

CHANGES IN THE NHS

Link4Scilly notes

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| Panel: Antek Lejk | Primary Care Trust Commissioning |
| Zoe Howard | Primary Care Trust Communications |
| Phil Trevail | GP from Poole Health Centre |
| Penny Penn-Howard | IOS Council Community Services |

Audience = approx 45 - 50

Introduction:

Antek Lejk:

Chart supplied showing changes in 3 major areas:

1. Changes to who buys health care:

- Primary Care Trust responsibilities for commissioning services to go to GP Commissioning Consortia and National Commissioning Board.
- Primary Care Trust responsibilities for Public Health to go to Local Authorities.

2. Changes to providers of health care:

- Children's Community Health Services moving to Cornwall Foundation Trust.
- Adults Community Health Services transferring to Social Enterprise/Community Interest Company.

3. Changes to the way health care is provided:

- More care being provided by local integrated health services away from big acute hospitals.

There is a broad sense of direction but proposals lack detail as yet.

1. Who buys health care – Commissioning

Antek Lejk:

Nationally 10 Strategic Health Authorities and 150 Primary Care Trusts will go. Cornwall & IOS Primary Care Trust holds an annual budget of £900M to buy health services. About 80% of commissioning budget will go to GP Consortia. Responsibility for commissioning family services like GPs and Dentists will go to the new National Commissioning Board. Responsibility for Public Health will go to Local Authorities.

Phil Trevail:

GPs view: much uncertainty and apprehension about managing commissioning, a lot to do before 2013. Consortia will need to buy in expertise and support. In CIOS there is a general feeling that Consortia should be large – strength in numbers and more budget clout – but keeping strong individual locality representation within them. Likely to be one large group for Cornwall, excepting South East who have stronger health links with Plymouth and Derriford Hospital.

Q: How will management support be funded? Will clinical decisions be affected by budget concerns?

A: No. GPs must refer on basis of need. Maximum waiting time of 18 weeks for non-urgent cases will still apply. Urgent cases must be seen asap.

Q: Will change deliver better services? Will Consortia be an improvement on the Primary Care Trust?

A: New arrangements are designed to be less bureaucratic and cheaper. The point of clinical leadership is that the people with the best knowledge and understanding of needs make decisions. Not trying to undo the current system but make it better and more responsive. For example, a big acute hospital is not always the best place – GPs will be able to commission more treatment in local community facilities.

Q: The National Commissioning Board will have oversight of GP Commissioning. Will they vet referrals?

A: No. It will be an overview.

Q: Will there be pressure to use cheaper services or treatments?

A: Patients have a choice and can go to any provider that the Commissioners have a contract with – and this will be any willing provider, NHS or private. However, all providers must be registered with the Care Quality Commission and have demonstrated fitness for purpose.

Q: *Will providers compete on price?*

A: Currently there is a fixed price for treatment. The Government has said it wants to introduce competition to allow more flexibility in commissioning – yet to find out what that means.

Q: *Will Consortium be able to commission more services to be available at West Cornwall instead of Treliske?*

A: There is a desire for more treatment 'closer to home'. Consortium will be in a position to negotiate, providing clinical issues can be resolved. This is why it will be important to have strong local influence within Consortia.

Q: *Is Phil Trevail optimistic or pessimistic?*

A: Phil Trevail: There are both opportunities and challenges.

Antek Lejk: The Primary Care Trust met with reps from all 70 Cornwall & IOS practices – there were mixed feelings but also a mood of realism. GPs know they will need help but will make the best of it.

Q: *Will IOS lose out if budgets for services are allocated according to population?*

A: Local Practice will put the case for IOS within Consortium. Providing services to IOS costs more, this is known and accepted. There will be budget flexibility within a large Consortium to even out costs. There will be a formula – yet to be worked out – on 'voting weight' per locality.

Q: *Can there be an IOS budget weighting?*

A: Yes, that happens now. Funding received from the DH includes a premium for IOS.

Q: *How will funding for e.g. Dementia be allocated when some care through NHS is free and some through Social Services is means tested?*

A: Many patients have multiple and complex needs. Assessment is made using clear criteria for who is responsible for cost of care. It is complex and there is a dispute mechanism in place.

Public Health

Antek Lejk:

Until 1974 responsibility for public health lay with Local Authorities, then moved to Primary Care Trusts. Now it is returning to Local Authorities. Where the Primary Care Trust worked closely with Local Authorities, now Local Authorities will be leading, but working closely with the NHS to influence service provision. Education, housing, employment and leisure/fitness facilities are all concerns of Local Authorities and all affect public health.

The Primary Care Trust and both Cornwall and IOS Local Authorities share a Director of Public Health and this arrangement will continue.

Penny Penn-Howard:

The Council of the IOS welcomes the new role. It will cut out duplication and allow the Local Authority to focus on improvements on better provision such as the pool and new sports hall. The community will be better able to influence local provision. The Local Authority has an understanding of the IOS particular public health needs – i.e. drinking and smoking are issues. They will work with GPs on preventative measures – prevention being cheaper than the cure. Historically, early public health priorities were sanitation, then vaccination, now problems are lifestyle related.

2. Changes to providers of health care – NHS Trusts.

Antek Lejk:

All NHS Trusts will move to Foundation status, which will make them more independent from central government influence and control. They must meet certain criteria and the process will make them more fit for purpose.

Community Health Services

Primary Care Trusts have been providing Community Health Services - in Cornwall & IOS this is 14 Community Hospitals and services like Health Visiting, District Nursing and therapies, e.g. Physio. They can no longer act as providers and alternative management has to be found.

Community Health Services have two components – children's and adults.

It has been decided that children's health services will go to the Cornwall Foundation Trust (*previously Cornwall Partnership Trust*), which already provides children's mental health services. Some paediatric services will also be moved. There will be greater integration with children's social services and

education. This arrangement is initially for two years, it will be reviewed and long term arrangements will be planned and put in place.

Social Enterprise Organisation

Proposals for adult community health services are that they should be run by a Social Enterprise Organisation /Community Interest Company. It is felt to be important to the quality of delivery that services should be community based rather than an add-on to a big acute Hospital Trust. Under the proposal assets – buildings etc. – will remain the property of the NHS.

Q: *What about nursing staff and therapists?*

A: NHS staff will transfer to the Social Enterprise Organisation with their existing terms and conditions of employment, and pensions.

Q: *We've been told this only applies for the first 24 months.*

A: Pension entitlement will remain, pending national public service pension reform. Staff will not be in any worse position than under the NHS.

Q: *What about new staff joining the Organisation?*

A: The Social Enterprise Organisation will want to offer good terms and conditions in order to recruit. There will have to be an alternative pension scheme comparable to the NHS. Staff will have a stake in the Organisation. The Primary Care Trust thinks this is the best model.

Q: *Is independence necessarily a good thing?*

A: Debatable! It allows development of own style of working but needs regulation. Provider organisations used to be frustrated by limitations of national bureaucracy, independence means more flexibility.

Q: *Is there a risk to services provided at St Marys Hospital by Royal Cornwall Hospitals Trust – i.e. pharmacy, radiography, consultants' clinics?*

A: There is no change. These services are already provided by a different Trust. The contract to provide services allows commissioners to hold providers to account.

Q: *What if the Social Enterprise Organisation wants to significantly change the way St Marys Hospital is used?*

A: The Social Enterprise Organisation cannot close the Hospital. It will be contracted to provide a range of services and can't just withdraw them. Commissioners take these decisions. The Social Enterprise Organisation will have a Stakeholder Board including staff representatives and members of the community who will have an influence.

Q: *Will frontline services be maintained despite cuts?*

A: The NHS will not have its funding cut, but will have to do more on current funding levels to meet a growing demand. It will be challenging. Resources will be maintained for frontline staff and management will be reduced. For instance, more resources will be put into caring for people at home or in the community, which is both cheaper and better for the patient.

Q: *What other management options (other than a Social Enterprise Organisation) have been/ might be considered?*

A: The proposal is undergoing 'due diligence' and benefits and costs are being evaluated. If all is well, it will be put to the NHS Board. Alternatives are limited, it is not possible to establish a new NHS Trust, and existing NHS Trusts were not felt to be suitable. There is still an option for Community Health Services to be put out for tender on the open market. A final decision will be taken at the next Primary Care Trust Board meeting.

Isles of Scilly GP Practice

Q: *Will these changes affect the local GP Practice?*

A: The Primary Care Trust is committed to supporting the Practice at the same level as now, despite personnel changes. There will need to be more local discussion and consultation about local services. The level of GP cover has been increased over the years, but GPs are again under pressure, providing out of hours cover 1 in 3, which makes recruitment difficult. There needs to be a rethink. It will take a year or two to do this properly. There are challenges in seeking the best use of resources while providing safe cover.

Q: *Is the number of GPs provided decided in ratio to the population?*

A: IOS has extra need in terms of cover, it is not a simple ratio. There can be more done to get the best out of integration of services in Scilly.

Q: *Is Serco (private providers of out of hours service) involved in arrangements to maintain GP cover?*

A: No.

3. Changes to the way health care is provided.

Antek Lejk:

There is a need to reduce emergency admission to acute Hospitals, which is not always the best place for patients, and provide more care 'closer to home' in community facilities. This will allow the acute Hospitals to get on with what they do best. Although the IOS have specific problems of access it is still an ambition for the islands.

There will be closer working with Social Services and other bodies – patients with complex needs have to access a range of services. It is better that all these services talk to each other and deliver integrated care.

Penny Penn-Howard: The Council of the IOS are totally on board – there has already been discussion about budget pooling and flexible use of resources. St Marys Hospital is an important community resource and can be used more creatively, may also tie in with plans for residential provision and extra care housing.

Q: *(Referring back to Consortia etc.) South West Ambulance Services Trust is a good example of where 'going large' resulted in better local provision, i.e. excellent local emergency service and off island responders.*

Q: *How far down the line are we? Will the government do a U turn?*

A: The Health & Social Care Bill is progressing through Parliament and there will be changes. A variety of views are emerging. However, it is likely that proposals will stay broadly intact.