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# Health reforms in England

NHS European Office

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## NHS European Office

- Established 2007 in Brussels
- Nationwide resource for the NHS (Health Service in England)
- Monitors developments in Europe relevant to health sector, and keeps NHS informed
- Assesses impact of European proposals on NHS
- Represents NHS views to European decision makers
- Engages in social partner negotiations between employers and trade unions at European level
- Informs NHS bodies of EU funding opportunities and shares good practice



## Political background to the NHS reforms

**“the consumer power of the private sector, but the values of the public service”**

- Core values and principles of the NHS remain (comprehensive, available to all, funded from general taxation, free at the point of use, based on need, not ability to pay) – BUT
- Patients currently pay for dental care, glasses, prescriptions (except for children, unemployed etc)

### **Healthcare reforms signal:**

- Move from quasi-markets to full market mechanism
  - Less Government interference/control
  - Large structural reorganisation

## “Big government”

- According to UK Government, “big government “and state intervention used to work but does so no longer
- The critique of big government
  - Too much tinkering and interference
  - Perverse incentives
  - Creating dependency & an “entitlement” culture
  - Not enough individual choice
  - Small return from big spending

## “Big society”

- Big society:
- Devolution to local people – shift in power from state to individuals and local communities
- Choice and plurality of providers
- Personal budgets for social care
- Big bet on social entrepreneurs
- Make government more accountable
- Post-bureaucratic state

## **'Post-bureaucratic' state**

Devolution to the lowest level

Trust in professionals

Use of choice and competition where you can

Payment for outcomes where you can't

Accountability, information and transparency

More local & direct e.g. doctors to patients

## The reform programme – important messages

- This is much more radical than it first appears
- Shifts power and accountability
- Disrupts the existing hierarchy
- It creates new and powerful dynamics for change
- It's not back to anything



## The new architecture – will it change behaviour and improve health outcomes?

- Independent Board
- Economic Regulator
- GP commissioning
- Independent providers
- Healthwatch
- CQC
- Health and Wellbeing Boards

## Changes and issues

GP commissioning – greater role for primary care

Choice – for patient, or GP?

Rationing and decision making

Public health – health and wellbeing boards

Outcome measurement

Competition and procurement -“Any willing provider”

Autonomy - all providers independent organisations

Independent standards and inspection regime

Economic regulation

## Some key questions about the reforms

- How will all the parts work together?
- How will accountability work?
- How will strategic change come about?
- Quality and improvement
- The role and influence of regulators?
- Failure and risk management
- Is there an adequate patient and public voice?

## Risks and challenges

- Weak accountability
- Transactional and adversarial commissioning
- The impact of economic regulation
- Widespread failure
  - Commissioners
  - Providers
- Will the reforms improve health for all, whilst improving the health of the poorest fastest?
- How can the risks associated with transition to the new system be managed?

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