts, primary care groups or trusts & health action zones) will be publicly classified as:

- ✓ **green** – best performers meeting all national targets & score in top 25% of Performance Assessment Framework (PAF) rewarded with earned autonomy – easier access to funds, less monitoring & greater freedom of organising services
- × **red** – poor performers, failing to meet a number of national targets resulting in increased monitoring & could be put under new management or taken over by a 'green' organisation
- ? **yellow** – performing in between, will be required to agree plans with regional office setting out improvements

7.2 The Department of Health will set national standards through:

- ✓ National Service Frameworks (NSFs) for specific conditions. NSFs for mental health and coronary heart disease have already been produced; a national cancer plan and an NSF for older peoples services are due in autumn 2000. These will cover NHS and non-NHS services
- ✓ Guidance on the best treatments from the National Institute for Clinical Excellence
- ✓ National targets, including waiting times, quality of hospital care and facilities, new

services to help people remain independent, and efficiency

- 7.3 A Modernisation Agency will be created, with regional level staff, to help redesign services around patient needs. Initial work will include cutting delays and streamlining hospital care and appointment systems and helping develop effective ways of improving health in deprived areas. A national Modernisation Board will oversee implementation of the Plan, publishing an implementation programme later this year.
- 7.4 Performance Assessment Framework (PAF) will be drawn up for NHS Trusts and primary care trusts, on similar lines to the PAF for health authorities. This covers health improvement, fair access to services, effective and appropriate delivery of health care, outcomes, efficient use of resources, and high quality experience for patients and carers.
- 7.5 Efficiency targets will be linked to quality of service as well as cost. A 'best value' approach will require each NHS organisation to review at least one major service each year. The Commission for Health Improvement will inspect every NHS organisation every four years.
- 7.6 A Performance Fund will reward progress in improving quality of care and reducing waiting.
- 7.7 There will be local modernisation boards in which local stakeholders, including patients groups and hospital consultants, contribute to the health improvement programme.
- 7.8 GP contracts will focus on quality and outcomes. All doctors will be subject to annual appraisal, with improved mechanisms to regulate them and deal with poor performance.

## **8. Changes between health and social services**

- 8.1 In future, it will be a requirement for pooled budgets, lead commissioning and integrated provision to be used in all areas. No date is given for this. It is envisaged that there will be far greater joint working between social services, primary and community health care - often working from the same premises - and with more joint assessments of patients. The plan gives the example of Somerset, where there is a joint commissioning board which involves user and voluntary sector representation, and one organisation provides both health and social services.
- 8.2 All primary care groups are expected to become primary care trusts by April 2004, able to commission social care services for older people and those with mental health problems.
- 8.3 A new level of primary care trust - Care Trusts - will be created, for those localities that want this. They will have powers delegated to them by health and local authorities to commission and provide both primary and community health &/or social care for older people and other client groups. The first ones could be in place in 2001. Their governance arrangements would enable health and social care representation. In areas where joint working or services are failing, the Government will be able to set up Care Trusts.
- 8.4 There will be financial incentives to encourage and reward joint working between primary care groups and trusts, NHS Trusts, and social services. Social services will get additional ring-fenced funds from April 2002 to reward improved joint working, focusing initially on intermediate care. The Commission for Health Improvement, Audit Commission and Social Services Inspectorate will conduct joint inspections of health and social care organisations to assess progress on joint working.

## **9. Relations between the NHS and the private and voluntary sector**

There will be a national framework for partnership between the NHS and private and voluntary sector providers, including guidelines for commissioning services. The framework will cover the private and voluntary sectors developing and making available facilities for preventative and rehabilitation services, as well as the NHS using private sector hospital services and facilities. It will also cover the involvement of private and voluntary sector organisations in the development of local health planning, and local protocols for referral,

admission and discharge between the NHS, private and voluntary sector facilities.

#### **ISSUES FOR THE VOLUNTARY SECTOR**

- ❑ The proposals contain new local structures - Patient Forums, advisory forums, and local modernisation boards, for involving patients and voluntary organisations in health planning. It will be important to ensure that they are independent, properly resourced, genuinely represent all communities, and that representatives are supported.
- ❑ The relationships of these new structures to existing joint working arrangements with health authorities, with primary care groups/trusts, NHS Trusts & with Social Services will need to be clarified and negotiated locally. Voluntary organisations and user/carer groups will need to establish links with the PALS, and ensure their concerns are represented at all levels.
- ❑ PALS are not CHCs. Concerns are being raised about the perceived lack of independence and potential conflicts of interest. The use of the word advocacy in their title may be misleading as negotiation is used as well. Advocacy services have expressed scepticism of this unclear definition of advocacy - do they really mean advice within a health setting about the best interests of the patient?
- ❑ The move towards joint working and integration of health and social services will gain momentum. Voluntary organisations need to be aware of and influence developments in their areas, such as care trusts, and press for involvement in the new arrangements. The investment in services, particularly intermediate care, could provide opportunities for voluntary sector providers. However, mechanisms will be needed to ensure that organisations, including user or carer-led and smaller groups, have access to information, resources and decision-making.

#### ***Sources of Information (& more details available from):***

- *'The NHS Plan - A Plan for Investment, A Plan for Reform'* - CM 4818 1 (£15) and *'The NHS Plan - The Government's Response to the Royal Commission on Long Term Care'* - CM 4818 -11 (£7). Published by The Stationery Office Ltd. From bookshops, or telephone orders 0845 7023474 or on [www.nhs.uk/nhsplan](http://www.nhs.uk/nhsplan)
- *The NHS Plan – a summary* from [www.liverpool-ha.org.uk/nhsplan/summary.htm](http://www.liverpool-ha.org.uk/nhsplan/summary.htm)
- *Blair unveils NHS plan for 21<sup>st</sup> Century*, The Guardian, July 27 2000 from [www.guardianunlimited.co.uk/Print/0,3858,4044862,00.html](http://www.guardianunlimited.co.uk/Print/0,3858,4044862,00.html)
- *The NHS Plan*, London Voluntary Services Council, July 2000
- *We Will Survive*, Community Care, 31 August – 6 September 2000
- *Not a Fond Farewell*, Community Care, 7 – 13 September 2000
- *Muzzling the Watchdog*, Guardian Society, 13 September 2000
- *Director to take up first joint social services and health post*, Community Care, 28 September – 4 October 2000
- *Hutton sets the pace but can workers keep up? & Hutton puts Care Trusts at top of agenda* both in Community Care, 9 – 15 November 2000