

Editorial

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Since the last issue, more information has become available about the new Government's plans for health, thanks to the health white paper *Liberating the NHS*. Well, at least in broad outline. While the planned changes are dramatic, there is very little detail given on how the new system will work. Now seems a good time to begin to analyse what the implications might be for the fields of patient safety and regulation of healthcare.

In the last issue I suggested we might see some quangos disappear. It will not surprise many to have seen that the National Patient Safety Agency (NPSA) and NHS Institute for Innovation and Improvement are to disappear. The loss of the NPSA is of concern. AvMA would not have set the NPSA up in the way that it was, completely divorced from the regulatory function; with no teeth; and with an over-emphasis on the reporting system at the expense of work on solutions. However, the NPSA's strength is that it is solely concerned with patient safety. Its work is to be absorbed into the work of the new NHS Commissioning Board. While it is possible that this might give more teeth to the work on patient safety, there must be a large risk of work on patient safety becoming diluted.

Also, am I alone in worrying, on the basis of what we have heard so far, that there is an underlying assumption that quality and safety will somehow magically be improved by giving the NHS more freedom (i.e. less regulation) and putting power into the hands of GPs? GP friends of mine have certainly questioned the wisdom of laying the

responsibility for commissioning and overseeing healthcare on them. Not surprisingly, they want to get on with the work they became a doctor to do – treating people – rather than commissioning and management. I am not aware of any convincing evidence that putting GPs in charge improves quality or safety, or that privatizing healthcare does. We should not forget that GPs are private businessmen and women – not employed by the NHS. And ironically, primary care is backward when it comes to patient safety. The non-participation of GPs in the reporting of patient safety incidents is nothing short of scandalous.

It may not be politically correct to say so, but, from my perspective, a little more (or at least *more effective*) regulation is what is needed – not less! Take, for example, the findings of our second piece of research on patient safety alerts published in August. It showed that a large number of trusts had not complied with large numbers of potentially life-saving patient safety alerts. However, even more shocking was that the regulator, the Care Quality Commission (CQC), had done absolutely nothing to follow up non-compliant trusts until we shamed them into it. Even then, it was no more than a polite enquiry to the worst offenders. This, in spite of the fact that the Department of Health is clear that implementation of these alerts by the deadline given is an absolute 'must do'. If 'liberating the NHS' means even more of this laissez-faire approach, then we can expect more and more 'Staffords'.