

Overview of the key changes to NHS structures

This information gives an overview of the key changes to the NHS and what this means for people with a learning disability.

This information is relevant to England only.

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1) Background: why is the Government reforming the NHS?

The Health and Social Care Act (2012) outlines the biggest reorganisation of the NHS since it was established in 1948. The reforms are complex and far-reaching and will see a shift in power from a national to a local level.

The former health secretary, Andrew Lansley, said that reform was needed as the NHS was not good enough in some key areas of care.

The key reasons for reform that have been given are:

- to reduce direct political involvement in the day-to-day running of the NHS
- to stop "wasting money" on top down management structures
- to give more power to local clinicians (in particular GPs) as it is argued that they should know local needs better than anyone else
- to introduce more competition in the NHS, so that other providers can bid to provide services.
- to increase patient choice and improve the quality of services that are provided across the NHS.

2) Commissioning: who makes decisions about services?

Commissioning in the NHS is the process of making decisions about what services will be available to the public. Commissioners have a responsibility to ensure that the health and care services that are provided meet the needs of the population. Under the Health and Social Care Act, the commissioning process is going to change. These changes are explained below.

Old structures

1. Primary care trust: primary care is the first point of contact with the NHS for most people. It includes GPs, dentists and pharmacists. This used to be managed by local primary care trusts. Primary care trusts worked with local authorities and other agencies that provide health and social care locally to ensure that their community's needs were being met.
2. Strategic health authority: strategic health authorities managed the local NHS on behalf of the Secretary of State for Health. They were responsible for:
 - developing plans for improving health services in their local area
 - making sure local health services are of a high quality and are performing well
 - increasing the capacity of local health services so they can provide more services
 - making sure national priorities (for example, programmes for improving cancer services) are integrated into local health service plans.

New structures

Both primary care trusts and strategic health authorities cease to exist from April 1st 2013. New commissioning bodies are responsible for £80 billion of the NHS budget, with approximately £60 billion of this going directly to local clinical commissioning groups.

1. NHS England: operating at a national level, NHS England will be responsible for:
 - allocating budgets to clinical commissioning groups
 - monitoring the work of clinical commissioning groups and holding them to account
 - commissioning primary care and certain specialist or national services, such as dentistry, community pharmacy and maternity services.

2. Clinical Commissioning Groups (CCGs): operating at a local level, clinical commissioning groups will be arranged by geographical area and run by groups of GPs. There are 212 clinical commissioning groups across England.

Clinical commissioning groups are responsible for buying care services on the behalf of patients. They are commissioning the majority of NHS services and make decisions about what services will be provided locally. All GP practices belong to a CCG which commissions most services on behalf of patients in their local areas, including:

- urgent and emergency care (eg. your hospital A&E)
- most community health services (eg. community nursing)
- planned hospital care (eg. operations)
- rehabilitative care (eg. physiotherapy)
- mental health and learning disability services.

The clinical commissioning groups should work closely with other healthcare professionals and local authorities. There is also a duty on clinical commissioning groups to involve patients, carers and the public.

As part of the new commissioning process, the government is keen to encourage competition in the health service. As a result, clinical commissioning groups are able to buy care from "any qualified provider." This means that clinical commissioning groups can commission a service from any provider as long as it meets NHS standards and costs. Consequently, services could be provided by an NHS organisation, private sector company, charity or voluntary organisation. The different providers are able to compete with each other to win a contract.

3. Local area teams: 27 local area teams share the responsibility with clinical commissioning groups for commissioning services for their local communities. They take on direct commissioning responsibilities for GP services, dental services, pharmacy, and certain aspects of optical services. 10 of the local area teams lead on specialised commissioning across England, whilst a smaller number carries out the direct commissioning of other services, such as military and prison health.

3) Why is commissioning important for people with a learning disability?

The new commissioning structures should make sure there are enough quality health services available that meet the needs of all people within

their area and that these services are accessible to all, including people with a learning disability.

The government's policy of letting "any willing provider" provide healthcare services should, if the policy succeeds, result in an increase in quality of services being offered and an increased choice of services for patients. Patients may not notice much change at first but may find that GPs refer them to a wider range of treatment centres and services.

However, there are also concerns that the changes to commissioning could result in a situation where profit is put before quality and that valued services could be closed or not commissioned as they are seen as a "poor investment." This is of particular concern regarding more specialist services for people with profound and multiple learning disabilities.

There is also a fear that commissioners may not adequately understand the needs of vulnerable groups, such as patients with a learning disability, and therefore won't commission appropriate services that meet the needs of people with a learning disability. This could see an increase in the postcode lottery of services due to different approaches being adopted in different commissioning areas. This could have a particular impact in terms of the availability of things such as annual health checks.

If you have concerns about the range or quality of services being commissioned in your area, you should contact the Mencap campaigns team or Mencap Direct on the details at the end of this information sheet.

4) Accountability: who is there for patients and public?

It is important that NHS services are accountable to patients and the public. This is particularly important when NHS care fails. The Health and Social Care Act has introduced new bodies that it is hoped will increase accountability in the NHS and, in turn, improve the quality of care that patients receive.

Old Structures

1. Local Involvement Networks (LINKs): Local Involvement Networks operated in all local areas and were made up of individuals and community groups, such as faith groups and residents' associations. Working together, they aimed to give the public a stronger voice in how their health and social care services are delivered. Their role is to find out what people want, monitor local services and to use their powers to hold them to account.

New Structures

1. Healthwatch: this replaces Local Involvement Networks and acts as the “consumer champion” for health and social care. To do this, Healthwatch provides patient feedback to the rest of the NHS and supports patient complaints. Healthwatch operates at a national and local level.

Local Healthwatch organizations operate from April 2013. They are commissioned by local authorities but report to the Care Quality Commission. Local Healthwatch represents the views and protects the rights of patients, provides advocacy and supports people to access and make choices about services, including those who lack capacity. They also help those who want to make a complaint.

At a national level, Healthwatch England, established in October 2012, provides advice, support and leadership to local Healthwatch organisations across the country.

2. Health and wellbeing boards: each health and wellbeing board has a local Healthwatch representative member. Health and wellbeing boards will be established by local authorities, bringing together elected representatives from the council with representatives from the NHS, social care, children’s and public health services.

Health and wellbeing boards are intended to improve coordination and planning across health and social care. The boards are responsible for monitoring:

- The quality of health and care services
- The health and wellbeing of local people
- The preparation of Joint Strategic Needs Assessments and the development of joint health and wellbeing strategies.

3. Public Health England: as part of the Department of Health, Public Health England is meant to protect and improve health and wellbeing of the population and reduce health inequalities. They have a responsibility for supporting people to make healthier choices and to provide advice to local public health teams. The Learning Disabilities Public Health Observatory is now a part of Public Health England. The Observatory was established in June 2010 to provide robust data on the health and access to healthcare of people with a learning disability.

5) Why is accountability important for people with a learning disability?

Both Healthwatch and health and wellbeing boards will be expected to involve local people in decision making around health and social care. This

should mean that the views of people with a learning disability are listened to and represented at a local level. This should result in improved service provision.

The success of both Healthwatch and health and wellbeing boards relies upon a two way engagement between the new structures and the public. As part of this, it is important that people with a learning disability are actively involved in the work of Healthwatch and health and wellbeing boards. If this engagement does not happen there is a danger that people with a learning disability could become further marginalised, leading to health inequalities widening.

If you have concerns about how Healthwatch or your local health and wellbeing boards are working in your area then you should contact the Mencap campaigns team or Mencap Direct on the details at the end of this information sheet.

6) Other changes

6a) Foundation trusts: Under the current system, there are a wide range of NHS health trusts managing NHS hospital care in England, including community care and mental health services. Under the new system, all NHS trusts are expected to become foundation trusts by 2014. The NHS Trust Development Authority will help health trusts with this transition. NHS foundation trusts are independent legal bodies and are in charge of their own organisation and finances. Each NHS foundation trust is accountable to local people and has a duty to consult and involve a board of governors (including patients, staff, members of the public, and partner organisations) in the strategic planning of the organisation.

6b) Patient choice: The importance of 'patient choice' and the need for NHS services to reflect the needs and preferences of patients, their families and their carers was raised throughout debates on the Health and Social Care Act in Parliament. This has been termed "no decision about me, without me."

The idea is that under the new structures, patients would be able to choose their GP and hospital and that they would receive support to do this. An example of patient choice is the NHS choices website, which allows patients to compare and rate different services. Based on this, they are then able to decide where they want to be treated and by whom.

7) Useful links

Below are some useful links for more information about some of the structures that have been discussed in this information sheet:

NHS England: <http://wwwcommissioningboard.nhs.uk/>

Local area teams:

<https://www.wp.dh.gov.uk/commissioningboard/files/2012/06/lat-senates-pack.pdf>

Healthwatch: <http://www.healthwatch.co.uk/>

Local Healthwatch contact details:

<http://www.healthwatch.co.uk/resource/local-healthwatch-contact-listing>

NHS choices: www.nhs.uk

8) More information

For more information on this issue contact the campaigns and policy team by calling 020 7696 6952 or emailing campaigns@mencap.org.uk

For advice and information call Mencap Direct on 0808 808 1111