

## Response ID ANON-1JY9-S13G-B

Submitted to **Implementing the NHS Long Term Plan - Proposals for possible changes to legislation**

Submitted on **2019-04-25 15:08:59**

### NHS Long Term Plan Legislation

**What is your name?**

**What is your name?:**

Vicki Kirwin

**In what capacity are you responding?**

**In what capacity are you responding?:**

Charity, patient representative organisation or voluntary organisation

**If you have selected 'Other', please specify::**

**Are you responding on behalf of an organisation?**

Yes

**If you have selected 'Yes', please tell us the organisation's name::**

National Deaf Children's Society

**What is your email address?**

**What is your email address?:**

vicki.kirwin@ndcs.org.uk

**Should the law be changed to prioritise integration and collaboration in the NHS through the changes we recommend?**

**Should the law be changed to prioritise integration and collaboration in the NHS through the changes we recommend? - Please select::**

Agree

**Would you like to continue to the optional questions and feedback?**

Yes

### NHS Long Term Plan Legislation

#### Promoting collaboration

**Promoting collaboration - Do you agree with our proposals to remove the Competition and Markets Authority's functions to review mergers involving NHS foundation trusts?:**

Neutral

**Promoting collaboration - Do you agree with our proposals to remove NHS Improvement's powers to enforce competition?:**

Neutral

**Promoting collaboration - Do you agree with our proposals to remove the need for contested National Tariff provisions or licence conditions to be referred to the CMA?:**

Neutral

#### Getting better value for the NHS

**Getting better value for the NHS - Do you agree with our proposals to free up procurement rules including revoking section 75 of the Health and Social Care Act 2012 and giving NHS commissioners more freedom to determine when a procurement process is needed, subject to a new best value test?:**

Strongly Agree

#### Increasing the flexibility of national payment systems

**Increasing the flexibility of national payment systems - Do you agree with our proposals to increase the flexibility of the national NHS payments system?:**

Agree

#### Integrating care provision

**Integrating care provision - Do you agree that it should be possible to establish new NHS trusts to deliver integrated care?:**

Neutral

### **Managing the NHS's resources better**

**Managing the NHS's resources better - Do you agree that there should be targeted powers to direct mergers or acquisitions involving NHS foundation trusts in specific circumstances where there is clear patient benefit?:**

Neutral

**Managing the NHS's resources better - Do you agree that it should be possible to set annual capital spending limits for NHS foundation trusts?:**

Neutral

### **Every part of the NHS working together**

**Every part of the NHS working together - Do you agree that CCGs and NHS providers should be able to create joint decision-making committees to support integrated care systems (ICSs)?:**

Strongly Agree

**Every part of the NHS working together - Do you agree that the nurse and secondary care doctor on CCG governing bodies be able to come from local providers?:**

Agree

**Every part of the NHS working together - Do you agree that there should be greater flexibility for CCGs and NHS providers to make joint appointments?:**

Neutral

### **Shared responsibility for the NHS**

**Shared responsibility for the NHS - Do you agree that NHS commissioners and providers should have a shared duty to promote the 'triple aim' of better health for everyone, better care for all patients and to use NHS resources efficiently?:**

Strongly Agree

### **Planning our services together**

**Planning our services together - Do you agree that it should be easier for NHS England and CCGs to work together to commission care?:**

Strongly Agree

### **Joined-up national leadership**

a) combine NHS England and NHS Improvement

**Joined-up national leadership: Do you agree that the Secretary of State should have power to transfer, or require delegation of, ALB functions to other ALBs, and create new functions of ALBs, with appropriate safeguards - Please select::**

Disagree

**Would you like to provide further feedback?**

Yes

## **NHS Long Term Plan Legislation**

### **Promoting collaboration**

#### **Promoting collaboration over competition:**

If the CMA no longer has responsibility to review mergers who will be responsible for ensuring mergers are in the public interest? When trusts merge who will ensure that standards are raised to the level of the highest quality provision rather than the lowest?

Competitive tendering for the NHS is unlikely to be positive for services that are costly to provide, small and specialist, like paediatric audiology services. Removing the link between adult audiology services through tendering out adult services via AQP has had a negative impact on children's services as well as impacting negatively on the service's ability to attract and retain staff, and train audiologists to higher specialist levels needed for complex paediatric work. Having a joint child and adult service is also likely to make the transition from child to adult services more effective and ensure that deaf young people are appropriately supported through this change.

There should not be a situation where private companies are able to sue the NHS for not winning contracts as this is a drain on NHS providers and doesn't allow an equal playing field between public and private providers, as the NHS has no ability to challenge private providers that win contracts in the same way.

Likewise, any organisation that provides services for the NHS, a public body, should be subject to Freedom of Information requests about the services they provide that are publically funded. We have heard of private companies submitting FOI requests to NHS Trusts to get commercially sensitive data about funding in a bid to undercut NHS services when contracts are up for renewal.

## **Getting better value for the NHS**

### **Getting better value for the NHS:**

We think that any best value test should factor in the elements below:

- The benefits of continuity of care, particularly for populations that are vulnerable and that have long term conditions, such as deaf children.
- The views of service users, who should be informed about the performance of the current provider, against alternatives, before offering their views.
- Data about quality and outcomes of care should be transparent and available externally to allow those outside the service to scrutinise performance.

Alternatives to the current provider should be able to demonstrate robust performance data from similar contracts and a comparable population.

- Quality factors should be weighted highly in any test of value. Holding national accreditations such as Improving Quality in Physiological Services that provide independent assurance of quality should be required, or a commitment to complete such accreditation by the end of the contract should be stipulated in contracts.
- Patients that have pre-existing or complex conditions, which mean that their care will be more costly, complex and with differential outcomes.

## **Increasing the flexibility of national NHS payment systems**

### **Increasing the flexibility of national NHS payment systems:**

#### **Integrating care provision**

##### **Integrating care provision:**

Integrated care is important for deaf children whose condition requires intervention from numerous professionals. These professionals span education, health and social care, so integrated care should also factor in those outside the NHS and ensure that joint working happens across responsible local bodies.

## **Managing the NHS's resources better**

### **Managing the NHS's resources better:**

#### **Every part of the NHS working together**

##### **Every part of the NHS working together:**

Currently the commissioning of paediatric audiology services is split between NHS England and CCGs. Specialist commissioning, such as some hearing aid provision, cochlear implantation and aetiological investigations are commissioned by NHS England. Other services, such as for children with temporary deafness, unilateral hearing loss or auditory neuropathy spectrum disorder, are commissioned by CCGs.

Our experience is that this has caused a great deal of confusion among service providers with funding streams, a lack of service specifications or contracts which cover all parts of their services, and a variety of monitoring mechanisms (or none) by funders. In some areas there is confusion for service users with fragmented care and referral pathways.

Although we'd be supportive of designated nurse and secondary care doctors being appointed to CCG governing bodies there must be provision made to avoid conflicts of interests when commissioning decisions are being made.

## **Shared responsibility for the NHS**

### **Shared responsibility for the NHS:**

Our experience is that families with deaf children are receiving different levels of service quality. We have had issues finding out who can make change happen in the current system. We would support proposals that make it clearer where responsibility lies and what the Secretary of State can direct the health service to do when there are concerns about quality of services.

In our experience CCGs are variable in their ability to hold the providers they commission to account. We sent FOI requests to CCGs in 2017 and found that less than a third were using the guidance: Commissioning Services for People with Hearing Loss: A framework for clinical commissioning groups, which sets standards for services that CCGs should be commissioning. We also asked them if they require paediatric audiology services they commission to be IQIPS accredited – as set out in the above commissioning guidance as well as the commissioning specification for babies referred from the newborn hearing screen for diagnostic testing. We cross-referenced the names of the sites covered by the 28 CCGs who said they commissioned IQIPS accredited paediatric audiology services with an official list of the 23 IQIPS accredited paediatric audiology services and only 14 were in fact commissioning accredited paediatric audiology services. So, almost half of CCGs have provided incorrect information. It seems that some CCGs believe they are commissioning accredited services when they are not. And other CCGs are commissioning accredited services but do not actually require them to be accredited by contract.

Our experience is that families with deaf children are receiving different levels of service availability. For example some CCGs have stopped funding grommet surgery for children. This is despite NICE guidelines that say they should be funding grommet surgery. NICE guidelines must be followed in each local area and CCGs should not be able to choose to not fund treatments that have been recommended by them.

## **Planning our services together**

### **Planning our services together:**

National screening programmes such Newborn Hearing Screening should continue to be commissioned nationally, including national data collection, to avoid services being decommissioned and to maintain comparable quality and data across the country. However, some areas do report to us that they have difficulty securing funding for their local service because this is a proportion of the maternity tariff which is frequently paid to a different Trust or organisation. We believe that a national tariff paid directly to local screening services would make funding these programmes more transparent and simpler.

## **Joined up national leadership**

**Joined up national leadership:**

NHSI should be supporting services to improve as well as monitoring their performance and we think this would be more effectively done if there was more joint leadership between them and NHSE.

We disagree that the Secretary of State should be able to change the functions of ALBs unilaterally without the oversight of parliament or the input of external stakeholders and experts.

**Beyond what you've outlined above, are there any aspects of this engagement document you feel have an impact on equality considerations?**

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**Other comments?**

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