

Department of Health response to the public's comments on The Coalition: Our Programme for Government on the NHS.

Thank you to all the people who submitted comments about the NHS. The top three issues were about the need to reduce bureaucracy, the argument that not all targets are inappropriate and questions regarding how GP commissioning will work.

The White Paper, 'Liberating the NHS', was published on Monday 12 July and sets out the Government's plans for a new direction for the NHS.

Reducing bureaucracy

The White Paper sets out our proposals to address excessive health bureaucracy, top-down control and centralisation. We are committed to releasing £20bn of efficiency savings by 2014, reducing NHS management costs by more than 45% over the next four years and abolishing quangos that do not need to exist. By cutting the cost of NHS administration, we will transfer resources to the frontline and free up professionals to focus on what matters most - improving outcomes for patients.

Our proposals on autonomy and accountability in the White Paper will liberate the NHS from bureaucratic control and give it the freedom to innovate. We will empower frontline staff and trust the professionals closest to patients to act on their behalf. We will set foundation trusts free from the constraints they are currently under.

Not all targets are inappropriate

The White Paper signals that to achieve our ambition for world-class healthcare outcomes, the NHS must be focused on outcomes and the quality standards, rather than process targets as in the past. This will help ensure safety, improved effectiveness and a better experience for all patients.

So we have started removing process targets with no clinical justification, such as the central performance management of 18 weeks. But this is not a signal that clinically unjustified waits are acceptable. Patients should expect the NHS to continue to deliver improvements in access and quality. For example, the revision to the Operating Framework for the NHS in England 2010/11, published on 21 June 2010, makes clear that the NHS is expected to continue to ensure that patients with cancer or its symptoms are seen by the right person, with the appropriate expertise, within the current timescales. Patients' rights under the NHS Constitution will continue, as will the accompanying legal requirements to ensure that providers are achieving the waiting time rights.

How will GP commissioning work

Consortia of GP practices, working with other health and care professionals, and in partnership with local communities and local authorities, will commission the great majority of NHS services for their patients.

GP commissioning will move responsibility for making decisions closer to patients. It means the design of local services will be clinically led, and bring together responsibility for clinical decisions and for the financial consequences of those decisions.

The consortia will be responsible for managing the combined commissioning budgets of their member practices and using these resources to improve healthcare and health outcomes.

The NHS Commissioning Board will be responsible for holding consortia to account for stewardship of NHS resources and for the outcomes they achieve as commissioners. In turn, each consortium will hold its constituent practices to account against these objectives.

The commissioning consortia can involve a range of disciplines and professions, such as nurse led-general practices – this is about bringing together responsibility for clinical decisions with the financial consequences of those decisions.

Further information on the PFG website

- [Public comments on the NHS](#)
- [Video response from Oliver Letwin and Danny Alexander](#)
- [All government responses to public comments](#)