The Editor's ABC of the new NHS

The editor was invited to a presentation about the NHS reforms. Here, he presents a personal view, based on what he heard.

A

Any willing provider

The meaning of the term should be self-evident. In the Morecambe Bay area the University Hospitals of Morecambe Bay (UHMB) is not a monopoly provider of services. Patients and general practitioners (GPs) may choose NHS services operated by private companies whose consultants, by and large, currently hold substantive NHS contracts to which they are tied for 44 hours a week. However, this may change. If consultants retiring from UHMB find themselves barred from returning to part-time work with UHMB by the current vacancy freeze, they may make themselves available as 'willing providers' for alternative organisations and compete full time with UHMB for the NHS money. At this time, we are unsure as to the precise arrangements for ensuring quality (see 'Medical Royal Colleges'). A deregulated market for NHS healthcare is born (see 'Ryanair').

B

BMI

A computed figure derived from a patient's weight and height. Used as a surrogate for operative risk to identify patients who need the full services of a general hospital rather than the restricted facility at WGH (see 'Farron, Tim'). Used by some to justify refusal to operate. Patients of 'normal' weight who lose height due to osteoporotic vertebral collapse may find themselves discriminated against.

A full-service airline remarkable for its rebranding after two serious safety incidents 20 years ago. Recently, it has had to cut its domestic routes and transatlantic routes due to the downturn in the economy and competition from budget carriers (see 'any willing provider')

Another 'willing provider' competing for the NHS budget.

BMI Healthcare

C

Commissioning consortium

All general practices will become part of a group, or consortium, with statutory powers and responsibilities for 'commissioning' healthcare services in communities and hospitals. Initially described as responsible for up to 600,000 patients, the models proposed locally are much smaller. The Lancaster, Morecambe, Carnforth and Galgate consortium has 106 GPs and 160,000 patients; the Furness consortium is approximately half that size. A board of elected GPs answers to representatives of each practice. Consortia will be able to spend approximately 80% of the health budget at their discretion; the remaining 20% will be earmarked for specialist tertiary care services.

Constructive dismissal

This can be a legal 'grey area' but employees who find themselves in difficulty due to service redesign and contraction can be assured that the practice of

'forcing you to accept unreasonable changes to your conditions of employment without your agreement (eg suddenly telling you to work in another town, or making you work night shifts when your contract is only for day work)'

may in fact be illegal.
(www.direct.gov.uk/en/employment/RedundancyAndLeavingYourJob)

CPCC (community patient choice centre)

This is a large state-of-the-art call centre situated in the grounds of Westmorland General Hospital (WGH). Access is controlled by a security code entrance and visitors sign in and out. This is the hub of the Primary Care Trust's (PCT) referral management centre, and is the place from which patients are instructed when and where to attend so as not to breach centrally controlled targets. CPCC doesn't offer names of consultants or offer review outpatient appointments (it is difficult to identify who is reponsible for these) but is involved with requests for reviews that are funded as new appointments (see 'gaming'). As a PCT enterprise its future is in jeopardy, but such is the quality of the accommodation that all bets are off as to who will use it after 2013.

F

Farron, Tim

Campaigning MP who joined the government backbenches when the Coalition took power in the 2010 general election.

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G

Gaming

A form of creative accounting whereby a hospital can increase its income under payments by results (PbR) by making it impossible for patients to access follow-up appointments. The GP then is forced into making a new appointment for an existing problem and the PCT pays the hospital a more expensive tariff for the new appointment.

H

Heysham-M6 link

The proposed by-pass will facilitate travel to Morecambe and turn the existing healthcare facility at Queen Victoria Centre into a desirable and profitable place to practice medicine (see 'any willing provider'). It remains to be seen what benefits will cascade down to the local population, but local government sources see it as crucial to the regeneration and of the area.

L

Loyalty
Traditional loyalties between GP and consultants or institutions cannot be trusted to survive the reforms. Hospital departments no longer tell the patient the name of the consultant to whom the referral is made, and booking clerks now allocate a consultant to a patient on the basis of arbitrary considerations that suit the current political climate (eg a shorter waiting time). Alternative, smaller providers are well placed to counter this erosion of personal service that underpins the relationship between primary and secondary care.

Lorenzo
iSoft's electronic archive and database, introduced in UHMB in 2010. While electronic records are clearly the way ahead there are alternatives to the iSoft brand. The new GP access beds built in a wing of WGH use an alternative electronic record system that enables clinicians to obtain summary records from local primary care. The big test for Lorenzo will be its ability to get to these records. They are not currently accessible on the main UHMB wards.

M

Medical Royal Colleges
Statutory bodies, regulated as charities, which oversee the training and revalidation of doctors. Contrary to popular belief, they are not trade unions (unlike the Royal College of Nursing) and they cannot dictate terms and conditions of service. Wise employers realise they have an important (and statutory) responsibility in the consultant appointment process. Their role has been greatly undermined in recent years.

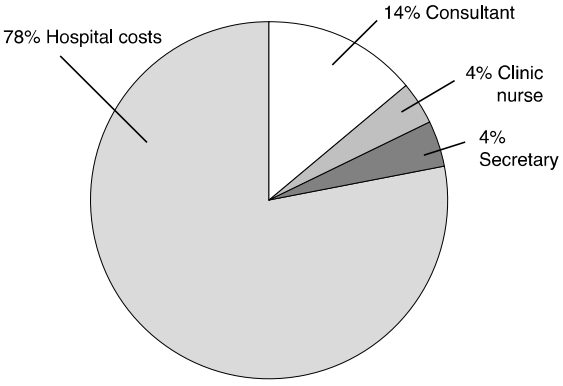
O

Outcome driven
The new principle by which services will be judged. The opposite to PbR.

P

PCT (primary care trusts)
This model for commissioning services becomes defunct in 2013.

PbR (payment by results)
The antithesis of the proposed new system. Under PbR, hospitals are paid according to an agreed tarif for each procedure undertaken. Skilful use of the PbR tariff by a monopoly provider can generate substantial income that can be spent on running the hospital. The term is actually inappropriate as the payment does not depend on the outcome, but the procedure undertaken. For example, tariffs are payable for telephone consultations.



Estimated expenditure of tariff-based income earned in an outpatient clinic worked by a newly appointed (bottom of pay scale) consultant seeing six patients. (Speak to editor for details on which the estimate was made!)

Pathfinders
Nothing to do with the second-world-war RAF version, who bombed targets with flares to mark the path for the bombing squadrons which followed, pathfinders are certain consortia which have been selected to pioneer the changes, hopefully with less destructive results than their namesakes.

Public health medicine
Branch of medical practice whose specialists are trained in the management of resources and planning of health services (see 'redundancy').

Q

Queen Victoria Centre, Morecambe
Currently owned and run by UHMB as an outpatient and therapy facility, it may have a role as a primary care resource at which specialists are consulted. It is unclear at present whether the specialists will be accountable to and paid by their main employer or the consortia, or indeed be self-employed (see 'any willing provider').

R

Redundancy
The reorganisation of the health service will save money. Specialists working in primary care premises may not need their own secretarial service or nurses, there will be less need for administration to handle the targets and flow of money between primary and secondary care.

Regional specialist services
Some services, such as paediatric cardiac surgery, inevitably require resources pulled from a wide geographical area and there will be provision for such services agreed on a national basis. Other services, such as vascular surgery, which are undertaken in larger hospitals and which currently may form the basis of large contracts between hospitals and PCT may be subject to considerable change as consortia begin to exercise their purchasing power.

Ryanair
Budget airline that has broken down barriers in Europe and has played a significant part in the expansion of the European Union. Its Chief Executive famously made his first profits by opening a corner shop on Christmas day and charging 300% markup for essential commodities such as milk, batteries and matches. More recent proposals have included charging £1 for visiting the in-flight toilet and abolition of disabled access.

S

Space
NHS Chief Executive Sir David Nicholson described the NHS reforms as being so great that 'you could probably see it from space'.

U

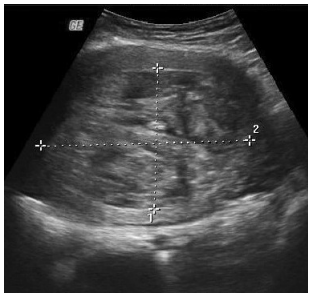
University Hospitals of Morecambe Bay (UHMB)
A network of hospitals around the Bay which, as an employer of 5,600 staff, is the major supplier of specialist services and employs almost all the medical specialists. (Mental health medical specialists are employed by the PCT.) As its name suggests, it has a monopoly for provision of education in hospital specialty training for the new medical school. Currently facing a budget cut of some £15 million, its Chief Executive has warned of redundancies amongst staff.

W

Waiting list initiatives
Additional activity undertaken at premium rates in order to meet access targets. Where failure to meet a target results in sanctions against a provider, the provider may choose to pay staff over the odds to get the work done. The same principle is now used to generate any form of extra activity, eg trauma lists. Abolition of targets has the potential to save a large amount of money by making this activity unecessary. Staff are not usually allowed to undertake this sort of activity if they have been off sick in the previous few days

X

X-rays. The editor envisages that responsibility for all manner of investigation will ultimately rest with primary care. Whether this will deliver savings compared with the current practice of restricting certain investigations to the discretion of consultants remains a matter of conjecture.



Dr Jeremy Marriot, general practitioner (GP), summarises the impact of the new NHS on local service delivery in Lancaster

- We have a strong belief in individual practices being the focus for patient services.
- We believe in multi-professional primary care teams.
- We believe in the importance of longterm relationships between patients and professionals.
- We believe in the importance of close working relationships between primary and secondary care clinicians; these relationships need to be supported by regular contact and clear and timely communication.
- Patients must be treated with care, as individuals, by all parts of the service.
- Time in hospital beds should be for well-defined reasons and clearly focussed episodes of care, with the hospital and consultants working with GPs to enable this to happen.
- There needs to be greater integration of services so that neither GPs nor consultants should feel restrained by hospital or surgery walls.
- Care provided should be evidence based and according to need.
- Feedback regarding performance across the boundaries of primary and secondary care is important and mechanisms for using this, such as a shared critical event reporting system, need to be developed.
- We want to see the Royal Lancaster Infirmary (RLI) remain a strong local District General Hospital, providing an appropriate range of high quality clinical services. (Note: the pressures from alternative providers and the increasing centralisation of more specialist services will have an impact on RLI, eg possible reduction in bed numbers.)