

Reconfiguring services – *The Health and Social Care Act 2012*

- The Government is clear that, in a patient-led NHS, service change must begin and end with what patients and local communities need.
- Our reforms will enable change to be driven from the bottom-up, by the clinicians who know the health needs of their patients best, and underpinned by proper local engagement, partnership working and effective local authority scrutiny.

Context

1. The NHS has always had to respond to patients' changing expectations and advances in medical technology. As lifestyles, society and medicine continue to change, the NHS needs to change too.
2. Evolving clinical practice and technology means that some services that previously could only be provided in an acute hospital can now be safely provided in a local health centre, GP surgery or even the patient's own home. At the same time, other services requiring highly specialist care are being centralised at larger, regional centres of excellence, where there is clear evidence this improves health outcomes.
3. Reconfiguration is therefore about modernising treatment and improving facilities to improve patient outcomes, develop accessible services closer to home and most importantly - saving lives.
4. The reconfiguration of services is a matter for the local NHS. There is no national blueprint about how healthcare services should be organised locally, as services need to be tailored to meet the needs of the local population.
5. This is why the Secretary of State introduced four tests last year that current and future reconfigurations should meet. These tests set out that local plans should demonstrate: support from GP commissioners; strengthened public and patient engagement; clarity on the clinical evidence base; and consistency with current and prospective patient choice.
6. There is no one section of the Act relating to service reconfiguration. Rather the way the NHS develops and implements proposals for change will be influenced by an interlocking series of sections covering matters such as commissioning, provider regulation, public involvement, and local government.
7. The Act will help to ensure that reconfigurations are locally led by underpinning commissioning decisions with clinical insight through the establishment of clinical commissioning groups and by strengthening local partnership arrangements.
8. Health and wellbeing boards will provide a forum where commissioners, local authorities, Local Healthwatch and other local leaders across health and social care can discuss the future shape of services, building on their assessments of local health and care needs and overall health and wellbeing strategy.
9. To ensure proper scrutiny and accountability, the Act will enable the retention of an independent health scrutiny function within local authorities and the strengthening of this scrutiny function so it can be applied to all NHS-funded services rather than just services provided by NHS bodies as in the current system.
10. Where local authorities don't agree with a proposed reconfiguration (on which there was a requirement to consult them), they will be enabled by regulations to refer the matter firstly to the NHS Commissioning Board, and ultimately to the Secretary of State for Health.

Key legislative changes

6. There is no one section of the Act relating to service reconfiguration. Rather the way the NHS develops and implements

Factsheet C6 provides details regarding the reconfiguration of services and the Health and Social Care Act 2012. It is part of a wide range of factsheets on the Act, all available at: www.dh.gov.uk/healthandsocialcarebill