

**Liberating the NHS: Commissioning for patients - Consultation on proposals**

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**1. 0 Introduction:**

The consultation document *Liberating the NHS: Commissioning for patients* (2010) provides more detail on the intended arrangements for GP commissioning and the role of the NHS Commissioning Board. It specifically outlines:

- **Responsibilities:** the scope of the services for which consortia and the NHS Commissioning Board will be responsible, their responsibilities as commissioners of these services, and the relationship between the responsibilities of the NHS Commissioning Board, GP consortia and individual GP practices.
- **Establishment of GP consortia:** the statutory form that consortia will take.
- **Freedoms, controls and accountabilities:** the freedoms and flexibilities that consortia will have to decide how best to commission services and how they will be held accountable, both to the patients and local communities they serve and to the NHS Commissioning Board, for the outcomes they achieve and for control of resources.
- **Partnerships:** how consortia and the NHS Commissioning Board will work with patients and the public, with local government, and with other health and care professionals to secure more patient-centred and integrated delivery of care.
- **Implementation and next steps:** the timetable for the transition to GP practice commissioning and the establishment of the NHS Commissioning Board.

Although views are sought on specific consultation questions across all of the areas, the Children's Trust response will be mainly focussed on the 'partnerships' section.

**2.0 Key statements:**

The document makes a number of key statements of interest that have a direct bearing on the featured consultation questions:

**2.1 Responsibilities for GP Consortia:**

*"The specific accountabilities, responsibilities and duties of consortia will be set out through primary and secondary legislation. This will include accountability and responsibility for:*

- *Determining healthcare needs, including contributing to the wider joint strategic needs assessment led by local authorities*
- *Determining what services are required to meet these needs and ensuring the appropriate clinical and quality specification of these services".*

*"Consortia will have duties to work in partnership with local authorities, for instance in relation to health and adult social care, early years services, public health, safeguarding, services for carers, and to cooperate with local authorities and other agencies in relation to criminal justice".*

*“Consortia will have a duty to inform, engage and involve the public in identifying needs, planning services and considering any proposed changes in how those services are provided. Where this is likely to result in changes in the configuration of services, consortia will be expected to report on the likely impact of those changes and the impact of public involvement on their commissioning decisions”.*

## **2.2 Establishment of GP Consortia:**

*“Consortia should be held to account for the outcomes they achieve and for their fulfilment of appropriate duties, rather than for the way in which they constitute themselves. There is no intention to set out detailed or prescriptive requirements in relation to the internal governance of a consortium, beyond essential requirements for example in relation to areas such as financial probity and accountability (e.g. statutory accounting as determined by the NHS Commissioning Board), reporting (e.g. to publish a commissioning plan and report on expenditure) and audit”.*

## **2.3 Freedoms, controls and accountabilities:**

*“It is essential that consortia have the freedom to make commissioning decisions that they judge will achieve the best outcomes within the financial resources available to them. At the same time, the economic regulator and NHS Commissioning Board will need to develop and maintain a framework that ensures transparency, fairness and patient choice”.*

## **2.4 Partnerships:**

This is the section that the Children’s Trust will need to consider in more detail and should provide a response against all the related consultation questions.

### **2.4.1 Patients and the public:**

*“One of the principal aims of GP commissioning is to make decisions more sensitive and responsive to the needs and wishes of patients and the public. Good communication and engagement with the public will, therefore, be vital. Both GP consortia and the NHS Commissioning Board will need to find and evolve efficient and effective ways of harnessing public voice so that commissioning decisions are increasingly shaped by people’s expressed needs and wants”.*

*“As part of the development of GP commissioning and the NHS Commissioning Board, we will promote:*

- *Patient, carer and public involvement in decision-making;*
- *Responsiveness to the views and feedback of patients, carers and the public*
- *Accountability to local people for the decisions about their health services made by consortia on their behalf.”*

*“Commissioners will need to establish and nurture new relationships including:*

- *Local authorities, who will have a new enhanced role in promoting public involvement in decisions about service priorities and changes to local services and in responding to any public concerns about inadequate involvement;*

- *Local voluntary organisations and community groups, who often work with, and represent, the most disadvantaged and marginalised patients and carers.*”

#### 2.4.2 Local government and public health:

*“Local government will have an enhanced responsibility for promoting partnership working and integrated delivery of public services across the NHS, social care, public health and other services.”*

*“Local government will also have an enhanced role in public health, with direct responsibility and funding (allocated to local Directors of Public Health) for improving the health of local communities, through areas such as reducing the incidence of smoking and alcohol misuse and promoting physical activity.”*

*“This enhanced role for local government will provide a framework through which GP consortia alongside other partners:*

- *Contribute to a joint assessment of the health and care needs of local people and neighbourhoods*
- *Ensure that their commissioning plans, and relevant joint commissioning plans, reflect the health needs identified in these assessments*
- *Draw on the advice and support of the proposed health and wellbeing board in relation to population health*
- *Identify ways of achieving more integrated delivery of health and adult social care, for instance through pooled budgets or lead commissioning arrangements (e.g. a local authority becoming the lead commissioner for some older people services)*
- *Support improvements in children’s health and wellbeing*
- *Play a systematic and effective part in arrangements for safeguarding of children and protection of vulnerable adults*
- *Cooperate with the criminal justice system, for instance in relation to tackling misuse of drugs and alcohol, offender health services and assessment of violent offenders.*

#### 2.4.3 Other health and social care professionals:

*“Given their key role in co-ordinating care, GP practices are well placed to lead on commissioning care for patients. However, we expect consortia to involve relevant health and social care professionals from all sectors in helping design care pathways or care packages that achieve more integrated delivery of care, higher quality, better patient experience and more efficient use of NHS resources”.*

### **3.0 Consultation Questions:**

The questions below are those which are considered directly relevant to issues that the Children's Trust should respond to arising from the detail in the consultation paper which is outlined above:

- 3.1 What safeguards are likely to be most effective in ensuring transparency and fairness in commissioning services from primary care and in promoting patient choice?
- 3.2 What features should be considered essential for the governance of GP consortia?
- 3.3 What safeguards are likely to be most effective in demonstrating transparency and fairness in investment decisions and in promoting choice and competition?
- 3.4 How can GP consortia and the NHS Commissioning Board best involve patients in making commissioning decisions that are built on patient insight?
- 3.5 How can GP consortia best work alongside community partners (including seldom heard groups) to ensure that commissioning decisions are equitable, and reflect public voice and local priorities?
- 3.6 How can we build on and strengthen existing systems of engagement such as Local HealthWatch and GP practices' Patient Participation Groups?
- 3.7 What action needs to be taken to ensure that no-one is disadvantaged by the proposals, and how do you think they can promote equality of opportunity and outcome for all patients and, where appropriate, staff?
- 3.8 How can GP practices begin to make stronger links with local authorities and identify how best to prepare to work together on the issues identified above?
- 3.9 Where can we learn from current best practice in relation to joint working and partnership, for instance in relation to Care Trusts, Children's Trusts and pooled budgets? What aspects of current practice will need to be preserved in the transition to the new arrangements?
- 3.10 How can multi-professional involvement in commissioning most effectively be promoted and sustained?

### **4.0 Recommendations:**

It is recommended that the Children's Trust:

- Submits a collective response to the consultation document to the Department of Health.
- Submits a collective response to NHS Wirral with the purpose of being fed directly into the relevant groups and forums that are beginning to shape the emerging GP Consortia.