

What the House of Commons health select committee said about the current NHS Changes

This committee was reporting progress on whether the planned changes in the NHS would lead to the system delivering £20billion in efficiency savings over 4 years (ie the lifetime of this Parliament) as required by the coalition government as part of the Spending Review.

The social care sector is also required to make unprecedented savings (through reductions in local authority budgets) at the same time, and the pressures on one budget impact on the other.

The Quality, Innovation, Productivity and Prevention (QIPP) programme is the term used to describe the redesign of services to make efficiencies, commonly known as 'more for less'. However there is implicit understanding that efficiency savings should not compromise quality of care. The committee found that many organisations are making disruptive short term savings at the expense of planning service changes which would allow them to meet their financial and quality objectives in later years. Money for the increase in health visitor numbers is meant to come from QIPP.

The Payment by Results tariff will be amended from April 2012 to require the NHS to pay for reablement and other post-discharge services for 30 days after a patient leaves hospital; and since 2011, trusts are no longer being reimbursed for unnecessary readmissions. This is meant to act as a lever for integrating health and social care.

The Committee thinks that the distinction between healthcare and social care is now a major cause of inefficiency and service breakdown. The persistent failure of successive governments to address the requirement for more integrated, patient focussed care is creating powerful perverse incentives in the care system, which is driving up costs at the same time as undermining the ability of the system to meet the needs of its patients. Furthermore the contribution that social housing could make to a proper integrated service is also impeded by institutional structures.

The Government has initiated a number of structural changes which it believes will contribute to the integration of health and social care services. Health and Wellbeing Boards which are proposed to be established under the terms of the Health and Social Care Bill will 'provide a vehicle for NHS and local authority commissioners, along with other key partners, to come together on a geographical basis to improve the health and wellbeing of the people in their area in a strategic and coherent way'. To do this, Joint Strategic Needs Assessments (JSNA), analysing local current and future needs, are to be undertaken and will inform the development of a local Health and Wellbeing Strategy that will in turn inform local commissioning plans.

This immensely difficult task requires those responsible to rethink fundamentally the way that services are provided and focus much more on outcomes and integrated care. They are concerned that evidence does not suggest that the magnitude of this challenge has been fully grasped.

<http://www.publications.parliament.uk/pa/cm201012/cmselect/cmhealth/1499/149902.htm>