

# Wellbeing Policy Development and Scrutiny Panel

27.7.12

## Key issues briefing note

### 1. B&NES Clinical Commissioning Group (B&NES CCG) update

#### Appointments

Dr Simon Douglass has successfully completed the formal national assessment process and this means he is now considered able to be appointed as B&NES CCG Accountable Officer designate. The formal process for appointment is now being drawn up. The CCG is now working towards appointing the rest of its senior team into designate positions. This will provide certainty for the CCG as well as for senior commissioners as capacity is retained throughout the transition period. Once the CCG becomes a statutory body on 1<sup>st</sup> April all designate posts will automatically become substantive.

#### Authorisation

Before CCGs become legally constituted bodies they will go through a rigorous and extensive assessment process called authorisation. There are four waves for submission to authorisation from July to November 2012. B&NES CCG will go in the third wave (October 1). Work continues at a pace to complete the detailed, technical submission covering all 119 criteria across six domains.

#### Consultation on CCG plans

As part of authorisation the CCG has consulted with GPs, healthcare professionals and the wider public on its three year strategic plan. Key highlights were:

- Council members, council officers, senior commissioners Strategic planning event on 31<sup>st</sup> May
- Health and Wellbeing board presentation of draft plan (June 13)
- GPs: presentation of the CCG's strategic three year plan (July 10)
- Practice managers session: presentation of the CCG's strategic three year plan (July 11)
- Stakeholder meeting: presentation of the CCG's strategic three year plan Keynsham Fry's Conference Centre (July 12)
- Public meeting: presentation of the CCG's strategic three year plan at The Centurion Hotel, Midsomer Norton (July 19)

#### CCG constitution

CCGs are a membership body and practices are the members. Under guidelines set out by the Department of Health the CCG was requested to engage with GPs.

However, B&NES CCG felt it was important to involve the wider public in this important process. A three week consultation, from July 2 – 21, was undertaken. The process included:

- A web based consultation for the constitution on Citizen space has been used for GPs, stakeholders and the public to provide feedback
- Invitations to engage through local press articles and radio interview
- A small working group of GPs and practice managers has been established to explore the constitution as it's developed.
- GPs meeting on 18<sup>th</sup> July to formally review the constitution ahead of ratification in early September. All GP practices will then be asked to confirm their acceptance of it.

### Arrangements

B&NES CCG is firming up arrangements with the commissioning support service (see note 2) on final arrangements. A memorandum of understanding has been agreed and financial allocations are imminent, which will assist the complicated process.

## **2. Commissioning support service**

At scale commissioning support across the country will be provided by 23 organisations known as commissioning support services. In essence commissioning support organisations will provide much of the backroom function which isn't directly provided by the CCG.

B&NES and Wiltshire are part of the Central Southern Commissioning Support Service. This comprises the following PCTs: Buckinghamshire, Berkshire, Oxfordshire, Gloucestershire, Swindon as well as B&NES and Wiltshire. The Central Southern Commissioning Support Service is also going through a process of validation/accreditation and has recently been approved to progress through checkpoint three and provide viable service in 2013. Central Southern will be hosted by the National Commissioning Board through Local Area Teams from October 2012 which will offer more stability for staff.

A three month staff consultation is now being planned to start this month (July). This will begin to give staff some certainty of their final destination.

## **3. National commissioning infrastructure**

The National Commissioning Board (NCB) continues to work with Primary Care Trusts, Strategic Health Authorities and the Department of Health to co-design a proposal for the final model of the NCB's Local Area Teams. There is likely to be up to 30 Local Area Teams set up from existing trusts which have clustered. There is no single, ideal model or geographical footprint for Local Area Teams as the design must take account of local geographies, service patterns and relationships to develop a resilient and realistic solution that will establish the definitive local presence of the NHS Commissioning Board.

#### **4. RUH Doctors & nurses terms & conditions**

There has been much coverage in the press this month about 'leaked proposals' to re-negotiate the terms and conditions of staff from 19 NHS acute trusts in the south west, including the RUH and all the Bristol hospitals. NHS acute trusts are largely independent organisations with their own governance and accountability processes. This is not an area that the PCT or CCG can directly influence.

#### **5. NHS 111**

The contract for the call handling and clinical assessment elements of the new NHS 111 service in Bath and North East Somerset has been awarded to Harmoni. Doctors and nurses from B&NES Emergency Medical Service Out-of-Hours (BEMS) will continue to visit patients in response.

Nationally The Secretary of State for Health has agreed to extend (by six months) the national roll-out completion deadline from April 2013 to October 2013. This is to allow those areas that need it, additional time to ensure that local Clinical Commissioning Groups and other stakeholders are fully engaged in the implementation of the new service. This is not intended to delay the roll-out of the service in those areas that are ready move ahead with the implementation. This includes B&NES where the service will go live in April 2013.

How will NHS 111 work?

When a patient calls 111, an operator - trained in the same way as a 999 operator - can send out an ambulance, put someone straight through to a nurse, book an out-of-hours GP appointment, or direct the caller to a pharmacist or dentist.

In contrast, the existing NHS Direct service is also initially answered by trained non-clinical staff, but they do not have the capacity to request ambulances or book appointments - and patients receive a separate call back if they need to speak to a nurse or doctor.

What is it?

- NHS 111 is a new telephone service being introduced to make it easier for you to access local health services, when you have an urgent need
- If you need to contact the NHS for urgent care there are only three numbers to know; 999 for life-threatening emergencies; your GP surgery; or 111
- When you call 111 you will be assessed, given advice and directed straightaway to the local service that can help you best – that could be an out-of-hours doctor, walk-in centre or urgent care centre, community nurse, emergency dentist or late opening chemist
- NHS 111 is available 24 hours a day, 365 days a year. Calls from landlines and mobile phones are free

- NHS 111 is currently available in County Durham and Darlington, Nottingham City, Lincolnshire, Luton, the Isle of Wight, North Derbyshire and Derby City, Lancashire (excluding West Lancashire), and the London Boroughs of Croydon, Hillingdon, Kensington and Chelsea, Hammersmith and Fulham, and Westminster.

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