

NHS Parent Carer Participation

Introduction to changes to commissioning of health services

NB Descriptions of the roles of organisations appearing in bold and how to find them in your local area are provided overleaf

The Health & Social Care Bill going through parliament gives GPs a stronger role in commissioning services and strengthens the requirement to involve patients and the public in shaping services. Though the bill has not yet been passed, new organisations are being formed locally to takeover commissioning health services from **Primary Care Trusts**

This includes **Clinical Commissioning Groups** and **Health and Well Being Boards**. They are both meant to involve patients and the public in their work.

Some concerns

GPs are to have a stronger role in commissioning services through **Clinical Commissioning Groups**, yet a recent survey by Contact a Family showed that 76% of families did not visit their GP about their child's condition or disability.

Local **Health and Well Being Boards** are to have a major role in integrating health and social care, but there is no mention in the bill about integrating education with health and social care when commissioning children services.

User involvement is to be through **HealthWatch** which will evolve from **LINKs**. A recent survey of parent carer forums reported that many LINKs did not think they covered children services and parent carer forums found working directly with commissioners, NHS managers and lead clinicians a more effective way of working

Key message to parent carer forums

1. **Clinical Commissioning Groups, HealthWatch and Health and Wellbeing boards** all have to involve patients and the public in shaping health services.
2. Try to make contact with these new organisations to make sure they know about the parent carer forum and how you work in partnership with commissioners and managers.
3. Try to make contact with people in these organisations taking a lead on children services and start to build a working relationship with them. Invite them to meet parents from the forum and use this as an opportunity to raise awareness of the problems families of disabled children experience.
4. Do not expect people to have immediate answers. More discussion is needed to determine how health services for disabled children are to be commissioned. This might provide an opportunity to influence these decisions.
5. If you have key contacts who might be able to influence people on the Health and Well Being Board (e.g. councilors, children's service managers) start having conversations with them about the changes and how they are being implemented locally.

NHS Parent Carer Participation

Introduction to changes to commissioning of health services

NHS Parent Carer Participation

Introduction to changes to commissioning of health services

April 2013: The following three organisations will cease to exist

Primary Care Trusts (PCT)

There are 151 primary care trusts across England who commission most health services for their local population. This includes

- **Primary care services** – e.g. GPs, pharmacists, dentists, NHS walk in centres and funding prescriptions
- **Community services** – e.g. wheelchair and equipment, therapies, nurses
- **Secondary service** – e.g. hospital inpatient and outpatient, A&E, mental health services
- **Public Health services** – e.g. immunisation, programs to prevent teenage pregnancy, obesity, smoking

PCT's make sure there are enough accessible services for people within their area and are responsible for getting health and social care systems working together for the benefit of patients. You can find their contact details at

<http://www.nhs.uk/NHSEngland/thenhs/about/Pages/authoritiesandtrusts.aspx>

Strategic Health Authorities (SHA)

There are 10 strategic health authorities: East of England, East Midlands, London, North East, North West, South Central, South East coastal, South West, West Midlands, Yorkshire & Humber. They are responsible for

- Developing plans for improving health services in their local area
- Making sure local health services are of a high quality and are performing well
- Increasing the capacity of local health services so they can provide more services
- Making sure national priorities (for example, programmes for improving cancer services) are integrated into local health service plans

Specialised Commissioning Groups

Some specialist services are commissioned at a regional level, as there are not enough patients requiring these services to warrant commissioning at a local level. e.g. neo-natal, cystic fibrosis, complex epilepsy, services, rare conditions. There are currently 10 Specialised Commissioning Groups whose boundaries are co-terminous with the Strategic Health Authorities.

NHS Parent Carer Participation

Introduction to changes to commissioning of health services

The following organisations are being formed, to shadow the PCT from April 2012 and takeover their work in April 2013.

Clinical Commissioning Groups (previously called 'GP commissioning Groups')

Clinical Commissioning Groups will become responsible for much of the commissioning previously carried out by Primary Care Trust (PCT). Clinical commissioning groups are formed by groups of GP practice working together. The number of GP practices in clinical commissioning groups varies enormously. Most have thirty plus GP practices in them and some more than sixty. It is expected that some small clinical commissioning groups will need to merge with larger clinical commissioning groups to be viable. A clinical commissioning group is expected to lie within one local authority boundary.

Each consortium must have other health professionals involved, including at least one hospital doctor and nurse. To avoid conflict of interest in commissioning these hospital clinicians would need to work in a different geographical area.

You can find details of clinical commissioning groups in your area at:

<http://healthandcare.dh.gov.uk/gp-consortia-map/>

NHS Commissioning Board

A National NHS Commissioning Board will be created to provide support and guidance to local commissioning teams including information about clinical guidelines, model pathways of care and standard contracts.

The National NHS Commissioning Board will also be responsible for commissioning some local primary services including GPs, as there would be a conflict of interest if clinical commissioning groups were to commission GPs.

HealthWatch

Healthwatch will evolve from Local Involvement Networks (LINKs) and continue providing public and patient feedback on health (adult and children) and social care (adult only). They are also expected to have a stronger role in supporting user involvement including

- Being more representative of the local community including minority and hard to reach groups
- Working with commissioners to bring about service improvements
- Having representation on Health and Well Being Boards

Additionally they will become responsible for providing information and advice to people to help them access health services and eventually (Oct 2013) help people make complaints and access advocacy

NHS Parent Carer Participation

Introduction to changes to commissioning of health services

There are 75 pathfinder areas where Health Watch are already being formed. You can find out if your area is one at <http://healthandcare.dh.gov.uk/local-healthwatch-pathfinders-announced/>

You can find contact details for your Local Involvement network LINK at

<http://www.nhs.uk/NHSEngland/links/Pages/findingyourlink.aspx>

Health and Wellbeing Board.

Each local authority must establish a Health and Wellbeing Board which will have a strong role in the development of local commissioning plans and promoting joint commissioning of health and social care. Members of the board will include at least one councillor, the director of adult social care, the director of children services, representatives from clinical commissioning groups and at least one patient representative. The board can choose to co-opt additional people onto the board.

The board has a duty to involve patients and the public when developing a joint strategy needs assessment and joint health and wellbeing strategy. Clinical commissioning groups could choose to delegate commissioning for particular services to local authorities.

Each area has to have a board in place by April 2012 to shadow the PCT and be up and running by April 2013. Most (132) local areas have already started developing them and you can find out which at

<http://healthandcare.dh.gov.uk/early-implementers-of-health-and-wellbeing-boards-announced/>

NHS Parent Carer Participation

Introduction to changes to commissioning of health services Moving from the old to the new system

The following table shows the organisations currently responsible for commissioning health services and who is to become responsible from April 2013.

Currently	April 2013	Service
Primary Care Trust	NHS Commissioning Board	Primary e.g. GP, chemist, dentists
Primary Care Trust	Clinical Commissioning Groups	Secondary , e.g. outpatients, A&E, wheelchairs, therapies:
Primary Care Trust	Local Authority	Public Health e.g. immunisation, reducing teenage pregnancies
Specialised Commissioning Groups (regional level)	Still under discussion – expect some services to be commissioned nationally by NHS Commissioning Board, and some at local level	Specialist service e.g. neo-natal, cystic fibrosis, complex epilepsy, services , rare

As part of the transition to the new system all 151 PCTs have been grouped into 51 PCT clusters. The PCT clusters have a duty to support the clinical commissioning groups to be ready to take over commissioning by April 2013. They are expected to evolve into a local arm of the National Commissioning Board.

The 10 Strategic Health Authorities are also being grouped into four strategic health authority clusters (North, Middle, South and London). They are expected to eventually become a sub group of the NHS National Commissioning Boards.