

**CONSULTATION ON NEW PRIMARY CARE TRUSTS ARRANGEMENTS IN
NORFOLK, SUFFOLK AND CAMBRIDGESHIRE
(Report of the Older Persons Working Group)**

1. INTRODUCTION

- 1.1 The purpose of this report is to acquaint the Cabinet with the deliberations of the Older Persons Working Group established by the Overview and Scrutiny Panel (Service Delivery and Resources) arising from their consideration of the formal proposals published by the Norfolk, Suffolk and Cambridgeshire Strategic Health Authority for the reconfiguration of Primary Care Trusts in the Eastern Region.
- 1.2 The Working Group met on 25th January 2006 and Councillors Mrs M Banerjee, K J Churchill, S J Criswell and J E Garner were present.
- 1.3 Also in attendance was Mr A Roberts.

**2. CONSULTATION ON NEW PRIMARY CARE TRUSTS
ARRANGEMENTS IN NORFOLK, SUFFOLK AND
CAMBRIDGESHIRE**

- 2.1 The Working Group considered 'Consultation on New Primary Care Trusts Arrangements in Norfolk, Suffolk and Cambridgeshire', which was published by the Norfolk, Suffolk and Cambridgeshire Strategic Health Authority (SHA). It was noted that the document contained the following:
- 'There is no national blue print for the number or shape of PCTs - different reasons will invariably need different solutions. In some areas, for instance, the formation of larger PCTs may be seen as the key to really effective local commissioning and service planning. For others, smaller PCTs may fit local needs better'.
- 2.2 The Working Group also took into consideration correspondence received from the Chairman of Huntingdonshire PCT, Michael Lynch, to which was attached the PCTs submission to the Department of Health 'Commissioning a Patient-led NHS in Huntingdonshire' and a press release from Jonathon Djanogly, MP on the matter.
- 2.3 During initial discussions, it was noted that -
- ◆ The District Council contributed to the cost of the Director of Public Health for Huntingdonshire;
 - ◆ If PCT boundaries were coterminous with local authority boundaries, Huntingdonshire would have a larger population than Peterborough, yet Peterborough was being considered as a stand alone PCT;

- ◆ Academic research had found ‘little evidence of the positive effects claimed for increased size on the costs of performance of Primary Care Organisations’ (Wilkins et al 2003). This finding was endorsed by Bojke et al 2001; and
- ◆ The Health Commission recently had described the national proposals as ill thought out and unwise so soon after the last restructuring.

2.4 The Working Group went on to express the view that the Council had a very good, close working relationship with the PCT. This relationship extended to the Strategic Partnership for Huntingdonshire. An example was cited concerning the Little Paxton surgery which demonstrated the ability of residents to influence the PCT and achieve the service they needed. This relationship could be jeopardised if either of the options for Cambridgeshire currently under consideration were adopted, and specifically, the ability of the Council to influence the PCT and the level of accountability to local people demonstrated by the Little Paxton example.

2.5 Members were also of the view that Huntingdonshire PCT was well run and financially viable. At the same time they recognised that others were not in the same position. In this case it was suggested that rather than reconfigure it, Huntingdonshire PCT should be held up as an example of best practice from which others could learn. This would not prevent reconfiguration of other PCTs where local circumstances meant it was appropriate.

2.6 With regard to the savings that were claimed would result from the reconfiguration, the Working Group were of the opinion that a countywide PCT would require an additional tier of officers at a local level to deliver the engagement with local residents and communities that would be required of the new PCT. This would mean that the predicted savings would not be realised. In addition, members felt that the benefits of larger scale purchasing could be achieved through partnership approaches between PCTs.

2.7 The Working Group expressed reservations at the capacity of general practitioners to carry out an enhanced role under the Practice Based Commissioning approach, which would be required of them by the end of 2006. They also had concerns at the potential loss of the local focus of community medicine. The SHA report suggested that the PCT would, in future, only have a commissioning role. At present, however, the PCT was the sole provider of community medicine, which included district nursing, school nursing, midwifery services, community psychiatry, services for children with learning difficulties, speech therapy and other similar community care. Clarification was required of who would provide these services in the future.

3. CONCLUSION

3.1 The Working Group has reviewed the options set out by the Strategic Health Authority for the reconfiguration of PCTs in Norfolk, Suffolk and Cambridgeshire. A number of concerns have been noted, which are set out above. However, Members felt that the Council response to the SHA should stress the positive aspects of the current

arrangements as the basis for retaining a separate PCT for Huntingdonshire, namely that Huntingdonshire Primary Care Trust is well run, it meets local needs, operates within budget and currently complies with the duties referred to in the consultation document that will become the responsibility of the proposed countywide PCT. In addition, the Working Group suggested that the Council's response should be circulated to the SHA Huntingdonshire PCT, the Secretary of State for Health and Local MPs.

4. RECOMMENDATION

4.1 The Panel therefore

RECOMMEND

- a) that the Cabinet be requested to consider informing the SHA that a PCT for Huntingdonshire should be retained having coterminous boundaries with the District Council;
- b) that the Cabinet be requested to stress the positive aspects of the Council's relationship with the PCT and of the way the PCT operates as set out above;
- c) that the Cabinet be requested to endorse the PCT submission to the Department of Health dated 31st October 2005 on a proposal for 'Commissioning a Patient-led NHS in Huntingdonshire'; and
- d) that the Cabinet be requested to send a copy of the response to the PCT, the Secretary of State for Health and local MP's.

(Note: Members are reminded that the District Council's response will be considered by way of a motion to full Council on 22nd February 2006)