

Clinical Commissioning in Buckinghamshire

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Background

The Health and Social Care Bill 2011 sets out plans for the NHS to become a truly world-class service that is:

- **easy to access,**
- treats people as **individuals** and
- offers care that is safe and of the **highest quality**

It set out a vision for an NHS that:

- puts patients at the heart of everything that we do
- achieves outcomes that are among the best in the world
- empowers our clinicians to deliver results based on the needs of patients

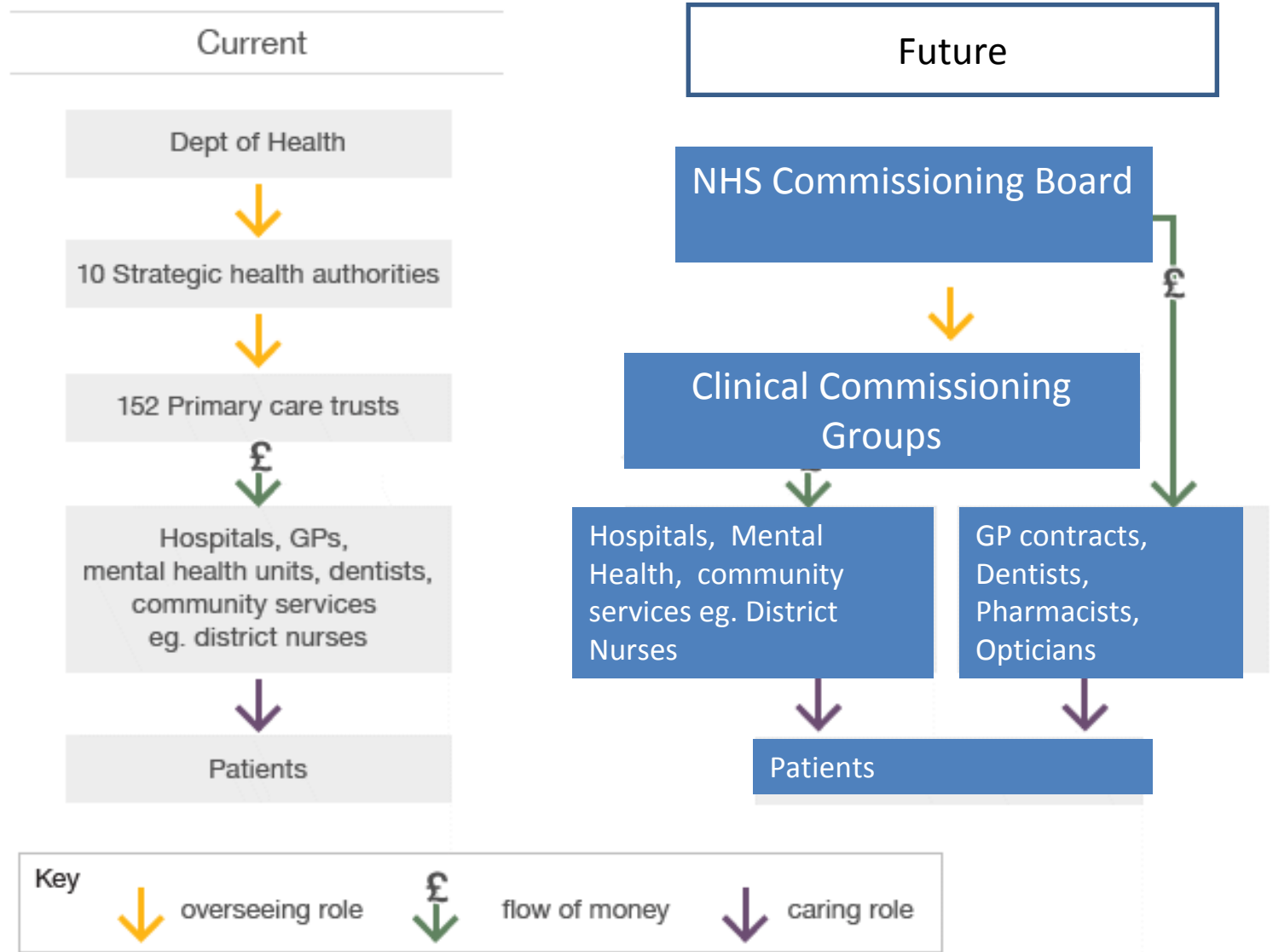


The new NHS structure

- NHS Commissioning Board - will allocate and account for NHS resources, quality and choice;
- All NHS acute trusts will become foundation trusts and be given more freedom;
- Any willing provider that can meet the safety and quality standards will be able to provide services on behalf of the NHS.
- Monitor, the organisation that currently regulates foundation trusts, will be the economic regulator ;
- The Care Quality Commission will act as a quality inspectorate across health and social care;
- NICE (the National Institute for Clinical Excellence) will be developing 150 clinical standards, which consortia will be required to use for commissioning;
- HealthWatch England will be a new national body representing the views of users of health and social care services, other members of the public and Local HealthWatch organisations.



The structure of the NHS



NHS Commissioning Board

A new independent NHS Commissioning Board will be created and will allocate and account for NHS resources, lead on quality improvement and promote patient involvement and choice. It will:

- Allocate resources directly to CCGs;
- Hold CCGs to account for financial outcomes and performance ;
- Has the power to intervene with a underperforming CCG;
- Design the structure of the tariff payments to hospitals and other financial incentives;



Clinical Commissioning Groups

The role of GPs:

- GPs will commission local services, working in partnership with other clinicians and patients – they will become a **Clinical Commissioning Group (CCG)**
- All GPs will have to become part of a CCG, responsible for leading commissioning on behalf of their patients and communities.
- The CCG will hold and allocate the budgets to each GP practice.
- The CCG will hold its member practices accountable for their achievement of its objectives



Clinical Commissioning across Bucks

Bucks Primary Care Collaborative (BPCC):

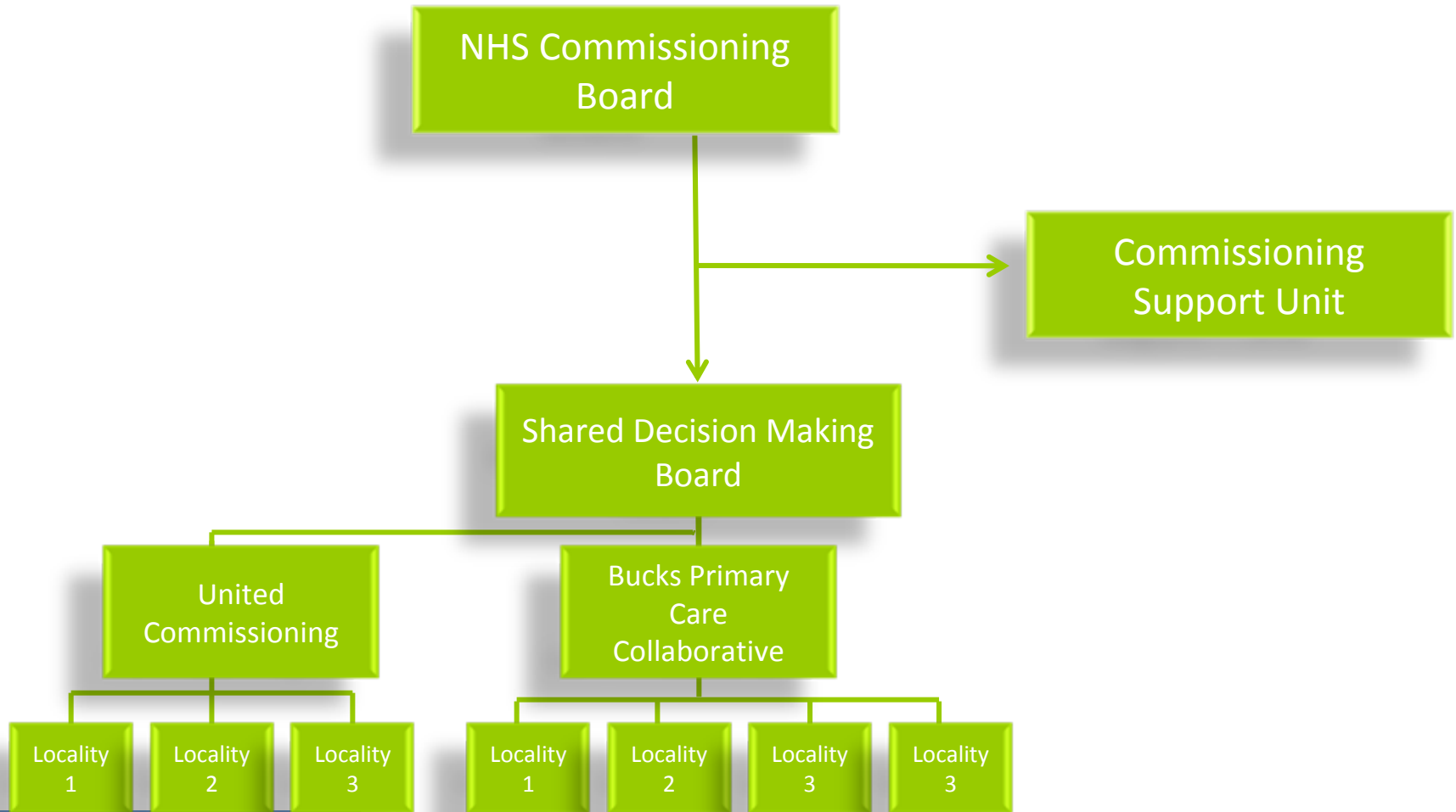
- South of the County
- 33 practices & population of c.305,000

United Commissioning:

- North of the County
- 21 practices & population of c.210,000



Clinical Commissioning Group Structure



CCGs and Partnership working

- CCGs will commission most services including elective hospital and rehabilitative care, urgent and emergency care (including out of hours care) most community health services, and mental health and disability services.
- CCGs will have a duty to promote equality and to work in partnership with local authorities.
- CCGs will have a duty to engage and communicate with patients and the public and to continue the work on public and patient involvement.
- Responsible for equality, human rights, data protection and freedom of information.



What does this mean for patients?

- For patients and service users, there will be “no decision about me, without me”
- Greater involvement in every decision about their care: what care they want, how and where they want it delivered
- Greater range of choice to help them take greater control of their care
- Information will be used routinely – patients will be able to rate hospitals and clinicians according to the quality of care they provide



Strengthening public and patient involvement at national level

HealthWatch England will be established as a statutory committee of the Care Quality Commission. It will:

- Represent the views of users of health and social care services, other members of the public and Local HealthWatch organisations;
- Advise and provide information to the Secretary of State, the NHS Commissioning Board, Monitor, English local authorities and the Care Quality Commission
- Have powers to propose CQC investigate into reports of poor health or social care services.



Strengthening public and patient involvement at local level

- Local Authorities must commission a Local HealthWatch which will replace the existing Local Involvement Networks (LINKs).
- Local Authorities will fund and hold local HealthWatch to account for delivering effective services that are value for money.
- They will ensure that local Health Watch activities are representative of local communities;
- Local Health Watch will promote patient and public involvement and seek views on local health and social care services.
- Local HealthWatch would report concerns about the quality of local NHS or social care services to HealthWatch England so the need for potential regulatory action can be dealt with independently of their host local authorities.



Improving integrated working

Local authorities will have an enhanced role in health and the Government will give them greater responsibility in four areas:

- Leading on Joint Strategic Needs Assessments (JSNA)
- Supporting local voice, and the exercise of patient choice
- Promoting joined up commissioning of local NHS services, social care and health improvement and,
- Leading on local health improvement activity.



Health and Wellbeing boards

Health and Wellbeing boards will:

- Inherit the functions of Overview and Scrutiny Committees
- undertake a scrutiny role in relation to major service redesign
- assess the needs of their local population and lead the statutory JSNA
- promote joined up working across the NHS, social care and public health
- support joint commissioning and pooled budget arrangements where all parties agree this makes sense.



Timeline

Our indicative timetable:

- Clinical Commissioning Groups in shadow form during 2011/12, taking on increased delegated responsibility from Buckinghamshire PCT
- consortia to take on responsibility for commissioning in 2012/13
- The NHS Commissioning Board to make allocations for 2013/14 directly to GP consortia in late 2012
- GP consortia to take full financial responsibility from April 2013, replacing PCTs



The Future:

- Each locality or community will work collaboratively in understanding its population and planning services;
- Consultation and community mobilisation will be much wider and stronger than before;
- Louder public voice

We need your help!



Questions?

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