

# Stakeholder Brief

Special Edition

16 June 2011

## Introduction

The Government this week announced a series of changes to the proposed NHS reforms and to the draft Health and Social Care Bill.

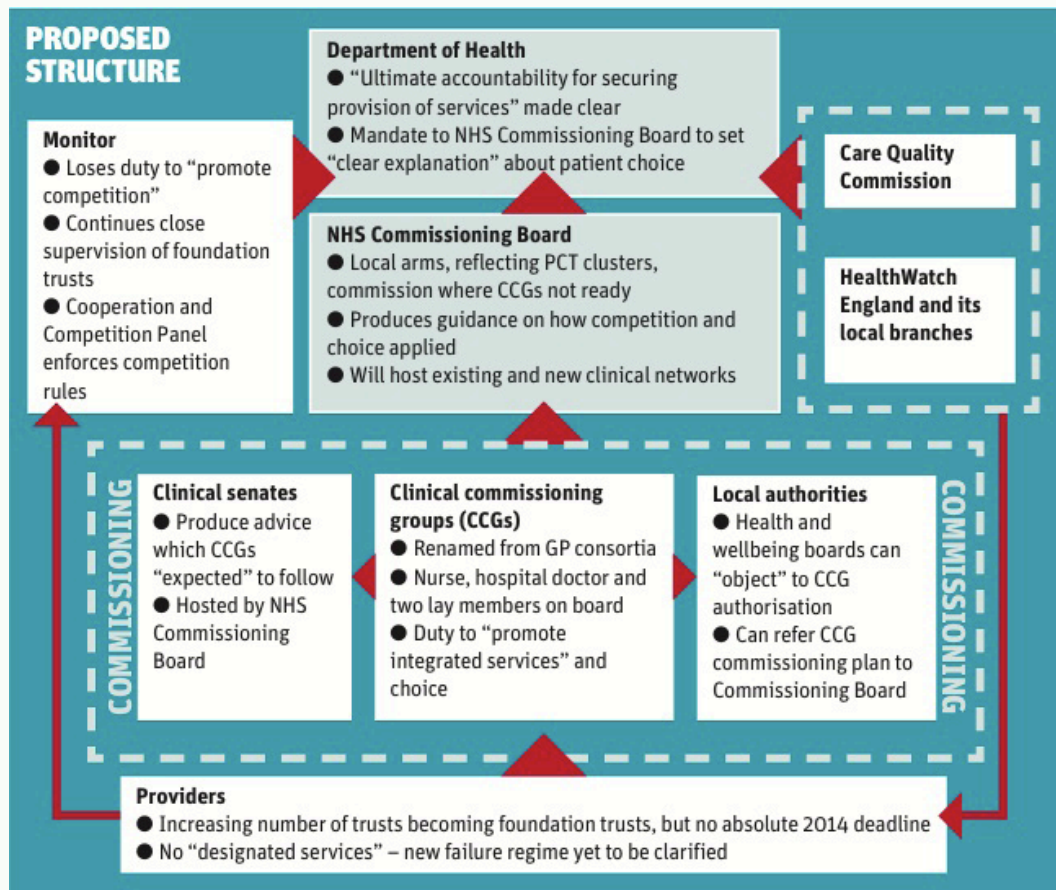
These amendments have been made as a result of the recent 'Pause and Listen' exercise that was underway during most of April and May and a subsequent report produced by the NHS Futures Forum, a group setup to lead the exercise.

Full details of the proposed changes will be announced shortly but the key essence of the changes focuses around four areas:

- Overall NHS accountability;
- Clinical commissioning;
- Public accountability and patient involvement;
- Choice and competition.

### New proposals for a revised NHS structure

Commissioning of local health services in the future is still proposed to be led by GPs, but this will now take place in what will be known as Clinical Commissioning Groups. The Health Service Journal has published a useful diagram that outlines how the various parts of the NHS will relate to each other:



### Overall NHS accountability

The key changes in this area are that the Government plans to take further steps to embed the NHS Constitution and also plans to retain the Secretary of State's role in being responsible for promoting a comprehensive health system.

### Clinical commissioning

Commissioning of local health services will be undertaken by Clinical Commissioning Groups (CCGs) that will still be groups of GP practices but will also now include at least one registered nurse and at least one hospital doctor, as well as two lay representatives. One of these two lay representatives will act as the Chair or Vice Chair of the Clinical Commissioning Group. Boundaries of the areas covered by CCGs would not be expected to normally cross local authority areas and they will have a duty to promote integration of health and social care services.

Primary Care Trusts will still cease to exist in April 2013 but CCGs will not take on full responsibility for commissioning and budgets until they have been 'authorised'. If this doesn't happen before April 2013 then the NHS Commissioning Board – probably with a local office based on the PCT Cluster areas – will take over commissioning until the CCG is authorised.

Doctors, nurses and other professionals will be encouraged to come together in Clinical Senates to agree expert advice that CCGs will be expected to follow.

Public accountability and patient involvement Health and Wellbeing Boards will have a new duty to involve users and the public and to promote joint commissioning and the integration of services. The Boards will also have a formal role in the authorisation process for the Clinical Commissioning Groups and to be consulted about the annual commissioning plans that the Groups will develop. The formal duty of the Clinical Commissioning Groups and the NHS Commissioning Board to involve patients will be clarified.

### Choice and competition

Monitor's core duty will be to protect and promote patient's interests. The proposed duty to promote competition is being removed and the introduction of 'Any Qualified Provider' is being delayed until April 2012 and then introduced in a more phased way. The Government is clear that any future competition will be on the basis of quality and not price.

Providers will still be required to become Foundation Trusts but the deadline of April 2014 for this to happen has been removed.



### More details

The NHS Future Forum full report is available on the internet [here](#) and the Government's response [here](#).

For more details or if you have any specific queries please contact [simon.trickett@worcestershire.nhs.uk](mailto:simon.trickett@worcestershire.nhs.uk)