

LONDON HEALTH FORUM RESPONSE TO THE HEALTH WHITE PAPER: EQUITY AND EXCELLENCE: LIBERATING THE NHS

The London Health Forum (LHF) is a coalition between the voluntary and private sectors promoting partnership with the statutory sector to improve the health of Londoners. The Forum works to advance the development of policy and practice in relation to three central areas: access to uniformly high standards of treatment and care for all Londoners, quality of the commissioning relationship between the statutory and the voluntary sector and more specific issues such as debt and health and infectious disease.

This response to the government's white paper *Equity and Excellence: Liberating the NHS* summarises the Forum's position regarding key issues affecting health structures and outcomes in London, paying special attention to those that will require primary legislation. The Forum is pragmatic about means but clear that London's strategic needs must continue to be met.

Local Authorities

The London Health Forum supports the move to give responsibility to local authorities for promoting the joining up of local NHS services, social care and health improvement as part of the transferral of the public health functions of PCTs to local authorities.

GP Commissioning

The London Health Forum considers that the traditional GP model has often fallen short in providing for the primary care needs of Londoners. In many areas of London there is a low density of GP practices coupled with a high number of single-handed practices. In addition, the composition of London's population, which is both highly-mobile and includes various hard-to-reach groups, means that many Londoners are not registered with a GP and turn more readily to their local A&E department as an entry point into the health system. The Forum is therefore concerned that GP consortia in London will struggle to meet the needs of hard-to-reach groups.

More generally, the Forum perceives there to be a risk of consortia being a) too small to hold adequate sway with large hospitals and other service providers, or b) too large, either initially or as a result of mergers, consequently jeopardising important local relationships and understanding of local need. The Forum is also concerned about the regime for dealing with failing consortia. We would advocate early development of a failure regime to ensure that the commissioning landscape evolves by design and not by default having regard to accountability beyond consortia.

The Forum suggests the possibility of some GP consortia becoming centres of excellence in specialised areas of care such as homelessness. Other GP consortia could then commission specialised services from such centres. Such a model would help to avoid gaps in GP commissioning that result in hard-to-reach, more mobile populations becoming increasingly neglected.

The London Health Forum supports choice within health care provision. We are however conscious of the limitations of choice within the London setting. For example, physical expansion of successful primary and secondary services will be necessary to increase capacity. However, leading London-based services may be limited in their scope to expand by factors such as space and the high cost of real estate.

NHS Commissioning Board

The LHF welcomes the establishment of an NHS Commissioning Board, which should help to re-balance the relationship between purchasing and provision, integral to the delivery of high-quality care and best value.

The Forum strongly encourages the establishment of a London regional office of the Board to provide strategic oversight of health services in the capital, which also have major economic significance. London's demography and geography present particular challenges which will benefit from such knowledge. In particular, the Forum favours the continuation of pan-London commissioning where appropriate, as supported by the Mayor in his health inequalities strategy. The provision of good quality primary care to mobile groups like asylum seekers, the homeless and ex-offenders is crucial to improved health outcomes and reduced hospital admissions.

Any Willing Provider

The LHF welcomes the government's commitment in moving towards an "any willing provider" approach, which will reduce the barriers to entry for new providers and contribute to increased patient choice. In line with the any willing provider model, the Forum is continuing discussions with DH and NHS officials with a view to developing a searchable database of pre-qualified providers in health and social care, which might initially take the form of a London-wide pilot. The Forum believes that such a database would increase information available to professionals and the public, thus supporting GP consortia and the move to personalisation of services, while reducing transaction costs.

Resource allocation

London faces some of the greatest challenges nationwide with regard to levels of deprivation and challenging demographics. High rates of homelessness and a mobile population often result in poor continuity of care. The cost of providing care to homeless people and irregular migrants needs to be properly reflected in the allocation of resource for the population as a whole. In addition, the capital is especially vulnerable to infectious diseases such as HIV, TB and flu pandemics, with the concentration of infection in London placing a heavy burden on healthcare services.

A recent review of resource allocation within the NHS has seen a further deterioration in London's potential position with all London PCTs - bar Redbridge - now above their target funding, many by a significant margin. It follows that funding of consortia on the basis of registered patients by weighted capitation could have a deeply damaging impact on the quality of services in the capital. Any reductions in funding need to be managed prudently over time taking full account of London's hidden population, with

demographic pressures likely to grow as we approach the 2012 Olympics, especially in the east.

HealthWatch

The London Health Forum supports any improvements regarding the way in which the voices of patients are heard including improving choice and complaints procedures. However, the Forum also wishes to emphasise that London's population is particularly vulnerable to exclusion especially in disadvantaged communities. Basic limitations such as language barriers may prevent new initiatives such as HealthWatch from providing the impact which they might by privileging certain groups over others and exacerbating current inequalities. While choice is welcomed by the Forum as a way to drive up quality, we would also wish to highlight the potential difficulties of some populations to successfully negotiate a structure that relies too heavily on active patient participation and the navigation of complex data.

The Forum would support mechanisms to allow HealthWatch to have a remit across London and potentially the other regions. HealthWatch could also play a valuable role in combining data collection and analysis with advocacy where appropriate.

Data sources

The LHF welcomes suggested improvements in the quality and quantity of data sources available to the public to empower decision-making, which HealthWatch might assist. However, it is also important to ensure GP commissioning consortia safeguard existing data sources. For example, the National Programme Budgeting Database is a valuable resource for understanding and assessing expenditure by clinical domain which needs to be developed alongside improved information on associated clinical outcomes.