

John Lister

I would like to welcome everybody tonight at this meeting. It's called by the NUJ, it's open to people who are not NUJ members – although we would hope that you might like to think about that having come away from the meeting and hopefully learned a few things and shared some experiences with people in the room who are. I'm really pleased to have the platform of speakers who are speaking this evening.

My name is John Lister. I'm going to chair the meeting and give an initial, brief lead-off. The three other speakers are Branwen Jeffries, national health correspondent for the BBC, TV primarily and also radio and online. Shaun Lintern from the *Health Service Journal*: Shaun is going to draw some lessons and general points from the Francis Report which I think are also relevant in terms of the context of health reporting in the period since the Health and Social Care Act. Paul Bradshaw from Birmingham City University and also City University London has been involved in various projects around gathering information and reporting the NHS. Paul organised an earlier meeting covering some of this ground in Birmingham a couple of weeks ago. We're very pleased to have these speakers here.

What I personally am hoping is that what we're going to be doing this evening is posing some questions to you over issues we can't necessarily answer. Some people in the room quite possibly might have answers or want to add in other questions they can't answer. I think there's going to be a big area in which we're going to be looking for a collective effort by health journalists to try to fill in the gaps and work our way through on how we report this quite new structure.

[Referring to Powerpoint displays – see <http://www.europeanhealthjournalism.com> 'The new NHS: dilemmas and issues for journalists']

We are talking about reporting the new NHS. I am just going to briefly sum up some of the key issues about the NHS and the Health and Social Care Act. It's a fundamental and far-reaching change. It's a massive Bill. It reached almost 400 pages. It's extremely complex and almost everybody who's looked at it agrees about that, partly because it was written as an amendment to previous legislation. So in order to understand many of the sections in the Bill you need to go back to the original legislation it's amending and see how the changes take effect.

That's one of the reasons I think why the responses to the Bill and the discussions before it went through Parliament were so limited. Lots of politicians just gave up that stage trying to understand what the Bill was saying. It's also in confusing language. One of the main amendments was to amend the words "willing provider" to "qualified provider": nowhere in the Bill does it define what qualified might be and there are questions arising from that. There were a thousand or so amendments made to the Bill.

The new structure abolishes the Strategic Health Authorities (which more recently have been grouped together into bigger Strategic Health Authorities). The ten Strategic Health Authorities are replaced with the NHS Commissioning Board, or NHS England, or as it's now called, which is a centralised body. That in turn will have 27 Local Area Teams that are covering more defined geographical areas. This of course relates only to England and not to Scotland, Wales or Northern Ireland: we're the lucky ones!

There are 211/212 Clinical Commissioning Groups [CCGs] which are ostensibly led by GPs. There's a debate about whether they are actually led by GPs, and whether the GPs are actually involved in the leading or are being dragged into it by a handful of GPs who have a particular motive. The CCGs are steered by Commissioning Support Services [CSS], of which there is a network set up by NHS England.

These CSS will be servicing more than one CCG. They are made up in some cases of people from PCTs [Primary Care Trusts] and Strategic Health Authorities, in other cases drawing in other people. By 2016 these CSS have themselves to be put out to tender and there's an expectation that a number of them will be scooped up by the private sector. The private sector is looking to a market of something like £1.2 billion for delivering services as part of this new arrangement of support services.

The context of the whole thing is we still have this £20 billion target for efficiency savings from 2010 to 2015 which remains an underlying pressure.

New structures. We'll start with the simple structure. This is a Nuffield Trust diagram. This is just the numbers. The Department of Health is still there, NHS Commissioning Board (NHS England), 23 CSS, four regional commissioning sectors, 27 local commissioning board offices now called Local Area Teams [LATs], 212 CCGs, and then the actual providers of health services.

That's the simple structure. Then you start to look at ways it's actually going to work. Here you have again a Nuffield Trust slide showing how it's seen in terms of accountability and advice. A rather different looking structure with various arrows. You get slightly more bodies involved. You get the National Institute of Clinical Excellence involved, Monitor are involved (the regulator) which was originally just regulating Foundation Trusts but now regulates most of the NHS's provider operations, the Care and Quality Commission (the CQC), local Health and Wellbeing Boards and Healthwatch – another layer of bodies – and NHS Commissioning Board regional offices. So various relationships of monitoring and regulation.

Then you get where we come in, the patients and the media. We're right down the bottom here, this is us. Trying to get a look in. I don't know why there's a connection between media and voting, I don't quite understand that. I think they got that chart wrong. But if the Nuffield Trust have got it right then the media are a fair arm's length from everything. All the decisions are being taken quite a way from any media scrutiny. I'm not sure how much that's intended to be the case, or how much they just ran out of space to put extra bubbles in the diagram.

There are additional bodies being added in. You've got social services being added in, the local government ombudsman being added in, complaints bodies, patient advocacy and liaison services (PALS) being added in here. In my experience PALS are a broom cupboard with an answerphone in it but maybe somebody knows better in this room. Patient forums, Healthwatch is here much more centrally.

Finally this is the one handed out [Appendix 1]. This has been drawn by the Socialist Health Association before the PCTs and SHAs were abolished, so it has been slightly outdated by events. This has both the accountability and the finance streams in there and you can see how simple the new system is and how streamlined compared with what was there before! You're just bowled over by the simplicity and elegance of it!

You have here bodies which I've never found explained. Clinical Networks, Clinical Senates, and so on. And you've got all the providers are lumped together. Any Qualified Providers including charities, private sector and NHS providers are all lumped in alongside Foundation Trusts. This is the Socialist Health Association's diagram so I'm not sure you want to take this as gospel: they've got all the elements in there, they haven't necessarily got all the arrows in the right place. They've got Monitor and the Cooperation Competition Panel on the edge here not apparently impinging on anything. I don't think that's quite right. I think they're going to play a much more central role than that.

But you can see there's a level of complexity. When we come onto this the question is, what do journalists need? What do we need in order to be able to do a proper job in terms of giving an account of what's going on in the NHS.

- We need access points where we can get information. We need to get it without waiting around and jumping through too many hoops and going around too many obstacles in order to get through to what we want. We need *timely* information.
- We also want a *proper range* of information. I don't think we just want the titbits they want to hand out as press releases, and to shape our entire coverage around what they want us to say rather than us looking for what is actually going on. The range of material you used to get, for example from Strategic Health Authority board papers, Trust board papers, and PCT board papers, that range of issues which covers finance, which covers performance, covers strategic planning, I think we need access to that as well if we're going to do a proper job of reporting.
- We want *transparency* as far as possible, on the various arrangements for buying in services because this is becoming more and more a factor within the NHS and we don't want those all those to be shrouded in business secrecy so that we don't know how much is being spent, we don't know how where the money's going and we don't know who is picking up the lion's share of the money that's being spent and circulated within this new system.
- I think journalists also, if we're going to provide balance stories, need to be assured the information is *not given just to accredited local journalists*, it's going to go to enough people so you can actually talk to people who are campaigners, who are locally knowledgeable people, academics – people who are able to give a comment and a critique of what's going on rather than the journalists themselves being told “here it is, pick the bones out of that, you can talk to the chief executive and get the authorised version”.

So I think those are the important elements from the point of view of journalism. You've got these different levels at which you're going to need information. I think this is true wherever you are.

If you're a local journalist you still need some idea of what's going on nationally in the NHS. So we have a national level – we have NHS England. NHS England appears to be very open. They had a webcast of their last board meeting. They publish a fair number of their papers, I think possibly all.

Reading their papers, they're astonishingly vague, astonishingly boring, and actually maybe that's why they're so easy to access. Because the decisions that affect you on local issues if you're a local

journalist is what's being decided by these *Local Area Teams*. These are the ones who are going to be taking the decisions about what's happening in specific localities. There's a big question mark over that.

- How are they structured?
- How do they take decisions at all, what is the decision-making process?
- Will they publish any agendas, any papers?
- Will we know how often they are going to meet and when they're going to be announcing decisions?
- How are we going to find out?
- Are they subject to the Freedom of Information Act? We know that NHS England is but it's very difficult to frame a precise question to a Local Area Team if you don't know what stage they are at with discussing a particular issue, you don't know what's on an agenda at any given time, and you don't know what papers are being circulated. It's very difficult to get that right and as everybody knows who's tried FOI if you don't have a precise question you don't get an answer.

These are the key decisions that really do affect local services.

There's another big question about Public Health England. This is going to be managing the strategic planning of the development of public health through local authorities and through Health and Wellbeing Boards from there. We don't know, as far as I'm aware, how open that is going to be, and how many statements they're going to make, and how many documents are going to be opened up for any kind of discussion – or if there's just going to be pronouncements from on high that are just going to be handed down to local councils.

At the local level, we've got CCGs. We're told these will "normally" meet in public. I live in Oxfordshire. They've just had a meeting which was actually held in secret, but they have published the board papers, so a bit of a contradiction there.

From the board papers, in their first year they're starting out with a deficit of £26 million and looking for ways of making savings from the beginning. They're looking at 4 per cent plus savings. So you can get quite a lot from the board papers even if you are not at the meetings, but you can't get the immediacy of the decision-making process. And it does appear to be in their gift to decide whether or not they meet in secrecy – and there doesn't appear to be a regular requirement of them to meet in public.

But more to the point, the CSSs that supply them with the information and draw up a lot of the proposals and are the main bodies doing the day-to-day work of the commissioning process:

- They're not employed directly by the CCGs. It's questionable whether they're public employees at all.
- They don't appear to have any open process of meetings, we don't know how they're come to their decisions;
- we don't appear to be able to investigate what the base of *evidence* is they're relying on to make those decisions and proposals, which the GPs will then have to decide upon in these meetings.
- GPs will basically be getting a series of options drawn up by these commissioning services. So this is a very important question and we just don't know who's going to be vetting that.

Foundation Trusts: The boards must meet in public. Sometimes. They don't necessarily have to meet all the time in public. They have to publish their agendas to their boards of governors but they don't necessarily have to publish them to the public.

Maybe that will change, because we're into the new system since the Act. If we look at the period before the Act, a very substantial proportion of Foundation Trusts did not publish their board papers and you couldn't get anything – for example in relation to their finances – between one annual report and the next. Big things happen between one annual report and the next in Foundation Trusts. If you look at Peterborough as a classic example, they develop another £50 million of deficit between one annual report and the next. So it's important to be able to keep track of that in order to know really what's going on.

This is a big question and as far as I know it's unresolved. It was talked about, and it was said that these would be opened up by the Health and Social Care Act. So far I don't see any evidence of it, maybe some people in the room do - so I am just raising this as a question. Foundations are subject to the Freedom of Information Act: but again you need enough information to be able to frame a precise question.

Any Qualified Provider: I just wanted to flag this one up because on non-NHS providers there's a whole question of accountability. How do we know what they're really up to, what their balance sheets are?

This one (slide) is called "Minor Ops Limited". It provides chiropody services in County Durham. I just picked this at random off the list on the Supply2Health website. It's a podiatry service in County Durham but the main contact, the name of the first one on the list, is actually an optometrist. Call me old fashioned, but I thought eyes were at one end, feet were at the other. Information can be sometimes not quite what it seems.

Other bodies: there are whole questions to be asked about the other bodies which are also playing a role – Health and Wellbeing Boards and so forth, which again vary a lot from one place to the other in terms of how they are run by local councils and the attitude they take to open information.

Regulation and competition: In particular, I would draw your attention to the "Cooperation and Competition Panel". We all knew about that, that was there before. That's now been integrated into Monitor. They appear to still have quite substantial powers to intervene. But when we come onto the Office of Fair Trading I think that's a fairly new one in the NHS. They are now going to be regularly in discussions about mergers between Foundation Trusts: they regard Foundation Trusts as *businesses*, rather like Tesco's and Morrisons merging. There are all kinds of reasons why competition might not necessarily be seen as the first principle that all of us want to reach for when we're thinking of planning healthcare services.

EU competition law: we have of course the whole discussion many of you will be aware of about the Section 75 regulations coming up for debate in the House of Lords on 24 April. Part of that embodies the rhetoric of EU competition law, which is the 'right of the provider to provide'. I don't know how many of you really think that is a fundamental right that is important to healthcare, or how many of you think it's compatible with healthcare: but these are increasingly factors.

The question is, to what extent do the regulatory bodies act openly? To what extent are they clear to journalists and can journalists access that information? The question I'm going to raise which plays neatly into Shaun's contribution is:

“Reporting this new NHS is a big job – are the newsrooms up to it? Do we have the resources? Do we have the expertise? Do we have the commitment from editors, do we have the commitment in terms of the public requiring accurate information? Do we have the commitment to provide that information?”

That's what we hope to discuss this evening.