

# HEALTH AND SOCIAL CARE BILL SURVEY

## QUALITATIVE FINDINGS

### FIELDWORK: 22<sup>nd</sup> – 30<sup>th</sup> January, 2012

#### A. EXECUTIVE SUMMARY

- This briefing presents a *qualitative analysis* of responses given in a survey of UK members of the College about the Health and Social Care Bill.
- It firstly considers the responses given by 1114 College members who reported belonging to an English Division of the College. The briefing then presents a separate analysis of responses from 103 College members in Northern Ireland, Scotland and Wales (who were asked about the perceived impact of the Bill in their country).
- A *quantitative analysis* of data from the survey is available from the College's website ([www.rcpsych.ac.uk/press/pressreleases2012/hscbillposition.aspx](http://www.rcpsych.ac.uk/press/pressreleases2012/hscbillposition.aspx)).

#### Summary findings

- Previously, a quantitative analysis of data from the survey found that 81% of English respondents reported that the Health and Social Care Bill 'is...fundamentally flawed' (Q2). When asked 'why?' (Q3), the top five qualitative reasons given were:

	<b>Reasons 'Fundamentally Flawed'</b>	<b>No. citations</b>	<b>% sample (n=905)</b>
1.	Privatisation	301	33
2.	Competition	225	25
3.	Reorganisation	208	23
4.	Fragmentation	134	15
5.	Disproportionate impact on MH	119	13

- When asked about the College's current priorities in relation to the Health and Social Care Bill (Q7), a frequency analysis of qualitative responses found 73% of English respondents agreed with all of the stated priorities. Where respondents commented on a specific priority, the five most common themes were:

	<b>College Priorities</b>	<b>No. citations</b>	<b>% sample (n=1114)</b>
1.	Prioritise specialties/groups	74	7%
2.	Address 'marketisation'	64	6%
3.	'Are in contradiction to the Bill'	53	5%
4.	Importance of integration	49	4%
5.	Address fragmentation	37	3%

- Finally, respondents based in Scotland, Northern Ireland or Wales were asked what they thought the implications of the Bill would be for their country. The top five themes were:

	<b>Potential Effect</b>	<b>No. citations</b>	<b>% sample (n=103)</b>
1.	Implications unclear	25	24%
2.	Gradual 'trickle' of the Bill	23	22%
3.	Minimal or no effect	15	15%
4.	Further separation of services	11	11%
5.	Will affect recruitment	9	9%

#### Summary conclusion

- The Royal College of Psychiatrists retains its belief that the Health and Social Care Bill is fundamentally flawed and will not improve the health and care of people with mental illness. The College is still unable to support the Bill as it currently stands.  
[www.rcpsych.ac.uk/press/pressreleases2012/hscbillposition.aspx](http://www.rcpsych.ac.uk/press/pressreleases2012/hscbillposition.aspx)

## **B. METHODOLOGY**

### ***Survey questions***

- The briefing focuses on the qualitative responses of 1114 College members who reported belonging to an English Division of the College and on the responses of 103 College members based in Northern Ireland, Scotland and Wales (members working outside England were asked about the potential impact of the Bill in their country.)
- The survey was comprised of 10 questions (Appendix 1). Three of these questions invited qualitative or 'open' responses. The survey ran from the 22<sup>nd</sup> of January to the 30<sup>th</sup> of January (inclusive).
- After being initially asked whether they felt the Health and Social Care Bill was 'fundamentally flawed' (yes/no/don't know; Q2), respondents were invited to provide a qualitative response to explain their answer (Q3).
- Following a series of quantitative questions, respondents were then asked for their views on the College's current priorities relating to the Bill (Q7).
- Finally, respondents based in Northern Ireland, Scotland, and Wales were asked about the potential impact of the Bill in their country (Q10).

### ***Sampling***

- An invitation to participate in the survey was sent to 11487 College members in the UK who had registered an email address with the College.
- All UK members were invited to participate in order to establish their views on any perceived consequences of the Health and Social Care Bill outside of England.
- The invitation can be broken down into:
  - 9642 England (compared to 10,868 members in total)
  - 467 Wales (compared to 536 members in total)
  - 308 Northern Ireland (compared to 359 members in total)
  - 1070 Scotland (compared to 1,248 members in total)
- 1217 College members completed the survey. This can be broken down into:
  - 1114 responses from participants based in England
  - 103 from respondents in the Rest of the UK (67 from Scotland, 28 from Wales, and 8 from Northern Ireland)
- The results provide insights into the views and opinions of a comparatively large number of the College membership (representing an 11% response rate).
- Summary (and individual country) reports are available on the quantitative survey results. (See: [http://www.rcpsych.ac.uk/pdf/results\\_overview12\\_02\\_01.pdf](http://www.rcpsych.ac.uk/pdf/results_overview12_02_01.pdf)).

## C. QUALITATIVE RESULTS: Q3 – Fundamentally Flawed?

- This section presents the five most frequently cited issues raised by respondents who reported belonging to an English Division of the College (English Division members represented 92% of the total sample of respondents; n=1114 out of 1217 total UK respondents).
- First, we consider those issues raised by participants who – in response to Q2 – reported a belief that the Health and Social Care Bill is ‘fundamentally flawed’ (81% of English Division members; n=905 out of 1114 English Division respondents).
- Second, we then examine those issues raised by participants who did not believe that the Bill is ‘fundamentally flawed’ (7% of English Division members; n=78 out of 1114).
- For both sets of respondents, the five most frequently cited issues are listed in order, with the number/percentage of respondents indicated in parentheses.
- *Within* each identified issue, we also employ short typologies each of which depicts the diversity of opinion given by College members. These are supplemented by brief extracts of data to illustrate respondents’ typical opinions and views.
- We do not, in this report, consider the responses from participants who reported that they ‘did not know’ whether the Health and Social Care Bill is fundamentally flawed (12% of English Division members; n=131 out of 1114).

### Top five issues: participants who believe the Bill is ‘fundamentally flawed’

		No. citations	% sample (n=905)
1.	Privatisation	301	33
2.	Competition	225	25
3.	Reorganisation	208	23
4.	Fragmentation	134	15
5.	Disproportionate impact on MH	119	13

#### A. Privatisation (33%; n=301/905)

One-in-three respondents cited ‘privatisation’ as a reason why they believed the current Health and Social Care Bill is fundamentally flawed:

*It will destroy the NHS. Its aim is privatisation of health provision.*

ID 12

*There is no evidence from any other nation that has adopted an internal market in healthcare that such an arrangement improves outcomes. Several other nations have reversed the development of a healthcare internal market, in many cases to reduce the attendant costs needed to administer it.*

ID 1021

*The bill appears to be more about increasing the input from private companies with the resulting diversion of money to shareholders, rather than the focus being on patient care.*

ID 1046

*[The] bill threatens the essential nature of the NHS and its principles of equity of access and provision according to need, free at the point of use and funded by society through taxation. Far from putting clinicians and patients at the centre of Health and social care planning, the bill if passed would expose the NHS, its clinicians and patients, to increasing risk of control by powerful corporate bodies for whom profitability and shareholder interests will dominate over clinical decisions.*

ID 1110

*The introduction of the private sector will eventually progress to a ‘managed healthcare’ American model which will set provider against provider to drive down cost (at the expense of quality, risk management and safety). There is a risk that decisions will be influenced by shareholders whose motives are financial as opposed to clinical.*

ID 189

## 2. Competition (n=225/905; 24.9%)

One-in-four respondents identified 'competition' as a key concern.

*It is based on the idea that competition will improve healthcare. There is no evidence for this and plenty of evidence of the opposite. Competition gets in the way of cooperation which is key in healthcare, especially for mental health patients. Competitive tendering of services is detrimental leading to excess costs and bureaucracy. For mental health it will lead to a fragmentation of services and patients will fall through the gaps.*

ID 53

*NHS services cannot be looked at, using a business model. This is what competition will do. It will destroy social equality in health care access which is at the heart of the NHS.*

ID 978

*Encouraging competition to drive services and quality is fundamentally flawed. It drives attempts to undermine other teams and protect one's own, using perverse incentives. The way to drive up quality of services is integration and cooperation between teams and trusts to maximise what can be offered. Competition drives profit, not better care - time to learn to leave it to finance and commerce.*

ID 644

*[T]he fact that there are so many spending cuts to the NHS while suggesting that from now on it must compete with other agencies to provide services. It's like breaking an athlete's knees before telling them they must definitely win the race.*

ID 270

One commonly perceived risk was that private companies might be able to 'cherry pick' easier-to-treat patients where a profit may be made, but with subsequent effects on patients with complex or chronic conditions such as severe mental illness:

*Through pushing the market-based agenda on the NHS, the HSC Bill threatens to seriously fragment both primary and secondary care. By allowing private consortia to cherry-pick patients, the bill will effectively defund those services that cannot easily be run at a profit - which may include a number of psychiatric services. The end result will be a decrease in the quality of care provided for numerous patients.*

ID 784

*The private sector will 'cherry-pick' the more profitable areas and will have a competitive advantage as it has smaller training costs and does not have the duty to manage chronic conditions. The recent breast implant scandal show[s] that it will not always indemnify its mistakes.*

ID 937

*It appears to represent privatisation of the NHS by stealth, which appears to put market forces above patient care. It will allow overseas and other private organisations to compete with NHS services - the long-term effect of this is that core NHS services may be wound down. The problem with this is that all organisations will then be in a position to 'cherry pick' 'easy to treat' health care conditions leaving people with severe and enduring mental health problems and complex needs without adequate care.*

ID 213

*I do not agree with agenda, I am passionate about the NHS, it is fantastic value for money and although it is not perfect, it does certainly not warrant dismantling. The NHS is the envy of the world, why would we want to make it into a downgraded service and have the private sector cherry pick what they believe will make money for them?*

ID 263

## 3. Reorganisation (n=208/905; 23%)

The sheer change and scale of reform was cited by a quarter of respondents, with many pointing to the fact that this was taking place at the same time as significant efficiency savings were needing to be found across the NHS:

*Major structural change cannot occur at a time we are experiencing huge cuts. Cinderella specialties that can't make a profit e.g. mental health will lose out in the proposed environment.*

ID 816

*Too many changes within a short frame of time. Also happening [at the] wrong time as we are now expected to do some efficiency savings. It is absolute chaos. I have observed a lot of anxiety in the recent months among my work place colleagues.*

ID 384

*It is mad to try to re-structure the NHS radically at the same time as demanding the biggest cost savings it has ever had to produce. The idea that re-structuring will increase efficiency and quality ignores the fact that it is an extraordinarily complex organisation and therefore the best way to improve it is to work on the elements of it that are working least well.*

ID 99

Other respondents pointed to the absence of evidence of the need for such change:

*The NHS achieves better metrics than many other health systems - the main criticism is constant reorganisation - yet not only are we reorganising, we are adopting processes such as competition and commercial practice that are shown to drive up costs and are associated with less equitable and cost-effective care.*

ID 555

*It proposes major structural re-organization without a robust evidence base and yet another change in a series of changes not followed through.*

ID 164

Meanwhile many identified the lack of a 'democratic mandate' and support from professional groups to take this action:

*It has no democratic mandate and was strategically concealed from the electorate in the last election.*

ID 127

*While the organisation of the NHS is far from perfect what is needed is clear direction and a relatively stable structure not frequent reorganisations at local and national levels. An evolution not a revolution. In November 2009 David Cameron said the NHS needed a period of stability ; there was no mention NHS reform in the Conservative manifesto; there is no support for the reforms from the major organisations involved in health care - unions, royal colleges, BMA or the general public: quite the opposite.*

ID 96

*It aims to make changes without having the trust or consensus of professionals who are supposed to be taking the lead in bringing these changes. It is also going to make NHS compete with private organisations when we know from the past experience that NHS was dumped with more complex work and the private organisation ended up with easy and lucrative work leading to severe losses for the NHS. Hence Health and Social Care Bill is fundamentally flawed.*

ID 139

*No manifesto commitment prior to election. No mandate for fundamental re-organisation. Proposals are incoherent. Major re-structuring at a time of cuts is dangerous. Fundamental undermining of key NHS principles, the NHS has undergone continual re-organisation over last 20 years, there is change fatigue which distracts from service provision...*

ID 30

*The BMA may be balloting me about pensions. Indignant as I am about those changes I would be much more willing to take industrial action in support of the NHS. Health care professionals have a noble tradition of making any reform work after a fashion, the despised public service ethos. Just because GPs have, under strong pressure, set up consortia should not be taken as professional support for this flawed legislation.*

ID 799

#### **4. Fragmentation (n=134/905; 14.8%)**

The fragmentation of care provision was the fourth most commonly identified issue by participants:

*The emphasis on deconstructing the NHS into little bits and pieces will inevitably lead to the fragmentation of care and things falling in between the cracks. We can already see the beginning of this with current structures and it will become infinitely worse. When a separate organisation runs new psychiatric assessments to the one that runs continuing care and the one that runs inpatient services, all fronted by nurses because psychiatrists are too expensive, we will see the inevitable consequences of the 'reforms'.*

ID 323

*[This] will lead to disintegration of services. It will create a split between medical professionals (primary and secondary care) where primary care doctors will be forced to commission the cheapest provider which will most likely be the private sector. In Psychiatric practice this will encourage a "conveyor belt" model of delivery of care and damage therapeutic relationships with patients. This has the potential to damage patients, especially when long-term work is required, by exacerbating feelings of rejection and abandonment.*

ID 324

*'Any Qualified Provider' approach will fragment the delivery of services, and create barriers to care by increasing number of transitions patients and clinicians will have to navigate. Unclear who defines the term 'Qualified'.*

ID 413

*It will have the effect of hugely fragmenting services. For people with complex needs receiving input from different teams this will be a disaster. The new financially competitive environment which is an inevitable consequence of the bill will leave many of our most vulnerable clients less well supported as they will not fit into any income generating packages.*

ID 441

*It will lead to a fractured NHS where communication is even more difficult leading to poor patient care. My experience of trying to liaise across agencies is always difficult and in particular with the private sector where there seems little emphasis on communication. It is also completely the wrong time for such upheaval given current financial climate.*

ID 769

Some participants also identified particular issues for education and training:

*This level of fragmentation is already affecting post graduate teaching. I have to send my SpR to local Independent Hospitals as most complex care management training is now in private sector. The Foundation Hospitals have very little regard for man power issues. Consultants are being replaced by Staff Grade doctors to reduce the cost of contracts. This is an unparalled on-going tragedy and most people are being kept unaware of long term implication.*

ID 901

*The proposed changes risk damaging training by leading to fractures in initial and ongoing professional training, mostly by fragmenting the relationships between institutions (i.e. universities, hospitals and clinics) which have evolved over many decades (even centuries).*

ID 324

## **5. Disproportionate impact on mental health (n=119/905; 13.1%)**

Mental health was perceived as being particularly at risk of being negatively affected by the legislation:

*The benefits brought about by increased competition [are] likely to be outweighed by the negative effects arising from increased fragmentation of care. This is likely to be particularly harmful to mental health patients who often have very long and complicated pathways of care through both primary and secondary services.*

ID 696

*Mental health will miss out due to local[ly] driven vocal patient representatives advocating for care unlike many of the patients I see. This will influence GPs etc. The Chronic underfunding of services has led to services struggling on with difficult case loads etc. This will allow cherry-picking of mild/moderate conditions to receive interventions to the detriment of severe chronic illness.*

ID 436

*The rush to commissioning groups means that those who commission MH services- especially for those with the most severe and complex disorders- do not have sufficient understanding of the work required to support increasing levels of distress and disability in the community.*

ID 464

## **Five key issues: participants who do not believe the Bill is 'fundamentally flawed'**

		<b>No. citations</b>	<b>% sample (n=78)</b>
1.	Reorganisation	22	28
2.	Involvement	21	27
3.	Competition	16	21
4.	Principles	10	13
5.	Cost	6	8

### **1. Reorganisation (28%; n=22/78)**

The mostly commonly cited reason for believing that the Bill was not fundamentally flawed was due to a perceived need for structural reform:

*Quality of care is at the centre of the changes. It is good if private providers 'cherry pick' the routine parts of the HS - they will be most effective, efficient and cheapest. Leave the hard stuff to the NHS. The NHS must respond constructively to the new economic realities and staff must engage constructively - we are not the sole owners of the NHS.*

ID 362

*I salute the proposed changes which would advance the achievements over the last 15 years. I am concerned that the medical concerns about the changes are selfish and seem to be an [sic] anti conservative. Must realise many of the proposed changes are started by labour gov. In psychiatry, we were always second class and we had to prove ourselves as a determined medical specialty. It would be a sad day if our college should oppose these changes which would promote our care in the community.*

ID 851

*I think the NHS needs fundamental reform. It was exemplary when first founded after the 2nd World War but is no longer appropriate for the modern world 50 years later. The doubling of NHS funding in recent years hasn't made much of a difference "at the coalface", and we need radical reform if the spending is to be reduced again.*

ID 970

Importantly, many respondents who believed the Bill was not fundamentally flawed, did still have some concerns about its content or implementation:

*I wouldn't say it is fundamentally flawed. It aims to reduce health service bureaucracy. I think the economic circumstance will force us to have a system where care is free at the point of use and paid for by the government(funded by our National Insurance contributions)but is delivered by a variety of providers each competing on price and efficacy. These organisations may not be in the public sector. Sad though it may be, I think economic realities will force us down this route. The health and social care [bill] is a step forward on this pathway. It may be flawed in its rapid pace of change leaving people to adapt without first priming them for this change.*

ID 339

### **2. Involvement (27%; n=21/78)**

Clinician involvement was perceived as a key strength of the Bill:

*Makes sense putting doctors in charge.*

ID 81

*It's a good idea to let doctors rather than managers have a real say in managing the NHS. The financial situation would be grim whoever is in charge, but at least doctors understand more of real life NHS. Psychiatrists would need to be ready to take on management roles if the bill proceeds. I do not think that points like the bonus scheme for commissioning groups are a fundamental flaw.*

ID 243

*I agree with more control being passed to clinicians and think the general principles of the bill are sound. The NHS cannot provide the current level of service to a greater number of elderly people without reform.*

ID 254

### **3. Competition (21%; n=16/78)**

Competition was the third most commonly cited issue by respondents, with an emphasis on the efficiency, quality and productivity gains. However, again respondents ranged from those who provided straightforward support to those who saw challenges as well as opportunities:

*Because competition improves standards.*

ID 220

*Competition could bring benefits in areas such as planned and elective hospital care, where many patients would welcome the opportunity to choose which hospital to use. On the other hand, in many services there are strong arguments for collaboration and integration: the care of older people and of people with long-term conditions are good examples. There is no inherent contradiction between competition and integration. The wide variety of patient needs mean that only one approach to organising care is unlikely to be sufficient. The irony is that many of the changes included in the Bill could proceed without legislation in the unlikely event that the Bill is dropped.*

ID 113

*More choice and competition between providers will drive quality improvements.*

ID 457

*In principle, increasing competition and involving clinicians in decision-making about services are sound ideas that have been used effectively elsewhere. There is a risk that GPs are not appropriately trained/skilled in making explicit rationing decisions and this may well impact their relationship with patients. My main concern regards the implementation of the bill as this could result in a wide range of options from no change to disintegration. I am also concerned that cost-savings will be used as the primary means of choosing service providers, which is likely to lead to less skilled, less comprehensive interventions being available for patients.*

ID 476

### **4. Principles (13%; n=10/78)**

The fourth most common issue was a welcoming of the underlying principles and logic of the Bill:

*Much of what is in the Bill is progressive and is already changing commissioner and provider behaviour for the better- more focused on quality as well as cost and addressing long standing concerns primary care has with secondary clinical services which to date have not been resolved e.g. access times, communication. The main flaw appears to be the risk of reducing integrated care by competition and the loss of a sense of common purpose and quality that the NHS family has by and large achieved over the years.*

ID 327

*The reforms are logically necessary in a world of finite resources and infinite demand. The alternative would be increased insidious rationing, rather than using the benefits of a market to balance supply and demand.*

ID 483

### **5. Cost (8%; n=6/78)**

Finally, the financial imperative to act was frequently cited by respondents:

*UK health is expensive and of dubious quality. Reforms will enable it to face challenges over next 10 years.*

ID 138

*Unless there is a shake-up of the NHS monopoly, including reducing the very large amounts of money spent on management tiers which appear to exist for the sake of job creation, rather than meaningful services for patients, I cannot see this changing, as there are too many vested interests in keeping the status quo.*

ID 1041

## D. QUALITATIVE RESULTS: Q7 - College Priorities for Influencing the Bill

- Again, this section presents the five most frequently cited issues to Q7 raised by respondents who reported belonging to an English Division of the College (English Division members represented 92% of the total sample of respondents; n=1114 out of 1217 total UK respondents).

- Q7 asked:

*This section asks about the College's priorities in relation to challenging and influencing the Bill. The College's current priorities in relation to the Bill are:*

- *high-quality patient care*
- *ensuring that mental health is given the same status and importance as physical health*
- *high-quality postgraduate medical education*
- *effective integration of mental health into new public structures*
- *effective integration of health and social care*
- *reducing health inequalities*

*Q7. Do you believe these priorities are the right ones? Why/why not?*

*Please tell us about any specific concerns or issues you think the College should consider.*

- In contrast to the previous section, we present this data for the entire sample of English respondents, rather than separating this into those who believed/did not believe the Health and Social Care Bill is fundamentally flawed.
- In summary:
  - 813 (73%) respondents agreed with *all* of the stated College priorities
  - 14 (1.3%) disagreed with *all* of the stated priorities
- It is important to note that a diverse range of comments and observations were provided on the priorities. This means that the frequency with which groups of issues or common themes appeared was lower than in Q3.

### **Five key issues: participants' views on the College priorities**

		<b>No. citations</b>	<b>% sample (n=1114)</b>
1.	Prioritise specialties/groups	74	7%
2.	Address 'marketisation'	64	6%
3.	'Are in contradiction to the Bill'	53	5%
4.	Importance of integration	49	4%
5.	Address fragmentation	37	3%

#### **1. Priority specialties/groups (7%; n=74/1114)**

The most common trend was a request for the College to focus on a particular specialty (or related population group) in accompaniment to one or all of the principles listed. Within this trend services for children, older adults and service users with learning disabilities or severe and enduring mental illness were highlighted in particular.

*[I'm] particularly concerned about impact on child and adolescent mental health - Cinderella of the Cinderellas - very little understanding of what we do/ challenges/ risks to children*

ID 336

*[I'm] very concerned about the care for people with dementia who are in the younger age group, and people who need to use both neurology and mental health services. I think they will be badly affected by changes in this Bill.*

ID 204

*Care of patients with moderate and severe mental health problems should be included in the priorities and extended to people with intellectual disabilities equally.*

ID 550

## **2. Addressing 'marketisation' (6%; n=64/1114)**

The second most common theme involved concerns about marketisation, which for the purpose of coding encompasses both existing private sector involvement and anticipated increases in competition between providers as a result of the Bill. Some respondents identified problems relating to marketisation in a more general sense, while others selected multiple specific principles which might be affected.

*The private sector refusal to manage the current breast implant crisis is a perfect example of being involved in care only when it is manifestly profitable for the shareholders.*

ID 554

*Private sector involvement is likely to prioritise profit over quality of care, with private companies being able to "cherry pick" easier to treat patients leaving complex psychiatrically ill patient to the NHS. Competition between private, public and charitable organisation can only affect information sharing and lead to a more fragmented delivery of care, which includes social care. Medical education is also likely to be compromised as a way to reduce costs.*

ID 611

*This Bill is an ideological attack on health as part of our social fabric. It is about marketisation and privatisation, the latter because of an ideology in which the public sector is regarded as bad (inefficient etc) and private sector good. The evidence is overwhelmingly in favour of the opposite.*

ID 185

## **3. 'In contradiction with the Bill' (5%; n=53/1114)**

The third most common theme was that the Bill directly contradicted either all or some of the College's stated priorities.

*I would not think that this Bill would result in these priorities being implemented more successfully, rather the reverse.*

ID 222

*I don't believe these priorities are at all addressed by the current Bill. Each one of them will be severely negatively affected by it.*

ID 675

*None of your current priorities stated above will be achieved by allowing this Bill to pass into law. Health inequalities in particular will be exacerbated...*

ID 1046

## **4. Importance of integration (4%; n=49/1114)**

The fourth most common theme concerned the importance of service integration, both in terms of the primary, secondary and social care sectors and also between psychiatric specialties.

*Greater integration of mental and physical health care, greater integration of mental health care with prison health care, greater integration of specialties with stronger interface working...*

ID 610

*Effective integration of health and social care is a good priority. I'm more worried that simply integrated mental health care will be impossible to deliver after the Bill.*

ID 127

*[I] would add that PCTs that were coterminous with local authorities were a real start in improving services and for integration with social care. This is now being lost.*

ID 900

## **5. Need to address fragmentation (3%; n=37/1114)**

The fifth most common theme was that the Bill would result in (in some cases further) fragmentation of services, with a range of associated negative consequences.

*As an old age psychiatrist I am particularly concerned about fragmentation of care e.g. an older person seeing 8 different agencies for their 8 different co-morbidities.*

ID 399

*As a child psychiatrist I am concerned that the fragmentation with more providers could lead to a situation where teams in the NHS are too small to function and so the urgent problems and those less appealing to other providers end up without any help.*

ID 761

*I feel the Bill will lead to increasing fragmentation of services and impact negatively on health care and mental health in particular. I feel the Bill will usher in a postcode lottery the likes of which we haven't seen before.*

ID 1068

### **Other responses of note**

Other salient points raised included observations about the Bill 'silencing' the views of service users, the stigma of mental illness (both in terms of service users and clinicians being affected), the need to offer an alternative to the Bill, concerns about the Bill affecting the mental health of psychiatrists if it passes and fears that information sharing will suffer as a consequence of putative service fragmentation.

*The College should propagate the fact that most mental health patients feel the new bill further removes their options for choice and silences their voice contrary to the government position that it will give patients more of a voice.*

ID 691

*Patients with affiliation to mental health services are often treated unfairly both in social and medical situations*

ID 126

*Addressing stigma attached to psychiatry by other professions.*

ID 195

*Throwing away the entire bill still leaves us vulnerable to privatisation, so it is important to offer an alternative.*

ID 232

*I do think some opinion needs to be made around looking after employees working within mental health who would certainly be affected by implementing changes around the Bill. I am very aware that clinicians need to feel less depressed/distressed than our patients in order to help them meaningfully.*

ID 644

*Our specialty and our patients more than any other area of medicine require high quality sharing of information across multiple statutory and third sector organisations. I am concerned that different information governance systems will emerge through bits of the NHS being 'chopped off' and that information flow will be affected.*

ID 412

## E. QUALITATIVE RESULTS: Q10 – Effect of the Bill on Scotland, Northern Ireland and Wales

- This section presents the five predictions most frequently raised by respondents who reported belonging to the Northern Ireland, Scottish, or Welsh Division of the College (8%; n=103/1217).

### Top five issues

	Potential Effect	No. citations	% sample (n=103)
1.	Implications unclear	25	24%
2.	Gradual 'trickle' of the Bill	23	22%
3.	Minimal or no effect	15	15%
4.	Further separation of services	11	11%
5.	Will affect recruitment	9	9%

#### 1. Implications unclear (24%; n=25/103)

One in four respondents indicated that it was not yet clear what effect if any the Bill would have on their jurisdiction.

Some Scottish members highlighted the significance of the current debate about Scottish independence as a factor in this. It is possible, as one of the quotes below indicates, that awareness of the Bill is lower outside England and this may have a bearing on why a significant number of respondents are unclear about its implications.

*Probably no immediate effect. The outcome of the current debate in relation to Devolution would determine the eventual effect on Scotland.*

ID 1161

*The level of awareness of the bill in Northern Ireland, certainly personally for me anyway, is very low and it is difficult to comment. It hasn't received much attention here.*

ID 1203

*I shudder to think. I hope that we in Scotland will continue to take a more sensible approach to these things.*

ID 1155

#### 2. Gradual 'trickle' effect of the Bill (22%; n=23/103)

One in five respondents expected that there would be a gradual 'trickle' effect of aspects of the English Bill into their jurisdiction.

Looking more closely at this group, of the 23 respondents who mentioned it, 10 did not ascribe a value judgement to their prediction, whereas 13 indicated that they felt negatively about it. None were positive in this respect.

*Northern Ireland will not be directly affected by the bill but will most likely receive a watered down version a few years down the line.*

ID 1167

*Creeping privatisation. Potential reduction in funding from Westminster.*

ID 1144

*Unfortunately we do seem to see English initiatives creeping north of the border.*

ID 1181

### 3. Minimal or no effect of the Bill (15%; n=15/103)

One in six respondents thought that the Bill would have a minimal, or even no, effect on their jurisdiction. The devolution of responsibility for health seemed to strongly influence this viewpoint.

*I think Scotland is very fortunate that health is a devolved issue and the current SNP government has displayed a real wish to tackle inequalities in health and to address Scotland's big health issues i.e. smoking, alcohol and obesity.*

ID 1199

*Relatively little, given the ongoing apparent desire of the Scottish Government to do things differently (thank goodness).*

ID 1208

*My understanding is that WAG [the Welsh Assembly Government] has rightly turned its back on the provisions and is aiming to build cooperative bridges between health and social services and between the public sector and the charitable and for-profit sectors.*

ID 1145

### 4. Further separation of services (11%; n=11/103)

Around one in ten respondents thought that the Bill would result in greater separation between English health services and those in other UK jurisdictions. This was virtually always negatively inflected.

*[It will] make for two completely different systems and lose integration and ease of moving to different posts in each country. Bad for patient care as not so easy to ask for specialised care in different parts of the country.*

ID 1180

*It is likely that it will lead to greater differences between the NHS across Great Britain and Northern Ireland, with common terms and conditions [being] eroded, differences in patient care and difficulties with reciprocal legislation.*

ID 1120

*It will also set our Health Services against each other as rivals rather than partners.*

ID 1124

### 5. Will affect recruitment (9%; n=9/103)

Around one in ten respondents predicted that the Bill will affect recruitment, predominantly in the sense that other UK jurisdictions would become more appealing to work in as a result of the Bill. One response alludes to a possible oversupply of trainees as a consequence.

*There will be an impact upon staff recruitment, particularly if the proposed changes result in differences in wages or other aspects of contracts on either side of the border.*

ID 1209

*It may prove harder for local trainees to get [a] job as people choose to move away from the English system as they don't believe it to be fair or right.*

ID 1217

*[The Bill] may even lead to practitioners moving to work in Scotland.*

ID 1118

### Other responses of note

Other issues raised by respondents included the possibility of 'health tourism' (between England and Scotland in particular), the opportunity for other jurisdictions to 'wait and see' how the Bill affects England and then to copy its positive aspects, and also the significance of the Bill in potentially driving the case for Scottish independence.

*English patients will cross the borders to access free NHS care which will disappear in England.*  
ID 1175

*This is a great opportunity for us in Scotland to learn and build on what works.*  
ID 1194

*At present it strengthens the case for more Scottish independence so that we can avoid this Bill.*  
ID 1146

## **F. CONCLUSION**

The College believes the Bill is fundamentally flawed and will not improve the health and care of people with mental illness. The College is therefore not able to support the Bill as it currently stands.

Qualitative analysis of UK members' thoughts about the Bill reveals that concerns about privatisation and competition are the leading factors why the majority consider it to be fundamentally flawed. Addressing the marketisation proposed by the Bill was the leading generic priority suggested for the College, and we will pay attention to this area in the coming weeks alongside the continuing work on securing parity of esteem for mental health services.

The views of one in five respondents from Scotland, Northern Ireland and Wales that aspects of the Bill will 'trickle' into their jurisdictions reinforces the importance of the College approaching the Bill from a multi-jurisdictional perspective.



# Urgent Members' Survey: Health and Social Care Bill

Dear Colleague,

Once again, many thanks for sparing the time to complete this survey.

The survey will close on Monday the 30th of January at midnight. A copy of the results will be made available to all members.

Many thanks to you for your patience and forbearance.

Sue Bailey (President)

## **Information and consent**

The information from this survey will be treated anonymously.

Any personally identifiable information will not be included in any published material, or shared with others.

**1.**

*I understand and accept the aims and uses of the survey*

## **Section one: current reforms**

In **this** section, you will be asked five questions about the current NHS reforms.

In the **next** section, you will then be asked what you feel the College's priorities should be in relation to challenging and influencing the Bill, and what can be done in practical terms to achieve this.

**2.** **In your opinion, is the Health and Social Care Bill fundamentally flawed?**

Yes

No

Don't know

**3. Why do you say that?**

**Section one: current reforms (cont.)**

**4. Thinking about the current NHS reforms, to what extent do you agree/disagree that the reforms will:**

	<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither agree or disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>	<i>Don't know</i>
Lead to better patient care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Deliver more cost-effective care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improve the integration of health and social care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lead to a more fragmented system of health care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improve post-graduate medical education and training?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduce bureaucracy in the NHS?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduce transaction costs in the NHS?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lead to increased involvement of the private sector?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lead to increased involvement of the charitable sector?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Result in improved relationships between GPs and Psychiatrists?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Section one: current reforms (cont.)**

Given public debate in recent months, we are interested in whether your views on the Health and Social Care Bill have changed.

**5. Three months ago, which of the following statements would have most accurately reflected your position on the Bill?**

- Overall, the Bill will have a positive impact on the health and social care system
- Overall, the Bill will have a negative impact on the health and social care system
- Don't know/don't recall

**6. Today, which of the following statements would most accurately reflect your position on the Bill?**

- Overall, the Bill will have a positive impact on the health and social care system
- Overall, the Bill will have a negative impact on the health and social care system
- Don't know

## Section two: College priorities

This section asks about the College's priorities in relation to challenging and influencing the Bill.

The College's current priorities in relation to the Bill are:

- ♦ high-quality patient care
- ♦ ensuring that mental health is given the same status and importance as physical health
- ♦ high-quality postgraduate medical education
- ♦ effective integration of mental health into new public structures
- ♦ effective integration of health and social care
- ♦ reducing health inequalities

### 7. Do you believe these priorities are the right Why/why not?

Please tell us about any specific concerns or issues you think the College should consider.

The survey is almost complete, but before we finish, some details about you.

### 8. Which is, or was, your main psychiatric speciality?

- |                                            |                                                         |
|--------------------------------------------|---------------------------------------------------------|
| <input type="radio"/> General adult        | <input type="radio"/> Learning Disability               |
| <input type="radio"/> Old age              | <input type="radio"/> Forensic                          |
| <input type="radio"/> Psychotherapy        | <input type="radio"/> Addiction                         |
| <input type="radio"/> Academic             | <input type="radio"/> Rehabilitation and social         |
| <input type="radio"/> Liaison              | <input type="radio"/> Not yet decided/still in training |
| <input type="radio"/> Child and adolescent |                                                         |

### 9. Which of the following divisions/offices do you belong to?

- |                                            |                                        |
|--------------------------------------------|----------------------------------------|
| <input type="radio"/> Eastern              | <input type="radio"/> West Midlands    |
| <input type="radio"/> South-East           | <input type="radio"/> North West       |
| <input type="radio"/> South-West           | <input type="radio"/> Scotland         |
| <input type="radio"/> London               | <input type="radio"/> Wales            |
| <input type="radio"/> Northern & Yorkshire | <input type="radio"/> Northern Ireland |
| <input type="radio"/> Trent                |                                        |

**10.** You have indicated that you are based outside of England.

We are very interested in the potential effect of the Bill on the other UK countries (Northern Ireland, Scotland and Wales).

What do you think these effects might be?

**Please now press the 'Submit' button below to complete the survey.**