

Wellbeing Policy Development and Scrutiny Panel

January 27th 2012

Key Issues Briefing Note from the NHS and CCG

1. Cluster Board arrangements

Following representations made by B&NES Council, the B&NES Clinical Commissioning Group (CCG) and LINK a meeting was held with the SHA on 30 November in order for consideration to be given as regards the case for an exception to the Department of Health's 1 December 2011 implementation date for Clustering changes. After the meeting with the SHA, a copy of the Minutes of the Policy Development & Scrutiny Committee was also made available to the SHA. Local MPs also made certain representations at senior DH / NHS levels. Following further discussions which took place as between the SHA and the Council, the SHA has agreed that the date for implementation of the Clustering changes may be deferred until March 2012.

There will be a significant amount of work required over the next few months by all parties to review, determine, agree and document appropriately a viable basis for meeting local strategic objectives and ensuring the balance of local vs. cluster / commissioning support is clear and optimal both through transition and post 2013 when CCGs will be fully operational. It will also be necessary to ensure governance and accountability arrangements are sound in the interim for the Partnership and its partners.

NHS B&NES Board agreed at its meeting on 19th January to move towards a single Cluster Board. In making this decision it was recognised that there would need to be appropriate checks and balances put in place to allow the partnership to be protected by these arrangements. The decision to proceed with a Cluster Board is dependent on clear safeguards being agreed to ensure the existing joint commissioning arrangements and partnership working with the Council are respected and protected. These safeguards are now being explored with a timescale of 2 weeks set for the completion of this work.

2. NHS B&NES Management Arrangements

Ed Macalister-Smith has joined the B&NES and Wiltshire PCT cluster as Chief Executive with effect from 1st January 2012. Ed will be the Accountable Officer for the two statutory organisations (B&NES and Wiltshire PCT), and is an experienced NHS Chief Executive having led NHS Buckinghamshire and the Isle of Wight NHS Primary Care Trust. Previously Ed has held senior roles in a number of other NHS organisations, including Wiltshire Health Authority and Bath Community Health Council.

In addition to her role as Director of Finance, Jenny Howells has been appointed Deputy Chief Executive across the cluster. NHS Wiltshire and NHS Bath & North East Somerset continue working together to ensure both organisations are able to carry out effective business with resilience..

A staff consultation commenced on January 23rd on proposed structures for commissioning staff to ensure that the PCTs business can be effectively managed during the transition period and can be in a ready state to handover to the new commissioning arrangements as of April 2013. Further updates will be provided to the Committee as plans for proposed working arrangements are finalised.

3 Any Qualified Provider (AQP)

As previously reported PCT clusters were required to identify three or more community or mental health services in which to implement patient choice of AQP in 2012/13. A consultation took place during the Autumn to which some panel members were able to participate. Following the consultation feasibility work was undertaken to assess the priorities identified.

This has now completed and the PCT Board has now approved the 3 selected services:

- Wheelchair Services for both children and adults
- Autistic spectrum disorders
- Direct access to MRI

Procurement work will now be undertaken to ensure implementation of the new services by September 2012.

4. Summary Care Record

The NHS is changing how patient information is stored and shared in England, to provide better care for patients. The Summary Care Record is a national programme initiative to provide healthcare staff treating patients in an emergency with faster access to their patients' key health information through the ability to access common records electronically.

Currently all the places where patients receive care keep records. They can usually only share information from records by letter, e-mail, fax or phone. At times, this can be slow and sometimes ineffective. Being able to view records remotely will ensure healthcare staff have faster and easier access to essential information helping to provide the right treatment in an emergency or when then patients GP practice is closed.

NHS B&NES Board have approved the project plan to develop the programme in B&NES so that it is operational from March 2013. Implementation includes a communications and engagement programme that will ensure all patients receive information about the changes are given opportunity to think about the choices and will have the option to opt out if that is their choice.

A Q&A document providing fuller information for patients is attached. Additional briefings will be brought to the panel as the programme develops

5. Clinical Commissioning Group Progress update

Following the publication of Liberating the NHS in July 2010 the panel have received previous reports on the details of NHS reform outlined by the Department of Health. A principle element within the reform is the dissolution of PCTs and the establishment of Clinical Commission Groups (CCGs) to lead commissioning into the future. In line with the reform programme arrangements to move towards the establishment of CCGs are being progressed in B&NES. The panel received a presentation on this at its last meeting.

Recent development

An evaluation of the state of readiness for the local establishment of CCGs was recently undertaken by NHS South of England. Results for B&NES were very good resulting in a green rating for size, geography and sign up from constituent practices.

B&NES CCG participated in a recent conference that took place with Sir David Nicholson the Chief Executive of the NHS and Dame Barbara Hakin the National Managing Director for commissioning development with all the CCG leads in the South of England.

Key messages for guiding local developments were clarified:

- GP Practices are the building blocks of CCGs
- Need for decision making to be as close to patients as possible
- No right size for a CCG – depends on what service you are commissioning eg for COPD services local and small is best but for specialist services like Dialysis a large structure makes best use of resources and delivers better quality care.
- Similar for Commissioning support – some things need to be local and close to CCG such as pathway design and models of care while other services better delivered on larger scale for instance data handling

Ongoing discussions regarding the definition of what services are best commissioned locally and which are best organised on a wider area level are now taking place with the other CCGs in Wiltshire and in collaboration with B&NES council in respect of joint commissioning.

Discussions continue with neighbouring CCGs in Wiltshire on joint working and future collaboration to determine what common structures may be sensible and helpful allowing us to retain localism but keep costs under control.

B&NES CCG was closely involved in designing the PCTs commissioning intentions for 2012/13 and a joint letter sent from all 4 Banes and Wilts CCGs to the RUH outlining this was well received.

The process to assign staff to the future CCG model has now been initiated in collaboration with the PCTs management programme to align existing staff towards the future models.

Discussions to establish delegated budgets and the financial operating framework for the CCG are now being advanced. Initial agreements will relate to medicines management with the authorities and budget responsibilities for elective and non elective care being transferred from April.

Timeline to Authorisation

Following the successful assessment of readiness referred to above B&NES CCG will be able to commence the governance and regulatory process towards authorisation in July. This is expected to conclude in October at which point the CCG will effectively operate in shadow form for the remainder of the transition period. Final statutory powers will be assigned to CCG at the point the PCT is disestablished in April 2013.

A large amount of additional detailed guidance is expected from DH in February. The panel will be kept updated through future briefings.

Frequently Asked Questions About the Summary Care Record

What is the Summary Care Record?

Your Summary Care Record will contain important information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines that you have had.

Giving healthcare staff access to this information can prevent mistakes being made when caring for you in an emergency or when your GP practice is closed.

You can choose whether or not to have a Summary Care Record.

How will the Summary Care Record help me?

Healthcare staff will have quicker access to information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines you have had. This means they can provide you with safer care during an emergency, when your GP practice is closed or when you are away from home in another part of England.

You will be able to look at your Summary Care Record at any time at a secure website called HealthSpace. You must register to use HealthSpace to keep it as secure as possible.

Who can see my Summary Care Record?

Only NHS healthcare staff involved in supporting or providing your care can see your Summary Care Record. Healthcare staff who can see your Summary Care Record:

- need to be directly involved in caring for you;
- need to have an NHS Smartcard with a chip and passcode (like a bank card and PIN);
- will only see the information they need to do their job; and
- should have their details recorded.

Healthcare staff will ask your permission every time they need to look at your Summary Care Record. If they cannot ask you, for example if you are unconscious, they may look at your Summary Care Record without asking you. If they do this, they will make a note on your record to say why they have done so.

Can I stop information being put into my Summary Care Record?

NHS healthcare staff need to make accurate, relevant records of the care you have had.

You can choose not to have a Summary Care Record. If you do not want a Summary Care Record you must fill in an opt out form and return it to your GP practice.

The Summary Care Record and your choices

I have received an information pack in the post about Summary Care Records. What do I have to do

You need to read the information in the pack and make a choice. If you are happy for us to make a Summary Care Record for you, you do not need to do anything, we will automatically make one for you. If you do not want us to make a Summary Care Record for you, please fill in the enclosed opt out form and return it to your GP practice.

You can also get an opt out form from your GP practice, or you can ask us to send you one by phoning the Summary Care Record Information Line on 0300 123 3020.

Will you ask my permission to make my Summary Care Record?

Before we make you a Summary Care Record we will send you a letter and information pack explaining the changes that are taking place in your local area and the choice you have to make. If you want a Summary Care Record you do not need to do anything. We will automatically make one for you.

How long do I have from getting my letter to making my choice about whether I want a Summary Care Record?

The letter you receive(d) from your primary care trust will mention a date by which you need to make a choice. (This is usually within at least 12 weeks of receiving the letter.) You need to decide whether you want a Summary Care Record. If you do not, you need to fill in an opt out form which is included in your information pack, and return it by Freepost or take it to your GP practice by this date. If you choose to have a Summary Care Record you do not need to do anything. Sometime after the date mentioned in your letter, we will make your Summary Care Record for you. Whatever you decide you can change your mind at any time, but you need to let your GP practice know.

What will happen if I choose not to have a Summary Care Record?

If you choose not to have a Summary Care Record the healthcare staff caring for you in an emergency, or when your GP practice is closed, may not be able to look at information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines that you have had. Whatever you decide you can change your mind at any time. We will always provide you with the best possible care.

Why can't I opt in to having a Summary Care Record?

Asking patients to opt out of having a Summary Care Record (rather than opting in) is the simplest option for patients, and has been agreed by the Information Commissioner in line with the NHS Care Record Guarantee for England. This means that patients who would benefit most from having a Summary Care Record, for example, vulnerable patients, will not be disadvantaged as there is no need to do anything if they want to have a Summary Care Record made for them.

Why can't I opt out online rather than having to print out the form and return it to my GP practice?

Your GP practice needs to know if you want to opt out of having a Summary Care Record to make sure that your wishes are carried out. Filling in and returning the opt out form to your GP practice allows them to do this.

Can I change information on my Summary Care Record?

You cannot change information written by healthcare staff, but if you see any errors or incorrect information on your records, you should let your GP practice know.

Can I add information to my Summary Care Record?

You may have other details about your care added to your Summary Care Record. This will only happen if you ask for the information to be included. You should discuss your wishes with the healthcare staff treating you.

Access to your Summary Care Record

Will healthcare staff ask me if they want to look at my Summary Care Record?

Yes, healthcare staff will ask you every time they need to look at your Summary Care Record. If they cannot ask you, for example if you are unconscious, they may look at your record without asking you. If they do this, they will make a note on your record to say why they have done so.

Can I look at my Summary Care Record online if I am under 16?

If you are under 16, you cannot see your Summary Care Record using HealthSpace. This does not affect your rights to ask us for access to your information under the Data Protection Act.

How do I find out who has looked at my Summary Care Record?

Healthcare staff will ask you every time they need to look at your Summary Care Record. If they cannot ask you, for example if you are unconscious, they may look at your record without asking you. If they do this, they will make a note on your record to say why they have done so. You can ask your local Caldicott (Information) Guardian at your primary care trust to tell you who has looked at your Summary Care Record. They will investigate any potentially inappropriate access to your record and let you know.

Will other people than those providing me with care be able to access my Summary Care Record?

People outside of the NHS will not be able to access your record without your permission other than in circumstances where it is allowed by law.

This is explained in the leaflet NHS Care Record Guarantee: Our Guarantee for NHS Care Records in England.

Keeping your Summary Care Record safe and confidential

Is my Summary Care Record safe from hackers?

It would be very difficult to hack into it because, like all other NHS computer systems and services, Summary Care Records aim to use the strongest national and international security measures available.

Could my records be accidentally deleted or lost?

No, there is strong protection to prevent any information about you being lost or deleted. The information is copied to a separate secure place so there is always a back-up copy of your records.

How will you protect my confidentiality?

By law, everyone working for us or on our behalf must respect your confidentiality and keep all information about you secure. We publish the NHS Care Record Guarantee for England. This says how we will collect, store and allow access to your electronic records and your choices for how your information is stored and looked at. If you would like a copy, there is information on how to get one on the back of this leaflet. No matter how careful we are, there are always risks when information is held on computers, as there are with paper records. In every place we treat you there are people responsible for protecting your confidentiality. Ask your local NHS for more information. If you would like a copy, you can phone the SCR information Line on 0300 123 3020

What are my rights about how you keep my health information confidential?

You have the right to expect us to keep your health information private. You also have rights to make sure we keep your details confidential by law, including under the Data Protection Act and human rights legislation. In every NHS place we treat you, there are people who are responsible for making sure your details are kept confidential. They are sometimes known as Information Guardians or Caldicott Guardians.

Can I choose for my child not to have a Summary Care Record?

Children will automatically have a Summary Care Record made for them. If you do not want your child to have a Summary Care Record you will need to fill in an opt out form on behalf of your child and return it to your child's GP practice. In some circumstances your GP may feel it is in your child's best interests to have a Summary Care Record. For example, if your child has a serious allergy that healthcare staff treating your child should know about.

Can I have access to my Summary Care Record online if I am under 16?

No. If you are under 16, you won't be able to see your Summary Care Record using the HealthSpace website www.healthspace.nhs.uk. This does not affect your rights to ask us to look at your information held under the Data Protection Act.

Is it possible to opt out on behalf of another person?

In certain circumstances it is possible to ask to opt-out on behalf of another person, for example, children or adults of limited capacity. The decision will ultimately be made by their GP, as in some circumstances your GP may feel it is in the person's best interests to have a Summary Care Record. For example, if the person has a serious allergy that healthcare staff treating the person should know about. You need to contact their GP to discuss this.

Getting more information about Summary Care Records**Where can I get more information?**

For more information about Summary Care Records and your choices:
phone the Summary Care Record Information Line on 0300 123 3020;
contact your local Patient Advice and Liaison Service (PALS) or speak to a member of staff at your GP practice.

Why aren't other languages listed? How do I get information in another language?

If English is not your first language, the Summary Care Record Information Line 0300 123 3020 can provide both text and translation services. Or, you could ask a friend or relative to phone the Summary Care Record Information Line for you.