

FACTSHEET

NHS Structure

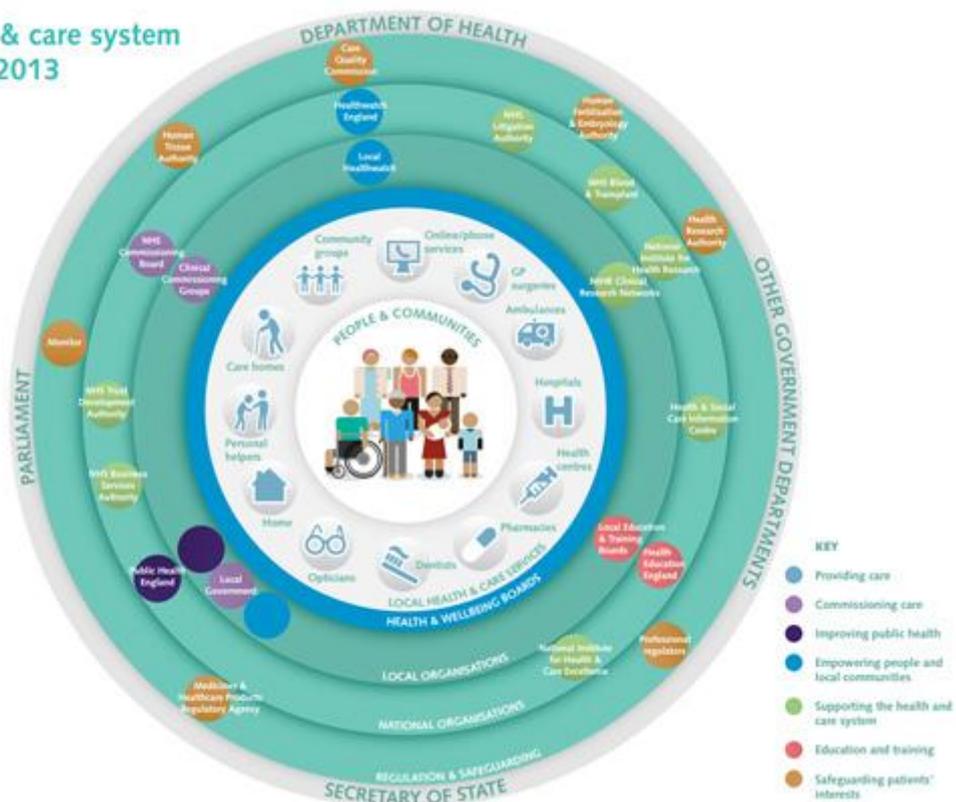
For an alternative and very funny view on NHS structure why not view this Kings Fund video.

<http://www.youtube.com/watch?v=fzw2d40ZjVo>

<http://gatesheadccg.nhs.uk/about-us/>

The NHS is undergoing major changes in its core structure. Most of the changes took effect on April 1 2013, though some were in place before then. It will be some time before all the changes are fully implemented. All vital NHS services will continue as usual during the transition period and beyond.

The health & care system from April 2013



These changes will have an effect on who makes decisions about NHS services, how these services are commissioned, and the way money is spent.

Some organisations such as primary care trusts (PCTs) and strategic health authorities (SHAs) will be abolished, and other new organisations such as clinical commissioning groups (CCGs) will take their place.

NHS services will be opened up to competition from providers that meet NHS standards on price, quality and safety, with a new regulator (Monitor) and an expectation that the vast majority of hospitals and other NHS trusts will become foundation trusts by 2014.

In addition, local authorities will take on a bigger role, assuming responsibility for budgets for public health. Health and wellbeing boards will have duties to encourage integrated working between commissioners of services across health, social care, public health and children's services, involving democratically elected representatives of local people. Local authorities are expected to work more closely with other health and care providers, community groups and agencies, using their knowledge of local communities to tackle challenges such as smoking, alcohol and drug misuse and obesity.

However, none of these changes will affect how you access NHS services in England. The way you book your GP appointment, get a prescription, or are referred to a specialist will not change. Healthcare will remain free at the point of use, funded from taxation, and based on need and not the ability to pay.

The section below will give you a brief introduction to the new organisations and their roles

The Secretary of State for Health

The Secretary of State for Health has ultimate responsibility for the provision of a comprehensive health service in England and ensuring the whole system works together to respond to the priorities of communities and meet the needs of patients.

The Department of Health

The Department of Health (DH) will be responsible for strategic leadership of both the health and social care systems, but will no longer be the headquarters of the NHS, nor will it directly manage any NHS organisations. For detailed information about the department's new priorities and roles [visit the DH website](#).

NHS England

Formerly established as the NHS Commissioning Board in October 2012, NHS England is an independent body, at arm's length to the government. It's main role is to improve health outcomes for people in England. It will:

- provide national leadership for improving outcomes and driving up the quality of care
- oversee the operation of clinical commissioning groups
- allocate resources to clinical commissioning groups
- commission primary care and specialist services

For more information, [visit NHS England](#).

Clinical commissioning groups (CCGs)

Primary care trusts (PCTs) used to commission most NHS services and controlled 80% of the NHS budget. On April 1 2013, PCTs were abolished and replaced with clinical commissioning groups (CCGs). CCGs have taken on many of the functions of PCTs and in addition some functions previously undertaken by the Department of Health.

All GP practices belong now to a CCG and the groups also include other health professionals, such as nurses. CCGs commission most services, including:

- planned hospital care
- rehabilitative care
- urgent and emergency care (including out-of-hours)
- most community health services
- mental health and learning disability services

CCGs can commission any service provider that meets NHS standards and costs. These can be NHS hospitals, social enterprises, charities, or private sector providers.

It is envisaged that the CCGs may utilise **Commissioning Support Units** to help them procure services and/or run their organisations. Each patient has approx £25 per head allocated for management resources. It is up to each CCG how they choose to spend this money. Some will need high levels of intelligence, procurement and clinical support whereas other may not.

However, they must be assured of the quality of services they commission, taking into account both National Institute for Health and Care Excellence (NICE) guidelines and the Care Quality Commission's (CQC) data about service providers.

Both NHS England and CCGs have a duty to involve their patients, carers and the public in decisions about the services they commission.

Find [your local CCG](#).

Commissioning Support Units (CSUs)

CSUs refer to NHS supplied commissioning support services, to distinguish them from the wider marketplace. 23 are currently in development. Clinical commissioning groups can use a "ready reckoner" to work out how much support they can afford to buy from CSUs. The services include providing: **Business intelligence**: this comprises data management and integration centres that provide data validation, integration and storage to cleanse, validate and link national and local data sets.

As at August 2012 nine CSUs which submitted applications have been approved to provide business intelligence services. The nine centres are:

North West collaborative; North East and North Yorkshire and Humber collaborative; South and West Yorkshire collaborative; Greater East Midlands; London collaborative; South collaborative; Central Southern; Best West; Birmingham, Black Country and Solihull.

Healthcare (clinical) procurement: this comprises market management activities such as market engagement, market analysis and market development; and procurement strategy and activities such as procurement project management, commercial and procurement strategy development, or technical advice around process compliance.

Thirteen CSUs were approved to provide healthcare (clinical) procurement services. These are: North West collaborative; North East; South Yorkshire and Bassetlaw; Greater East Midlands; Norfolk and Waveney; Essex; North Central and East London; North West London; Surrey and Sussex; Commissioning Support South; Central Southern; Best West; Birmingham, Black Country and Solihull.

Business support: this comprises HR, payroll, procurement of goods and services, legal services, and information management and technology. All CSUs plan to provide these services.

CSUs will compete for business from CCGs and from the commissioning board. While their names suggest they are regionally based, they can serve any CCG in England. CCGs are not obliged to use CSUs, they can also choose independent sector providers.

Health and wellbeing boards

Every 'upper tier' local authority is establishing a health and wellbeing board to act as a forum for local commissioners across the NHS, social care, public health and other services. The boards are intended to:

- increase democratic input into strategic decisions about health and wellbeing services
- strengthen working relationships between health and social care
- encourage integrated commissioning of health and social care services

Public Health England

A new organisation is also being created; Public Health England (PHE) will provide national leadership and expert services to support public health and will also work with local government and the NHS to respond to emergencies. PHE will:

- coordinate a national public health service and deliver some elements of this
- build an evidence base to support local public health services
- support the public to make healthier choices
- provide leadership to the public health delivery system
- support the development of the public health workforce

Sources:

NHS Choices

The Kings Fund

HSJ Health Service Journal

Gateshead CCG



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