

TO: West Gloucestershire Primary Care Trust Board

FROM: Stephen Golledge, Chief Executive

DATE: 16th March, 2006

SUBJECT: NHS ORGANISATIONAL DEVELOPMENT

1.0 PURPOSE

1.1 To seek the Board's views on proposals for NHS organisational development across Avon, Gloucestershire and Wiltshire Strategic Health Authority (SHA) and to inform the Board of arrangements for feedback to the SHA.

2.0 BACKGROUND

2.1 Confirmation was received on the 1st December 2005 that the Department of Health had given the go ahead for public consultation on PCT and SHA configuration.

2.2 A consultation document "The Future Shape of Your NHS" was issued by the SHA during December 2005 and sets out two options for PCT configuration. Both options would result in the creation of one PCT covering the Gloucestershire area. The two options for PCT configuration are:

- Option 1 (Seven PCTs):
 - One new Primary Care Trust for Bristol (bringing two organisations together – Bristol North and Bristol South and West PCTs)
 - One new Primary Care Trust for Wiltshire (bringing three organisations together – Kennet and North Wiltshire, West Wiltshire and South Wiltshire PCTs)
 - One new Primary Care Trust for Gloucestershire (bringing three organisations together – Cotswold and Vale, Cheltenham and Tewkesbury and West Gloucestershire PCTs)
 - Retaining four current Primary Care Trusts – North Somerset, Bath and North East Somerset, Swindon and South Gloucestershire PCTs.

- Option 2 (Three PCTs)
 - Based on the three counties and including the creation of a PCT covering the Gloucestershire area. For this option, the SHA are consulting on where Swindon (linked with either Wiltshire or Gloucestershire) and Bath and North East Somerset (linked with either

Wiltshire or Bristol, North Somerset and South Gloucestershire) would best fit.

2.4 In addition, SHA boundaries are also changing and two options are set out in the consultation document for changing the structure of SHAs. The options are as follows:

- Option 1 – creating a new single Strategic Health Authority for the whole of the South West of England
- Option 2 – creating two Strategic Health Authorities in South West England – one based on the existing Avon, Gloucestershire and Wiltshire SHA, and a new SHA covering the South West Peninsula and Dorset and Somerset.

3.0 DISCUSSION

3.1 The key Department of Health guidance remains 'Commissioning a Patient-Led NHS' which sets out the broad functions of future PCTs. One of their most important roles will be to support front-line healthcare workers, such as GPs and Nursing staff, to have more direct involvement in purchasing the services their patients need under Practice Based Commissioning and to enable patients to be able to exercise greater choice on who provides their care.

3.2 PCTs will also play a greater role in the promotion of healthy living and in planning health initiatives and service re-design by allocating and managing NHS finances, by managing the performance of local health services and implementing national policies.

3.3 In the context of these changes, the consultation document sets out proposals for fewer, stronger Primary Care Trusts working in partnership with local councils and Social Services.

3.4 Board members will have already received a copy of the consultation document which sets out the 'pros and cons' for both PCT options (3 or 7 PCTs). It considers issues such as working relationships with Local Authorities, capacity to develop patient choice and manage hospital services, working arrangements with GP Practices, managing future risks and achieving financial stability, delivering management savings and identifying the health needs of local people.

3.5 Alongside the options for SHAs, the consultation document asks people to consider which structure (one or two SHAs) would best deliver and support the strategic role of the new SHA(s) in commissioning, joint planning, performance management, achieving management cost savings and financial recovery.

3.6 In support of the consultation process, the PCT has held four main staff briefing events and on 15th February, the PCT, on behalf of the SHA, held a 'Drop In' Information Event at Oxstalls Tennis Centre, Gloucester to involve local stakeholders in thinking through the options for change and sharing their views.

The SHA have also promoted the consultation through the local media and held over 70 meetings for the public, stakeholders and staff.

4.0 TIMETABLE

4.1 On 16 February, 2006, the Acting Director of Commissioning, Sir Ian Carruthers OBE wrote to SHA Chief Executives setting out the Reconfiguration Timetable. A copy of the accompanying chart is attached as Appendix 1.

4.2 Following consultation, SHAs have been asked to submit SHA reconfiguration recommendations to the Department of Health by 5th April 2006 and PCT recommendations by 10th April 2006. This will allow the Secretary of State to make and communicate final decisions on the future configurations of SHAs in early May and of PCTs by the end of May (subject to final agreement).

4.3 Subject to change and dependent on the outcome of the local consultations, the Department of Health aims to make final decisions in time for new SHAs to be established on 1st July, 2006 followed by new PCTs on 1st October.

5.0 RECOMMENDATIONS

5.1 Board members are asked to:

- note the contents of the report.
- offer views on options for 3 or 7 PCTs (including the 'best fit' for Swindon and Bath and North East Somerset under the '3 option')
- offer views on options for 1 or 2 SHAs
- agree to submit the views of the Board in the form of a letter from the PCT Chair to the SHA by 22nd March, which is the date requested.
- note the above timetable for NHS reconfiguration in Appendix 1.