Reporting the new NHS

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Health & Social Care Act

- Fundamental and far-reaching change
- Massive Bill (400 pages), Complex
- Amendment to existing NHS legislation: Bill itself has to be seen alongside 2006 Act etc.
- Confusing language (e.g. amendment from “Any Willing Provider” to “Any Qualified Provider” – but no definition of “qualified”).
- New structure: NHS England leading 200+ Clinical Commissioning Groups ostensibly “led by GPs” and steered by Commissioning Support Services
- NHS still facing £20bn “efficiency” squeeze by 2015
The new structure

- Department of Health
- NHS Commissioning Board
- 4 regional commissioning sectors
- 23 commissioning support services
- 27 local Commissioning Board offices
- 212 clinical commissioning groups
- Health services: NHS trusts and primary care services
Regulation and monitoring
Patient & media involvement

- NHS Commissioning Board
- Sec. of State
- Monitor
- Parliamentary and Health Services Ombudsman (NHS complaints)
- Local Government Ombudsman (adult social care complaints, including private providers)
- HealthWatch England (CQC)
- Patient forums
- NHS trusts/commissioners/GPs
- Local Healthwatch
- Health and Wellbeing Board
- Overview and scrutiny committees
- ICAS*
- Adult social services department
- Local authority services
- Local councillors
- Mechanisms for patient/public influence
- Local involvement
- Voting
- Complaints
- Media
- PALS

New/reconfigured organisation
- support /guidance
- direct patient involvement
- other

* Independent Complaints Advocacy Service

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Reporting the new structures

- Key issues for journalists:
  - **Access** points for information
  - **Timely information** for journalists under pressure in thinned-out newsrooms
  - **Range of information** (Board papers, etc) not just occasional press releases on selected issues
  - **Transparency** – not shrouding details with “business in confidence”
  - Journos also need informed comment and analysis – needs **public access** to information
Reporting the different levels

- **NATIONAL LEVEL** (NHS England). Apparent openness of Board meetings, but no equivalent transparency of Local Area Teams
  - What is decision making structure of LATs?
  - Will they publish agendas and papers?
  - Are LATs subject to FoI? If so how can we get info to frame precise enough questions?
- **Public Health England**. To meet in public and publish papers?
Local level

- **CCGs**: “normally” meet in public & publish ‘agendas’ – but board papers?
- **Commissioning Support Services** not public bodies: are they FoI-able? What evidence base are they required to use?
- Who vets **quality** of CSSs & their advice?
- **Foundation Trusts**: boards must “meet in public”, but **no requirement** to publish papers or agendas beyond governors. Many don’t.
What about accountability of non-NHS providers (AQP)?
Other bodies

- Clinical Networks & Senates: what for?
- HWBs – very variable level of openness & public engagement: **unclear role & powers**
- Health Scrutiny Cttees – postcode lottery
- Health Watch: what’s it really FOR? Where is any CHC-style strong patient voice?
- Health Education England and local LETBs: no clear commitment to local accountability or media access
Regulation and Competition

- CQC
- Monitor
- NICE
- Professional bodies (NMC, GMC etc)
- Cooperation & Competition Panel (Monitor)
- Office of Fair Trading increasingly involved
- Competition Commission
- EU Competition Law – “right to provide”
- It’s a big job: can the newsrooms do it?
See also

- [www.europeanhealthjournalism.com](http://www.europeanhealthjournalism.com) (free materials and weblinks for training and professional development: login to register, but free access)
- [http://www.project-heart.eu/](http://www.project-heart.eu/) (EU-funded project for training of health reporters 2010-12: more material downloadable after FREE login)