

This one-page submission proposes 8 changes to address deficits in the Health Bill.

The current deficit

The Bill fails to embrace the key role of the public as active agents in any sustainable model of health and social care in the UK. In effect the Health Bill needs to embody a sense of local and personal ownership of the NHS and care services as a necessary counterbalance to professional and political interests. Increasing existing forms of patient participation and involvement or amending accountability structures from those in the Bill will not be enough.

We propose a deal in which people (the public, the patients and the clinicians) are brokered as effective allies working on innovative solutions to shared problems of health and social care, a deal in which the public are able to add value to decision-making about their own health both individually and collectively. Only such a participative and active approach to health and social care will provide the right foundation for choices which individuals and those acting on their behalf will inevitably have to make in the UK. That is the real job of the Health Bill.

Proposals for the Health Bill

This localised choice-based approach could still be achieved through the Health Bill by adopting the following as a minimum

- **Patients and Public to have a formal right to a choice of the agency which commissions health (and care) on their behalf.**
- **A more formal and meaningful 'Duty to Engage'**
- **Lay membership in the majority on Commissioning Consortia**
- **A formal switch to outcomes-based contracting, rather than outputs**
- **Contracts for provision held by lead partners in consortia of mixed providers (NHS, independent, voluntary) to achieve shared outcomes, leading over time to formally integrated providers.**
- **The accountability criteria for 'Any Qualified Provider' to include Members with a formal role in Governance**
- **The Joint Strategic Needs Assessment becoming the focal point of collaborative effort to engage.**
- **Commissioning Consortia to have responsibility for Social Care and Healthcare.**

The aim has to be to cut through both the defensiveness of a nationalised health bureaucracy and its obsession with structure and organisational accountabilities and also counter the rigidity of the professions. It puts different public voices at the heart of the NHS and concentrates on better outcomes for local people, allowing a focus on outcomes provided by the best able to deliver them, rather than focussing on inputs and outputs. It will take much more than the Health Bill to achieve this but it should start there.