

The new Health and Social Care System in England

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Introduction

On April 1st 2013 the new health and care system was implemented in England. It is envisaged that the new system for the English National Health Service (NHS) will deliver the UK governments aspirations for health and social care as detailed in a very contentious Health and Social Care Act (Gabbay 2012). It is important to stress that these new arrangements apply only to England and not the other countries of the United Kingdom. As part of these reforms NHS England, Public Health England, the NHS Trust Development Authority and Health Education England have commenced their new duties and range of responsibilities. To help explain the complexities of the new system the UK government has produced a booklet for members of the public which is intended to provide a simple guide to the care system. (<https://www.gov.uk/government/publications/the-health-and-care-system-explained/the-health-and-care-system-explained>)

The whole structure of the new health and care system is predicated on the government's mantra "of no decision about you without you"

The production of this booklet is timely as the complexities of the changes to health and care is poorly understood in England. This is reflected through the results of a survey of 102 junior doctors conducted by Palazzo and Chehab (2013) who found that 63.7% self-reported poor understanding of the NHS reforms and 90.2% felt they would value formal education on the current changes. Additionally 71.6% of the junior doctors did not know that following the rollout of the Health and Social Care Act on April

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1st 2013, clinical commissioning groups around England became responsible for the provision of healthcare services. If junior doctors have a poor understanding about health politics and NHS reforms, then this simple guide to the reforms may prove invaluable to both the patients and the staff who care for them!

Implementing the changes

At its simplest level newly created local clinical commissioning groups which are made up of doctors, nurses and other professionals can purchase appropriate services for patients, while local councils formally take on their new roles in promoting public health. As part of this change to services, new "health and wellbeing boards" will bring together local organizations' to work in partnership and Healthwatch which has replaced LinKs (the old English health care consumer system) will provide a powerful voice for patients and local communities.

Healthwatch England is the new independent consumer watchdog for health and social care in England and it now interacts with a network of 152 local Healthwatch organizations to ensure that the voices of consumers and those who use services are fully heard.

<http://www.healthwatch.co.uk/about-us>

Understanding the role of the English Department of Health

The English Department of Health's primary role is to reduce morbidity and premature mortality among its citizens. The department's role is to directly lead, shape and fund health and care in England, to ensure that people have the appropriate support, care and treatment they need and in light of the events at Mid Staffordshire NHS Foundation Trust delivered with the compassion, respect and dignity they deserve. The new local bodies will work together with the Department to achieve this common

aim of changing health and care for the better. To ensure that the new system is accountable, the Department of Health will set objectives and budgets and hold the system to account on behalf of the Secretary of State for health who has the ultimate responsibility for ensuring the whole system works together to meet the needs of patients and the public and that they are enabled to reflect their experiences through Healthwatch.

What will be the impact of the new changes on patients and their local communities?

In reality most people will not be aware of any immediate differences in how they access or receive care as the general practitioner (GP) will remain the gatekeeper to services. It will be the GP who they will contact when they are unwell and this service remains free at the point of delivery as it has in the past. However there are some important underlying changes that are being made as to how the health and care system is operated. Primarily these changes involve enabling patients and their local communities to have a greater say and input into the services they receive. The new service will also give health care professionals more autonomy in how to resource and configure local health and care services to improve the quality of the support, care and treatment local communities receive. This will include for example:

- Giving doctors, nurses and other health and care professionals greater direct control over planning and commissioning of services to enable them to improve the local parameters of health and care including giving enhanced information on what kind of support, care and treatment is available locally to the population.
- Placing greater emphasis on health promotion and health education to prevent illness and to help people stay more independent in older age or in

living with disability. The recent outbreak of measles in Wales caused by a fall in herd immunity because of low uptake of MMR immunization among children is a timely but tragic reminder of this crucial role.

(<http://www.bbc.co.uk/news/health-22277186>)

- Devolving more power to local groups and organizations to ensure that their communities have more influence than ever they had in the past in deciding how local health services can be enabled to better support them.

- Expanding the range of health care providers available to health consumers by including independent and charitable organizations. This is designed to offer more choice for patients and apply greater pressure on existing services to constantly improve.

Health and care organizations working locally together.

Principally it is the building of Clinical Commissioning Groups (CCGs) made up of doctors, nurses and other health care professionals who use their knowledge of local health needs to plan and buy services for their local community from any service provider that meets NHS standards and costs. These will range from existing NHS hospitals, social enterprises, and voluntary organizations through to private sector providers. CCG's will ensure improved care for patients by incorporating knowledge of local services to commission services in response to their needs. Additionally:

- Health and wellbeing boards have been developed in every area to ensure that these services work together to respond to communities' needs and priorities. They have been configured to ensure that local people and community organizations, including elected representatives, are involved in deciding what services the community needs to ensure that this will inform CCGs and local authorities when they commission services.

- Local Healthwatch, has representation on health and wellbeing boards to give patients and communities a strong voice in decisions that affect them. Local healthwatch will report their views and concerns to Healthwatch England so that issues can also be raised at a national level.

- Under the new arrangements local authorities can commission care and support services and they also have a new responsibility to protect and improve health and wellbeing of their communities. They will be able to use this knowledge of their communities to tackle challenges such as smoking, alcohol and drug misuse and obesity. Working together with health and care providers, community groups and other agencies, they will prevent ill health by encouraging people to live healthier lives.

Health and care organizations working together across England.

- NHS England is designed to support the NHS services nationally and to ensure that money spent on NHS services provides the best possible care for patients. NHS England will fund the local clinical commissioning groups to commission services for their communities and importantly to ensure that they do this effectively, efficiently and economically.

- Some specialist services will continue to be commissioned by NHS England centrally where this is most efficient. In collaborating with nationally renowned organizations who offer health care specialties, NHS England is coalescing their expertise to ensure national standards are consistently in place across the country.

- Public Health England is strategically positioned to provide national leadership and expert services to support public health. This organization will work with local government, the NHS and other key partners to respond to health protection emergencies such as the measles epidemic which started in Wales, but is now spreading to England.

- The NHS Trust Development Authority supports NHS trusts to improve so they can take advantage of the benefits of foundation trust status when they are ready.

- Health Education England (HEE) is pivotal to the reformed NHS as this is the organization which is empowered by the government to ensure that the healthcare workforce has the right toolkit of skills and the training to improve the care patients receive wherever and whenever they need it. HEE is now supporting a network of 13 Local Education and Training Boards (LETB's) that are planning the education and training of tomorrow's workforce

to meet local and national needs. LETB boards, which are committees of HEE, are made up of representatives from local providers of NHS services and cover the whole of England.

- The National Institute for Health and Care Excellence (NICE) provides guidance to help health and social care professionals deliver the best possible care for patients based on the best available evidence.

- The National Institute for Health Research (NIHR) and its clinical research networks form a health research system in which the NHS supports and promotes excellence in cutting edge research. Clinical academic facilities such as that developed by the Faculty of Health Sciences at the University of Southampton are pioneering the research role of the nursing academic and the academic in practice.

- The Health and Social Care Information Centre supports the health and care system by collecting, analyzing and publishing national data and statistical information.

- NHS Blood and Transplant manages the safe supply of blood to the NHS as well as organ donation and transplants across the UK.

- The NHS Litigation Authority resolves fairly all claims made against its scheme members, helping the NHS to become a fully functioning learning organization.

- The NHS Business Services Authority carries out a range of support services to the NHS, patients and the public.

Protecting the interests of service users.

As the new system brings more freedom for those who plan, commission and provide services, new and existing health and care regulators are empowered to safeguard the interests of patients and the wider public. Principally these are:

- The English Care Quality Commission which is the health and social care watchdog

- Monitor which protects and promotes the interests of people using health services by making sure that NHS services in England are effective and offer value for money. Monitor is also going to license providers of health care to achieve this.

- The Health Research Authority works to protect and promote the interests of patients and the public in health research.

- The Medicines and Healthcare Products Regulatory Agency makes sure that medicines and medical devices work and are safe to use.

- The Human Tissue Authority which regulates the use of human tissue, such as donated organs

- The Human Fertilization and Embryology Authority regulate fertility treatment and the use of embryos in research.

- Health Care regulators such as the Nursing and Midwifery Council who help protect patients and public by ensuring that professional standards are met.

Conclusion

The current government is taking significant steps to ensure that citizens understand the new health and care system for England. The simple guide to the health service endeavors to demystify what many will see as a complex system.

References

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