

Equity and excellence: Liberating the NHS

White Paper executive summary

1. The Government upholds the values and principles of the NHS: of a comprehensive service, available to all, free at the point of use and based on clinical need, not the ability to pay.
2. We will increase health spending in real terms in each year of this Parliament.
3. Our goal is an NHS which achieves results that are amongst the best in the world.

Putting patients and public first

- 4 We will put patients at the heart of the NHS, through an information revolution and greater choice and control:
 - a) Shared decision-making will become the norm: no decision about me without me.
 - b) Patients will have access to the information they want, to make choices about their care. They will have increased control over their own care records.
 - c) Patients will have choice of any provider, choice of consultant-led team, choice of GP practice and choice of treatment. We will extend choice in maternity through new maternity networks.
 - d) The Government will enable patients to rate hospitals and clinical departments according to the quality of care they receive, and we will require hospitals to be open about mistakes and always tell patients if something has gone wrong.
 - e) The system will focus on personalised care that reflects individuals' health and care needs, supports carers and encourages strong joint arrangements and local partnerships.
 - f) We will strengthen the collective voice of patients and the public through arrangements led by local authorities, and at national level, through a powerful Commission.
 - g) We will seek to ensure that everyone, whatever their need or background, benefits from these arrangements.

Improving healthcare outcomes

- 5 To achieve our ambition for world-class healthcare outcomes, the service must be focused on outcomes and the quality standards that deliver them. The Government's objectives are to reduce mortality and morbidity, increase safety, and improve patient experience and outcomes for all:
 - h) The NHS will be held to account against clinically credible and evidence-based outcome measures, not process targets. We will remove targets with no clinical justification.
 - i) A culture of open information, active responsibility and challenge will ensure that patient safety is put above all else, and that failings such as those in Mid-Staffordshire cannot go undetected.

- j) Quality standards, developed by NICE, will inform the commissioning of all NHS care and payment systems. Inspection will be against essential quality standards.
- k) We will pay drug companies according to the value of new medicines, to promote innovation, ensure better access for patients to effective drugs and improve value for money. As an interim measure, we are creating a new Cancer Drug Fund, which will operate from April 2011; this fund will support patients to get the drugs their doctors recommend.
- l) Money will follow the patient through transparent, comprehensive and stable payment systems across the NHS to promote high quality care, drive efficiency, and support patient choice.
- m) Providers will be paid according to their performance. Payment should reflect outcomes, not just activity, and provide an incentive for better quality.

Autonomy, accountability and democratic legitimacy

- 6 The Government's reforms will empower professionals and providers, giving them more autonomy and, in return, making them more accountable for the results they achieve, accountable to patients through choice and accountable to the public at local level:
 - n) The forthcoming Health Bill will give the NHS greater freedoms and help prevent political micromanagement.
 - o) The Government will devolve power and responsibility for commissioning services to the healthcare professionals closest to patients: GPs and their practice teams working in consortia.
 - p) To strengthen democratic legitimacy at local level, local authorities will promote the joining up of local NHS services, social care and health improvement.
 - q) We will establish an independent and accountable NHS Commissioning Board. The Board will lead on the achievement of health outcomes, allocate and account for NHS resources, lead on quality improvement and promoting patient involvement and choice. The Board will have an explicit duty to promote equality and tackle inequalities in access to healthcare. We will limit the powers of Ministers over day-to-day NHS decisions.
 - r) We aim to create the largest social enterprise sector in the world by increasing the freedoms of foundation trusts and giving NHS staff the opportunity to have a greater say in the future of their organisations, including as employee-led social enterprises. All NHS trusts will become or be part of a foundation trust.
 - s) Monitor will become an economic regulator, to promote effective and efficient providers of health and care, to promote competition, regulate prices and safeguard the continuity of services.
 - t) We will strengthen the role of the Care Quality Commission as an effective quality inspectorate across both health and social care.
 - u) We will ring-fence the public health budget, allocated to reflect relative population health outcomes, with a new health premium to promote action to reduce health inequalities.

Cutting bureaucracy and improving efficiency

- 7 The NHS will need to achieve unprecedented efficiency gains, with savings reinvested in front-line services, to meet the current financial challenge and the future costs of demographic and technological change:
 - v) The NHS will release up to £20 billion of efficiency savings by 2014, which will be reinvested to support improvements in quality and outcomes.
 - w) The Government will reduce NHS management costs by more than 45% over the next four years, freeing up further resources for front-line care.
 - x) We will radically delayer and simplify the number of NHS bodies, and radically reduce the Department of Health's own NHS functions. We will abolish quangos that do not need to exist and streamline the functions of those that do.

Conclusion: making it happen

- 8 We will maintain constancy of purpose. This White Paper¹ is the long-term plan for the NHS in this Parliamentary term and beyond. We will give the NHS a coherent, stable, enduring framework for quality and service improvement. The debate on health should no longer be about structures and processes, but about priorities and progress in health improvement for all.
- 9 This is a challenging and far-reaching set of reforms, which will drive cultural changes in the NHS. We are setting out plans for managing change, including the transitional roles of strategic health authorities and primary care trusts. Implementation will happen bottom-up.
- 10 Many of the commitments made in the White Paper of which this is an executive summary require primary legislation and are subject to Parliamentary approval.

Responding to the White Paper

We are consulting on how best to implement these changes and draw your attention to the full version of the White Paper and to related consultation documents, available on the Department of Health website at www.dh.gov.uk/liberatingthenhs. In particular, the Department would welcome comments on the implementation of the proposals requiring primary legislation, and will publish a response to the views raised on the White Paper and the associated papers, prior to the introduction of the Bill. Comments should be sent to: nhswhitepaper@dh.gsi.gov.uk or the White Paper Team, Room 601, Department of Health, 79 Whitehall, London SW1A 2NS.