

Health and Social Care Bill

Do you agree that the Health and Social Care Bill fundamentally misses the point?



Professor Jon Glasby

"The Health and Social Care Bill is bad policy and bad politics – but its biggest limitation might be that it fundamentally misses the point."

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Do you agree?

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Feedback

on 22 September 2011, **Affi Allybocus** wrote

Was it in 'Alice in wonder land' that we read "many roads lead to no where"? Innovation and change are key to keeping up to date and they help review and evaluate system in situo. But some times staying put, working at what is already in place might help us see how we can improve on what is already in place. The implementation would have cost a great deal to be put into practice. So why not follow the same road and review the path. Or maybe go down some old roads. A very general comment I know.

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on 22 September 2011, **Alisha Davies** wrote

No one in is disagreement that the NHS, along with health systems across Europe and the US, faces an unprecedented challenge. But Prof Glasby is right to question whether the Governments Health and Social Care Bill is the right tool for the job. In an attempt to shape a locally driven NHS with local innovation, the resulting calls for greater accountability and governance have resulted in a system with so bureaucracy that local innovation may be impossible. Furthermore, the old structure (HPUs, PCTs and SHA) has been replaced with numerous bodies including Public Health England, NHS Commissioning Board, MONITOR, CCGs, Health and Well being Boards, Clinical Senates, with cluster PCTs and SHAs remaining in the interim – the administrative costs will be vast. So how do we move forward? I think it is time to accept the Bill as it is and move on. It's time to now support those who have to work within it; Supporting CCGs to make informed decisions on how to tackle difficult decisions including prioritisation, decommissioning of services, and moving services into the community - learning from the Public Health expertise in the old PCTs; Supporting the HWBs locally and the DsPH to form their new organisations and ensure better integrated care between health and social care. Let's move on and work together to respond to the challenges and not get distracted any longer.

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on 09 September 2011, **Affi Allybocus** wrote

Magda's final point about what the patients want is very much the epicenter of this tornado that is hitting the NHS. But at least we are getting warning reports to combat this attack. The NHS was the brain child of the Labour Government. However what did the last Lab Gov do to it to nurture it? The ethics morality and the nation that was the post World War 2 Britain and the nation the NHS was designed for is a very different one now. National Health service went hand in hand with National insurance. Can one exist with the imbalance of the other? And what do patients want? Have they become too demanding? Has the nature of health and disease changed in our nation? I would say so. Today's Britain has to dance to too many tunes. There is national policy to adhere to and then foreign policy. The ideas that are flooding us from across the ocean are too overwhelming and not a "fit for all" internationally. The nation has to first define what is "National" and then address the many references to Nationals, one of them being the National Health Service.

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on 09 September 2011, **Joanne Goulding** wrote

My thinking is that any current Government that includes the Conservative Party should not be allowed any where near our NHS because of their narrow-mindedness towards privatisation (strongly favouring it). If there are to be changes to be made to 'our' NHS it should be by people disconnected with this Government. If the current government, which I believe is headed by the Conservatives made changes and it did not improve the NHS but quite the opposite, it would not affect the majority of politicians as they will have private health care insurance or can afford to go Private and do not rely on the NHS as the majority of the British Citizens. They (the Conservatives) will not worry about waiting lists as having private health care insurance, or affording private health care, will know a visit to a Private Consultant is just a phone call away and be dealt with within days not months/yrs like the majority of us. Joanne

VI on 09 September 2011, **Magda Moorey** wrote

It would be helpful if any would be Minister of State for Health in the future could attend a mini version of the commissioning MSc at HSMC before starting meddling. Or perhaps a Gcse in citizenship might help with spotting bias in the arguments and grumbles of the nhs's institutions who have been lobbying to retain/increase their power in the system. The agony and wasted effort of the last 6 months has been 90% unnecessary and a distraction from the real challenges facing health and social care. It will take the new commissioning organisations 3 years to get back to the 2010-11 WCC position of PCTs. If QIPP targets are 'met' during that period it will only be through financial jiggery-pokery and central intervention, so what will have changed? We will be financially driven with no impact on health inequalities. So what's the alternative view? Locally integrated health and social care budgets with closure of failing institutions and takeover of those that are unsustainable alone. FTs should return to local accountability which isn't to a spurious 'membership' but to the local health and well being board. Maximising personal budgets to meet the challenge of insufficient resource. Let's at least spend the money we've got on what patients value most - as good a justification as any hca.

Magda

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