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TO: Healthcare science workforce in England

15 December 2010

Dear Colleague,

Publication of Liberating the NHS: Legislative Framework and Next Steps

I am writing to inform you that we have published the Government's response to the White Paper, *Equity and Excellence: Liberating the NHS* today. Following three months of consultation, over 6,000 responses, and further policy development, *Liberating the NHS: Legislative framework and next steps* reaffirms the Government's commitment to the White Paper reforms, and shows how we have developed them in the light of consultation.

I would like to take this opportunity to give my personal thanks to you and your teams for the considerable time, effort and enthusiasm that you have invested in engaging with, and responding to, the White Paper consultation. The richness and diversity of consultation responses have provided valuable perspective on how the White Paper was received locally, highlighting the areas where there was most enthusiasm as well as the issues that raised greatest concern.

The insights and suggestions we heard in consultation have helped us strengthen our proposals in several areas, including rectifying certain aspects where we realised our original thinking was flawed. Equally importantly, they have also helped us refine our approach to implementation, in order to create flexibility, empower local leadership and support the significant cultural change that respondents highlighted would be needed to make our reforms a success.

The overall vision set out in *Equity and Excellence: Liberating the NHS* received widespread support, and therefore the principles for reform remain the same, namely:

- putting patients at the heart of the NHS: transforming the relationship between citizen and service through the principle of no decision about me without me:
- focusing on improving outcomes: orientating the NHS towards focusing on what matters most to patients – high quality care – not narrow processes;
- empowering local organisations and professionals, freeing them from bureaucracy and central control, and making NHS services more directly accountable to patients and communities.

However, as a result of the views and comments that we have received, there are several key areas where our approach has been modified. In particular, as a consequence of consultation feedback, we will now:

- allow a longer and more phased transition period for completing our reforms to providers.
- introduce GP commissioning by setting up a programme of GP consortia pathfinders, as announced on 8 December.
- significantly strengthen the role of health and wellbeing boards in local authorities, and enhance joint working arrangements through a new responsibility to develop a "joint health and wellbeing strategy" spanning the NHS, social care, public health and potentially other local services.
- extend councils' formal scrutiny powers to cover all NHS-funded services, and give local authorities greater freedom in how these are exercised.

The Government recognises the importance of the healthcare science workforce in ensuring a safe, effective, innovative and productive NHS. Reflecting this, one of the three priority areas the Department will be adopting, as suggested by the public through the spending challenge process, relates to implementing Modernising Scientific Careers. This programme introduces a clear and coherent career pathway and structure for the healthcare science workforce, as well as supporting the NHS to save in excess of £250 million per year.

The challenge for all of us moving forward will be to work across internal and organisational boundaries to raise the profile of the role of scientific services amongst other professional healthcare groups, particularly in relationship to outcomes. In particular, individuals across the healthcare science workforce will need to work with the new GP commissioning consortia and the National Commissioning Board to embrace the opportunities that the White Paper presents and to ensure the right support functions are developed in the new architecture of the NHS.

I would also like to let you know that we will be publishing a number of other documents today; the Operating Framework 2011/12, which sets out the management agenda for the NHS for the year ahead; PCT allocations for 2011/12; and HR frameworks for the NHS, Arms Length Bodies and DH. All of these will be available on the Department's website at www.dh.gov.uk by the end of the day. We will also publish shortly an Outcomes Framework for the NHS, which has been informed by the consultation over the summer.

In addition to today's publications, we are still seeking views on a number of consultations that we have launched recently. The consultations on Public Health, Choice & Information are all available for response at http://www.dh.gov.uk/en/Aboutus/Features/DH_122364, and we are keen to hear your thoughts.

I recognise that the pace and scale of change may feel daunting. However there is a real commitment to ensuring the new system is tested – and we do have the time to do so. I look forward to working with you all as we take these reforms forward.

Yours sincerely,

PROFESSOR SUE HILL OBE PhD DSc CBiol FSB Hon FRCP Chief Scientific Officer