

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health Overview and Scrutiny Committee
Date of meeting:	25 January 2011
Report Title:	Inquiries Received and Action Taken
Report From:	Chief Executive

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1. Summary and Purpose

- 1.1. This report provides Members with information about the issues brought to the attention of the Committee and the response to these referrals. It sets out the inquiries received, the source of this inquiry and any action taken. Where appropriate comments have been included and copies of briefings or other information attached.
- 1.2. The approach adopted provides the route through which Local Involvement Networks (LINKs) and other partner organisations (Hampshire district councils, NHS organisations, voluntary and independent sector providers and organisations that are representative of social care service users and carers) can raise issues with the Committee.
- 1.3. Where inquiries raised with the Committee are already subject to monitoring or other performance management activities the action taken will be focused on the local resolution of inquiries through appropriate sign-posting to the agency best placed to respond.
- 1.4. Where an issue cannot be satisfactorily resolved between the parties concerned then the Committee can consider options for further action.
- 1.5. New issues raised with the Committee, and those that are subject to on-going reporting are set out in [Table One](#) of this report.
- 1.6. The recommendations included in this report support the Corporate Strategy aim of maximising wellbeing through the overview and scrutiny of health services in the Hampshire County Council area.

Table One: Inquiries Received and Action Taken

Topic/inquiry	Source	Action Taken	Comment
Hythe Hospital	Member for Dibden and Hythe	<p>A small Panel led by the County Councillor for Dibden and Hythe has been set up to oversee the formulation of proposals for redeveloping the facility.</p> <p>An update from NHS Hampshire is attached at Appendix One. (p.6)</p>	The panel is continuing to meet with local stakeholders to help shape the options.
<p>Recommendations: NHS Hampshire provide details of any additional information required to support the Panel</p>			
Oak Park Hospital	HOSC members	<p>Update from NHS Hampshire on progress with the implementation of agreed plans for the Oak Park site. Is attached at Appendix Two (p.7)</p>	
<p>Recommendation: NHS Hampshire updates the Panel on progress with the implementation of these plans as requested.</p>			
East Hampshire Community Hospitals	HOSC Chairman and elected members	<p>An update from NHS Hampshire is attached at Appendix Three (p.8)</p> <p>This work should include engagement with local elected members and other key stakeholders.</p>	
<p>Recommendation:. NHS Hampshire considers any further action requested by Members.</p>			

Topic/inquiry	Source	Action Taken	Comment
Notice to withdraw Inpatient beds at Odiham Cottage Hospital.	NHS Hampshire	<p>An update from NHS Hampshire on the progress with identifying options for making the best use of this facility is attached at Appendix Four. (p.9)</p> <p>This work should include engagement with local elected members and other key stakeholders.</p>	
<p>Recommendation: Members determine if any additional information is required in relation to the proposals from HCHC to withdraw inpatients nursing services at Odiham Hospital.</p>			
Reopening of the Grange and Blake Birth Centres	HOSC Chairman	<p>The midwife led birth centres at Petersfield and Gosport Community Hospitals reopened with effect from the 9 January.</p> <p>The Trust has confirmed that all the midwives that were relocated in September are returning to the centres from this date and that there is always a midwife and a maternity support worker based at each centre 24 hours a day, seven days a week. They are supported by community teams working in clinics and labour care.</p>	
<p>Recommendation: Members note the response from the Trust</p>			

Topic/inquiry	Source	Action Taken	Comment
<p>Proposed closure of GP</p> <p>Proposed GP branch surgery closure in Whiteley.</p>	<p>Fareham Borough Council</p>	<p>The GP practice based in Whitely is currently consulting patients and local stakeholders about proposals to close a branch surgery.</p> <p>The usage of the site is attached at Appendix Five (p.10)</p> <p>The letter from the Practice to patients is attached at Appendix Six (p.13)</p> <p>The letter to the practice from the Leader of Fareham Borough Council is attached at Appendix Seven (p.19)</p>	
<p>Recommendation: NHS Hampshire confirms its response to the proposals and the options open to support the population affected.</p>			
<p>NHS Operating Framework</p>	<p>HOSC Chairman</p>	<p>The NHS Operating framework for 2011/12 was published in December. It sets out key performance areas for the NHS and the actions that need to be taken to ensure a smooth transition to the new arrangements.</p> <p>A summary of this document is attached at Appendix Eight (p.20) and NHS Hampshire will provide a brief presentation of the key issues this raises for Hampshire.</p>	
<p>Recommendation: Members note the content of the Operating Framework.</p>			

Section 100 D – Local Government Act 1972 – background papers

The following documents disclose facts or matters on which this report, or an important part of it, is based and has been relied upon to a material extent in the preparation of this report.

NB the list excludes:

1. Published works
2. Documents that disclose exempt or confidential information as defined in the Act.

Appendix One: Health Overview and Scrutiny Committee Update – January 2011

Hampshire County Council's Health Overview and Scrutiny Committee by way of its meeting held on November 30, 2010, has requested several updates to be brought back to its January 2011 meeting.

This report gives an update on the Hythe project.

Hythe Hospital

Further to discussions regarding services at Hythe Hospital and Medical Centre since January 2009 and the recent temporary closure of inpatient facilities, we have been conducting engagement to seek local views before a set of options for the future of the site.

The aim of the engagement was to provide feedback for local GPs to continue developing the right package of outpatient services while developing options for high quality inpatient care in the local area.

We planned and conducted a range of engagement sessions across Waterside and Totton throughout November and December, to inform the development of the future options in the New Year before a second phase of communications and engagement on these options takes place.

Five drop-in sessions were held in total, including one with staff. We ensured these occurred in different venues across the area and at different times of the day, to try to reach a wide range of communities and ages. Representatives from Hampshire LINK also attended each drop-in session, which helped to facilitate independent discussion alongside discussions with NHS staff in attendance.

Alongside the drop-in sessions, we also made contact with other groups in the area, including:

- Discussions with residents and staff at Avondale Lodge Residential Home, Marchwood and Priestcroft Sheltered Accommodation, Blackfield
- Phone calls and information packs sent to 12 mother and toddler groups/pre-school/children's centres across Waterside and Totton, asking leaders to share with mothers and provide feedback through the online survey or the freepost address
- Met with managers at Little Haven Residential Home and Muir House Sheltered Accommodation, Dibden Purlieu to provide information to share with residents, with feedback forms and surveys to send back via freepost
- Surveys sent to Blackfield Baptist Church Group for discussion and distribution
- Surveys distributed through local Community Innovations Team on rounds and house calls
- Phone call to HYAD group to ensure information shared and ensure future engagement

173 surveys were completed either online or via a paper survey posted back. 50 comments were also received through a feedback form or via email. These have been collated and a report has been produced (attached) highlighting the results and key findings. This report has been shared with the PbC leads and the Hythe Hospital Stakeholder Group at our monthly meeting on 12 January and the next step is to communicate the outcomes of the engagement before planning options for the site working with both groups through PbC.

Appendix Two: Oak Park Redevelopment: Health Overview and Scrutiny Committee Update – January 2011

This report gives an update on the Oak Park project.

Oak Park

Oak Park Community Clinic

Program is on-track and running as per the Stage 1 Business Case which was approved in September by the board of NHS Hampshire. Planning permission has been sought and will be considered on the 10th of February by Havant Borough Council. Havant Borough Council officers have not highlighted any issues and it is therefore likely that planning permission will be granted at the February planning meeting.

Commercial agreement is scheduled to occur in May 2011, with works commencing on site in June. It is anticipated that the new Community Clinic will be fully operational by October 2012.

Havant Rapid Assessment Unit

Following engagement with residents and stakeholders in the Havant area, the need for a Rapid Assessment Unit in the area was built into plans to re-develop the Oak Park Childrens' Services Centre (becoming as mentioned above, the Oak Park Community Clinic).

However, NHS Hampshire has also looked at existing health premises in the Havant area and has been able to bring forward the development of the Rapid Assessment Unit. This will now be placed in the Havant Health Centre and will be available to local people at least 12 months earlier than we had originally expected and planned for. Once the new Oak Park Community Clinic is complete this service will transfer to the Clinic as planned.

Havant Reablement beds

Future plans for the provision of social care and health services from the Oak Park site are progressing and a stage 1 business case for the future use of the site will be submitted to NHS Hampshire Board and to Hampshire County Council in April 2011. Ongoing work streams include completion of master planning work and production of a business plan which are programmed to be complete at the end of February.

Havant War Memorial Hospital –

NHS Hampshire is committed to the provision of bed based care in the Havant area and has no plans to decommission inpatient care in the area. Currently this service is provided at Havant War Memorial Hospital. NHS Hampshire is exploring the possibility that the inpatient care could be commissioned elsewhere before the completion of the new Oak Park facility but this work is in the early stages. There are therefore no plans to close inpatient beds at Havant War Memorial. If a potential alternative inpatient care is identified then any plans to relocate the service before the completion of the new Oak park nursing centre will be discussed with stakeholders and the Committee prior to any changes taking place.

Appendix Three: East Hampshire Community Hospitals

Health Overview and Scrutiny Committee Update – January 2011

Hampshire County Council's Health Overview and Scrutiny Committee by way of its meeting held on November 30, 2010, has requested several updates to be brought back to its January 2011 meeting.

This report gives an update on the East Hants Community Hospitals Project.

East Hants Community Hospitals Project

The development of services delivered out of community hospitals in East Hampshire has been subject to long-standing debate and work with local people over the course of the last eight years and will undoubtedly continue to be so in the future

The work is on-going, and stakeholder engagement remains at its' centre. All the discussions are also being influenced by and must take account of the emerging GP Commissioning Consortia for that area.

With these discussions in mind, the focus has shifted slightly with a focus on the range of health services currently being provided across Petersfield and Chase community hospitals.

The emerging model will need to describe how the two hospitals will compliment each other in providing progressive, sustainable and strong health services for their populations.

A long standing Chase stakeholder group is in place and comprises representatives from local councillors, patient groups and local GP practices. The next meeting will take place on Friday January 21, 2011.

Services at Chase Community Hospital are being maintained and in some cases grown, with the introduction of a leg-care clinic, due to commence in February 2011, and a £125,000 refurbishment to improve the facilities for the muscular-skeletal service.

Engagement with stakeholders on the potential model of health services delivered from community hospitals in East Hampshire will continue with a focus in the Spring of 2011 on asking people about their views on local health services and their expectations for the future. These views will help shape the development of options for Chase and Petersfield hospitals.

NHS Hampshire's Public Health team has produced a health needs profile for the East Hants District Council area.

Appendix Four:



Health Overview and Scrutiny Committee Update – January 2011

Hampshire County Council's Health Overview and Scrutiny Committee by way of its meeting held on November 30, 2010, has requested several updates to be brought back to its January 2011 meeting.

This report gives an update on the Odiham Community Hospital project.

Odiham Cottage Hospital

Following discussions between NHS Hampshire and Hampshire Community Health Care, the nursing service at Odiham Cottage Hospital will be continued until July, 31, 2011. The news of the extension has been conveyed to the board of the Odiham Cottage Hospital Trust.

It has also been shared with members of the newly-formed Hart locality stakeholder group. This group comprises GPs, representatives from the PBC, representatives from parish, district, and county councils, the Hospital Trust, the hospital's League of Friends, Hampshire Community Health Care and NHS Hampshire.

NHS Hampshire's Public Health Team has produced a report detailing health needs of residents living in the area.

The Hart stakeholder group will meet again shortly (week commencing January 31, 2011) to discuss some ideas about the types of health services that could be provided. At the same time phase two of the engagement plan will commence. This will see a full engagement with residents in Odiham and the surrounding areas. They will be asked about health needs, possible health services and their expectations of future health services.

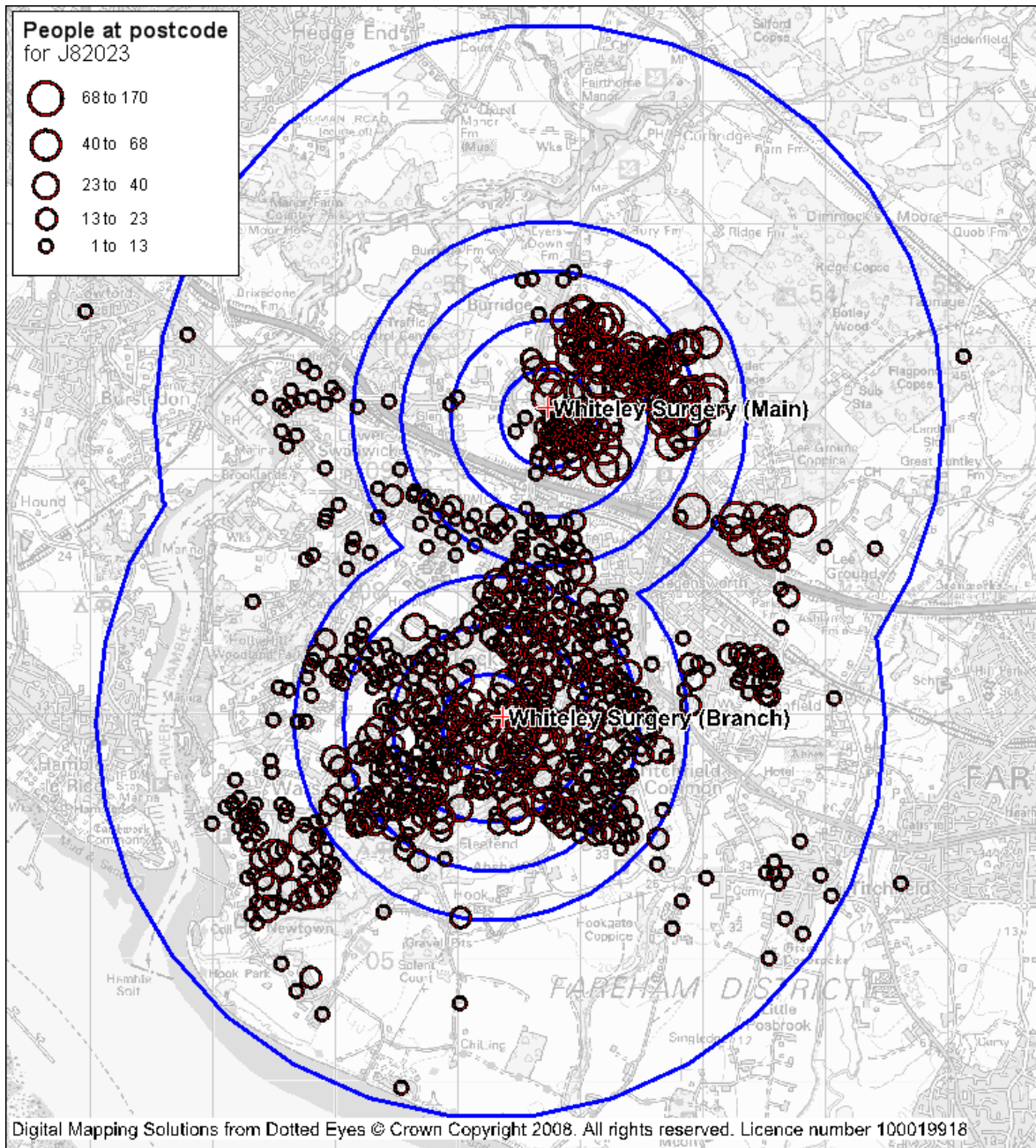
The engagement will involve direct research in the form of a survey, direct mail to groups, clubs, societies etc in the area (with a link to the survey), face to face meetings and attendance at popular areas (supermarkets etc.).

Phase two of the engagement plan will be finalised shortly and shared with the stakeholder group and the chair of the Health Overview and Scrutiny Committee,

Appendix Five

Whiteley Practice Population Mapping

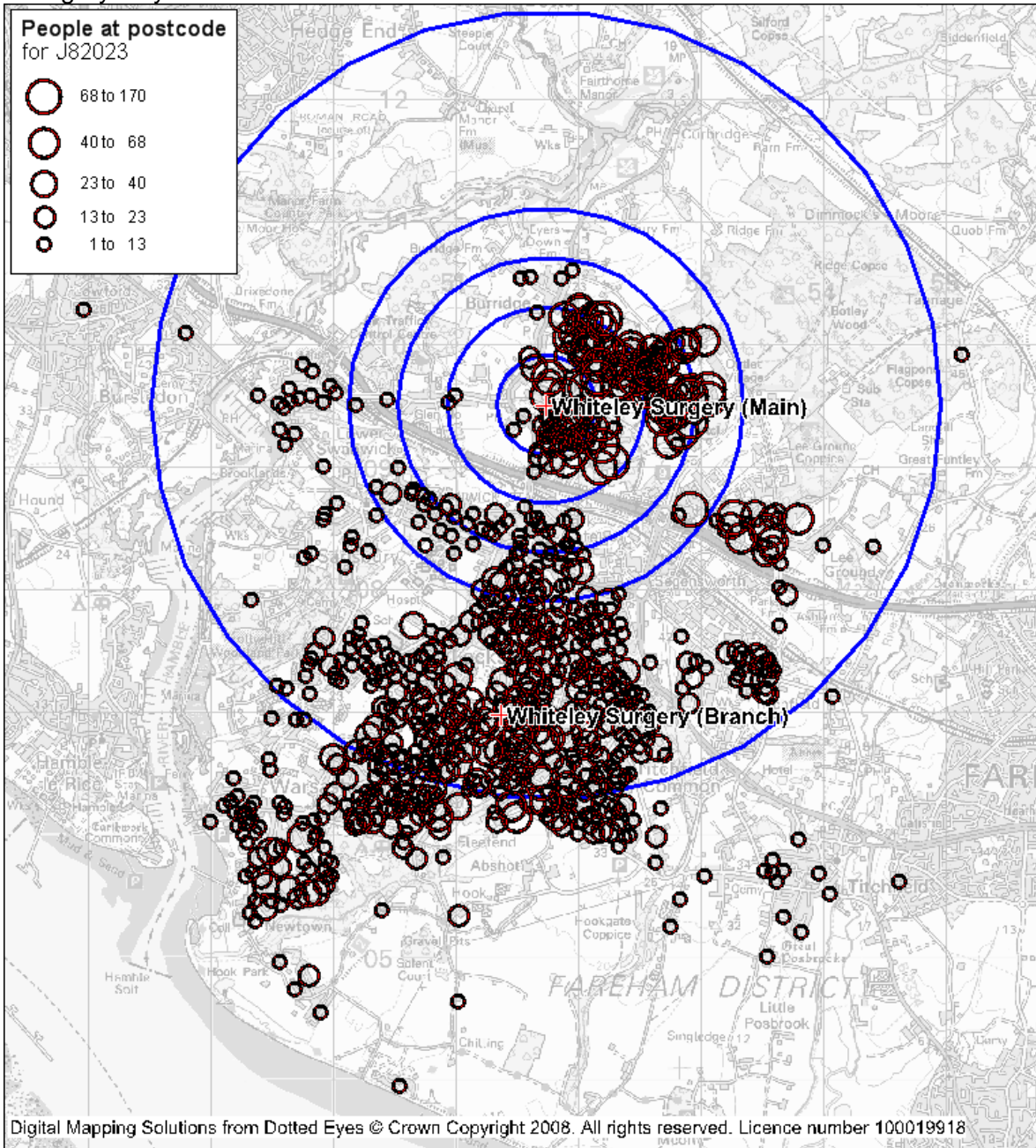
Map of population registered with Whiteley Practice (J82023) in relation to the main surgery (PO15 7LB) and the branch surgery (SO31 7ZL). Distance rings applied to both locations.



Ring	Radius	Count of population in ring	Count of population in radius	% of population in radius
1	0.25 miles	2213	2213	16%
2	0.5 miles	3783	5996	44%
3	0.75 miles	4442	10438	76%
4	1 miles	1611	12049	88%
5	2 miles	1565	13614	100%
	Outside of 2 miles	58	13672	100%

88% of the registered population live within 1 mile of either the main or the branch surgery.
 100% live within 2 miles of either.

Map of population registered with Whiteley Practice (J82023) in relation to the main surgery (PO15 7LB) and the branch surgery (SO31 7ZL). Distance rings applied to main surgery only.



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Ring	Radius	Count of population in ring	Count of population in radius	% of population in radius
1	0.25 miles	1092	1092	8%
2	0.5 miles	1947	3039	22%
3	0.75 miles	2129	5168	38%
4	1 miles	1059	6227	46%
5	2 miles	5597	11824	86%
	Outside of 2 miles	1848	13672	100%

46% of the registered population live within 1 mile of the main surgery. 86% live within 2 miles of the main surgery.

Peter Cornish
12 October 2010

Appendix Six

51 Locks Road	Dr Stephen G Whitaker	The Whiteley Surgery
Locks Heath	Dr Richard M Roope	Yew Tree Drive
Southampton	Dr Mark L Dennison	Whiteley
Hants	Dr Paul E Howden	FAREHAM
SO31 7ZL	Dr Andrew A Mostyn	PO15 7LB
	Dr Camilla B Heyes	
	Dr Judy B Pell	
	Dr Jane R Plumtree (Associate GP)	
	Practice Manager Mrs Jeannette Atkins	

Tele No 01489 583777

Tele No 01489 881982

Date 1 12 10

Dear Patient

**PATIENT ENGAGEMENT EXERCISE
PROVISION OF MEDICAL SERVICES AT LOCKS ROAD BRANCH
SURGERY**

You may be aware that we recently asked for patients' views in our review of the services we currently offer and how these might be improved in the future, and one of the many reasons for this is the impending retirement of Dr S Whitaker.

As part of this first stage review we invited those patients who attended either surgery during a two week period 23rd September to 6th October to complete a survey as we wanted to understand how patients access our services and we asked questions such as how far you travelled and which surgery you attended most regularly. We were encouraged to receive over 1400 responses

We are now writing to all households who are registered at the Locks Road surgery to inform you that we are considering closing the Locks Road practice at midnight on 31st March 2011 to consolidate a full and comprehensive range of GP services delivered solely from the Whiteley Surgery. This consideration

takes into account the views expressed in the fact finding questionnaire mentioned above .

The reasons for this consideration are:

- i. The retirement of Dr S Whitaker in April 2011
- ii. The facilities at Locks Road are no longer 'fit for purpose' premises on two counts:
 - a) does not comply with General Medical Services Regulations regarding Minimum Standards or Health & Safety, Disability Discrimination Act, Infection Control requirements and also will not meet the new Care Quality Commission minimum standards requirements for registration required from April 2012 and would therefore have to ultimately close
 - b) Patients often have to make additional appointments at the Whiteley Surgery for specific treatments, due to not being able to provide the service at Lock Road
- iii. Inappropriate use of GP, Nurse and receptionist time travelling between the two sites when this could be more appropriately used in providing additional appointments at one site creating additional access for patients.
- iv. Staffing problems associated with covering two sites, such as holidays, sickness and maternity leave
- v. Opportunity to see GP of your choice and improved continuity of patient care, as GP rota system used currently to staff two sites limits patients choice
- vi. IT difficulties
- vii. General difficulties with contract management requirements

Please BE REASSURED that the practice **will not** be removing any patients from its list and all general medical services including treatment room nurses, midwifery, district nurses, counselling etc will continue to be provided and be accessible from the Whiteley Surgery premises.

The options we considered are detailed below:

Options Considered	Preferred Option	Comments
A No change	NO	<ul style="list-style-type: none"> • Sub-standard building premises • Limited time only – building will fail to comply with minimum standards within 16 months and would close anyway • Fragmented service would continue. • Poor parking • No attached pharmacy
B To reduce services at Locks Road	NO	<ul style="list-style-type: none"> • Sub-standard building premises • Fragmented service would continue • Poor parking • No attached pharmacy

		<ul style="list-style-type: none"> • Fixed costs of maintaining building when closed
C Rebuild on new site	NO	<ul style="list-style-type: none"> • Fragmented service would continue • Plot of land not sufficient size for required building and parking requirements • Inadequate PCT/public funds to purchase land and build • Practice not priority on PCT 'Estates' development programme
D To provide full services at Whiteley and close Locks Road	YES	<ul style="list-style-type: none"> • Purpose build premises in 2006 and fully compliant with H&S, DDA regulations • Balanced use of GP/Nurse & receptionist time • Continuity of care • Capacity to increase list size • Full and comprehensive service offered by GPs, Nurses, Midwives, Counselling etc. • Additional appointments offered

As part of our plan to improve GP services (and to help with the changes), we would also wish to reassure you and confirm that we are currently:

- Supporting the local Whiteley Parish Council to ensure access links roads around Whiteley are opened
- Aiming to provide an improved and extended Community Nursing service to house bound and disabled patients
- Exploring the option of a voluntary car / mini bus Service to help out those with transport difficulties

We want to make you aware of this development at the earliest opportunity and involve you by asking for your views and it is important to us that we hear from you about any concerns that you may have so that we have the opportunity to consider how we can answer your concerns and reassure you.

You can tell us your view by either completing the short questionnaire enclosed with this letter or posting your comments in the box placed at the surgery receptions in Whiteley and Locks Road

Please note that all responses must be received by **FRIDAY 14TH JANUARY 2011**

Once we have received all patient views and comments we will consider and discuss these, and any implications, with our local Primary Care Trust where a final decision will be made and also provide you with feedback

We hope that his letter reassures you of our continued commitment to the provision of healthcare services for our patients. If you have any questions or are unsure of how to provide feedback please do contact the surgery so that we can advise you

Yours sincerely

Dr Stephen Whitaker Dr Richard Roope Dr Mark Dennison Dr Paul
Howden
Dr Camilla Heyes Dr Andrew Mostyn Dr Judy Pell

**PATIENT ENGAGEMENT QUESTIONNAIRE REGARDING PROPOSED CLOSURE
OF LOCKS ROAD SURGERY**

PLEASE COMPLETE AND RETURN

to

**THE PRACTICE MANAGER, THE WHITELEY SURGERY, YEW TREE DRIVE
WHITELEY, FAREHAM, HANTS PO15 7LB TO BE RECEIVED BY
FRIDAY 14TH JANUARY 2011**

*Name	
*You do not have to provide this information but it would help us if you do	
*Address	
*You do not have to provide this information but it would help us if you do	
How many people live in your household?	
What problems do you	

<p>see if the Locks Road Surgery closes?</p>	
<p>How do you think these problems can be overcome i.e better public transport, community transport, access road to Whiteley opened, more appointments, extended hours etc.</p>	
<p>Have you any specific questions you would like to ask?</p>	
<p>In the event of Locks Road surgery closing, would you remain</p>	<p>*REMAIN REGISTERED WITH WHITELEY</p>

registered with the Whiteley Surgery or register with another neighbouring practice? * Please circle	REGISTER WITH A NEIGHBOURING PRACTICE *Locks Heath / * Titchfield (please state where)
Any other comments you would like to make?	

Please ensure you return this questionnaire to the Practice by **Friday 14th January 2011**

Thank you for taking the time to give us your views

Appendix Seven: Proposals to close Whiteley GP branch Surgery. Letter from Fareham Borough Council. 17 December 2010

Following our meeting on Tuesday and the meeting of Fareham Borough Council yesterday I am writing to request that you and your partners delay your proposed closure of Locks Road surgery for an additional 6 months until the end of September 2011 to allow meaningful consultation with residents of Locks Heath and surrounding areas. I believe it is important that we can all understand the precise problems which you say make the Locks Road surgery unfit for purpose and the practicalities of carrying out works to put it in a satisfactory state of repair.

You are aware that local Councillors have been contacted by significant numbers of very concerned worried and indeed frightened patients over the last week and I believe it is important that, if you accede to my request, they are quickly advised of the situation. It is regrettable that elected Members only became aware of your proposal in the last week which means we have been unable until now to discuss the issues with them from a more informed perspective. You are aware that I have already exchanged correspondence with the Chief Executive of the Hampshire Primary Care Trust which will of course need to give board level consent to your request to vary your contract for medical services in Locks Heath and Whiteley.

Fareham Borough Council will be pleased to work with you and your partners in order to minimise the worry and concern felt by patients in both the Locks Heath and Whiteley area about the proposed changes which are brought about by worries around access, travel times and costs, convenience, out of hours cover and the availability of extra provision for home visits as well as the loss of a facility which has provided such local and convenient healthcare to your patients over the last half century to my certain knowledge.

I look forward to hearing from you following which we can hopefully work together with the goal of finding a solution which is to the satisfaction of all parties.

Yours sincerely

Councillor Seán Woodward

Executive Leader of the Council

Cc: Debbie Fleming, Chief Executive, Hampshire Primary Care Trust
Jonathan Montgomery, Chairman, Hampshire Primary Care Trust
Mark Hoban MP
Councillor Patricia West, Chairman of the Hampshire County Council
Health Overview and Scrutiny Committee

Appendix Eight:
Hampshire Health Overview and Scrutiny Committee. Briefing for Members
25 January 2011: The NHS Operating Framework 2011/12

The framework sets out the key national priorities for the NHS in areas such as performance on key waiting times, reducing healthcare associated infections and emergency readmissions and eliminating mixed-sex wards. It also sets out the foundations for the new health and social care system, while maintaining service quality, staff capacity and capability. Particular emphasis is given to the delivery of the QIPP (quality, innovation, productivity and prevention) agenda which, together with reduced management costs is predicted to release up to £20 billion in funding to frontline services over 4 years.

The 2011/12 settlement includes an explicit provision for health resources of £800 million to support social care and benefit health.

The full suite of documents can be found at :
[The Operating Framework for the NHS in England 2011/12.](#)

Key Points

PCT clusters

Whilst PCTs will remain statutorily accountable in 2011/12 and 2012/13, the Framework sets out plans to consolidate PCT capacity into clusters across all regions by June 2011. This process will be overseen by SHAs.

Locally this is likely to mean that Southampton, Hampshire, Isle of Wight and Portsmouth (SHIP) PCTs come together under a single executive team. During this time they will be working to smooth the transition to GP commissioning, and it is envisaged that staff will be increasingly assigned to emerging GP consortia to support their development and build their participation in the Joint Strategic Needs Assessment process.

NHS Outcomes Framework

The first NHS Outcomes Framework has been published setting out the outcomes and corresponding indicators that will be used in future to hold the new NHS Commissioning Board to account, although next year is being treated as a transitional year. The outcomes contained within this first Framework focus on five domains:

- preventing people from dying prematurely
- enhancing the quality of life for people with long-term conditions
- helping people to recover from episodes of ill health or injury
- ensuring that people have a positive experience of care
- ensuring people are treated in a safe environment and protecting them from avoidable harm

As well as accompanying indicators, areas for improvement are also highlighted for each of the above domains.

NICE will produce 31 new Quality Standards to add to the 15 already completed or in development to support delivery of an outcomes focus. These quality standards aim to set out what high quality care looks like for a particular care pathway.

NHS Commissioning Board (NHSCB)

The NHSCB will be set up in shadow form from April 2011, and will become fully operational from April 2012. The current Chief Executive of the NHS, Sir David Nicholson is to be appointed Chief Executive of the NHSCB.

The Board's responsibilities will include:

- allocating and accounting for NHS resources
- ensuring a comprehensive system of GP consortia and providing them with support
- promoting and extending public and patient involvement and choice
- directly commissioning specialist and primary care services.

Standard contracts will be reviewed over the next two years to prepare for the needs of GP consortia and the NHSCB.

General Practice

All general practices will need to consider how they group together to form Consortia and engage with their communities when doing so.

Health and Well Being Boards

NHS commissioners will work closely with LAs to establish shadow Health and Health and Well Being Boards (HWBs). These arrangements need to be in place by April 2012 when GPCCs will have shadow allocation and LAs shadow public health budgets.

Finance and Business

All NHS Trusts will be Foundation trusts by 2013/14. For those NHS Trusts unable to make this transition alternative configurations need to be in place.

Commissioners should use the introduction of 'any willing provider' to enable greater provision of services by social enterprises and promote a level playing field for all providers.

All contracts between commissioners and providers need to be signed before the start of the financial year. Standard contracts for NHS services will be revised over the next 2 years.

No PCT will plan for an operating deficit.

SHAs will retain 2% of PCT recurrent funding for non-recurrent uses to mitigate financial risk.

GPCCs will have their own budgets by 2013/14. They will not be responsible for PCT debt that arose prior to April 2011, but may have some responsibility for debt incurred during the transition from 2011/12.

PCTs have received £70 million in 2010/11 to support people for 30 days following discharge from hospital and this should be used as a basis for co-ordinating post discharge activity into 2011/12.

As new flexibility will be introduced to enable providers to offer services at less than tariff rate. Commissioners need to ensure that there is no impact on quality or choice as a result of any such agreement.

Service Specific Commitments

Service reconfiguration must be consistent with the 4 tests set out in May 2010, i.e.

- support from GPCCs
- strengthened public engagement
- clear evidence base
- promotion of choice

PCTs will continue to need to consult HOSCs about substantial change

There is a commitment to choice in maternity services and work will continue to develop a maternity tariff to ensure that money follows a woman's choice.

New commitments are given in relation to:

- Health Visitors_ PCTs should ensure these services are effective and able to support children and families. The decline in this workforce should cease and number be increased in order to enable this service to fulfil this commitment
- Family Nurse Partnerships: to improve outcomes and support to the most vulnerable first time teenage mothers and their children
- Cancer Drugs fund
- Military and Veterans Health
- Services for people with autism to plan and commission services accordingly.
- Dementia Services, especially the four priority areas published in September 2010: good quality early diagnosis and intervention for all; improved quality of care in general hospitals; living well with dementia in care homes; reduced use of antipsychotic medication.
- Support for Carers through pooled arrangements

Additionally it is expected that service levels will be maintained in relation to:

- Referral to treatment times
- A&E services

- Ambulance Services
- Hospital infections
- Eliminating mixed sex accommodation
- End of Life care
- Cancer care and screening
- Stroke care
- Mental health (including access to psychological therapies)
- Safeguarding children
- Dentistry.

Improvements are expected to be demonstrated in the following areas:

- Healthcare for people with learning difficulties
- CAMS
- Diabetes services
- Violence against women and girls
- Regional trauma networks
- Respiratory disease.

Commissioning Transition Timetable

Now – March 2011	PCTs to involve GP practices and emerging consortia, with other clinicians, in the 2011/12 contracting round and the broader commissioning cycle from 2011/12 onwards
December 2010	Initial GP consortia pathfinders identified
January – March 2011	Delegated responsibilities of pathfinder consortia confirmed with PCTs
January 2011 – March 2012	Further pathfinders identified and emerging consortia encouraged to become increasingly involved in commissioning and take on increasing delegated responsibilities
In 2011/12	NHS Commissioning Board set up in shadow form as special health authority
June 2011	PCT clustering arrangements in place
April 2012	All GP practices in GP consortia and start of NHS Commissioning Board authorisation of consortia
April 2012	NHS Commissioning Board established, takes over relevant responsibilities
April 2012	SHAs abolished and responsibilities allocated to bodies in the 2012/13 architecture
April 2012 – March 2013	NHS Commissioning Board to work with GP consortia that need further support to be ready to take on full statutory responsibilities
April 2013	Authorised GP consortia take on full statutory responsibilities
April 2013	PCTs abolished

draft