

Impact of the health White Paper

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Introduction

The White Paper *Equity and Excellence: Liberating the NHS* (Department of Health 2010) set out a wide-ranging set of proposals to reform the NHS. The King's Fund and Doctors.net.uk have carried out a survey to ascertain doctors' opinions of the impact of these reforms. This paper summarises the main findings from the survey. The key findings are:

- about one in four of the doctors in the survey (24 per cent) believe that the proposed reforms will improve the quality of the patient care provided by their organisation or practice
- 22 per cent of the doctors we surveyed believe that the NHS will be able to maintain its focus on increasing efficiency while implementing the proposed reforms
- more positively for the government, over 60 per cent of the GPs who responded think that there are GPs in their area with the capacity to lead GP commissioning consortia, though only 31 per cent of hospital doctors believe this to be the case.

The White Paper proposals

The government's proposals to reform the NHS in England, set out in the recent White Paper *Equity and Excellence: Liberating the NHS*, are wide ranging and include the following components:

- giving responsibility for commissioning health care to GPs and their practice teams working in consortia
- the creation of an independent NHS Commissioning Board to allocate resources to and oversee GP consortia
- the abolition of strategic health authorities (SHAs) and primary care trusts (PCTs)
- the introduction of an outcomes framework for holding the NHS Commissioning Board to account
- the transfer of responsibility for public health to local government
- greater freedoms for providers of health care and an aspiration to see more social enterprises
- the creation of an economic regulator that will set prices, promote competition and ensure continuity of essential services.

The stated aims of these reforms include: improving the quality of patient care measured through outcomes; empowering both patients and doctors; and encouraging innovation by promoting employee-led health care. It has also been emphasised that the reforms must be achieved while maintaining a focus on productivity savings.

To ascertain the views of doctors on the likely impact of these reforms, The King's Fund commissioned a survey working with Doctors.net.uk. The survey was undertaken by MedeConnect Healthcare Insight, the research division of Doctors.net.uk. It collected responses from 500 GPs and 500 hospital doctors recruited from the Doctors.net.uk membership, which has

more than 180,000 GMS-registered members. Quotas were used to ensure a representative spread of respondents across regions and seniority but not age or gender.¹ The proportion of respondents who are men is higher than in the medical workforce as a whole and respondents are slightly younger (see Appendix A).

As well as key questions about the implementation of the reforms and the likelihood that they will improve patient care, doctors were asked further questions about the effect the reforms will have on the ability of the NHS to tackle health inequalities and public health and their likely impact on the relationship between hospital doctors and GPs. The results show that opinions among clinicians on the White Paper are mixed and that a large proportion of both groups are uncertain about many aspects of the reforms.

Will the proposed reforms improve the quality of the patient care?

Improving the quality of care, measured through health outcomes, is an important goal of the proposed reforms. One of the key elements of the government’s long-term vision for the NHS is to ‘focus on continuously improving those things that really matter to patients – the outcome of their healthcare’. Less than 25 per cent of our respondents agreed that the proposed reforms will improve the quality of the patient care which their organisation or practice provides (see Figure 1). Almost 40 per cent of respondents disagreed, including 15 per cent who disagreed strongly. A similar proportion was uncertain about the impact on the quality of patient care (38 per cent).

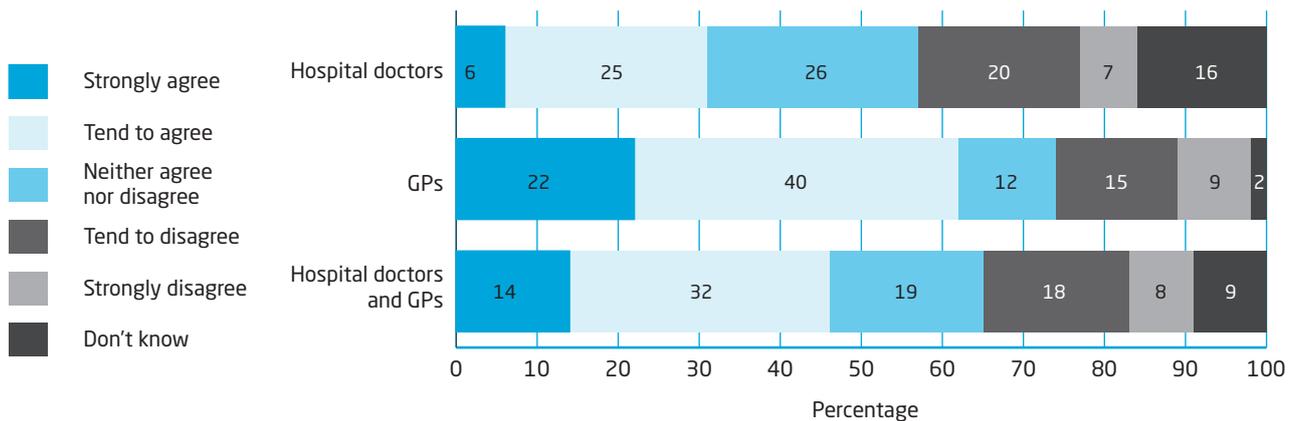
We also asked respondents to indicate whether they thought particular components of the reforms will improve the overall level of patient care. Almost a third of respondents (32 per cent) said they believed none of the components will help to improve the overall level of patient care. Greater freedoms for providers of health care, the aspiration to see more social enterprises, and the abolition of strategic health authorities (SHAs) and primary care trusts (PCTs) attracted the largest number of responses

Figure 1 Expectation that reforms will improve the quality of care provided



¹ Quotas were constructed according to the 2009 NHS Workforce statistics for England (Information Centre 2010a, 2010b). Doctors.net.uk members were incentivised to respond via a prize draw to win a gift voucher. For a breakdown of the demographic characteristics of the respondents please see Appendix A.

Figure 2 Local capacity to lead GP consortia



(29 per cent each). The transfer of responsibility for public health to local government attracted the fewest responses (13 per cent).

Are there GPs with the capacity to lead GP commissioning consortia?

One of the most radical proposals in the White Paper is that GPs should be responsible for commissioning health care. The success of this proposal will depend on engaging a critical mass of enthusiastic and competent GPs. We asked our sample of doctors whether they believed that there were GPs in their area with the capacity to lead GP commissioning consortia. Responses were mixed (see Figure 2), with GPs much more confident of this than hospital doctors (62 per cent as opposed to 31 per cent).

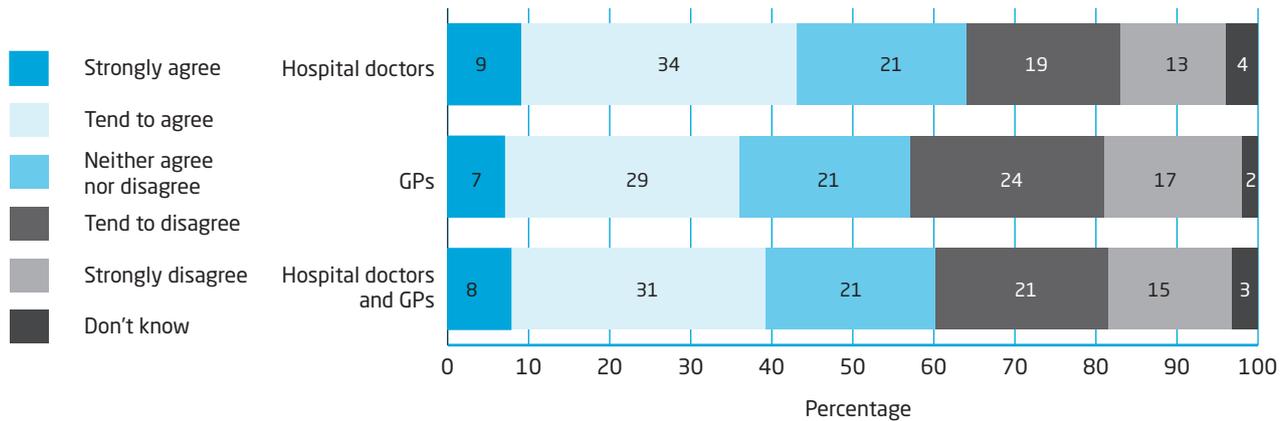
Will the proposed reforms encourage closer working relationships to develop between primary care and hospital doctors?

Our survey found that GPs and hospital doctors had mixed views as to whether the reforms will encourage greater collaboration and co-ordination between primary care and hospital doctors, though both groups recognised the need for this to happen if the NHS is to meet the productivity challenge (see page 8). Roughly equal proportions of respondents agreed and disagreed that the proposed reforms will encourage closer working relationships between primary care and hospital doctors (see Figure 3). Those in disagreement were more likely to feel this strongly. Hospital doctors were more likely than GPs to agree that the reforms will encourage closer working relationships.

Who will be empowered by the reforms?

A key goal of the government’s health reforms is to empower both patients and health professionals. Opinions were divided on who will be empowered by the reforms (see Figure 4). Nearly 40 per cent of respondents said ‘neither patients nor doctors’ or ‘no-one’ would be empowered by the proposals. Just over 20 per cent said doctors would gain power, and an additional 5 per cent answering ‘other’ specified GPs. Only 14 per cent said both patients and doctors would gain power equally.

Figure 3 Potential of reforms to encourage closer working relationships between primary care and hospital doctors



Will an employee-owned structure for secondary care providers lead to improvements in the NHS?

One of the components of the White Paper reforms is that providers of health care should have greater freedoms and an aspiration to see more social enterprises (Department of Health 2010). The views of GPs and hospital doctors we surveyed were very mixed overall on whether ownership will lead to improvements in the NHS (see Figure 5). Among GPs, slightly more tended to disagree than agree, and disagreement was stronger. Hospital doctors were more positive about the prospect of an employee-owned structure for secondary care providers with 40 per cent agreeing that this will lead to improvements.

Figure 4 Who is likely to gain power from reforms

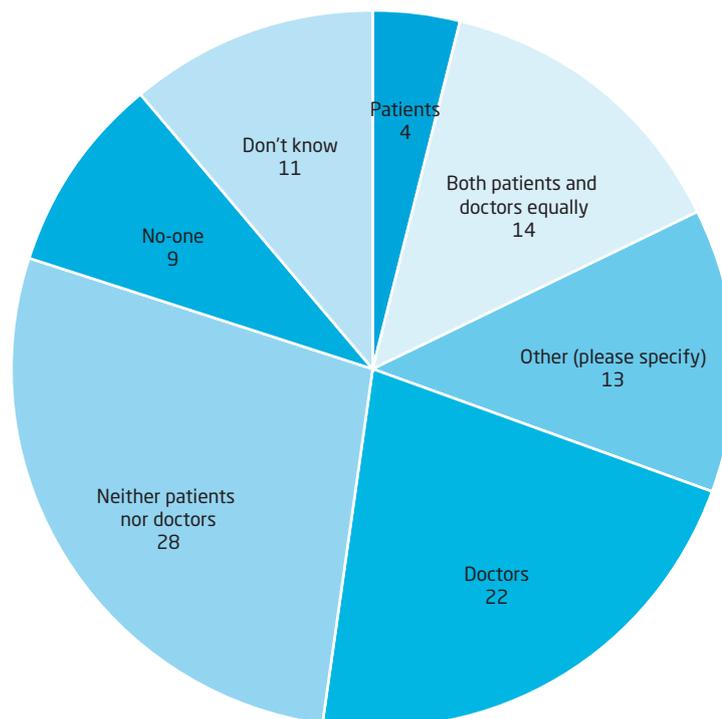
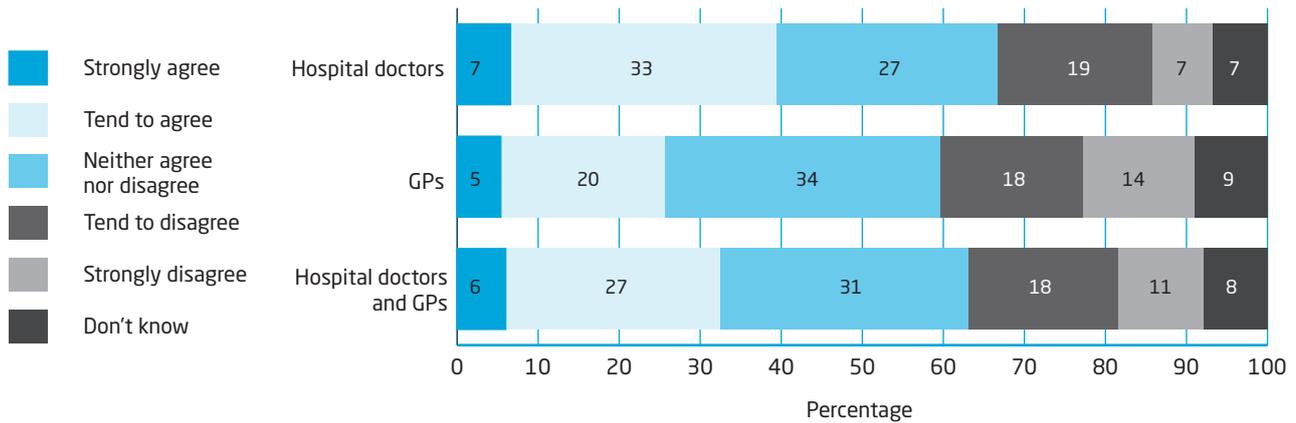


Figure 5 Impact of employee ownership on improvements



How will the reforms affect public health and health inequalities?

The government has expressed a desire that the NHS continues work to reduce health inequalities by giving the new NHS Commissioning Board an explicit duty to promote equality and tackle inequalities in access to health care and in its plans for a health premium to promote action to reduce health inequalities (Department of Health 2010). In this context we asked our respondents whether they thought that it will be more difficult to tackle health inequalities under GP commissioning.

Forty-seven per cent of hospital doctors believed that it will be more difficult to tackle health inequalities under GP commissioning compared to 23 per cent who disagreed with this statement (see Figure 6). GPs' views were divided, with a similar proportion agreeing and disagreeing.

The government has not yet set out detailed plans for public health beyond a commitment to ring-fence the public health budget and to transfer PCTs' responsibilities for health improvement to local authorities. Among clinicians we surveyed, there was a strong view (46 per cent) that this change will not make it easier to tackle major health issues. In addition, a large proportion (42 per cent) agreed that the emphasis on clinical outcomes in the White Paper will mean the NHS focuses less on public health. The forthcoming public health White Paper will need to put forward a coherent vision for how

Figure 6 GP commissioning making health inequalities harder to tackle

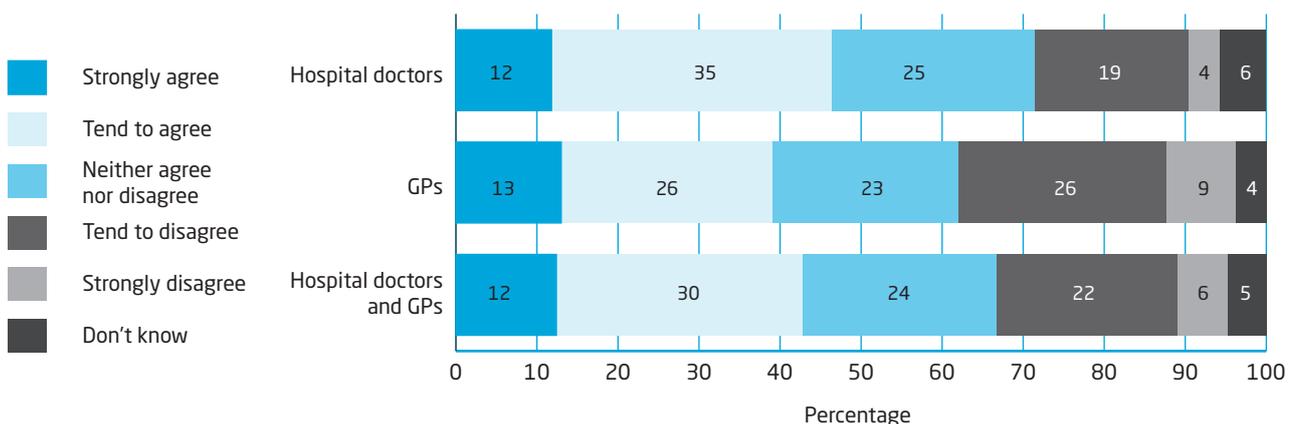
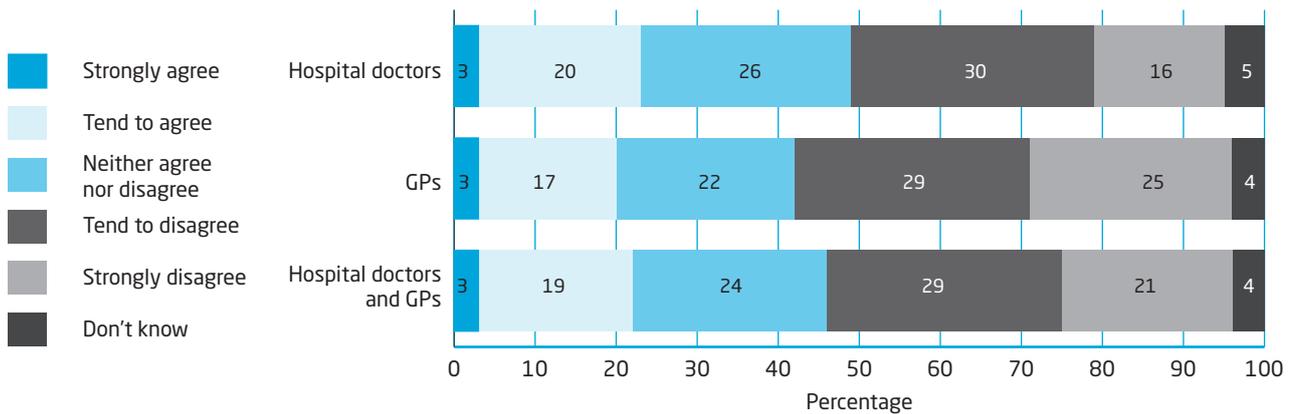


Figure 7 Ability to maintain focus on efficiency



public health will be delivered and how GP consortia will be held accountable for health improvement and reducing health inequalities.

Efficiency

Will the NHS lose its focus on increasing efficiency?

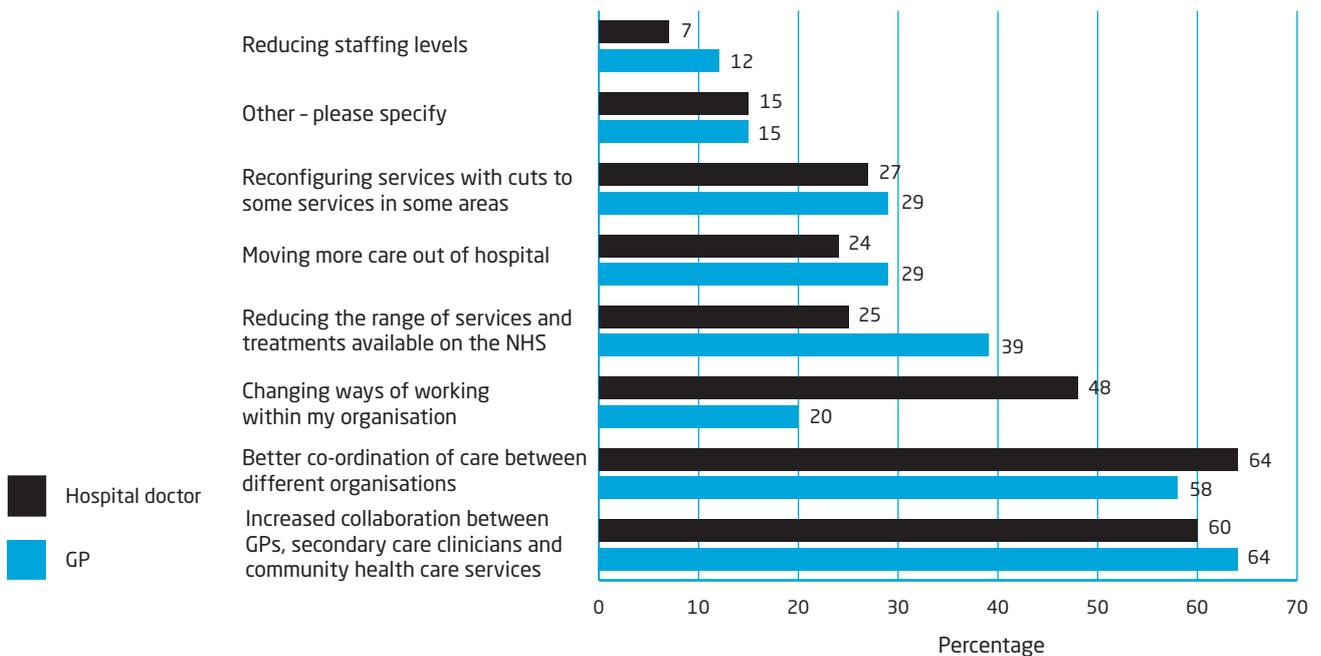
Implementation of the reforms poses a significant change management task. David Nicholson, Chief Executive of the NHS in England, has emphasised the need to make productivity savings at the same time as implementing the White Paper reforms.

Our survey asked clinicians whether they thought this can be achieved. The results show that only 22 per cent of our respondents believed that the NHS will be able to maintain its focus on increasing efficiency while implementing the proposed reforms (see Figure 7). Fifty per cent of our respondents believed it could not, and GPs were somewhat more pessimistic than hospital doctors on this issue.

What is the best way for the NHS to achieve efficiency savings?

We asked our respondents what they saw as the best ways to achieve these efficiency savings (see Figure 8). Increased collaboration between GPs, secondary care clinicians and community health care services, and better co-ordination of care between different organisations attracted the most responses (each with over 60 per cent). Of those favouring a reduction in the range of services and treatments available on the NHS (32 per cent), cosmetic procedures, fertility treatments and treatments for obesity were most frequently mentioned. Reducing staffing levels attracted the least number of responses (10 per cent). Among those who chose 'other' (15 per cent), reducing managers, educating patients and reducing inefficiency were commonly listed.

Figure 8 Best ways for NHS to achieve efficiency savings



Note: Respondents could select up to three methods.

Under what circumstances would doctors support service reconfiguration?

Less than 30 per cent of doctors we surveyed thought reconfiguring services was one of the main ways to meet the productivity challenge (see Figure 8). Further questions on this topic showed that doctors were more likely to support service reconfiguration and closure of a local service when there is a strong financial case but no adverse impact on quality (63 per cent). Support weakened when the same question was asked with the caveat that patients may have to travel further (39 per cent), suggesting support for maintaining local services. Only 30 per cent said that they would support the closure of a local service on the basis of a strong financial case only. This shows that a substantial proportion of the doctors we surveyed will accept reconfiguration on the basis of a financial case where the effect on patient care is neutral.

Conclusions

The results of this survey show that the government faces a considerable challenge to convince doctors that the reforms proposed in the White Paper will improve patient care. Clinicians are also concerned that the reforms risk distracting the NHS from making the necessary efficiency savings. However, more positively for the government, there is a belief, at least among GPs, that there are GPs with the capacity to lead commissioning.

Appendix A: Demographic information

The survey of GPs and hospital doctors covered a representative sample from England's 10 strategic health authorities (SHAs) and levels of seniority. The sample was not stratified on the basis of other factors, but information on age, sex and single-handed practice for GPs was collected and is given in the table below.

Younger doctors were over-represented in both samples. For GPs, our sample had 46 per cent under the age of 40 compared to only 27 per cent of all GPs in 2009 (The Information Centre 2010a). For hospital doctors, our sample had 67 per cent under the age of 40 compared to 56 per cent of all hospital doctors in 2009 (The Information Centre 2010b).

Men are also over-represented in both samples. Almost 44 per cent of GPs and just over 40 per cent of hospital doctors were female in 2009 (The Information Centre 2010a, 2010b) compared to 37 per cent and 30 per cent in our samples.

GPs working in single-handed practices were somewhat under-represented, with only 2 per cent in the sample compared to about 3 per cent of practitioners in 2009 (The Information Centre 2010a).

Table A1: Breakdown of sample by gender

	GP		Hospital doctor	
	No	%	No	%
Male	315	63	351	70
Female	185	37	149	30
Total	500	100	500	100

Table A2: Breakdown of sample by age

	GP		Hospital doctor	
	No	%	No	%
Under 30	26	5	121	24
30-39	203	41	213	43
40-49	142	28	115	23
50-59	100	20	48	10
60 or older	29	6	3	1
Total	500	100	500	100

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