NHS reforms
Inner North West London

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Inner North West London Primary Care Trusts
17 June 2011
Health Bill proposals

Coalition’s White Paper on NHS reform proposed abolishing Primary Care Trusts and Strategic Health Authorities

Responsibilities of PCTs pass to:

• GP-led consortia
• Local authorities
• National Commissioning Board

Full transfer of PCT responsibilities was to be April 2013...
Health Bill – listening exercise

Government launched 8 week listening exercise on 6 April 2011 carried out by the NHS Future Forum

Focus on:
• Choice and competition
• Public accountability and patient involvement
• Education and training to support modernisation
• Involving wider clinical staff to improve care

Events ran in every part of the country until the end of May

New leaflet explaining the plans
www.healthandcare.dh.gov.uk
Main Government changes to Health Bill

• GP Consortia will become Clinical Commissioning Groups (CCG) - wide range of patients, carers, including at least one secondary care Doctor and Nurse

• CCG required to meet in public, and publish minutes and details contracts for health services

• PCTs still abolished by April 13 but CCGs will not take on their role unless they are willing to do so

• Clinical Senates - expert advice from doctors, nurses, clinical networks, patient/carer representatives, public health, children and adult social care

• Health & Wellbeing Boards to have a duty to involve users and carers

• Patient Choice promoted – extension of Personal Health Budgets and integrated heath and social care budgets

• Competition limited to Any Qualified will be based on QUALITY and not price

• Monitor will not promote competition - core duty will be to protect and promote patient interests
New PCT cluster arrangements

• North West London cluster – 8 PCTs
• Three sub-clusters
  1. Inner North West London
     (Hammersmith and Fulham, Kensington and Chelsea, Westminster)
  2. Outer North West London
     (Ealing, Hillingdon, Hounslow)
  3. Brent and Harrow

• From April 2011 - each sub-cluster has a single commissioning team
• Aim of new merged management teams is to reduce management costs and free up resources to support emerging GP-led consortia
The INWL patch

124 GP practices
£1.2bn NHS budget

Among the most densely populated areas in country:
• 568,000 residents and
• 626,000 registered patients
• just 19 square miles

Huge variation in wealth and cultural background

Significant daytime population of workers and tourists, particularly Westminster

Homeless population in Westminster

Prison population in H&F

Hammersmith and Fulham
181,000 resident
188,000 registered

Westminster
217,000 resident
249,000 registered

Kensington and Chelsea
170,000 resident
189,000 registered
Pathfinders across the three boroughs:

- **West London Commissioning Consortium**
  All 42 K&C practices plus 12 Westminster practices

- **Central London Healthcare**
  23 Westminster practices

- **Victoria Commissioning Consortium**
  8 Westminster practices

- **Hammersmith & Fulham**
  29 H&F practices
Development of Commissioning Consortia...

Pathfinder Consortia now established as Sub Committees of INWL PCT Board, with ToRs and elected committee members

Three Phases of delegation of commissioning responsibilities during 2011/12 (in shadow form)

Phase 1 - Prescribing, Community Services, Community Mental Health, GP referred outpatients

Phase 2 (September) – Phase 3 (December)

Consortia to take on full responsibilities when ready, rather than by April 2011

INWL Commissioning Support resource
Why we fund VSC

Reduce Health Inequalities
• Used to have funding rounds – will shift to commissioning VCS to reach those most in need and reduce inequalities – mix of funding streams may be different

• Focus on commissioning VCS where they are the best qualified provider and the best value for money

• Continue to work with VCS umbrella organisations to increase ability of VCS to compete for contracts

• Work closely with borough colleagues to streamline funding sources

• Close engagement with VCS to ensure continued focus on localism agenda

• Focus on outcomes rather than processes