

North Central London



*Barnet - Camden - Enfield
Haringey - Islington*

Transition to GP Commissioning

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SUMMARY

This paper provides an update on the NCL transition programme up to 2013 when PCTs are abolished.

RECOMMENDATION

The JOSOC is asked to **NOTE** the report.

Introduction

This paper outlines the NCL priorities and the proposal for a single transition organisation.

The White Paper, 'Liberating the NHS' 2010, sets out a agenda to shift commissioning responsibilities to GP consortia. It also proposes a national commissioning board, a national primary care function and transfer of health improvement functions (public health) to local authorities.

The NHS Operating Plan, that preceded the White Paper, required PCTs to reduce management costs by half and shift funding into front line services. The NHS London requirement is for the savings to be made by the end of this year as this allows non-recurrent investment in developing GP commissioning.

NCL Priorities

NCL has a number of agreed priorities that it must deliver in the transition period:

- Sustainable financial position
 - Getting a grip on the current financial position
 - Delivering savings on commissioning spend.
- Delivering management cost savings of 54%.
- Maintaining the quality and safety of local services.
- Strategy
 - BEH Clinical Strategy
 - Plans for 11/12 and beyond.
- Supporting GP Commissioning Consortia and new Local Authority roles.
- Supporting our people in planning their personal futures.

A single transition organisation for NCL

The PCTs recognise that they will be unable to function effectively while reducing management costs by half (principally staffing costs). Therefore, the five PCTs propose to establish a single transition team from April 2011 to lead the transition process and to enable the saving of over half of the current management costs and maintain existing services. To enable this, the proposal is to centralise functions wherever possible and to provide a local borough presence that will: deliver savings plans; support the development of GP consortia and the further integration of public health and joint commissioning.

PCT Boards will remain in place until abolished in 2013 supported by the local borough-based teams. However, PCT Boards will delegate further responsibilities to the NCL Board to enable the single transition organisation to work effectively.

The end state of the new local NHS is not known, and there is no clear view of what parts of the PCT will transfer to the national commissioning board, or the national primary care services, nor what the form of GP consortia will be and how quickly health improvement staff will transfer to local authorities. This means that the transition organisation must focus on the core business and be flexible to move when services are ready to transfer to their end states. For example, GP Consortia can apply for pathfinder status, approved by NHSL, which enables them to take on commissioning responsibilities from PCTs from April 2011.

At the end of 2013, or sooner if the end state is in place, the NCL transition organisation will cease to exist along with its constituent PCTs.

NCL recognises that there are different starting points for PCTs in terms of their level of integration with local authorities and the preparedness of local GPs to take on commissioning. The intention is that the borough based teams build on relationships with local authorities, GPs, LINKs and other stakeholders to design the new local NHS over the coming months. It is possible that borough Health and Well Being groups could lead this work, but this would be for local discussion and decision.

Timetable

The transition organisation is currently being designed and owing to the likely number of staff that will be affected, it will require formal consultation with staff. PCT Boards will discuss the proposal on 18th and 19th November. Staff consultation will begin as soon as possible and implementation is planned to be completed by the end of March 2010.