



## ***NHS Future Forum: Listening Exercise*** **Call for views – RCS response**

The Royal College of Surgeons of England welcomes the opportunity to participate in the NHS Future Forum listening exercise. The College supports the aims of the plans to modernise the healthcare system. We believe that cutting bureaucracy and giving patients and their clinicians the right to decide the best treatment for individuals is fundamentally right. We believe that commissioning should be based around the patient who should be supported by the relevant clinicians and healthcare staff. Central to this is restoring the direct relationships between surgeons and GPs to improve patient care.

Below are our specific comments on the themes of the exercise (commissioning, patient involvement, clinical advice and leadership and education and training).

### **Choice and competition**

The College welcomes the principle of the modernisation of health and social care to place commissioning decisions close to the patient, helping to ensure appropriate delivery of services that meet the needs of patients and local communities. At the centre of these proposals should be the ability of GPs to continue to treat and refer patients based on clinical need and best practice as a main priority.

The College believes that a defined standard of treatment and care set by the professions should drive commissioning and not commercial interests of the provider or convenience for the commissioner. Standards of care and outcome requirements should be integral to the commissioning process in order to achieve the best care and outcomes for patients. Within the proposed arrangements for the delivery of healthcare, commissioners should be able to exercise clinical judgement and have the power to safeguard and ensure the quality and standard of care.

The College believes that commissioners must adhere to the seven principles and standards outlined by the College in order to ensure the delivery of comprehensive and competent services. These seven principles and standards include: contractual commitments to training and educating the healthcare workforce; participation in clinical audit, research and development; commissioning a complete service that includes appropriate emergency provision; measuring outcomes; and an appropriate impact assessment on the local healthcare economy (see RCS position statement on commissioning a competent surgical service, Annex A).

### **Patient involvement**

We welcome the principle of putting patients at the centre of the NHS. Involvement of patients in how health services are developed and delivered will be essential. Any mechanisms developed to involve patients should be straight forward and inclusive. Clinicians will have a key role in ensuring pertinent information and analysis is available for the use of patients. The proposal to establish local HealthWatch groups with a national body is a positive move and should be a visible signpost for patients and the public. Both the local and national groups will need a range of expert support to ensure that they can effectively address issues across the whole of health and social care.

## **Clinical advice and leadership**

We support the creation of a National Commissioning Board which must remain a lean and expert organisation. It is essential that the local consortia and the independent NHS commissioning board have access to timely and relevant clinical information and expertise to ensure that decisions are based on the best available evidence and that additional burden on the NHS in terms of the collection and collation of outcomes information is minimised. We have concerns that the proposed plans for commissioning by GP consortia could find difficulties in accessing the skills necessary for the commissioning of some of the more specialised areas of medical, surgical and dental practice. We support the concept of the NHS Commissioning Board holding to account consortia for the stewardship of resources.

## **Education and training**

The College welcomed the recent ‘Developing the Healthcare Workforce’ proposals. We support the commitments to:

- Engage fully clinicians in the workforce planning processes and the commissioning and delivery of education and training both nationally and locally;
- ‘Reaffirm the central role of professionals in future arrangements’ and the ‘important role for the medical Royal Colleges in ‘devising and delivering education in their specialties’;
- Ensure that planning of the future medical workforce and commissioning of medical education cannot be left to the market.

However, we believe the independent Colleges/professional bodies should have a stronger role in the structures proposed in the consultation document. Within the proposals we believe there is an unaddressed need for the independent setting, assessment and monitoring of national standards and impartial quality assurance, as well as a national and regional perspective for trainee selection and planning of training.

The College supports the creation of Health Education England (HEE) at the national level. HEE should be responsible for developing and enforcing the educational contract with the skills networks, which must be able to meet the standards set by the profession through approved curricula. The College through its national standard setting bodies and the regionally based Schools of Surgery could act as agents of HEE at both national and local level in ensuring that providers meet the educational outcomes set out in the contract as well as providing a national perspective.

This would mean separating the current Deanery functions into the administration of training including holding of the salary budget and human resource responsibilities (which would be reallocated to the skills networks) and the organisation, assessment, monitoring and quality assurance of training (which would become the responsibility of the College/professional body). For doctors in training this would mean their employment would be handled through their local skills network with the organisation and assessment of their training delivered through regional offices (Schools) linked to agreed national standards set by the College. The separate roles would ensure a mechanism to maintain national standards by holding individual providers to account for the standards and outcomes of their education and training. Trainees will also need to move between skills networks and the organisation of the necessary rotations at regional level is essential, or over a larger region or even at the national level in smaller specialties. Organising such rotations to achieve proper broad-based and sub-specialty training is a role for the College/professional body, as is selection, which must be done nationally to ensure fairness and transparency.

**For further information –**

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## Annex A



### **Commissioning a competent surgical service College position statement**

The Royal College of Surgeons believes that a defined standard of treatment and care set by the profession should drive commissioning and not the commercial interests or convenience of the provider. Standards of care and outcome requirements should be incorporated into the decision-making process for commissioning services in order to achieve the best care and outcomes for patients. Within the proposed arrangements for the delivery of healthcare, commissioners will be able to exercise clinical judgement and have the power to safeguard and ensure the quality and standard of care.

The College believes that in order to ensure the delivery of comprehensive and competent services commissioners should adhere to the following principles and standards when taking commissioning decisions:

1. Training the healthcare workforce – a contractual commitment to training and the ability to deliver the standards and outcomes agreed and published by the profession.
2. Educating the healthcare workforce – a contractual commitment to provide appropriate education and continuing professional development opportunities for all health professionals.
3. Clinical audit – contractual agreements to ensure participation in clinical audit and publication of audit outcomes.
4. Research and development – contractual agreements to ensure participation in high quality research which is essential for advancing and improving patient care and outcomes.
5. Commissioning a complete service – ensuring the service includes arrangements for full emergency provision at the appropriate level to manage the follow-up of patients, including complications.
6. Measuring outcomes – outcomes to be measured coherently to enable comprehensive benchmarking across the NHS, with the data made available to the profession and used to inform practise and improve patient safety.
7. Appropriate impact on the local healthcare economy – when commissioning a service, a full assessment must be made of the impact of the decision on the patients’ pathway of care (i.e. ensuring that the patient will experience a

seamless pathway across different providers) and the impact of the commissioning decision on related services (e.g. clinical interdependencies) in order to safeguard patients' access. Such assessments should include a consideration of the best available evidence used to support the decisions.

The College further believes that in order to maintain these standards for quality, commissioners of healthcare should ensure providers are able to make sufficient time available in the form of Supporting Professional Activities (SPA) within the consultant contract to allow consultants wishing to be involved in training, education, audit, research etc to do so. By acting in this way commissioners will demonstrate a high degree of senior level commitment to all the elements of a clinician's role which contribute significantly to an increasingly safe and high quality health service.

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