

PCT mergers and transition arrangements

There are three major drivers for change in the NHS at present:

- The NHS is required to make £15bn efficiency savings over three years, at a time when demand for the use of NHS services continues to rise with consequential pressures on budgets. This means the NHS must find ways to do things more efficiently and more effectively, with less money.
- The Government proposes to devolve commissioning of services to new GP consortia from 2013. GPs will need to develop new skills and resources to deliver this. It will also mean the abolition of the 151 PCTs across the country and 10 strategic health authorities. These have been billed as the biggest changes to the NHS in 40 years.
- The NHS has been required to reduce its management costs by 50 per cent.

In discussion with their own boards and NHS London, the five PCTs that make up NHS North Central London (NCL) – Barnet, Camden, Enfield, Haringey and Islington – are working together to put in transition arrangements that will support the move to GP commissioning and deliver the 50 per cent management savings. The key elements of these changes are:

- Create a single transition team across the five PCTs, with teams in each PCT reporting along a single line of accountability to the CEO for NCL.
- Determine what can be done locally and what can be done centrally. Central functions will typically be corporate ones including human resources, communications and acute commissioning. Local functions will be liaison with local authorities, support for emerging GP consortia and specific quality assurance and governance – eg safeguarding. We recognise that maintain a strong local presence will be essential moving forward with the transition arrangements.
- Decide how the five PCTs can be restructured to deliver the required 50 per cent management savings. If possible, NHS London want us to deliver the 50 per cent savings by April 2011, subject to discussion with them and the individual PCT boards. This will release money in 2011/12 to be invested into GP commissioning

We recognise that there are many issues that need to be addressed, and that we are only at the start of this process. But given the need to resolve these issues as quickly as possible, close working and discussion with all our partner organisations including local authorities and clinicians is going to be vital in order to deliver a smooth transition to the new working arrangements, and deliver the new ways of working and efficiency savings the NHS is required to make.

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