

## The case for change – *The Health and Social Care Act 2012*

“Changing health needs and the challenges of managing care for people with long term conditions make it imperative to develop new health services. Alongside hospital turnarounds to ensure affordable high quality healthcare, integrated care services will have to be organized around patients outside hospital settings. [...] When passed, the Health and Social Care Bill will create more pressures on hospitals to change, through stronger commissioning and extended patient choice”. *Professor Paul Corrigan CBE* (September 2011)

1. The NHS needs to modernise to meet the challenges it faces now and in the future:
2. ***Rising demand and treatment costs.*** Demand for NHS services is increasing rapidly as the population ages and long-term conditions become more common. Despite living longer, we are becoming less healthy: obesity already costs the NHS £4 billion a year and this is set to rise to £6.3 billion within four years. The cost of medicines has been growing on average by nearly £600 million a year. While the NHS is, at its best, excellent at treating illness, more needs to be done to prevent illness.
3. ***Need for improvement.*** Compared to other countries, the NHS achieves relatively poor outcomes in certain areas. A recent report by the Royal College of Surgeons found that among abdominal surgery patients thousands of lives could be saved if patients had better access to facilities such as X-rays, scanners and operating rooms, and better post-operative care.
4. There are unjustified variations in the quality of care across the country. The chances of diagnosis and survival can vary hugely depending where you are treated. The chances of being diagnosed with dementia, recovering from a heart attack or major operation, or beating breast cancer, can vary hugely on where you are treated.
5. The experience of care for too many patients is fragmented between different parts of the health service and between the NHS and social care. Good examples of integrated services do exist, but there are huge opportunities to make services more integrated for the benefit of patients. While progress has been made, more still needs to be done to embed quality at the heart of everything the NHS does.
6. The NHS also needs to be more responsive to the patients it serves. Too often, patients are expected to fit around services. Decisions about their care are taken at several removes from those who know them the best – the professionals who care for them. Public measures of performance bear little relation to what really matters to patients: how well the NHS is delivering their care.
7. For too long there has been a vacuum in NHS accountability. With no measures to hold PCTs and trusts locally to account, the notion that the Secretary of State is responsible for all clinical decision-making in the NHS results in a less responsive and accountable service and a poor deal for patients. Clearer accountability is essential.
8. ***State of the public finances.*** Recent years have seen improvements in services alongside growing budgets. However, we cannot afford to keep doing the same things in the same ways. Too much of the NHS budget is consumed by layers of bureaucracy that would be better spent on patient care. We need better value for money for what the NHS spends.

**Factsheet A2** provides details regarding the case for change behind the proposals within the Health and Social Care Act 2012. It is part of a wide range of factsheets on the Act, all available at:  
[www.dh.gov.uk/healthandsocialcarebill](http://www.dh.gov.uk/healthandsocialcarebill)