

COMMISSIONING A PATIENT-LED NHS – INFORMAL CONSULTATION

SUMMARY

- 1.1 This report outlines proposed changes in local NHS structures and suggests a response to an informal consultation being conducted by Essex Strategic Health Authority.

2 INTRODUCTION

- 2.1 The Government has announced changes in the way primary care services will be commissioned and delivered, to reflect patient choices.

- 2.2 The objective is to create a “step-change”, and will require:

- Better engagement of local clinicians in the design of services.
- Faster universal implementation of the commissioning of services by GP practices, rather than by Primary Care Trusts (PCTs), as at present.
- Developing PCTs to support practice based commissioning and to take on the responsibility for performance management through contracts with all providers, including those in the independent sector.
- Reviewing the functions of Strategic Health Authorities (SHAs) to support commissioning and contract management.

- 2.3 The process can be viewed in two stages:

- Firstly, getting the right configuration for commissioning and the right people in the right places. This will involve reviewing the arrangements for PCTs in each SHA area, reviewing the arrangements for the Ambulance Trust and reviewing the SHA itself.
- Secondly, enhancing the ability of GP Practices, PCTs and SHAs to do their new job.

3 CONSULTATION AND TIMETABLE

- 3.1 Essex SHA will be responsible for co-ordinating the review process locally and for consulting with local people and patient groups, NHS organisations, Local Government, MPs and other interested parties.

- 3.2 Given that one of the criteria by which any changes will be assessed is savings in management and administration costs, it is almost certain that there will be significant re-organisation of the health system structures. The criteria against which any proposals will be judged are whether they:

- Secure high quality, safe services;
 - Improve health and reduce inequalities;
 - Improve the engagement of GPs and rollout of Practice Based Commissioning with demonstrable practice support;
 - Improve public involvement;
 - Improve commissioning and effective use of resources;
 - Manage financial balance and risk;
 - Improve co-ordination with Social Services through greater congruence of PCT and Local Government boundaries;
 - Deliver at least 15% reduction in management and administrative costs.
- 3.3 The Government is looking to align SHAs with Government Office boundaries and for re-configured PCTs to have a clear relationship with Social Services boundaries. A recent review of Ambulance Services proposed a reduction of at least 50% in the number of Ambulance Trusts.
- 3.4 PCTs currently provide services, such as district nursing. In future, PCTs will focus on promoting health and commissioning services from a range of providers and will cease to employ such community based staff directly.
- 3.5 The SHA is currently conducting an “informal consultation”, seeking views by 3 October 2005. Following this, the timetable is:
- SHA proposals submitted to Department of Health by 15 October 2005.
 - Formal period of consultation, ending March 2006.
 - PCT reconfigurations completed by October 2006.
 - SHA changes completed by April 2007.
 - PCT service provision changes completed by December 2008.
- 3.6 Further work is also being undertaken by Government Agencies to ensure that all NHS Trusts can move to Foundation Status as soon as practicable. Ambulance Services will also receive support in moving to Ambulance Trust status, with a period of formal consultation September – November 2005 and complete implementation of changes and Trusts all in place by March 2007.

4 DISCUSSION

- 4.1 The Chief Executive of Essex SHA has indicated some possible options for the reconfiguration of PCTs in Essex:

- Option 1 One PCT covering the whole of the Essex County Council, Southend-on-Sea and Thurrock Unitary Authority areas.
- Option 2 Two PCTs, one covering North Essex and one covering South Essex with the boundaries of the old North and South Health Authorities.
- Option 3 Five PCTs each covering the catchment area of one Essex District General Hospital:
- South East: Castle Point, Rochford and Southend
 - North East: Colchester and Tendring
 - Mid: Braintree, Chelmsford & Maldon
 - West: Epping Forest, Harlow and Uttlesford
 - South West: Basildon, Brentwood, Billericay & Wickford and Thurrock

Another option that might be explored is seven PCTs – three in the north of the County and four in the south (Southend; Castle Point and Rochford; Basildon, Brentwood, Billericay and Wickford; Thurrock)

However, the greater the number of PCTs, the less the savings that are likely to be achieved.

- 4.2 What seems clear is that any proposal to reduce the number and enlarge the areas covered will result in a distancing from local communities and the breaking of links that have been established with other local structures, particularly the Local Strategic Partnerships, Crime & Disorder Responsible Authority Group Partnerships and Police divisions. In the context of improving the health of local communities and reducing health inequalities, the in-depth understanding of local conditions risks being lost by expanding administrative areas.

- 4.3 For Strategic Health Authorities, two options have been suggested:-

- Option 1 Merger with two other SHAs to form a new SHA covering the East of England Region (this would cover Essex, Bedfordshire, Hertfordshire, Norfolk, Suffolk and Cambridgeshire)
- Option 2 Merger with one other SHA to form a new SHA covering Essex, Bedfordshire and Hertfordshire.

4.4 For Ambulance Trusts, again, two options are being proposed:

Option 1 An ambulance trust covering the whole of the East of England.

Option 2 An ambulance trust covering Essex, Bedfordshire & Hertfordshire.

4.5 For both, there may be other possible configurations.

5 RECOMMENDATION

5.1 It is proposed that the Committee **RESOLVES**

That the Council advises Essex Strategic Health Authority that it wishes to see the retention of a Primary Care Trust for Castle Point and Rochford, to ensure best fit with other local structures, particularly Local Strategic Partnerships, and to ensure effective communication with local people.

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Background Papers:-

Letter from Essex Strategic Health Authority 29 July 2005

Memorandum from from Chief Executive of the NHS 28 July 2005

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