

## The reform agenda is here to stay... Being informed is the first step in being able to influence

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# Reform: problems or

**I**'m sure it must feel at times like the Department of Health is simply plotting the next phase of your misery.' So said chief health professions officer Karen Middleton at the CSP's Congress last October.

For many physiotherapists, she was not wrong. Indeed, the raft of NHS reforms, each one ground-breaking in itself, and the pace at which change is moving, can be bewildering and disturbing to those at the sharp end.

The jargon alone takes some getting used to. Phrases like practice-based

commissioning, payment by results and third-sector providers are now common currency in the NHS in England and may well appear in other parts of the UK before too long. But what exactly do they mean? And what are the implications, both for physiotherapists in their day-to-day work and for the profession as a whole?

Over the past months, *Frontline* has been reporting on the debate and the developments as they happen. Now in this important new series, we present a guide to the reforms and their implications.

Physiotherapists have shown themselves to be natural innovators – but have repeatedly called for NHS reforms

## The government's case

With all the difficult issues clinicians are dealing with, it is easy to lose sight of the health and social care vision to put patients' needs first. Here then is an overview of how the various policy strands at the Department of Health (England) link together as a strategy to deliver this vision.

Reform is the only solution to improving effectiveness and efficiency, and we won't achieve it without the engagement, ownership and leadership of frontline clinicians. But why is change so necessary?

The unprecedented investment in the NHS requires that we use this investment more effectively.

Although significant improvements in

waiting times, mortality rates and access have been delivered, we are only slightly more efficient than we were in 1997. Yet the public's expectations continue to rise. Developments in science and technology mean there are more treatments available that the NHS must pay for.

And the demand for services continues to increase with the changes in demographics: currently over 17 million adults in the UK have a long-term condition; by 2010 there will be 13 million obese adults; and by 2025 the number of those aged over 85 will have increased by two-thirds. So reform is vital to delivering accessible, high-quality, patient-centred care while ensuring value for money.

The reforms fall into

four main categories:

- > demand-side reforms (sometimes called choice and voice) are about securing better commissioning of services, such as practice-based commissioning.
- > supply-side reforms will deliver more choice for patients and their commissioners in terms of service provision, such as the development of social enterprises.
- > transactional reforms means the new system will work by money following the patient (payment by results) and sharing information (Connecting for Health, for example, 'choose and book' and the electronic patient record).
- > system management

