LOC SUPPORT UNIT
SUPPORT FOR PRIMARY EYE CARE DEVELOPMENT

Briefing: NHS Commissioning in England April 2013

From 1 April 2013, the new organisations created through the Health and Social Care Act 2012 have taken over responsibility for commissioning healthcare services for people in England. This briefing note describes the new structures and organisations.

What is commissioning?

In the NHS, commissioning is the term given to the process of identifying what healthcare services local people need and then arranging and procuring these services from local providers. Commissioners are responsible for deciding how local healthcare budgets are used. Commissioning involves developing a detailed understanding of local healthcare needs, arranging contracts with providers, managing those contracts and engaging with local people to understand how services can be improved.

NHS England (formerly known as NHS Commissioning Board)

NHS England will play a key role in the Government's vision to modernise the health service with the key aim of securing the best possible health outcomes for patients by prioritising them in every decision it makes. Formerly established as the NHS Commissioning Board on 1 October 2012, NHS England is an independent body, operating at arm's length from the Government.

Clinical Commissioning Groups (CCGs)

CCGs are commissioning organisations formed from general medical practices. All practices are required to join a CCG and will hold the CCG to account for decisions made on their behalf. Many CCGs cover a smaller area than the previous PCTs. They are intended to ensure a closer relationship between local people, commissioners and commissioning decisions. CCGs will be responsible for around 60% of the NHS budget.

Because of the crucial role that CCGs will play, they were required to apply for authorisation from the NHS Commissioning Board – now known as NHS England.

CCGs applied for authorisation in 'waves' during 2012-13. All CCGs have been formally authorised in time for 1 April, but many CCGs have had 'conditions' attached which state where NHS England thinks they may need extra support to carry out their functions effectively.

There are two hundred and eleven CCGs in England. Please see here for details www.england.nhs.uk/wp-content/uploads/2013/03/ccg-map.pdf

It is the CCGs and the CSUs (see below) they contract with, that LOCs will need to work with in future when it comes to designing and implementing new local eye health services, or reviewing existing enhanced services.

Each CCG has a chair to provide clinical leadership and an accountable officer (either a senior manager or a clinician).

The regulations on CCG governing body membership list eight statutory roles:

- a chair
- a deputy chair
- an accountable officer
- at least one person qualified to lead the financial management
- at least one registered nurse
- at least one doctor who is a secondary care specialist
- at least two lay members.

Please see here for CCG contact details www.england.nhs.uk/ccg-details.

Area Teams (ATs)

NHS England will have an overarching role to ensure that the NHS delivers better outcomes for patients within its available resources, and that services are commissioned in ways that support consistency in ensuring high standards of quality across the country.

NHS England has four regions and twenty seven Area Teams (ATs) to act as its 'local arms'. See here for details of the locations of the regions and ATs www.england.nhs.uk/wp-content/uploads/2012/06/lat-senates-pack.pdf.

In addition to supporting the development and assurance of CCGs, NHS England (through the ATs) will also be responsible for commissioning:

- primary care (including General Ophthalmic Services)
- specialist services (relatively rare and specialist treatments, such as bariatric surgery, that need to be commissioned across higher population numbers).
- offender healthcare and some health services for the armed forces

ATs are also responsible for emergency planning, will provide system oversight, and ensure quality and safety.

See here for more details on leadership teams in the ATs: www.england.nhs.uk/appointments/lat.

NHS England will recognise local representative committees (including LOCs) via the ATs.

The key contact in the AT for LOCs will be the Head of Primary Care. See here for a list of the Heads of Primary Care in ATs as at 1 April 2013 www.locsu.co.uk/uploads/loc_guidance/heads_of_primary_care_march_2013.pdf.

Commissioning Support Units (CSUs)

To ensure that CCGs devote as much of their budget as possible to frontline care, they will be able to use CSUs to provide many back-office commissioning support functions and

services such as business intelligence and procurement. Some CCGs will also call upon CSUs to provide other functions such as HR and finance.

It is the CCGs and the CSUs they contract with, that LOCs will need to work with in future when it comes to designing and implementing new local eye health services, or reviewing existing enhanced services.

Please see here for a list of the nineteen CSUs operating in England as of 1 April 2013. www.england.nhs.uk/blog/2013/03/12/two-csu-join/

Public Health England

The public health function has transferred from PCTs to local authorities and to the overarching body Public Health England which together will promote health protection and prevention.

Public Health England has been established to protect and improve the nation's health and wellbeing, and to reduce inequalities.

Public Health England will operate through four regions and 15 centres http://media.dh.gov.uk/network/18/files/2012/07/PHE-structure.pdf.

Health and Wellbeing Boards (HWBs)

Health and Wellbeing Boards (HWBs) have been established to set a joint health and wellbeing strategy (JHWS) for each upper tier council area (for example county and city councils). They are designed to promote joint working and integrated services across health and social care.

Each board includes an elected member of the local council; the council's directors of adult services, children's services and public health; a member of the local Healthwatch; and representatives of each CCG in the local area. Each board is free to expand their membership to include a wide range of perspectives and expertise and they will seek to engage a wide range of partners.

The Local Government Association has created a map listing the health and wellbeing boards in each of the nine local authority regions, including the names of each HWB Chair. To access the interactive map click link: www.local.gov.uk/web/guest/health/-/journal_content/56/10171/3510973/ARTICLE-TEMPLATE.

Healthwatch

Healthwatch will be commissioned by local authorities as the independent consumer champion for health and social care, gathering and promoting the views of local people. It will provide people with information and advice on local services and finding the right advocacy organisation, speaking out and getting involved.

Healthwatch England was established in October 2012 to provide leadership, guidance and support to local Healthwatch organisations and influence national policy. It will be a statutory committee of the Care Quality Commission (CQC).

Local Healthwatch organisations have the same rights to inspect premises where NHS services are provided (with prior and acceptable notice) as their predecessor bodies e.g. LINks.

To find your local Healthwatch see www.healthwatch.co.uk/find-your-local-healthwatch.

Local Eye Health Networks (LEHNs)

NHS England will establish local professional networks for pharmacy, dental and eye health.

Twenty five Area Teams[1] will have a Local Eye Health Network (LEHN) to facilitate clinical input and leadership in service improvement and commissioning at local level.

The initial work of LEHNs will focus on local needs assessment, quality assurance and improving services in line with national eye health pathways. The LEHNs will feed into both the CCGs and the HWBs.

Every LEHN will have a Clinical Chair and there will also be opportunities for optometrists, dispensing opticians and other eye health professionals to get involved with the LEHN in the development of local services and other discreet pieces of work via the LOC.

LOCSU and the Optical Confederation has advised that, to be most effective, LEHNs should be multi-professional and pan-sector including HES, CCG, HWB, Healthwatch and voluntary sector colleagues.

LOCSU will provide further information on the progress of LEHNs in due course.

Clinical Senates

Across the country, 12 clinical senates will provide advice and leadership to help CCGs, health and wellbeing boards and NHS England make the best decisions about healthcare for local populations. The senates will be made up of clinicians and health professionals including public health and social care, alongside patients, the public and others.

See here for details of the locations of clinical senates www.england.nhs.uk/wp-content/uploads/2012/06/lat-senates-pack.pdf.

Strategic Clinical Networks

Strategic clinical networks will cover conditions or patient groups where improvements can be made through an integrated, whole system approach. These networks will help local commissioners to reduce unwarranted variation in services and encourage innovation in the following areas:

[1] London has three Area Teams but will have a single LEHN

- cancer
- cardiovascular disease (including cardiac, stroke, diabetes and renal disease)
- maternity and children's services
- mental health, dementia and neurological conditions

Strategic clinical networks will cover the same 12 areas as the clinical senates.

Local Education and Training Boards (LETBs)

LETBs will be sub-committees of Health Education England, the new national leadership body for education, training and development of the healthcare and public health workforce.

LETBs will be led by local NHS service providers. They are responsible for setting priorities for designing and implementing a skills development strategy.

hee.nhs.uk/2013/03/27/hee-approves-authorisation-of-13-local-education-and-training-boards/

Academic Health Science Networks (AHSNs)

There will be 15 AHSNs across England, bringing together NHS organisations, higher education, local government and business. They aim to collaborate to spread innovation, benefiting patients and generating jobs in local health industries. They will seek to translate research and learning into practice and to support service improvement, working across sectors to address issues that single organisations cannot resolve alone.

Integrated Single Financial Environment

NHS England has commissioned NHS Shared Business Services (NHS SBS) to provide an Integrated Single Financial Environment (ISFE) for NHS England, CCGs and CSUs from 1 April 2013.

The aim of the ISFE is to ensure proper financial and corporate governance, financial consistency and proper risk management relating to the transfer of financial information. It will also allow for the adoption of best practice in business processes. The ISFE will create a basic common infrastructure which will be cost-effective and save time for organisations in terms of development.

Local arrangements for submitting General Ophthalmic Services (GOS) claims and Enhanced Services claims will remain unchanged in many cases, but all payments from 1 April 2013 will be made by the ISFE. The ISFE should already have bank account and payment details for all NHS contractors (and LOCs) in England. LOCs should contact the Head of Primary Care in the Area Team in the first instance if further clarification is required.
www.locsu.co.uk/uploads/loc_guidance/heads_of_primary_care_march_2013.pdf