

## **EP195/11**

# **Health and Social Care Bill**

## **Written Evidence from the National Federation of Occupational Pensioners**

### **National Federation of Occupational Pensions**

**1.1** The National Federation of Occupational Pensioners (N.F.O.P) is the oldest and largest occupational pensioners' organisation in the UK, with 90,000 members nationwide organised into 185 branches.

### **Summary**

**2.1** We welcome the Bill's overall aim of increasing patient choice and empowerment and we support any moves to allow older people to feel that services are more responsive to their – often complex - needs. We also applaud the Government for its decision to reconsider and amend the Bill. We are confident from the Government's response to the Future Forum Report that many of the concerns we raised in our evidence to the Public Bill Committee in February will be satisfactorily addressed through Government amendments in Committee Stage.

**2.2** However our members remain concerned about the impact the Bill will have on the quality of services they receive through the NHS. Many older people will not be able to take advantage of greater choice that the Bill will provide as many are not able to make use of the internet to research providers, treatment or drugs. They will continue to rely on their GP or other health practitioner to guide them – and will want to be entirely confident that the advice they receive is not based upon a potential conflict of interest or motivated by budgetary considerations.

**2.3** Older people form one of the patient groups which is least able to “vote with its feet” over the choice of consortium to which they belong due to reduced mobility and complex needs. It is therefore particularly important that the Government and the Bill Committee take account of their concerns about how the Bill will affect them.

**2.4** N.F.O.P welcomes the proposed amendments to make GP consortia more accountable through a governing body with decision-making powers. We particularly welcome the inclusion on this body of a lay member with responsibility for championing patient and public involvement, however we feel that the Government should take further steps to ensure that all patients are properly represented in the decisions made by consortia.

**2.5** Changes to the Bill's provisions on Monitor, with a greater emphasis upon protecting and promoting patients' interests instead of promoting competition,

are very welcome. However N.F.O.P remains concerned about the introduction of increased competition into the NHS and the consequences that this will have upon standards of patient care. The recent exposure of practices at the Winterbourne Care Home, run by private sector company Castlebeck, has demonstrated some of the possible consequences of increased private sector involvement in the healthcare sector.

### **GP consortia and local accountability**

**3.1** Many older people have a good relationship with their GP, and may welcome a greater role for their trusted local doctor in the commissioning process. Amendments to **Clauses 21** and **22** in the Committee Stage of the Bill will give greater detail on the structure of commissioning consortia including the existence of a lay member of the Governing Body with responsibility for championing patient and public involvement. We believe that the existence of this member is a step in the right direction towards greater patient involvement. However we have concerns that many of the patient groups which would most benefit from representation in this way are those which are most difficult to consult and involve, such as older people, immigrant communities and those with lower levels of formal education. Therefore, in order to ensure the full consideration of these groups in the decisions made by consortia, the Government should issue full guidance on patient engagement techniques for hard-to-reach patient groups.

**3.2** The Bill will require local authorities to establish a Health and Wellbeing Board which has as its main duty to prepare with the commissioning consortia a joint statement of strategic needs and a health and wellbeing strategy, to which the commissioning consortia must have regard (**Clauses 176 to 178**). We welcome proposals to allow for greater inclusion of democratic representatives on the Boards and greater rights for the Boards to ensure that consortia take account of their plans. However, we remain concerned that with local authority budget reductions, the Health and Wellbeing Board may not have the resources to hold consortia to account.

**3.3** Furthermore, we are very concerned the reforms may result in greater inequalities in healthcare provision and an increased "postcode lottery". Whilst we recognise that local discretion can be an important part of meeting the needs of local people, we fear that older people will be more likely to suffer from inequalities as they may be reluctant, or unable, to change their GP even if the service they receive is of a lower standard. We would welcome a clear statement of intent from the Government on this important issue.

### **Monitor and competition**

**4.1** We welcome plans to prevent "cherry picking" by private companies through safeguards developed in conjunction with the Royal Colleges, however we note that the general direction of travel in health policy remains focused towards the introduction of greater competition, with the "Any Qualified Provider" provisions due to come into force in April 2012.

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**4.2** N.F.O.P believes that moves towards greater competition in the health service should not be seen as inevitable and would like to reassert its concerns from experience in the postal services sector. We have concerns that if Monitor follows the same route as Postcomm in the postal services sector then increased competition will lead to severe damage being done to the NHS in the same way that Postcomm has damaged Royal Mail. Increased competition in the NHS, including allowing failing Foundation Trusts to go to the wall, will result in uncertainty amongst older people on how they will receive the treatment upon which they rely.

**4.3** The Bill provides for the regulation of Foundation Trusts to be removed from Monitor, and for all NHS Hospital Trusts to become Foundation Trusts. To achieve this separation of hospitals from SHA, DoH and Monitor Regulation, the burden of compliance will fall upon the Council of Governors. Under Part 4 of the Bill (**clause 148**) there is to be increased statutory duties and responsibilities for Governors and this is a cause for concern. N.F.O.P is pleased that the transition period for Monitor to relinquish its regulatory role will be extended to 2016. This period will be needed to address the real issues of increasing the levels of knowledge and understanding of Governors if they are adequately to fulfil their role of holding the non-executive Directors to account.

### **Further information**

**5.1** We would be delighted to provide further information to you in writing, or by meeting you. For further information, please contact:

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