

Commissioning a Patient Led NHS

Summary:

Please find below some key points from the Department of Health taken from the Commissioning a Patient Led NHS Bulletins. In brief:

- SHAs submitted the proposals on the 15 October.
- Proposals were considered by an external panel meeting on the 9 November.
- Proposals are currently being considered by Ministers
- A consultation is expected to take place from December to February, however, a judicial review sought by the RCN may impact on this timetable.
- Changes could take place from April 2006 onwards
- The Ambulance service reconfiguration will be consulted upon during the same timescales.

▪ External Panel Meeting – 9 November 2005

The independent External Panel met on 9 November 2005 to assess the SHAs' October proposals against the criteria identified in July's Commissioning a Patient-Led NHS document. The panel has offered its initial comments to Ministers. These are currently being considered and the DH will write to SHAs in due course.

▪ Royal College of Nursing seek judicial review

The Royal College of Nursing (RCN) are seeking a judicial review of some aspects of Commissioning a Patient-led NHS which may affect the timetable

▪ Changes to primary care trusts and strategic health authorities: Press Release 18 October

The Secretary of State for Health today made a written statement to the House on changes to primary care trusts and strategic health authorities. Patricia Hewitt said:

"National Health Service spending is rising from £33 billion in 1997-98 to over £90 billion in 2007-08. This increased investment, together with reform and dedicated work by NHS staff, is transforming our hospitals, with reduced waiting times and lists, improved accident and emergency services and more up-to-date buildings and equipment.

"90 per cent of people's contact with the NHS is in primary care and the challenge now is to improve primary and community services. It is better for patients and taxpayers if long-term conditions like diabetes and heart disease and care for our ageing population – the big challenges facing the NHS in the 21st century – are dealt with in the local community, rather than in hospitals.

"The focus of services needs to shift more towards prevention, moving more services – like diagnostics, minor operations and other treatments – out of hospital wherever it is safe and effective to do so, and ensuring all communities get the services they need. We need to continue to reduce administrative costs, releasing further resources for frontline care.

"This needs stronger primary care trusts to design, plan and develop better services for patients, to work more closely with local government, and more effectively to hold hospitals and general practitioners (GPs) to account. GPs should also play a more effective role in developing better services for patients and be more accountable to their local communities for spending taxpayers' money. That is why the Government is rolling out 'practice-based commissioning', which will ensure that GPs help deliver better local services for patients. It will also deliver better value for money as GPs help patients avoid going into hospital unnecessarily, and spend the money they save on improving community services, including preventative measures.

"To take this agenda forward in a planned way, with manageable timescales, **"Commissioning a Patient-led NHS" was published on 28 July.** Its purpose was to streamline strategic health authorities, strengthen primary care trusts and engage GPs with practice-based commissioning – all in the cause of improving services to patients. Rather than impose change from the centre, we asked **SHAs to submit local proposals for consultation to the Department by 15 October.** We asked them to work with local people and stakeholders, including honourable and right honourable members. The proposals have now been received, and are being analysed against the criteria set out by the NHS Chief Executive (Sir Nigel Crisp) on 28 July:

- securing high-quality, safe services for patients;

- improving health and reducing inequalities;
- improving the engagement of GPs;
- improving public involvement;
- improving co-ordination with social services through greater 'co-terminosity' of PCT and local government boundaries;
- effective use of resources.

"On 26 August, the Department sent a letter to all SHA chief executives stressing that proposals should consider the context of local health needs, and that different solutions from different SHAs would be encouraged, as long as they were justifiable against the above criteria. He also stressed the need to engage local stakeholders and partner organisations from the outset.

"An external panel representing key interests has been established to advise Ministers on whether the proposals meet the criteria. The panel is chaired by Michael O'Higgins, managing partner and member of the international board of PA Consulting Group. Members include:

- Jane Barrie, Chair of the SHA Chairs;
- Peter Mount, Chair, NHS Confederation;
- Joan Saddler, Chair, Waltham Forest PCT;
- Harry Cayton, National Director for patients and the public, Department of Health;
- David Colin-Thome, National Director for primary care, Department of Health;
- Jennifer Dixon, Director of Policy, King's Fund;
- Liz Fradd, Chief Executive, Nurse Directors' Association;
- Ara Darzi, Imperial College;
- David Henshaw, Chief Executive, Liverpool City Council.

"After this consideration, any proposals for changes to PCT boundaries will then go out for a three month statutory consultation to all local stakeholders and staff interests. **This consultation will begin in early December 2005.** No decisions on future local configurations will be taken until after this full statutory local consultation has been completed.

"Changes to SHAs will precede changes to PCTs and any changes to the latter will not commence before April 2006. Any changes to PCT roles in providing services will take place over a longer timescale and will be subject to consultation in the usual way. Any such changes will build on the results of the forthcoming White Paper on community health and social care services, based on the current listening exercise, "Your Health, Your Care, Your Say". Staff will be fully involved in deciding new arrangements and identifying which services will be best for patients. Any staff transferring to a new employer will, of course, be entitled to appropriate legal protection of their terms and conditions of employment. The social partnership forum have decided to set up a working group led by NHS Employers to fully engage all trade unions in all workforce issues arising from the Commissioning a Patient-led NHS change programme."

Ambulance Trust Consultation

After much deliberation, the timescale for the public consultation on the reconfiguration of Ambulance Trusts has been changed. The consultation will now begin in early December, and will run concurrently with the consultations on SHA and PCT reconfiguration. This will give more time, as requested by some SHAs, for the pre-consultation phase and the preparation for the formal consultation.

Roz Davies, Health Partnership Manager, November 2005