

Report of a Meeting held at The Trades and Labour Club on 21<sup>st</sup> January 2011

## **THE FUTURE OF THE NHS**

Annette Laban the Chief Executive Officer of Doncaster NHS (formerly the PCT) Started the proceedings by explaining the changes we are to expect in the NHS

**QIPP**- this means:

**Quality i.e.** continuous quality improvement and outcome focussed.

**Innovation** – new architecture of the NHS shares values & purpose of new system and patient choice and control.

**Productivity** a £20b efficiency savings with reduced running costs.

**Prevention** which means integrated working nationally between the NHS Commissioning Board and various others including the NHS and Local authority (including public health. It also was managing risks with pooled risk sharing arrangements).

Implementation of the new system will take place over 4 years It would include testing and bedding in the new arrangements, obviously different parts of system to move at different speeds.

Learning from **early adopters** – **Doncaster is a GP Commissioning Consortia Pathfinder** (this means that it will be trialled in Doncaster)

**Formation of PCT Clusters** (this means that PCTS will join together) right capacity/right place/right time.

**Local authority** will test out **Health and Wellbeing Boards**.

**Foundation Trust Pipeline** via new Provider Development Authority.

Ensure quality and safety of patient care maintained or improved led by **National Quality Board**.

The NHS Commissioning Board will be in **shadow form** 2011-12. It will be fully operational 1<sup>st</sup> April 2012. Main office will be in Leeds with a small London base and representation at sub national level.

The functions are:

Establishing **risk pooling** arrangement with Consortia

Issued guidance on **financial risk management**

Intervention when there is significant **risk of financial failure**

Manages the consortia authorisation process

Holds **consortia to account for improving outcomes** through new commissioning Outcomes Framework and financial management through the consortia accountable officers.

Supports consortia through a **national system of quality standards** commissioning guidance standard and model contracts and tariff development.

Strategic Health Authorities abolished 31<sup>st</sup> March 2012

### **PCT Clusters**

PCTs will have a statutory role up to April 2013 they will have a single Executive Team and will be in place by June 2011 and sustainable up to April 2013 and potentially beyond if the NHS Commissioning Board chooses.

There is a 2 fold role of clusters in that they will oversee delivery during transition, close down the old system and ensure PCT statutory functions are delivered up to April 2012. They will also support emerging GP Consortia support development of commissioning support providers and support the emergence of the new system.

Detailed Governance arrangement and the process for forming clusters will be set out in January 2011.

### **GP Consortia**

These will be established from **April 2012** (shadow consortia may be earlier if a “Pathfinder”) and fully accountable by April 2013.

Aims of establishing GP Consortia are to transform the quality of **care and health outcomes** for patients. To **devolve day-to-day decision making** as close as possible to individual patients, so that those decisions can be more sensitive and responsive to their needs and wishes. Work within a clear framework established by the NHAS Commissioning Board to **promote quality, choice, patient and public involvement**.and effective stewardship of public resources.

### **Local Government and Public Health**

Local councils will develop new **Health and Wellbeing Boards** by April 2012 to integrate local commissioning across the NHS Social care and public health.

Statutory powers from April 2012 alongside **ring-fenced Public Health Budgets**.

New **Public Health Service** developed nationally (shadow form 2011/12) and locally.

2012/13 **Public Health England** will take on functions of the Health Protection Agency and National Treatment agency.

NHS and Local Authority work closely together by means of Joint Strategic Needs Assessment and Joint Health & Wellbeing strategy.

## **Choice**

Commitment to allow **patients to choose** any healthcare provider for the majority of NHS funded services.

### **April 2011**

Named consultant led team.

Choose and Book.

Greater choice of treatment and Provider for mental healthy care.

Greater choice of diagnostic testing and post diagnosis care.

Introduce personalised care planning for Long Term Conditions.

### **April 2012**

Choice of GP Practice.

Rolling out choice in **Maternity** Services.

## **Other areas**

All trusts to be Foundation trusts by the end of 2013/14; Doncaster and Bassetlaw Hospitals are a Foundation Trust.

Workforce implication through Transition into the new system.

Joint/Partnership Working ensure this continues.

## **What this means for Doncaster....**

GP Consortia pathfinder.

Possible part of a South Yorkshire Cluster.

Possible management structures shared between Bassetlaw PCT and Doncaster PCT.

Public Health Service in the Local Authority.

Health and Wellbeing Board to be established.

## **Clinical Services Review (all tied in with the previous talk)**

**Phase 1** – June – December 2010 developing interim proposals.

**Phase 2** – January – September 2011 testing and refining proposals with clinicians and the public.

**Phase 3** – October 2011 onwards phased re-configuration as appropriate.

### **Drivers for Change-Safe and Accessible Care**

Specialisation, training and frequent practice.

New technologies providing new options for delivering acute care.

National policy drivers including stroke care ,trauma centres, management of heart attacks, consultant led obstetric services and paediatric standards of care.

Integration of local acute care provision with specialised centres.

### **Drivers for change – Sustainability**

Increasing clinical standards, policy and Royal College initiatives.

Responding to changes in medical training.

Consultant specialisation.

Integration of local hospital provision with primary care.

Financial viability.

### **Drivers for change – patient led**

Care closer to |Home.

Choice.

Improving recovery through rehabilitation and re-ablement.

Improved understanding of care delivery.

Pathways which are integrated between GP care and hospital care.

### **What could this mean for Doncaster patients?**

Reducing the number of patients who planned to have day surgery but are then kept in overnight.

An opportunity to be seen at the Mexborough minor injuries unit if you present with a minor ailment.

More opportunities to have elective surgery at Bassetlaw in an environment protected from emergency “overspill”

A specialised rehabilitation service providing care for those who may currently be cared for out of area with a hub at Mexborough.

Increased community services for children with long term conditions across Bassetlaw and Doncaster.

Centralisation of acute medicine at DRI with step down and rehabilitation at Mexborough.

Centralisation of endoscopy at DRI and Bassetlaw Hospital.

The potential to develop a midwifery led birthing unit at DRI next to the consultant led beds.

Midwifery care focussed on vulnerable groups.

### **Next Steps**

Extensive pre-engagement.

Clinically led steering group comprising consultants and GPs.

The development of detailed service model proposals through 5 task and finish groups.

Plan for start of consultation on 25<sup>th</sup> May 2011.

### **Viewpoint**

These were two interesting sessions and although there was a great deal of NHS “speak” it would appear there are great changes ahead. Like everything else, it looks good on paper and that, hopefully, the NHS will be more patient orientated than before or will it? It would appear, that most conditions will be treated by very specialised consultants etc. and we can look forward to a future which as far as health is concerned, is very specialised. There will be major changes to the delivery of care with regard to the GP Consortia. There are a few consortia in existence already in this country and we will have to wait and see how they manage the budget of x number of millions. As members of Links we must not take our eyes off the ball and constantly question what is happening to our Health Service.

Joyce Parrott – Doncaster LINK Executive Board Member

February 2011