

Opportunities for the independent sector

Meeting at the Confed

July 13 2010

Paul Corrigan

Opportunities for the independent sector

The reforms within an overall architecture

1. What is the responsibility of the National in the English NHS?
2. Who is commissioning health care and how are they doing it?
3. Who is providing health care and how are they organised?
4. What are the transactional relationships between commissioners and suppliers and how are they organised?

Different opportunities

Issue and problems

What is the responsibility of the National in the English NHS?

- Money from national taxation to the SoS
- Contract between SoS and the Independent National Commissioning Board
- Board works to an NHS Outcomes Framework
- Board has contracts with practice level commissioning budgets and allocate these to GP consortia
- Board will have a duty to develop consortia and will assign practices to them
- Shadow from next April Line April 2012
- DH responsible for public health service will commission local authorities to do

Who is commissioning health care and how are they doing it?

- Statutory based GP led commissioning consortia to include an accountable officer. Held to account for NHS Commissioning Board
- Every GP practice a member of a consortia
Changes in the GP contract
- Skills for commissioning could be organised at a higher level than consortia
- Shadow 2011/12 Full responsibility 2012/13

Who is providing health care and how are they organised?

- 'Largest and most vibrant social enterprise sector in the world'
- Within 3 years all NHS trusts to become FTs and the non FT trust model is withdrawn
- Where a trust is unviable SoS may apply to put into administration
- Level playing fields and patients choose between providers

What are the transactional relationships between commissioners and suppliers and how are they organised

- Monitor becomes an economic regulator as in other quasi markets
- It will promote competition and apply competition law
- Set prices for NHS services in consultation with NHS Commissioning Board
- Power to intervene in event of failure
- Monitor to regulate all NHS providers of care
- CQC will act as quality inspectorate for all providers
- Patient choice drive change through an information revolution

Different opportunities

- 1 What will the new commissioners buy? Will they make new markets
 - Between primary care and secondary care
 - Long Term Conditions
- 2 The new commissioners will need skills
 - Insurance skills
 - Working with capitation budgets to reduce spend risk sharing
- 3 £4 billion of public health budget (White Paper in the autumn)

Issue and problems

- MPs and accountability
- Skills for the National Commissioning Board not in DH.
- GPs and statutory organisations
- Gps and compulsion
- Gps, provision and competition
- Bigger local authority say in stopping reconfiguration
- SoS is in charge of reconfiguration outcomes
- Market still to be made will need very active application of competition law
- The money