

Changes to the NHS

A national, regional and local perspective

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National – but subject to change!

White paper – Equity and Excellence -
Liberating the NHS

Headlines

- Commissioning by GPs
- Role of regulators, Monitor and CQC, strengthened
- Reduce management costs 45%
- Major ‘listening exercise’

Timeframe

April 2011

- Shadow NHS Commissioning Board
- Shadow Health and Wellbeing Boards

April 2012

- Healthwatch established (views of patients and carers)
- Strategic Health Authorities abolished

April 2013

- PCTs abolished
- GP consortia take up commissioning responsibilities
- Local authorities responsible for health improvement

Regional/Sub Regional

- SHA's abolished April 2012
- Clusters – Andy Buck appointed as CEO
- 6 in Yorkshire and the Humber
 - Calderdale Kirklees and Wakefield
 - The Humber (4 PCTs)
 - South Yorkshire and Bassetlaw
 - Leeds
 - Bradford
 - North Yorkshire and York

Cluster responsibilities

- **Performance:** safety, quality, finance requirements of the NHS Operating Framework
- **Efficiency:** QIPP to improve delivery
- **Transition:** to new NHS arrangements described in the Health and Social Care Bill subject to parliamentary approval. Development of GP commissioning consortia, establishing commissioning support organisations and transferring public health responsibilities to local authorities.

Local Picture – NHS Rotherham

- Abolition of NHS Rotherham April 2013
 - Retain accountability until then
- New management structure and governance arrangements to manage transition.
- Establishment of GP consortia in shadow form
- Complete ‘Shaping our Future’ – transfer of RCHS
 - TRFT, RDaSH, Social Enterprise, Hospice

NHS Rotherham - current position

- Meeting financial targets
- Reduce running costs by 45% (2 rounds of VR completed)
- Performance currently judged as 'good'
- Good quality secondary care (all foundation trusts)
- Good reputation

Single Integrated Plan

- Challenging next 4 years
- Plan assumes growth in allocations of 2.2% each year to 2.8%
- Providers have to make 4% efficiencies (approx £12m a year, £48m over 4 years)
- But we still require further system efficiencies of £24.5m over 4 years
- Total efficiencies required - £73m over 4 years

The future

- GP consortia development
- £73 million savings across health services for Rotherham patients required over 4 years
- Establishment of NHS commissioning support bodies
- Development of Healthwatch and Health and Wellbeing Boards
- Public health transfer to RMBC

Any questions?