

**COMMISSIONING A PATIENT-LED NATIONAL HEALTH SERVICE:  
CONSULTATION  
(Report by the Chief Executive)**

**1. INTRODUCTION**

- 1.1 In conjunction with the debate nationally on the future of the National Health Service (NHS) and following on from the consideration by Cabinet at its meeting held on 13th October 2005 of a report on proposals for the reconfiguration of Primary Care Trusts (PCTs) in the Eastern Region, Executive Councillors are now invited to consider formal proposals published by the Norfolk, Suffolk & Cambridgeshire Strategic Health Authority (SHA) for consultation.
- 1.2 In addition to the proposals for PCTs, the SHA has published for consultation a proposal for a single SHA for the Eastern Region. The SHA has also published a proposal for one Ambulance Trust in the Region.
- 1.3 The following paragraphs summarise the proposals for all three branches of the NHS. The closing date for the receipt of comments is 22nd March 2006.

**2. PRIMARY CARE TRUSTS**

- 2.1 The earlier report to Cabinet outlined the background to the process for reconfiguring PCTs with a view to assessing proposals against their ability to —
- secure high quality, safe services;
  - improve health and reduce inequalities;
  - improve the engagement of general practitioners and the roll-out of practice-based commissioning with demonstrable practice support;
  - improve public involvement;
  - improve commissioning and the effective use of resources;
  - manage financial balance and risk;
  - improve coordination with Social Services through greater congruence of PCT and local government boundaries; and
  - deliver a reduction of at least 15% in management and administrative costs.
- 2.2 In his foreword to the options for consultation and while drawing attention to the increased investment – from £33 billion in 1997/98 to over £90 billion planned for 2007/08 – in “transforming” hospitals by reducing waiting times/lists, in improving accident and emergency

services and in updating buildings, Sir Nigel Crisp, Chief Executive to the Department of Health and NHS, has acknowledged the need for more to be done to deliver a service fit for the 21st Century.

2.3 The emphasis to be placed on the commissioning role of PCTs is evident but, in similar vein, reference also is made to safety, quality and the responsiveness of services. Essentially the consultation envisages PCTs in the future designing, planning and developing better services for patients, working more closely with local government and supporting good general practice. In that context, PCTs are described as “custodians of the taxpayers’ money, working to ensure that the NHS gets the best value for the public purse”.

2.4 The two options for the future configuration of PCTs in Norfolk, Suffolk & Cambridgeshire, on which the Secretary of State for Health has asked the SHA to undertake formal consultation, are as follows:-

Option 1 — 3 PCTs

- Norfolk PCT
- Suffolk PCT
- Cambridgeshire PCT (including Peterborough)

Option 2 — 5 PCTs

- Gt Yarmouth & Waveney PCT
- Norfolk PCT (excluding Gt Yarmouth)
- Suffolk PCT (excluding Waveney)
- Peterborough PCT
- Cambridgeshire PCT (excluding Peterborough).

*(Note: Currently there are 17 PCTs in the three Counties and 41 in the Eastern Region.)*

2.5 After having considered the matter at its meeting held on 13th October 2005, Cabinet resolved —

“that the Chief Executive, in conjunction with the Leader of the Council, be authorised to make appropriate representations to the Norfolk, Suffolk & Cambridgeshire SHA for the inclusion in the forthcoming round of consultation of the option to retain the existing Huntingdonshire PCT in any future reconfiguration of Primary Care Trusts in the Eastern Region”.

2.6 Representations subsequently were made to the SHA to include the option of a free-standing Huntingdonshire PCT in the options for consultation. The representations were copied to Sir Nigel Crisp, to partner organisations and stakeholders and to a range of other sources believed to be supportive of the retention of a PCT for Huntingdonshire as the best option for Huntingdonshire residents. Clearly, however, these have failed to influence the deliberations thus far.

2.7 The Huntingdonshire PCT has actively lobbied and canvassed support to retain its free-standing status. In that respect, the PCT has

produced a report, "Commissioning a Patient-Led NHS in Huntingdonshire", which it has submitted to the Secretary of State for Health and copied widely elsewhere. This can be viewed or downloaded from the Trust's website at [www.hunts-pct.nhs.uk](http://www.hunts-pct.nhs.uk).

- 2.8 The Executive Councillor for Office Accommodation & Other Special Projects, Councillor D P Holley, has tabled the following Notice of Motion for consideration by full Council on 22nd February:-

"that, in the interests of the people of Huntingdonshire and true local accountability, the District Council wholeheartedly supports the retention of Huntingdonshire PCT as an independent Trust under the Strategic Health Authority area so as to maintain and enhance a patient-led NHS".

### **3. STRATEGIC HEALTH AUTHORITIES**

- 3.1 In the second strand of consultation on restructuring of the NHS, the three existing SHAs in the Eastern Region – Bedfordshire/Hertfordshire, Essex and Norfolk/Suffolk/Cambridgeshire – support as their preferred option a single SHA for the six Counties, coterminous with the remit of the Government Office for the Eastern Region.

- 3.2 The rationale for a single, Regional SHA is —

- the likelihood that there will be a significant reduction in the overall number of PCTs;
- the Department of Health's criteria for reconfiguration at a strategic level to be aligned as closely as possible with a single Government Office and the requirement to achieve significant reductions in administration and management costs; and
- the expectation that a reduction from three to one SHA would generate savings of around half the existing core annual budgets of £14.1m in the Region for reinvestment in front line services.

### **4. AMBULANCE TRUSTS**

- 4.1 The consultation on changes to Ambulance Trusts proposes the replacement of the existing 34 Trusts in England with 11, based broadly around Government Regional Office boundaries. The exceptions are in each of the South East and South West Regions, where two Trusts are suggested.

- 4.2 In the Eastern Region, a single Trust is proposed to replace the existing three Trusts – East Anglian (Norfolk/Suffolk/Cambridgeshire), Essex and Bedfordshire/Hertfordshire.

- 4.3 The benefits which it is suggested would be achieved from the restructuring include —

- an opportunity to raise the standards of service provided by all Trusts to the level of the best;
- the savings in bureaucracy, overheads and procurement practices for investment in front line services;

- a quicker and more effective response to a diverse range of patients with different health care requirements;
- the capacity for larger Trusts to sustain better levels of performance; and
- better opportunities for staff.

## **5. CONCLUSIONS**

- 5.1 The proposals outlined in this report preface what are likely to be major changes in the structure and arrangements for the delivery of health services nationally and locally.
- 5.2 The earlier representations which were made on behalf of the District Council seeking the inclusion in the consultation of an option for the retention of the existing Huntingdonshire PCT were unsuccessful.
- 5.3 The outcome of debate on Councillor Holley's Motion to full Council on 22nd February is likely to determine the District Council's response to the consultation on the reconfiguration of PCTs. Otherwise, Cabinet is invited to consider its responses to the consultations on proposed arrangements for a single SHA and Ambulance Trust in the Eastern Region.

## **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

HDC Cabinet meeting, 13th October 2005

"NHS Consultation Papers – PCTs, SHAs and Ambulance Trusts" – December 2005 – March 2006

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