

Urology Trade Association

Health and Care Bill briefing note for Committee Stage

Introduction

An estimated [6 million people in the UK](#) (9,000 people on average in each parliamentary constituency) are affected by urinary incontinence and many rely on urology appliances every day. High quality urology appliances allow users to manage their conditions, maintaining their quality of life, affording dignity both at work and home, allowing them independence and avoid repeated medical consultations

The UTA welcomes the overall commitment in the Bill to encourage closer collaboration between the NHS, local authorities and care providers, and the plans to provide more joined-up working. The UTA agrees with the measures in the Bill to bring local and national NHS organisations together, and putting the patient at the centre of all decision making.

This briefing focuses on four key areas:

- Supporting patient and clinician choice
- Patient safety
- Procurement
- Role of third-party providers

The key asks for the UTA are below:

- NHS England should require Integrated Care Boards (ICBs) to include a commitment to patient and clinical choice when agreeing on the constitution for individual ICBs.
- The remit of the Health Services Safety Investigations Body (HSSIB) should be expanded, to enable investigations into medical products which may cause harm to patients.
- In enabling local areas to adopt discharge processes that best meet local needs, greater consideration must be given for urology patients, such as those with a UTI, to ensure that they are not discharged from hospital unless they are clinically ready.
- Further, more detailed definitions, of what is meant by “clinical healthcare services” and “non-clinical services”, must be provided to better understand the impact of future changes on patient choice and procurement rules.
- The new procurement regime must remain open and transparent for all parties involved.
- The role of third-party providers of health and care services should be promoted in the Health and Care Bill.

Supporting patient and clinician choice

The UTA supports the plans to promote patient choice and ensure that commissioners are able to act in the best interest of patients in a transparent way ([Clause 67](#)). The UTA calls for the new structures established by the Health and Care Bill to encourage ‘shared decision making’, to ensure that the NHS facilitates and champions a collaborative process through which a clinician supports a patient to reach a decision about their treatment.

Additionally, to support patient and clinician choice, and to deliver consistency in price, it is important that the Bill ensures that the integrity of the Drug Tariff and its inclusion of urinary continence products is maintained.

At present, clinicians can prescribe, and patients can access, whichever medical device best meets their needs from the full range of products listed on Part IX of the Drug Tariff, the authorised list of

urology and stoma products approved by the Health Secretary for prescription and clinical use on the NHS for all patients across England and Wales.

The Bill allows for the establishment of Integrated Care Boards (ICBs) and Integrated Care Partnerships (ICPs) across England, replacing Clinical Commissioning Groups. Part 1, section 14Z25 of the Bill places a duty on ICBs to establish a constitution, accountable to NHS England, and Section 14Z32 requires each ICB to “act with a view to securing that health services are provided in a way which promotes the NHS Constitution, and promote awareness of the NHS Constitution among patients, staff and members of the public”. It is therefore essential that ICBs are properly supported in understanding patient rights as outlined in the NHS Constitution in relation both to the quality of care and access to the full range of products available.

As the Bill allows for the transitioning of commissioning responsibilities from CCGs to ICBs, the UTA would want to ensure that ICBs are not under any pressure to find cost savings by:

- purchasing larger batches of a narrower range of products, and in doing so curbing access to the full range of available products on the Drug Tariff.
- removing the need for a prescription, leaving some of the most vulnerable patients in jeopardy.

The use of the Drug Tariff enables the NHS to maintain a uniform high standard of healthcare for all users of the relevant medical devices, but especially for all patients who rely on these appliances in a community setting, promoting self-care and self-management as outlined in the NHS Long Term Plan. For these reasons, NHS England should require ICBs to include a commitment to patient and clinical choice when agreeing on the constitution for individual ICBs.

Patient Safety

The UTA welcomes the Bill's inclusion to establish the Health Services Safety Investigations Body (HSSIB) (Clause 93) as an independent statutory body with the function of investigating incidents that occur in England during the provision of health care services which have, or may have, implications for the safety of patients.

The UTA calls for the remit of this body to be expanded, to enable investigations into medical products which may cause harm to patients.

Section 19 of the Medicines and Medical Devices Act led to the establishment of an ‘information system’ to monitor the use of medical devices placed on the UK market. We would recommend that the HSSIB works with the MHRA to be given the ability to respond more quickly to emerging risks to patient safety as and when they develop. This will ensure that we have a more systematic, proactive approach to monitoring certain medical devices where a risk, or potential risk, of serious harm has been identified and will ensure patients and prescribers have the information they need.

Separately, in introducing flexibility for local areas to adapt their hospital discharge model to best meet local needs, (clause 78) the UTA calls for greater consideration to be given for urology patients, such as those with a UTI, to ensure that they are not discharged from hospital unless they are clinically ready. An accurate assessment must be given for those with long-term conditions to prevent even worse outcomes for patients.

Procurement

The UTA welcomes the commitment in clause 68 to reduce bureaucracy on commissioners and providers in developing new procurement regime for the NHS. It is important that NHS staff time is not wasted on exhaustive tendering processes, but rather directed to ensuring the quality of patient care and choice is fully maximised.

Regarding the plans to revoke current NHS procurement rules and introduce a new provider selection regime for the arrangement of clinical healthcare services, the UTA calls for the services provided by Dispensing Appliance Contractors (DACs) as an integral part of the health service providing Part IX Drug Tariff products, stoma, continence, laryngectomy appliances and wound care dressings, and services to approximately 400,000 patients with long-term conditions.

As we represent companies that provides a wide range of services as a partner to the NHS, we would welcome further, more detailed definitions, of what is meant by "clinical healthcare services" and "non-clinical services" to better understand the impact of future changes on patient choice and procurement rules.

The UTA will want to ensure the new procurement regime remains open and transparent for all parties involved.

Role of third-party providers

Third-party providers of health and care services have an important role in supporting the NHS to deliver on its commitments towards protecting, promoting and facilitating patient choice. Furthermore, charities can play an essential role in supporting patients by funding projects that improve services for patients, as well as helping NHS staff and volunteers, and providing educational material for patients. As well as adding additional capacity to the NHS, third party providers can also support innovation and research across a variety of sectors. The UTA calls for the role of third-party providers of health and care services to be promoted in the Health and Care Bill.

About the UTA

The Urology Trade Association (UTA) was established in 2007 to represent manufacturers and suppliers of urology products. The association seeks to:

- promote and sustain patient choice in access to continence products;
- increase patient and public awareness about continence issues; and
- ensure that patients are not placed at adverse risk by ill-advised policy decisions.

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