
RCN Policy Unit

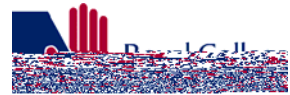
Policy Briefing 13/2006

Health reform in England: update and commissioning framework

ABSTRACT

This short briefing is designed to highlight critical issues for nurses and nursing in the July 2006 Department of Health policy document "[Health reform in England: update and commissioning framework](#)", which outlines the next stages of the Government's reform agenda.

July 2006



undertake equality and diversity impact assessments on commissioning plans.

PCT prospectus to signal strategic direction for local services and proactive tool for engaging the public.

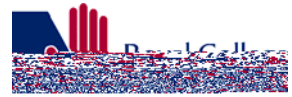
“Interventional approaches” can be used by PCTs to tackle variations in referral/ surgical/A&E attendance/intervention rates. For example “referral management centres” to accept GP referrals and provide advice on next steps and “prior approval” of clinicians in secondary care to confirm intervention proposed by GP. PCTs required to introduce incentive schemes to engage practices in redesign to deliver care closer to home – must be “cash-releasing.”

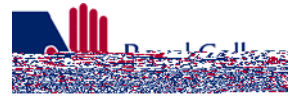
Issues

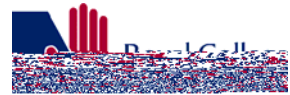
- Strong emphasis on demand management. Will clinical need or cash be the key driver and what role may nurses be expected to play in assessing “appropriateness” for referral/admission?
- What will be the impact of a new contract culture? Contracts will have a very significant role in securing financial balance, will there be tensions with clinical decisions/involvement, are there risks of manipulation of clinical data, could contracts replace relationships, will there be increased bureaucracy? Contracts will be activity based – will this result in rationing through contracts?
- Could Public Petitions be motivated by single/limited interest groups and competitive tendering be driven by cost as opposed to quality considerations?
- Overall there will still be strong national (DH) controls but local accountability!

Commissioning for support services

OJEU placed to enable the buy in of specialist expertise to support commissioning – “DH will achieve better







Issues

- If Choice is limited by money how will priorities be decided and to what extent will clinicians be involved? Could this present opportunities to introduce financial top-ups or, similar to social care, move to individual budgets or even vouchers?
- Links will be area wide and not related to specific organisation plus will have fewer powers than patient forums. Unclear how s11 will change. Overall do these proposals represent a dilution of patient/public Voice?

Summary

This is an extensive programme of reform. The OJEU notice is a controversial element but it is critical to see it as part of the broader agenda. Some aspects of this are potentially just as challenging, such as competitive tendering and demand management, whilst others, like the focus on quality standards and clinical leadership, present opportunities. Overall many of the key principles informing this agenda are ones the RCN would support, however critical questions still remain about what the Governments “end game” is. As always the real test will be the translation of policy into practice and this is a process nursing and the RCN must play a leading role in.