

What's changing in the NHS

This briefing has been produced for NCF and VODG members in order to increase awareness of the health and social care changes happening right across the NHS and local government. These changes will alter the way all providers, elderly and disabled people and their carers work with and are supported by the health and wellbeing system in the future.

Summary

The Health and Social Care Act approved by Parliament means that the NHS is undergoing a significant restructure. This restructure will abolish Strategic Health Authorities (SHAs) at regional level and Primary Care Trusts (PCTs) at local level. In their place by April 2013 will be local clinical commissioning groups (CCGs) - groups of GP practices working with other health and care professionals, and in partnership with local communities and local authorities - to commission the majority of NHS services for their local population. A national NHS Commissioning Board will oversee the local clinical commissioning groups, and commission certain specialist or national services, for ex-ample dentistry and maternity services.

Giving local GP practices budgets and commissioning powers instead of PCTs aims to ensure that decisions about patient care and services are placed as close as possible to the patient. At the same time, these changes aim to produce a diverse and plural provider market, where NHS, private, voluntary and not-for-profit providers compete for contracts to improve quality and choice of services for patients and the public.

The NHS reforms are part of a wider government effort to shift power to local people and communities and put them at the heart of service delivery, local planning and decision making, through the Localism agenda and 'Big Society' initiative. The Localism agenda aims to open up public services for delivery by local communities, as well as charities, social enterprises and employee-owned

cooperatives, via a 'right to challenge' local authorities and commissioning bodies about their existing provision. The Big Society meanwhile aims to encourage volunteering and social action, and create a large social enterprise sector.



Voluntary
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Key changes

1. New commissioning structures

AT LOCAL LEVEL: Clinical commissioning groups (CCGs) will take on responsibilities for commissioning health services for their local populations and replace SHAs and PCTs by April 2013.

CCGs will bring together GP practices, other health care professionals, local authorities and patient/public representatives. At least one registered nurse and one doctor who is a secondary care specialist must sit on the governing body of the local clinical commissioning group. The governing body will also have two lay members, one championing patients and one appointed for their expertise in governance issues.

CCGs will be responsible for managing the combined commissioning budgets of their member GP practices, and using these resources to buy services, improve healthcare and health outcomes. CCGs will have a duty of public and patient involvement and will need to engage patients and the public in their neighbourhoods in the commissioning process, as well as enable and promote patients to be involved in making decisions about their own health and care. An important part of this will be making patients and the public aware of the NHS constitution – a set of rights and entitlements .

CCGs will be able to buy commissioning support from Commissioning Support Services (CSSs). CSSs will be formed from the PCTs, which are being dissolved and re-clustered as much larger organisations. CSSs will be an important part of the new system to provide CCGs with commissioning expertise, for example data analysis and commercial skills, and take on some 'back office' functions for CCGs. CCGs will have the freedom to decide what commissioning activities they undertake for themselves and what activities and support they buy in. They will be able to choose to buy this support from either the CSSs, or from other external and/or independent providers, including local authorities, private, and voluntary and not-for-profit sector bodies. There are expected to be approximately 20-25 CSSs and they will be overseen and hosted by the national NHS Commissioning Board.

AT NATIONAL LEVEL: a national NHS Commissioning Board will oversee the local clinical commissioning groups (CCGs). The board will support the development of CCGs, allocate resources and budgets to CCGs, and hold CCGs to account for their financial performance, for delivering patient outcomes, and working in partnership with local government and other organisations.

The board has been established in shadow form and Sir David Nicholson, currently Chief Executive of the NHS, will be the Chief Executive of the NHS Commissioning Board.

In addition to overseeing CCGs and to hosting CSSs from which CCGs can buy commissioning support, the NHS Commissioning Board will:

- Provide national leadership on commissioning for quality improvement. It will develop commissioning guidelines on the basis of quality standards and design model contracts for local CCGs to adapt and use with providers.
- Promote and extend public and patient involvement and choice. This will include championing greater involvement of patients and carers in decision-making and managing their own care, and working with commissioners and local authorities in promoting patient choice.
- Commission some specialist services such as the provision of equipment for people with complex disabilities, cystic fibrosis services, cleft lip and palate services, specialised dermatology services and specialised paediatric services.
- Commission some nationally needed services that would not make sense if commissioned on too small a scale, such as dentistry, community pharmacy and maternity services.
- Allocate and account for NHS resources.

The NHS Commissioning Board will also host both clinical networks and new “clinical senates” formed of doctors, nurses and other professionals. Clinical networks will bring together experts on particular conditions and service areas, building on the existing range of such clinical and professional networks. Clinical senates will give expert advice to the NHS Commissioning Board and CCGs on how to make patient care fit together seamlessly in each area of the country. The exact role and make up of clinical networks and clinical senates is still being developed.

2. An expanded role for local authorities

Local authorities will have a new and enhanced role in health, assuming responsibility for public health and health improvement. They will have a duty to:

Establish health and wellbeing boards, which will be responsible for overseeing the health and wellbeing needs of the local community and for co-ordinating commissioning across a local area. These boards will bring together key NHS, public health and social care leaders in each local authority area to work in partnership and promote integration and joined up working across health and adult social care and children’s services, including safeguarding.

Health and Wellbeing Boards will develop joint health and wellbeing strategies. It is expected that this local health and wellbeing strategy will provide the framework within which more detailed and specific commissioning plans for the NHS by CCGs, social care, public health and other services are developed. The joint health and wellbeing strategy will be based on the assessment of local need, outlined in the local Joint Strategic Needs Assessment (JSNA). You can find out more about JSNA at www.vodg.org.uk/JSNA-Resources.html

Local authorities will also be responsible for establishing local HealthWatch organisations, which will take over from current arrangements for public involvement and representation in health (often through LINKs organisations) and will hold local services to account for their commissioning and delivery decisions.

3. Patient and public involvement and accountability

HealthWatch

AT LOCAL LEVEL: New local HealthWatch organisations will be established locally to ensure that the views and feedback from patients, communities and carers are an integral part of local commissioning. Local HealthWatch will be funded by local authorities. They will also be accountable to local authorities.

Local authorities will be able to commission local HealthWatch to provide advocacy and support to help people access and make choices about services, support people who lack the means or capacity to make choices (e.g. helping them choose which GP to register with), and help those who want to make a complaint.

To reinforce local accountability, local authorities will be responsible for ensuring that local HealthWatch are operating effectively and putting in place better arrangements if they are not.

AT NATIONAL LEVEL:

A national body, HealthWatch England, will provide advice, support and leadership to the local Health-Watch organisations. Local HealthWatch will provide intelligence for national HealthWatch and will be able to report concerns about the quality of providers independently of the local authority. HealthWatch England will also provide advice to the NHS Commissioning Board HealthWatch organisations, bringing together local patients and communities, will ensure that the views and feedback from patients and carers are an integral part of local commissioning across health and social care. Local Authorities will be able to commission local HealthWatch or national HealthWatch (known as HealthWatch England) to provide advocacy and support to help people access and make choices about services, support people who lack the means or capacity to make choices (e.g. helping them choose which GP to register with), and help those who want to make a complaint.

NHS constitution

The NHS constitution sets out the rights, pledges and responsibilities of patients, the public and NHS staff, giving a clear picture of what standards of care should be expected from NHS services. The NHS constitution aims to promote and enhance patient involvement and choice in decision making about care. One of its most important principles is:

NHS Services must reflect the needs and preferences of patients, their families and their carers. Patients should not be seen as passive recipients of treatment, but as partners whose individual needs and preferences should be taken into account.

CCGs will be expected to adhere to the principles of the NHS constitution and promote its awareness amongst patients, the public and staff of NHS services. Providers commissioned and contracted by CCGs and the NHS Commissioning Board, including private, voluntary and not-for-profit providers, will also be expected to adhere to and uphold the principles and values of the NHS constitution in their practice. You can find out more about the NHS constitution at <http://www.nationalcareforum.org.uk/content/spp/NHS%20Constitution%20What%20You%20Need%20to%20Know.pdf>

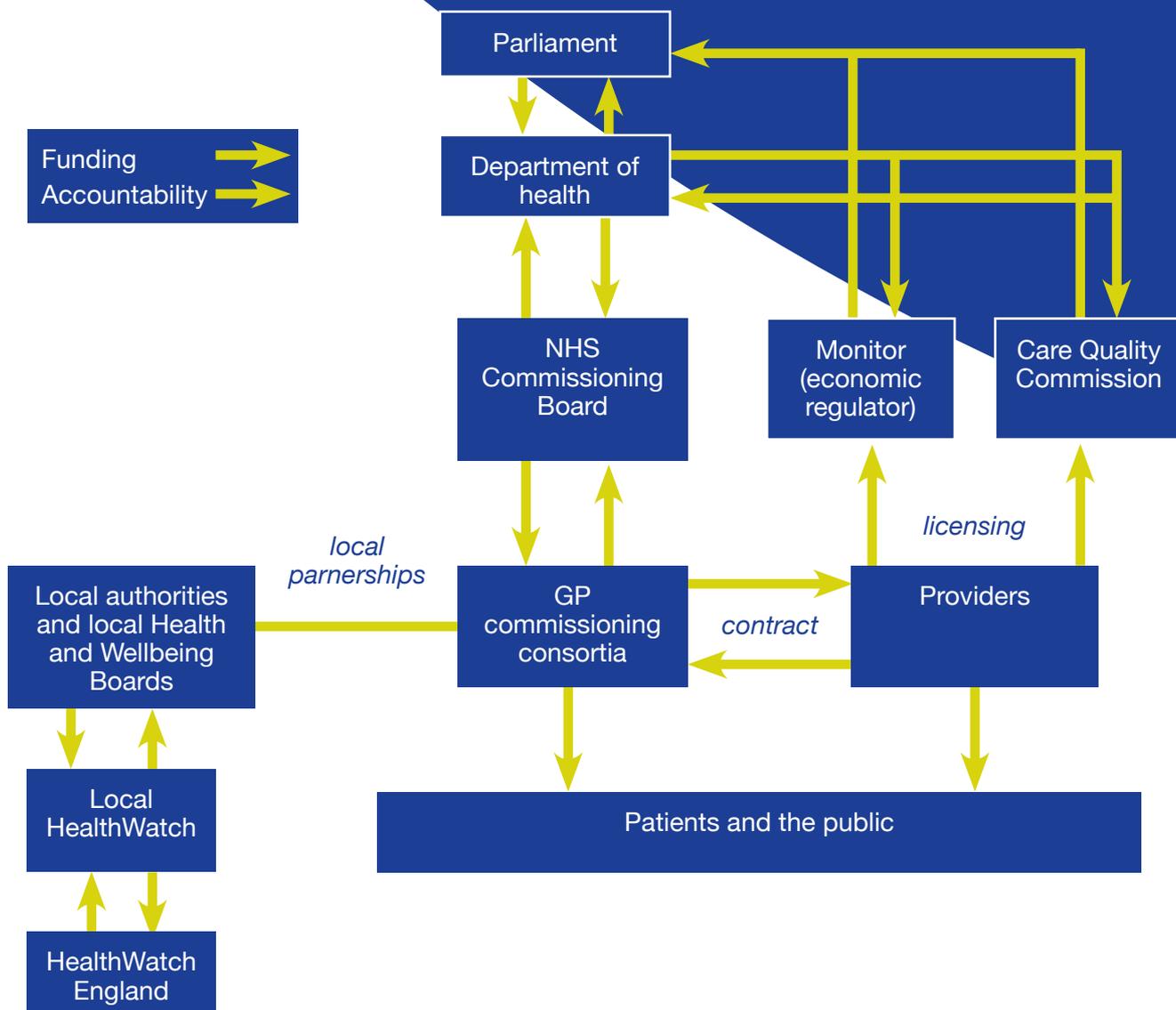
4. Market development

Competition, choice and information will be the key drivers of quality in the new system. Local health services will be opened up to alternative providers under the 'any qualified provider' initiative, enabling GPCC to commission services from any licensed provider. It is intended that providers (be they from the NHS, the private sector or voluntary and not-for-profit sector) will compete on a level playing field for NHS contracts. The policy of 'any qualified provider' is intended to increase competition (and therefore, it is hoped, innovation, improvement and productivity) while reducing barriers to entry to the market.

Any provider of NHS services will be required to be registered with the Care Quality Commission (CQC) and be licensed by a new (national) economic regulator, Monitor. While the CQC's role will continue to focus on maintaining quality standards, Monitor's key duties will be to promote competition and ensure continuity of services

The competitive market is to be underpinned by an 'information revolution' whereby patients are empowered to make decisions about their own health, treatment and provider, by being better able to access information and data about services.

The new system



Adapted from DH 2010. 'Equity and Excellence: Liberating the NHS'

The National Care Forum (NCF) and Voluntary Organisations Disability Group (VODG) are national umbrella bodies providing support to voluntary sector providers of health and social care services to older and disabled people. To find out more please visit www.nationalcareforum.org.uk and www.vodg.org.uk. NCF and VODG are partners with the Department of Health Voluntary Sector Strategic Partnership Programme.