



## SMMGP Policy Update – July 2010

---

### **White Paper – Equity and Excellence: liberating the NHS**

<http://www.dh.gov.uk/en/Healthcare/LiberatingtheNHS/index.htm>

The Department of Health White Paper published in July outlined the devolvement of power to professionals and to patients, in a large scale and ambitious way. The key points in the paper in summary are:

#### **Red tape is removed and efficiency improved**

- The structure of the NHS will be simplified
- Quangos (arms's length bodies) - numbers will be reduced by a third
- Up to £20 billion of savings will be released by 2014 and reinvested to support improvements in quality and outcomes
- Money currently trapped in bureaucracy will be released to support front line care
- A review of data returns will be initiated

#### **Patients first**

- Increased patient representation in treatment decisions and increased choice of treatment services, and personal budgets will be extended
- There will be a new consumer champion (Healthwatch) – the voice of patients and the public. This will sit within the Care Quality Commission.

#### **Clinicians, commissioners and outcomes**

- Clinicians will play a leading role and determine how treatment is delivered
- Outcomes with no clinical justification will be removed
- A consultation will set priorities which will be clinically established (e.g. stroke, cancer, sexual health)
- An 'Outcomes Framework' will be introduced to free up professionals to determine how treatment is delivered
- Commissioners will be rewarded for quality in delivery

#### **Autonomy and accountability**

- The creation of a new Public Health Service (together with a Health Bill), will give the NHS greater freedom
- Local authorities will determine local strategy, linking health and social care
- Local authorities will hold ring-fenced funding and be accountable
- Special Health Authorities will be abolished over the next three years
- All NHS will be Foundation Trusts with employee participation
- GP consortia will be responsible for commissioning, services will be designed 'bottom up' with GPs playing a lead role - and Independent NHS Boards will inform GP commissioning.
- Care Quality Commission will safeguard standards and quality and arm patients with information to hold health services to account.

The structure and functions of the new, centrally based Public Health Service (PHS) will be described in detail in another White Paper later this year. The intention is that the PHS will integrate and streamline the functions of existing health bodies. There will be an increased emphasis on research, analysis and evaluation.

Responsibility for the public health agenda locally will rest with local authorities, in that current PCT responsibilities for health will transfer to local authorities, who will employ a Director of Public Health.

The public health budget will be ringfenced locally and it is possible that this is where drug treatment and other related services (for example Hep B and C) will sit, but there is no indication that drugs money will be further ringfenced within that funding; national objectives will be set for improving the health outcomes of the population (but local authorities will decide how these will be met).



## SMMGP Policy Update – July 2010

---

PCTs will be abolished by April 2013 and the main commissioning functions will pass to GP consortia and the public health function will pass to local authority commissioners.

Healthcare commissioning will be the responsibility of GP consortiums working with local communities to commission the majority of local health services from the NHS, voluntary sector and private providers. More detail is awaited on how exactly this will work before the picture will become clear.

There is also no detail yet about what will happen to local drugs partnerships and where the commissioning of drug treatment will fit. It may be that it would be the remit of GP consortia or be part of the public health remit of the local authority, or it may even be split between the two.

New 'Health and Wellbeing' boards will be established within local authorities and their function will be in 'joining up' the commissioning of local NHS services. It is possible, even likely, that these boards will have a role in the commissioning of drug treatment.

There will be local HealthWatch bodies for patient representation to provide advocacy and support.

The **Draft Structural Reform Plan** from the Home Office was also published in July. It sets out details in line with five key priorities, and includes drawing up a new Drugs Strategy, which will be published in **December 2010**.

<http://www.homeoffice.gov.uk/publications/about-us/corporate-publications/structural-reform-plan/pdf-version?view=Binary>

Alcohol and drugs are mentioned in the first key priority - **tackling crime and anti-social behaviour** - as follows:

- A comprehensive, cross-Government piece of work will be done to develop

options and a strategy for drug misuse, covering: prevention, enforcement, treatment and reintegration (including rehabilitation), including introducing a new system of temporary bans on legal highs while health issues are being considered;

- Alcohol licensing will be overhauled to give more power to police and local authorities to meet the concerns of communities, including by developing options for alcohol taxation and pricing to tackle binge drinking.

The document also makes it clear that policy detail will be subject to decisions in the Comprehensive Spending Review, which will take place during the autumn.

### **National Treatment Agency to become part of the new Public Health Service**

It was also announced during July, as part of the Arms Length Bodies Review, that the NTA will transfer to the new Public Health Service (PHS) by April 2012 and more details about this is expected in the next White Paper due in December 2010. Until then, no more will be known about exactly what the role of the NTA will be in that context or indeed, which of its functions will be transferred.

In the meantime, the NTA have eighteen months in its current format and a business plan to execute. So – the NTA have recast their business plan for 2010/11 to reflect the priorities of the new Government and it has been signed off by Ministers. Their plan for the drug treatment system in England is to:

- Refocus on delivering sustained recovery whilst demonstrating transparent outcomes, whilst consistently providing more for less.
- Improve outcomes for those in treatment and provide better value for money from central investment



## SMMGP Policy Update – July 2010

- Champion treatment which is focussed on abstinence, and
- Rebalance the system to ensure a consistent approach to commissioning community and residential rehabilitation.

To achieve this, the NTA will be convening an expert group to develop new clinical protocols for substitute prescribing in the community, and hold consultations with clinicians, practitioners and providers to ensure that changes are underpinned by evidence and best practice.

### **SMMGP comment:**

There have been massive changes in the landscape we work in, and the Government has moved swiftly to implement its policy vision. We have to make our influence felt where it can have the most impact and at the right time. The scale of the reforms outlined in the White Paper, and the establishment of the Public Health Service, means that it will be some time before national policy and local health service commissioning structures are clearer and we will continue to monitor those changes. In the meantime there are other developments, with shorter time scales, which call for our urgent attention.

What about the NTA? In the midst of all the changes relating to Special Health Authorities and the Arms Length Bodies Review, it should have come as no surprise that the NTA will no longer exist in its current format after April 2012. That it has been a major influence in the drugs field since its inception is unquestionable – evident not only in the increase of people now benefiting from being in treatment but also in the standard and consistency of care.

Whilst many of us accept that some 'rebalancing of the system' - as suggested in the NTA business plan - is important, we need to ensure that evidence-based treatment and the consequent important gains that have been made, are not lost. We believe that the UK currently has one of the best drug treatment

systems in the world and we must not let politicians and others who neither engage nor care for people who use drugs and/or alcohol take that away. We need to ensure that our clients and patients are central to all decisions and in control of their 'recovery journey', with our help, which may result in becoming drug-free or being medically-assisted.

We need to see the transfer of drug and largely forgotten alcohol treatment to its new location in the Public Health Service (PHS) as an opportunity which we can influence.

It is time for those of us who work with drug and alcohol users in primary care, to state the truths that we know to be of the greatest benefit for the majority of people in our care, and to ensure that the system indeed continues to offer the range of treatments that will fulfil the aspirations of all those involved, including families and communities.

### **HAVE YOUR SAY!**

Policy and policy reform needs to be influenced by front line practice. In many of the current arguments there seems to be a gap between evidence based practice and drug policy.

It is imperative that we have an input into the Draft Structural Reform Plan which will give shape to the revised Drug Strategy in December of this year. The time limit for influencing the strategy is very short.

Therefore, SMMGP will soon undertake a consultation across our membership in order to provide decision makers with our views of what we really want to see in the strategy. **We urge all members to participate in this important consultation.**

We will also be following the development of commissioning of services by GP consortia with interest and aim to provide guidance once the details of the changes become clearer.