

**COMMISSIONING A PATIENT-LED NHS: PRIMARY CARE TRUSTS
(Report by the Chief Executive)**

1. INTRODUCTION

- 1.1 The purpose of this report is to bring to the attention of the Cabinet a consultation exercise which is to be undertaken by the Norfolk, Suffolk and Cambridgeshire Strategic Health Authority on the future configuration of Primary Care Trusts (PCTs) in the Eastern Region.

2. BACKGROUND

- 2.1 On 28th July 2005 Sir Nigel Crisp, Chief Executive of the National Health Service (NHS) published a document entitled "Commissioning a Patient-led NHS". The document outlines Department of Health (DoH) proposals for creating a step-change in the way services are commissioned to reflect patient choices. In that context specific reference is made to the need —

- for better engagement with local clinicians in the design of services;
- for faster, universal roll-out of practice-based commissioning;
- to develop 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; and
- to the need to review the functions of Strategic Health Authorities (SHAs) to support commissioning and contract management.

- 2.2 The delivery of these changes is regarded as an essential part of creating a patient-led NHS. The improvement in commissioning and organisational change also reflects the Government's commitment to make £250m savings in overhead costs.

- 2.3 The Norfolk, Suffolk & Cambridgeshire SHA will be expected to propose a configuration of PCTs in the Region which are designed to deliver a "fit-for-purpose" health system with an effective and objective commissioning function capable of ensuring high quality care and value for money alongside the improvement of health promotion and protection.

- 2.4 As a general principle, the DoH is looking for reconfigured PCTs to have a clear relationship with local authority social services boundaries. This is qualified to an extent by a statement to the effect that a rigid 1:1 co-terminosity will not necessarily be sought, but this is thought to apply to local authority areas where (smaller) unitary authorities are prevalent.

3. RECONFIGURING PCTs: THE PROCESS AND TIMESCALE

3.1 The process for review and change is to be undertaken in two phases. The first phase will be concerned with securing the right configuration for PCTs and the second with their internal capacity and their capability to discharge their new roles.

3.2 Initially SHAs will be invited to put forward by 15th October 2005 proposals for the configuration of PCTs in their respective areas. Proposals are to be assessed against the PCTs ability to —

- secure high quality, safe services;
- improve health and reduce inequalities;
- improve the engagement of GPs and roll-out 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; and
- deliver at least 15% reduction in management and administrative costs.

3.3 Proposals submitted by SHAs will be assessed by the DoH with a view to agreeing, by the end of November 2005, either that they may proceed to consultation or, where this is not necessary, that a proposal may be implemented.

3.4 Where statutory consultation does take place, the intention is that this shall be completed by March 2006. Indeed, the DoH has intimated that it will facilitate arrangements to “fast-track” consultations in the interests of ensuring that progress is not dictated by “the rate of the slowest”. The intention is that all PCT reconfigurations should be complete by October 2006 and changes to service provision introduced by December 2008.

4. IMPLICATIONS FOR HUNTINGDONSHIRE PCT

4.1 In Huntingdonshire, primary health care services currently are delivered by the Huntingdonshire PCT which was established in April 2001. The boundary of the PCT is almost co-terminus with the Huntingdonshire District boundary, with the exception of the wards of Elton, Farcet, Stilton and Yaxley, which are served by the Greater Peterborough Primary Care Partnership, and the inclusion of the South-Cambridgeshire District Ward of Papworth.

4.2 It is understood that the Norfolk, Suffolk & Cambridgeshire SHA may well be inclined to put forward alternatives for Huntingdonshire as follows —

- the amalgamation of Cambridgeshire’s four PCTs to create one trust with the same geographical boundaries as the County Council; or

- the amalgamation of Cambridgeshire's four PCTs with the Greater Peterborough Primary Care Partnership.
- 4.3 Unlike other PCTs in the Eastern Region, Huntingdonshire PCT's record of financial management has been commendable. Similarly, the District Council's relationships with the PCT are good, as has been evidenced by partnership working on the Community Health Centre project at Oxmoor, Huntingdon and other initiatives, discussions on the possibility of financing similar facilities elsewhere in the District and joint funding for the post of Director of Public Health, etc.
- 4.4 Executive Councillors will be aware from recent press reports of the concern expressed by the Members of Parliament for each of the Huntingdon and North West Cambridgeshire Constituencies that in its submission to the DoH, the Norfolk, Suffolk & Cambridgeshire SHA may not include an option to retain the Huntingdonshire PCT as it is currently configured. The "Hunts Post" newspaper also has initiated a campaign for the retention option to be included in the consultation process.

5. CONCLUSIONS

- 5.1 The DoH has asked for submissions from the Norfolk, Suffolk & Cambridgeshire SHA on the future configuration of PCTs by 15th October 2005.
- 5.2 There would appear to be a likelihood that, unless pressure is brought to bear, the option of retaining the Huntingdonshire PCT based on or similar to its existing boundaries, will not be offered for public consultation.
- 5.3 In the light of the foregoing, of the achievements made since it was established and the quality and value of its relationships and partnership working with the District Council, Cabinet is invited to consider whether it wishes to authorise representations to the Norfolk, Suffolk & Cambridgeshire SHA and to the DoH as to the inclusion of an option for the retention of the Huntingdonshire PCT in the forthcoming consultation.

BACKGROUND PAPERS

"Creating a Patient-Led NHS – Delivering the NHS Improvement Plan" – Department of Health, March 2005.

"Department of Health: Review of Health Structures" – Report to Executive Committee of the East of England Regional Assembly, September 2005.

Contact Officers: Peter Watkins, Director of Central Services
☎ (01480) 388002

Mrs Helen Taylor, Senior Democratic Services Officer
☎ 01480 388008