

NHS White Paper Article

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The NHS White Paper "Liberating the NHS" published in July 2010 represents the first substantive policy announcement on the future of the NHS from the Conservative-Liberal Democrat coalition and it has been argued that the plans contained within the White Paper could lead to the most radical change to the architecture of the NHS since 1974. The policies set out in the White Paper are intended to correct some of the problems which the new government perceives exist within the NHS.

Additionally, the White Paper sets out four principal aims:

1. Putting the public and patients first – Giving patients greater access to information and increasing choice of healthcare providers;
2. Improving health care outcomes;
3. Greater autonomy, accountability and democratic legitimacy for healthcare professionals – Avoiding government micromanagement and increased devolution of commissioning; and
4. Cutting bureaucracy and increasing efficiency.

For those involved in NHS outsourcing, it is the third of those aims, specifically allowing healthcare professionals to have more autonomy over commissioning which will be of particular interest. Were the White Paper to become law, GP practices would be required to form local consortia which would have the responsibility for the commissioning of secondary care such as elective hospital care, rehabilitation and out of hours services, allowing them greater flexibility to procure healthcare services which the consortia believed would benefit their patients and the local communities which they serve. A central NHS Commissioning Board will have the job of regulating commissioning carried out by local GP consortia reviewing decisions to ensure that commissioning is fair and transparent. The NHS Commissioning Board will also be responsible for calculating budgets for GP practices and distributing those funds to each of the consortia. This method of commissioning would replace the current system of PCT and SHA commissioning, with these bodies being dissolved after a transition period.

Should the policy of GP based commissioning set out in the White Paper be enshrined in legislation, the effect would be to create a mixed economy in the provision of secondary health care and clinical services. Consortia will have the opportunity to consider whether the public or private sector offers the best clinical outcome for their local community and commission services accordingly. It is unlikely, however, that there will a wholesale shift to the private sector for all types of care.

Far more likely however is that the administrative requirements of GP based commissioning will lead many consortia to look to the private sector to carry out functions such as contract negotiation, financial management, demographic analysis and performance monitoring which will be central to the success of GP commissioning. Under the present system, PCTs have been carrying out those functions themselves in the commissioning process. The BMJ Article "Opening Up The Primary Medical Care Market"¹ reports that a number of PCTs felt that they did not have the level of experience, skills or advice necessary to run or evaluate tenders and the same may well be said of some local GP consortia once the new model is in place.

The litmus test for the success of commissioning by GP consortia will be the appetite and enthusiasm for the process of GP practices themselves and the ability of the consortia to set up effective commissioning procedures. Those who sit at the entrepreneurial end of the spectrum are likely to embrace the possibilities whereas others will, no doubt, see responsibility for commissioning as a distraction from their healthcare function. Once local GP consortia start the procurement process, they must be prepared for the volume of information they will receive in tender returns and the procedures involved, including the requirements of EU procurement legislation and the possible consequences of getting it wrong under the new EU remedies directive. As a consequence, some of the principal opportunities for the private sector will exist in advising and carrying out the functions involved in commissioning rather than in contracting to provide the clinical services being commissioned.

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¹ BMJ 2009; 338: b1127