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## supplementary management bulletin

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The Prime Minister and Secretary of State for Health visit the Royal Marsden Hospital ahead of the White Paper publication on Monday

## update

Good leadership has always been about looking across boundaries, it has never been about standing behind walls and defending organisational self interest.

**My letter to chief executives and chairs, sent on Tuesday, sets out the initial steps that I am taking at a national level to ensure we continue to deliver for today whilst designing a new system for tomorrow. It provides a framework within which strategic health authorities can lead this process regionally, and sets out some initial actions that commissioners and providers need to take as part of our state of readiness for 2012.**

My letter sets out a huge agenda in terms of the tasks we need to transact. But we will only be successful if we also:

- remain true to the values of the NHS that bind the system together. The values and principles set out in the NHS Constitution and reiterated in *Liberating the NHS* should remain our touchstone through this period
- exhibit leadership behaviours which engage positively and flexibly with the process of change, and give us the best chance of success. There are three things that I want to stress:

- (i) Avoiding becoming commentators. In this change we must be on the pitch not in the commentary box
- (ii) Looking out. Good leadership has always been about looking across boundaries, it has never been about standing behind walls and defending organisational self interest. This time of change could lead people to become inward looking and defensive, but it is self defeating and we must not do it
- (iii) Seeing the opportunities of this time and these changes, thinking ourselves into how we can maximise them, not just mitigating the risks.

Your leadership behaviours will absolutely set the tone for the period we are now in and directly impact upon our chances of success.

Best wishes  
**Sir David Nicholson, NHS Chief Executive**

### Useful links:

View Sir David's letter, *Managing the transition*, at: [www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH\\_117405](http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_117405)

View *Equity and excellence: Liberating the NHS*, at: [www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_117353](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_117353)

**NHS Leadership Team**



# Managing the transition: actions to be taken now, nationally, regionally and locally

Through the processes set out in David's letter, and working with many of you to co-produce the detail, the work to deliver the required actions can begin. There are a range of things that you can begin work on immediately.

## All NHS leaders should be:

- reinforcing arrangements for financial, operational and quality delivery this year, and preparing, as appropriate, to meet the enhanced reporting arrangements set out in section 4 above
- shifting resources from administration to frontline care as we move from targets to outcomes
- continuing to work on QIPP delivery in their organisation and local system, meeting the requirements of QIPP plans (as set out in section 4 of the *Managing the transition* letter)
- contributing to the consultations as part of the White Paper process
- building relationships with the new patient and public engagement arrangements
- urgently working with local authorities and other social care partners on managing the financial and service pressures facing them
- beginning an engagement process with clinical leaders and partners building support and understanding of the change, and contributing to national, regional and local implementation thinking.

## NHS providers should be:

- finalising their plans to achieve foundation trust or equivalent status, if they have not yet done so
- seeking to further strengthen clinical leadership within their organisation focussing on measurable improvements in outcomes and getting ready for increasing amounts of information about those outcomes to be available
- focussing on how to provide more integrated care and supporting the completion of Transforming Community Services
- building relationships with prospective GP commissioners.



**Managing the transition** *continued*

**Commissioners should be:**

- supporting and enabling the new GP consortia, their leaders and members in line with the intention to create a comprehensive system of consortia
- working flexibly with colleagues within the agreed HR framework to support people through the transition period. All staff affected by change should have an initial interview with their line manager to discuss the situation by the end of September 2010
- completing the separation of commissioning from provision
- working flexibly with colleagues to ensure the sustainability of key systems and processes through the transition period
- strengthening links with local authorities, particularly on the integration of health and social care and health improvement
- creating more choice for patients, in line with our ambition to significantly increase patient recall of choice and extend choice more widely across the NHS.

**Strategic health authorities should be:**

- accountable for the regional elements of the transition process, working with partners in public health and social care
- ensuring the sustainability of local operational delivery and QIPP plans
- redeveloping QIPP plans as QIPP and Reform plans, setting out comprehensive and detailed timelines for achieving the key aims separating their functions to reflect the commissioner/provider split
- overseeing plans for completion of the separation and liberation of the provider side, including completion of the Transforming Community Services process and driving the foundation trust pipeline
- providing support to commissioners in the complex transition to GP consortia, including oversight of the development of consortia
- and, as part of a national process, the development of the capability assessment for prospective consortia and a market in commissioning support services
- working flexibly with colleagues within the agreed HR framework to support people through the transition period. All staff affected by change should have an initial interview with their line manager to discuss the situation by the end of September 2010
- working flexibly with colleagues to ensure the sustainability of key systems and processes through the transition period, and to ensure that organisational memory is not lost.

**The Department of Health has begun:**

- leading the policy development, legislative and associated consultation processes to ensure that the transition is delivered to the intended timescale
- reinforcing operational and QIPP delivery processes
- working with the NHS Top Leaders programme and key partners, drawing together senior leaders to work on co-production of the detail of the transition plan
- work on the creation of the NHS Commissioning Board in shadow form
- reshaping the National Leadership Council's work to support clinical and managerial leaders through this change
- seeking to move relevant nationally organised functions to future arrangements with the NHS Commissioning Board or shared provider side arrangements.



## New appointments

Earlier this week Sir David Nicholson announced the appointment of a Managing Director of Commissioning Development and a Managing Director of Provider Development, as part of arrangements to manage the transition to the Government's new vision for the NHS. As part of these new plans, the NHS will take immediate steps to start to split commissioner and provider functions at national and regional level.



**Dame Barbara Hakin is taking up the post of Managing Director of Commissioning Development and will oversee the separation of commissioning, as well as engage the clinical and managerial community in the development of a commissioning-led NHS.**

'This is an exciting time for the NHS and I welcome my new challenge as managing director of Commissioning Development. I hope that my experience over many years as a hospital doctor, then a GP and latterly as a manager, will bring a useful perspective. I am acutely aware that it is only through clinicians and managers working together across the whole system that we can deliver the best for our patients.'



**Ian Dalton is taking up the post of Managing Director of Provider Development and will oversee the separation of provision, the design of the new system of regulation – working closely with existing regulators – and the preparation of the provider side for the new system.**

'This is an extremely important time for the health service and I am looking forward to working with the Department of Health to help shape the future design of the NHS,' said Ian. 'The future of NHS services must be built on a platform of quality, delivered by increasingly autonomous providers, working within a clear regulatory framework. I will work with the NHS system and all stakeholders to ensure that everyone accessing NHS services experiences excellence.'

Sir David said: 'I am delighted that Barbara and Ian have agreed to take up these important posts as they both bring key expertise and experience which should prove invaluable as we move forward. It is critical that these changes have

clear national direction in order to ensure consistency and coherence, and that we move with pace to make the Government's vision a reality.'



# What the White Paper means for the frontline NHS

## Allied health professionals

The White Paper outlines plans to put allied health professionals at the heart of an integrated and responsive NHS, which is more focussed on what really matters – better outcomes for patients and their families.

- AHPs will receive more freedom to innovate – they are often the best source of new ideas to improve productivity and deliver better outcomes for patients and their families.
- AHPs will get a bigger stake in our respective organisations, and a greater chance to influence how they are run.
- AHPs will play a leading role – whether they are based in primary or secondary care settings – to cut avoidable readmissions, by working with colleagues across the system to make sure patients get the right support before, during and after discharge.
- GP-led consortia will be required to work closely with AHPs, as they take a lead in deciding how money is spent to create a more joined-up NHS.
- Success shouldn't be measured purely by speedy access to services, but by the true outcome – whether the person gets back to optimal function, whether they are pain free and back at work. This means placing greater trust in the judgement of AHPs and empowering them as professionals.

## General practitioners

GPs, nurses, midwives and other primary care professionals will be crucial to delivering the vision laid out in the White Paper. Making this vision succeed will mean GPs taking on new roles and responsibilities as the guardians of local health services.

- More responsibility for commissioning most healthcare services will be given to groups of GP practices, so they can shape services for their patients and decide how best to use NHS resources.

- Commissioning by GP consortia will mean that the redesign of patient pathways and local services is always clinically led, and based on more effective dialogue and partnerships with other health and care professionals.
- To support GPs in their commissioning role, an independent NHS Commissioning Board will be set up to lead on quality improvement, to promote patient choice and patient involvement and to allocate and account for NHS resources.
- Patients will have more control and choice over their care and treatment, including the right to choose to register with any GP practice with an open list, without being restricted by where they live.

## Hospital doctors

The proposals are aimed at putting power back in the hands of clinicians, so they become the driving force of change in the NHS.

- There will be a new approach to performance management, based on an agreed set of patient outcomes. Doctors and consultants will be involved in defining these.
- Clinicians will have more of a say in how services are commissioned, and a greater role in developing the education and training programmes for themselves and colleagues. Although GP-led consortia will lead in deciding how money is spent, they will be required to work closely with hospital doctors to create a more integrated and responsive NHS.
- Doctors and consultants will have more freedom and space to innovate, and to focus on clinical outcomes for patients, not targets and processes imposed by politicians.
- Clinicians will be able to use their experience to redesign services. The Government's ambition is to unleash the full force of their creativity in order to improve efficiency and drive up results for patients.



**What the White Paper means for the frontline NHS** *continued*

**Nurses and midwives**

The proposals will give more freedom to nurses and midwives so that they can spend more time caring for their patients and communities.

- As the people who have the most day-to-day contact with patients, nurses can ensure the NHS's care is guided by a simple mantra – 'no decisions about me, without me'.
- Nurses in the community will play an important role in our ambition to improve services for people with long-term conditions and improve services for older people.
- Midwives are central to providing the kind of care women want, and health visitors and school nurses to improving the health of our families and young people.
- Nurses will be expected to build stronger working relationships across hospitals, primary and community health services and social care teams to support patients inside and outside the hospital ward.



**Next steps**

The publication of *Liberating the NHS* sets in train a number of national consultations on detailed elements of the proposals. I expect NHS leaders to play a full role in encouraging local discussion with clinicians and partners on these issues and responding to the consultations. We will publish documents on the following subjects in the coming weeks and months:

▶ **Commissioning for patients**

Seeking views on how the new system of GP consortia and the NHS Commissioning Board will work in practice.

▶ **Increasing democratic legitimacy**

Seeking views on strengthening local partnerships between NHS commissioners and local authorities.

▶ **The arm's length body review**

Seeking views on changes to a range of our supporting organisations.

▶ **Freeing providers and economic regulation**

Seeking views on how best to give real freedoms to hospitals and community services and on a new system of regulation.

▶ **The NHS Outcomes Framework**

Seeking views on a new framework to establish improving quality and healthcare outcomes as the primary purpose of all NHS-funded care.

There will also be information in the autumn publications on the future of education and training and an information strategy. The White Paper itself has now been published and draft legislation will enter Parliament in the autumn. Subject to parliamentary approval, the Bill could receive Royal Assent by summer 2011. The White Paper, related documents and consultations, and details of how to respond to the consultations will be available in a dedicated section of the Department of Health website over the coming weeks:

[www.dh.gov.uk/liberatingthenhs](http://www.dh.gov.uk/liberatingthenhs)