

Clinical Commissioning Group (CCG) Briefing for Wellbeing Policy Development and Scrutiny Panel, 22 March 2013

1. BaNES CCG launch

On 1 April 2013 the responsibility for buying and planning NHS care and treatment transfers to NHS BaNES Clinical Commissioning Group (CCG). The CCG, which has now received its authorisation from the Department of Health, takes the place of the former Primary Care Trust. The two organisations have been operating in parallel in the run-up to the change, to ensure a smooth transition.

The formation of the CCG marks a major change in the way NHS health care is commissioned, putting doctors, nurses and other clinicians in the driving seat. The latest addition to the governing body is Director of Nursing and Quality, Dawn Clarke, formerly Assistant Director of Patient Safety and Clinical Quality at NHS North West Strategic Health Authority.

The CCG will be governed by a board, which will meet (often in public) in a variety of locations throughout BaNES. These will be advertised in the media. A list is available on the CCG website at <http://www.bathandnortheast Somersetccg.nhs.uk/board-meetings-public>

2. Francis Report

For the new CCG, the safety of patients and the quality of care they receive is the highest priority. As such, the lessons of the Francis Report into Mid-Staffordshire NHS Trust will be woven into everything the new body does. As part of this, board members are looking at the report's recommendations and deciding which can be applied to the CCG's commissioning role. For instance, all contracts with providers will be reviewed with high-quality, compassionate treatment and care in mind.

In stating that it will not tolerate poor care, the CCG recognises that ensuring excellence requires the involvement of the whole health and social care community, including patients, their families and carers. It will be consulting widely with stakeholders on their experiences of care in BaNES and priorities for improvement in the future.

3. Urgent care and 111

The NHS 111 service is currently being put in place across Bath and North East Somerset and Wiltshire, following a 'soft' launch, on February 19. NHS 111 will be a major step forward in the way in which people access NHS care, including GP out of hours and urgent care. 111 will be the number to call in cases where medical treatment is urgently needed, but it's not a 999 emergency. It will be available free, 24 hours a day, 365 days a year.

Such a significant change means that a bedding-in period is necessary, to identify problems and rectify them before the service goes live. Unfortunately, some patients and providers have experienced problems with getting through to the service as well as delays in receiving treatment. NHS BaNES Clinical Commissioning Group apologises for this and is working very hard with the 111 provider for the area, Harmoni, to make sure that these issues are tackled and that Harmoni delivers a

service that is safe, effective and meets all of the requirements laid down in their contract.

Harmoni are also working very closely with colleagues in other parts of the local NHS, particularly the South Western Ambulance Service NHS Foundation Trust and local GP out of hours providers, to ensure patients receive high quality treatment and advice which is appropriate to their need. In line with the experience of other providers of the service, there has been an initial increase in calls to the ambulance service but this was anticipated.

Due to the recent problems experienced the full launch of the service has been delayed from the 19th March 2013 until the 16th April 2013 to enable some of the service issues to be resolved. When fully launched, NHS 111 will be a free to call service, available 24 hours a day, 365 days a year. It will act as a one stop shop for patients if their healthcare need is urgent, but not a 999 emergency.

Royal United Hospital, Bath – Application for Foundation Status

The Royal United Hospital in Bath has applied to become an NHS Foundation Trust. Foundation status will give the hospital more independence from central government and greater flexibility in how it spends its money. It will continue to provide treatment to patients, free 'at the point of delivery', like other NHS services.

Gaining foundation status is a necessary step towards the Trust's merger with the Royal National Hospital for Rheumatic Diseases (RNHRD – 'The Min'). The merger was agreed in 2012 in response to the RNHRD's financial problems.

Monitor, the new independent body set up to regulate NHS foundation trusts, is considering the RUH's application for FT status. A decision was expected on 27 February 2013, but this has now been put back until 27 March 2013. This is because on 27 February the hospital's Care Quality Commission (CQC) inspection was still going on.

The RUH hopes that its application will be approved on 27 March and it will become a Foundation Trust on 1 April. Once the RUH's application has been approved, the RNHRD will apply to the Office of Fair Trading (OFT - the government body which reviews all merger applications) to approve the merger between the two hospital trusts. At the same time, the RUH will prepare a business case for the merger for its board to approve.

From 1 April it will be the responsibility of Monitor to ensure that the RNHRD stays viable until the merger happens.