Analysis of amendments to Government health policy or health bill required by virtue of the amended motion passed by the Liberal Democrat Conference.

The analysis below is constrained and influenced by the Coalition Programme (see separate analysis)

F5 Updating the NHS: Personal and Local

Conference believes that the NHS is an integral part of a liberal society, reflecting the social solidarity of shared access to collective healthcare, and a shared responsibility to use resources effectively to deliver better health.

Conference welcomes our Coalition Government's commitment to the founding principles of the NHS: available to all, free at the point of use, and based on need, not the ability to pay.

Amendment needed to the bill that restores the duty on the Secretary of State to provide or secure a comprehensive health service, that ensures a comprehensive service based on defined geographical populations, with funding allocations based on defined geographical areas and that only the Secretary of State, subject to parliament, can impose new or higher charges on NHS services and define what NHS services are no longer to be provided free of charge.

See commentary on Coalition Programme for details

~~Conference notes that while spending on the NHS has risen significantly in recent years this investment has not been matched in terms of productivity or healthcare outcomes for patients.~~

~~Conference notes with regret that:~~

~~A. 23% of cancer patients are only diagnosed when they turn up as emergencies.~~
~~B. England continues to have poorer survival rates for bowel, breast and lung cancer than Australia, Canada, Sweden and Norway.~~
~~C. Premature mortality rates from respiratory disease are worse than the EU-15 average.~~

~~Conference notes that if NHS was performing at the level of the best in Europe in cancer survival,10,000 lives could be saved every year, and therefore recognises the importance of updating the NHS to ensure that it is able to deliver world-class outcomes and value-for-money for taxpayers.~~

Conference welcomes *much of* the vision for the NHS set out in the Government's White Paper, *Equity and Excellence: Liberating the NHS,* which commits the Government to an NHS that:

i) Is genuinely centred on patients and carers.
ii) Achieves quality and outcomes that are among the best in the world.
iii) Refuses to tolerate unsafe and substandard care.
iv) Puts clinicians in the driving seat and sets hospitals and providers free to innovate, with stronger incentives to adopt best practice.
v) Is more transparent, with clearer accountabilities for quality and results.

vi) Is more efficient and dynamic, with a radically smaller national, regional and local bureaucracy.
vii) Gives citizens a greater say in how the NHS is run.

Conference particularly welcomes the proposals to introduce real democratic legitimacy and local accountability into the NHS for the first time in almost forty years by:

a) Extending the powers of local authorities to enable effective scrutiny of any provider of any taxpayer-funded health services.
b) Giving local authorities the role of leading on improving the strategic coordination of commissioning across the NHS, social care, and related childrens' and public health services through councillor-led Health and Wellbeing Boards.
c) Creating Health Watch to act as a local consumer champion for patients and to ensure that local patients are heard on a national level.
d) Returning public health duty to local government by ensuring that the majority of public health services will now be commissioned by local authorities from their ring-fenced public health budget.

Conference recognises however that all of the above policies and aspirations can be achieved without adopting the damaging and unjustified market-based approach that is proposed.

The Government needs to drop the language of the market and amend the bill (see below) in respect of marketisation (e.g. the role of Monitor to promote competition and the liability of commissioning decisions to EU competition law)

Conference regrets that some of the proposed reforms have never been Liberal Democrat policy, did not feature in our manifesto or in the Coalition agreement, which instead called for an end to large-scale top-down reorganisations.

This requires our desired amendments where they are not explicitly set out below to be checked against the Coalition Programme since there is no mandate to directly contradict the Coalition Programme (see also separate analysis)

Conference therefore calls on Liberal Democrats in Parliament to seek to amend the Health bill to provide for

a) more democratically accountable commissioning

See below

b) a much greater degree of co-terminosity between local authorities and commissioning areas

- **The coalition programme provides for a reduction in quangos, and co-terminosity would be one way of achieving that.**
- **The coalition programme calls for more integration between health and social care. Co-terminosity delivers that.**
- **The basic principles of the NHS require funding allocations to be based on need and only LA areas provide the data needed for that which implies co-terminosity.**
- **The basic principles of the NHS require a service provided to all those in geographically defend areas and co-terminosity delivers that.**
- **Co-terminosity dramatically reduces complexity and bureaucracy when providing for joint working with LAs.**

The bill should be amended to provide for the NHS CB to require commissioning groups to align with LA boundaries

c) no decision about the spending of NHS funds to be made in private and without proper consultation, as can take place by the proposed GP consortia

Amendment needed to make this clear. This appears to have been conceded.

d) the complete ruling out of any competition based on price to prevent loss-leading corporate providers under-cutting NHS tariffs, and to ensure that healthcare providers "compete" on quality of care

Amendments to the bill:

- **with respect to ensuring no price competition on tariff services,**
- **with respect to Monitor in the bill to prevent them introducing this in the future**
- **with respect to services not subject to a tariff or unbundled from the tariff, the need to base procurement on best value and minimum quality standards.**

Amendments needed to exclude NHS commissioners from scope of EU competition law and no further progression of NHS clinical services into the scope of UK and EU competition law

e) only allowing new private providers where there is no risk of "cherry-picking" which would destabilise or undermine the existing NHS service relied upon for emergencies and complex cases, and where the needs of equity, research and training are met

Amendment to bill to require

a) commissioners (and Monitor) to be satisfied that when contracting with a non-NHS provider that there will be no detrimental effect on NHS income streams and case-load required for maintaining clinical skills and for a viable emergency or other remaining service, on training of NHS staff, on existing research studies or research capacity.

b) this to be challengeable at a local level by Local authority scrutiny function with teeth

c) Commissioners must be free to commission an integrated service free from any requirement under competition law or under Monitor's powers or direction from the NCB or Sec of State to unbundle such a service specification.

f) NHS commissioning being retained as a entirely public function in full compliance with the Human Rights Act and Freedom of Information laws, using the skills and experience of existing NHS staff rather than the sub-contracting of commissioning to private companies

This requires amendments to the bill to make clear that commissioning groups are public authorities and requires the employment of existing NHS commissioning staff directly by commissioning groups rather than subcontracting out of commissioning to non-public bodies.

g) The continued separation of the commissioning and provision of services to prevent conflicts of interests

Amendment needed to prevent a commissioning body with GPs involved being able to commission any primary care services or any service where GPs have a direct or indirect commercial interest, without those interests being declared and those GPs not participating in the decision. This can be done by making commissioning groups have a majority of non-GPs, by such decisions being made only by non-GPs on the commissioning groups and by having such decisions open to effective local scrutiny. This would be better than making commissioning a design of primary care services a centralised function as proposed.

h) An NHS, responsive to patients needs, based on co-operation rather than competition, and which promotes quality and equity not the market

This requires extensive amendments changing the role of monitor to promote co-operation not competition and carrying out its role having regard to quality and fairness and not market based policies. Similar amendments will be needed to the role of the NCB.

Conferences calls on:

1. The Government to uphold the NHS Constitution and publish an audit of how well organisations are living by its letter and spirit.

2. Liberal Democrats in local government to establish local Health and Wellbeing Boards and make progress developing the new collaborative ways of working necessary to provide joined-up services that are personalised and local.

3. Calls on the government to seize fully the opportunity to reverse the scandalous lack of accountability of publicly-funded local health services which has grown up under decades of Conservative and Labour governments, by:

a. ensuring full scrutiny, including the power to require attendance, by elected local authorities of all organisations in the local health economy funded by public money, including Foundation Trusts and any external support for commissioning consortia; ensuring that all such organisations are subject to Freedom of Information requirements.

Amendments needed to the powers of Overview and Scrutiny Committees. Co-terminosity is helpful in this respect.

b. ensuring Health and Well-being Boards (HWBs) are a strong voice for accountable local people in setting the strategic direction for and co-ordinating provision of health and social care services locally by containing substantial representation from elected local councillors; and by requiring GP Commissioning Boards to construct their Annual Plans in conjunction with the HWBs; to monitor their implementation at meetings with the HWBs not less than once each quarter; and to review the implementation of the Annual Plan with the HWBs at the end of the year prior to the construction of the Annual Plan for the forthcoming year.

Amendments required to increase the de minimis representation of elected local councillors to a majority on the HWB and to place duties on the local commissioning groups to meet quarterly with HWBs etc. Co-terminosity is helpful in this respect.

c. ensuring commissioning of health services has some degree of accountability by requiring about half of the members of the board of commissioning consortia, alongside GPs, to be local councillors appointed as non-executive directors

Amendments needed to place local elected councillors on the boards of local commissioning groups. Co-terminosity is helpful in this respect.

d. offering additional freedoms only to Foundation Trusts that successfully engage substantial proportions of their local populations as active members

Amendments needed to provide for this