

The Health and Social Care Act 2012

- To safeguard its future the NHS needs to change to meet the challenges it faces – only by modernising can the NHS tackle the problems of today and avoid a crisis tomorrow.
- The Health and Social Care Act 2012 puts clinicians at the centre of commissioning, frees up providers to innovate, empowers patients and gives a new focus to public health.

Case for change

1. The Government is committed to the NHS's founding principles. However, there is a broad consensus that standing still will not protect the NHS. Modernisation is essential for three main reasons.
2. **Rising demand and treatment costs.** The pressures on the NHS are increasing, in keeping with health systems across the world. Demand is growing rapidly as the population ages and long-term conditions become more common; more sophisticated and expensive treatment options are becoming available. The cost of medicines is growing by over £600m per year.
3. **Need for improvement.** At its best, the NHS is world-leading, but there are important areas where the NHS falls behind those of other major European countries. If we had cancer survival rates at the average in Europe, we would save 5,000 lives a year.
4. **State of the public finances.** Whilst the Government has protected the NHS budget, this is still among the tightest funding settlements the NHS has ever faced. Simply doing the same things in the same way will no longer be affordable in future.

Key legislative changes

5. The provisions in the Act are designed to meet these challenges, by making the NHS more responsive, efficient and accountable. They draw on the evidence and experience of 20 years of NHS reform.
6. **Clinically led commissioning (Part 1).** The Act puts clinicians in charge of shaping services, enabling NHS funding to be spent more effectively. Previously clinicians in many areas were frustrated by negotiating with primary care trusts to get the right services for their patients. Supported by

the NHS Commissioning Board, new clinical commissioning groups will now directly commission services for their populations.

7. **Provider regulation to support innovative services (Parts 3 and 4).** The Act enshrines a fair-playing field in legislation for the first time. This will enable patients to be able to choose services which best meet their needs, including from charity or independent sector providers, as long as they meet NHS costs. Providers, including NHS foundation trusts, will be free to innovate to deliver quality services. Monitor will be established as a specialist regulator to protect patients' interests.
8. **Greater voice for patients (Part 5).** The Act establishes new Healthwatch patient organisations locally and nationally to drive patient involvement across the NHS.
9. **New focus for public health (Parts 1 and 2).** The Act provides the underpinnings for Public Health England, a new body to drive improvements in the public's health.
10. **Greater accountability locally and nationally (Parts 1 and 5).** The Act sets out clear roles and responsibilities, whilst keeping Ministers' ultimate responsibility for the NHS. It limits political micro-management and gives local authorities a new role to join up local services.
11. **Streamlined arms-length bodies (Parts 7-10).** The Act removes unnecessary tiers of management, releasing resources to the frontline. It also places NICE and the Information Centre in primary legislation.

Factsheet A1 provides an overview of the Health and Social Care Act 2012. It is part of a wide range of factsheets, all available at: www.dh.gov.uk/healthandsocialcarebill

FACTSHEET SERIES – HEALTH AND SOCIAL CARE ACT 2012

The full series of factsheets on the Act include:

A. Overview

- A1. Overview of the Act
- A2. Case for change
- A3. How the Health and Care system will look (includes a diagram)
- A4. Scrutiny and improvements to the Act

B. Key policy areas in the Act

- B1. Clinically led commissioning
- B2. Provider regulation to support innovative services
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C. Cross-cutting themes of the Act

- C1. Improving quality of care
- C2. Tackling inequalities in healthcare
- C3. Promoting better integration of health and care services
- C4. Choice and competition
- C5. The role of the Secretary of State
- C6. Reconfiguration of services
- C7. Establishing New Bodies
- C8. Research
- C9. Education and Training