



meeting      **HEALTH SELECT COMMITTEE**

date            **7 February 2006**

agenda item number

## **Report of the Chair of the Primary Care Trust Restructuring Study Group**

### **Primary Care Trust Restructuring Study Group – Consultation Response**

#### **Purpose of the Report**

1. To propose a response from the Health Select Committee to the Trent Strategic Health Authority (SHA) consultation on the reconfiguration of Primary Care Trusts (PCTs) in Nottinghamshire.

#### **Background**

2. The PCT Restructuring Study Group was established by the Health Select Committee on 27 September 2005. The Study Group met on 4 November 2005 to set terms of reference which were agreed by the Health Select Committee on 8 November 2005.
3. The Study Group met on 28 November to consider:
  - Commissioning for Bassetlaw / Health Inequalities in Bassetlaw
  - Health Inequalities in Nottinghamshire
4. Louise Newcombe, Chief Executive, Bassetlaw PCT and Cathy Harvey, Health Inequalities Team Leader, Nottinghamshire County Council both provided evidence to the Study Group at this meeting.

#### **Information**

5. The Study Group met on 27 January 2006 and considered written comments from:  
Dr Clive Richards, Director of Public Health – Rushcliffe PCT  
Dr Richard Richards, Director of Public Health – Newark & Sherwood PCT  
Dr Tony Marsh, Chair PEC – Gedling PCT  
Dr Ian Trimble, Chair PEC – Nottingham City PCT  
Dr Chris Packham, Director of Public Health – Nottingham City PCT
6. Louise Newcombe, Chief Executive – Bassetlaw PCT provided the Study Group with written information explaining the position of

Bassetlaw PCT in regard to the 3<sup>rd</sup> option of a Bassetlaw and Doncaster PCT.

7. The Study Group, considered the three options:
  - Option 1 – one PCT for Nottinghamshire (including the City and Bassetlaw)
  - option 2 – two PCTs: Nottingham City and Nottingham County organisations coterminous with both city and county councils
  - Option 3 – Two PCTs Nottingham City and Nottingham County minus Bassetlaw which would be linked to Doncaster
8. The Study Group considered that **Option 1 – one PCT for Nottinghamshire (including the City and Bassetlaw)** - would provide too large a PCT that would have difficulties in establishing a local focus and would not provide a local health service. The Study Group was concerned that the differences in environment between a city and county would lead to a loss of focus and could exacerbate the health inequalities within the county.
9. **Option 3 – Two PCTs Nottingham City and Nottingham County minus Bassetlaw which would be linked to Doncaster** – The Study Group noted that choice existed within the current system and that patient pathways led out of the County from PCTs other than just Bassetlaw. The Study Group considered that whilst boundaries should not restrict healthcare, Bassetlaw merging with Doncaster would create a PCT that crossed government regions, strategic health authorities, ambulance services and local authority (social service) boundaries which would generate a range of issues and difficulties. The Study Group noted the importance of patient pathways in Bassetlaw and the level of service provided but considered that these could be maintained within a Nottingham County PCT.
10. The Study Group by majority vote rejected options 1 and 3 and supported option 2.

## Consultation Response

11. The PCT Restructuring Study Group recommends that the Health Select Committee supports **option 2 – two PCTs: Nottingham City and Nottingham County organisations coterminous with both city and county councils** and that the following comments be submitted:
  - i) Criterion 1: Secure high quality, safe services – Choice is currently available to patients in Nottinghamshire that provides for treatment across local authority boundaries. The current PCTs commission services outside of the County, in particular Bassetlaw from South Yorkshire, the new PCT should ensure that commissioning reflects the clinical pathways that exist, especially those in Bassetlaw. It is not considered that Bassetlaw should need to merge with a Doncaster PCT to achieve this. The capacity and long term security of existing

hospitals and care facilities are based on the current clinical pathways. Existing clinical pathways should be maintained and strengthened, and commissioning should not be restricted by local authority boundaries.

- ii) The current PCT arrangements have not provided the level of service that was intended. There should be no loss from this level of service from the new PCT arrangements.
- iii) Criterion 2: Improve health and reduce inequalities – The new PCTs size should not lead to a loss of local focus on priorities including health inequalities. Option 1 would lead to a large PCT with a dilution of focus away from the areas of greatest need within the County and could exacerbate the health inequalities within both the city and county.
- iv) Criterion 4: Improve public involvement – The new PCTs should not lose local focus. No proposals have been made as to how the new PCTs will improve public involvement. Detailed consideration needs to be made to the structure of the new PCTs so that local engagement is not lost or impeded.
- v) Option 1 would lead to a PCT with too large a population to generate improvements to public involvement and option 2 may face difficulties. Consideration should be given to basing a Nottingham County PCT in the centre of the County.
- vi) Criterion 6: Improve co-ordination with social services - Members considered it important that the new PCTs should not be split across different social service authorities. Option 2 is best placed to achieve this.
- vii) Criterion 7: Deliver at least 15% reduction in management and administrative costs - The consultation process does not provide the public with any information as to how a reduction will be achieved by any of the proposed options. Costings are not provided as to identify the level of saving that could be achieved hindering proper comparison between the options based on this criterion.
- viii) No structures or model for the role and composition of the future PCTs are provided with the consultation. Detailed consideration needs to be made to the structure of the new PCTs to ensure that it meets the needs of different local communities.
- ix) The process of consultation to identify options was not conducted in public. Because of this the Select Committee has not had the opportunity to comment on other possible options.

## **Recommendation**

12. It is recommended that:

the Select Committee supports the recommendation of the PCT Restructuring Study Group and forwards this as a response to the Strategic Health Authority consultation and to the Member seminar on 14 February 2006.

**Councillor James T Napier**  
**Chair, PCT Restructuring Study Group**

Background Papers:

PCT Restructuring Study Group Agenda & Notes  
Comments received from health professionals