



FACTSHEET

NHS Authorities and Trusts

Under the old NHS system, there were a wide range of NHS health trusts managing NHS hospital care in England, including community care and mental health services. With the new system, established on April 1 2013, all NHS trusts are expected to become foundation trusts by 2014. The NHS Trust Development Authority will help health trusts with this transition.

The new commissioner NHS England took on full statutory responsibilities in April 2013. Prior to this, all NHS planning and delivery was done by the Department of Health, strategic health authorities and primary care trusts.

Acute Trusts

Hospitals in England are managed by acute trusts some of which already have gained foundation trust status. Acute trusts ensure hospitals provide high-quality healthcare and that they spend their money efficiently. They also decide how a hospital will develop, so that services improve.

Acute trusts employ a large part of the NHS workforce, including nurses, doctors, pharmacists, midwives, and health visitors. They also employ people doing jobs related to medicine, such as physiotherapists, radiographers, podiatrists, speech and language therapists, counsellors, occupational therapists, psychologists and healthcare scientists.

There are many other non-medical staff employed by acute trusts, including receptionists, porters, cleaners, specialists in information technology, managers, engineers, caterers, and domestic and security staff.

Some acute trusts are regional or national centres for more specialised care, others are attached to universities and help to train health professionals.

Acute trusts can also provide services in the community, for example through health centres, clinics or in people's homes

Ambulance Trusts

There are 12 ambulance services (including four foundation trusts) in England, providing emergency access to healthcare.

If you call for an emergency ambulance, the calls are prioritised into:

- Category A emergencies, which are immediately life-threatening
- Category B or C emergencies, which are not life-threatening

The emergency control room decides what kind of response is needed and whether an ambulance is required. For all three types of emergency, they may send a rapid-response vehicle, crewed by a paramedic and equipped to provide treatment at the scene of an incident. Over the past five years, the number of 999 calls responded to by ambulances has gone up by a third.

The NHS is also responsible for providing transport to get many patients to hospital for treatment. In many areas, it is the ambulance trust that provides this service.

Clinical Senates and Strategic Clinical Networks

A number of other new organisations have formed across the country to support and advise NHS England and Clinical Commissioning Groups (CCGs) as they may not have the necessary skills and expertise to begin commissioning local services straight away. Two of these are clinical senates and strategic clinical networks. Clinical senates are advisory groups of experts from across health and social care. There are 12 senates covering areas across England. Senates are formed by clinical leaders from across the healthcare system, as well as those from social care and public health. Patients and members of the public will also be involved.

Strategic clinical networks are advisory groups of clinical experts covering a particular disease group, patient group or professional group. Again, there will be 12 across England.

Strategic clinical networks offer advice to CCGs and the NHS England. Their particular focus is on helping to improve care pathways.

Neither clinical senates nor strategic clinical networks are statutory bodies, and although they give comments on CCG plans to the NHS England, they do not have the right to veto them.

Foundation Trusts

NHS foundation trusts, first introduced in April 2004, differ from other existing NHS trusts. They are independent legal entities and have unique governance arrangements. They are accountable to local people, who can become members and governors. Each NHS foundation trust has a duty to consult and involve a board of governors (including patients, staff, members of the public, and partner organisations) in the strategic planning of the organisation.

They are set free from central government control and are no-longer performance managed by health authorities. As self-standing, self-governing organisations, NHS foundation trusts are free to determine their own future.

They have financial freedoms and can raise capital from both the public and private sectors within borrowing limits determined by projected cash flows and therefore based on affordability. They can retain financial surpluses to invest in the delivery of new NHS services. Foundation trusts are overseen by Monitor.

Mental health Trusts

There are 58 mental health trusts in England, 41 have reached foundation trust status. They provide health and social care services for people with mental health problems.

Mental health services can be provided through your GP, other primary care services, or through more specialist care. This might include counselling and other psychological therapies, community and family support, or general health screening. For example, people experiencing bereavement, depression, stress or anxiety, can get help from primary care or informal community support. If they need more involved support they can be referred for specialist care.

More specialist care is normally provided by mental health trusts or local council social services departments. Services range from psychological therapy to very specialist medical and training services for people with severe mental health problems. About two in every 1,000 people need specialist care for conditions such as severe anxiety problems or psychotic illness.

NHS Trust Development Authority

At the moment, the NHS Trust Development Authority (TDA) is preparing health trusts for the transition to foundation trust status.

Following the abolition of strategic health authorities (SHAs) in 2013, the TDA will be responsible for overseeing the performance management and governance of NHS trusts, including clinical quality, and managing their progress towards foundation trust status.

The TDA will play its part in safeguarding the core values of the NHS, ensuring a fair and comprehensive service across the country and promoting the NHS Constitution. It will be accountable nationally for the outcomes achieved by NHS trusts and for financial stewardship within the NHS trust system as it is winding down.

PCTs, CCGs and Local Area Teams (LATs)

Primary care is the first point of contact for most people when they are seeking medical treatment and is delivered by a wide range of independent contractors, including GPs, dentists, pharmacists and optometrists. NHS walk-in centres and the NHS 111 (formerly NHS Direct) telephone service are also part of primary care.

Under the old system, all this was managed by a local primary care trust (PCT). The PCT used to work with local authorities and other agencies that provide health and social care locally to ensure that the local community's needs are being met.

For example, a PCT ensured that there are enough services for people within their area and that these services are accessible. It also made sure that all other health services are provided, including hospitals, dentists, opticians, mental health services, NHS walk-in centres, NHS Direct, patient transport (including accident and emergency), screening and pharmacies. They were also responsible for getting health and social care systems working together for the benefit of patients.

On April 1 2013, PCTs ceased to exist. Their functions have been taken over by clinical commissioning groups (CCGs) and local area teams (LATs). They share the responsibilities of commissioning services for their local communities.

All GP practices are now belong to a CCG which will commission most services on behalf of patients, including emergency care, community care, planned hospital care, and mental health and learning disability services in their local areas.

The LATs across England have taken on direct commissioning responsibilities for GP services, dental services, pharmacy, and certain aspects of optical services, while some LATs will lead on specialised commissioning across England. A smaller number of LATs will carry out the direct commissioning of other services, such as military and prison health.

Special Health Authorities

Special health authorities are health authorities that provide a health service to the whole of England, not just to a local community. Examples are:

- The National Blood and Transplant Authority
- NHS Business Services Authority
- NHS Litigation Authority

They have been set up to provide a national service to the NHS and the public under section 9 of the NHS Act 1977. They are independent, but can be subject to ministerial direction in the same way as other NHS bodies.

Strategic Health Authorities

Strategic health authorities (SHAs) ceased to exist on April 1 2013. Their responsibilities have been taken over by clinical commissioning groups (CCGs) and the NHS Trust Development Authority.

SHAs were created by the government in 2002 to manage the local NHS on behalf of the Secretary of State for Health. There were originally 28 SHAs, reduced to 10 on July 1 2006.

SHAs used to be responsible for:

- developing plans for improving health services in their local area
- making sure local health services are of a high quality and are performing well
- increasing the capacity of local health services so they can provide more services
- making sure national priorities (for example, programmes for improving cancer services) are integrated into local health service plans

SHAs managed the NHS locally and provided an important link between the Department of Health and the NHS.

Source

NHS Choices

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