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## Update from Dame Barbara Hakin – National Director of Commissioning Development

Welcome to this issue of the GP Bulletin. I'm delighted to be writing a monthly column to talk to you about what we are doing in the NHS Commissioning Board Authority (the Board Authority) to support emerging clinical commissioning groups (CCGs) as they take on their new role.

Many of you will know that for many years, as a GP and latterly as a senior manager in a primary care trust (PCT), then a strategic health authority (SHA), I have championed the cause of clinical commissioning, and continue to do so in my role as National Director of Commissioning Development in the Board Authority. In this first column, I want to update you on the development of the new health commissioning system that will replace PCTs, subject to the passage of the Health and Social Care Bill.

### What is commissioning?

Over the past decade the role of commissioning, as a key driver of quality, efficiency and outcomes for patients, has become increasingly important to the health system in England.

At its simplest, commissioning is the process of planning, agreeing and monitoring services. However, this simple definition conceals great complexity. Securing services is much more complicated than securing goods and the diversity and intricacy of the services delivered by the NHS are unparalleled. Commissioning is not one action, but many; ranging from the health needs assessment for a population, through the clinically based design of patient pathways, to service specification and contract negotiation or procurement and finally to the ongoing assessment of the quality of service.

There is no single geography across which all services should be commissioned: some local services can be designed and secured for a population of only a few thousand; for rare disorders, services need to be considered and secured on a national footprint.

### **What is changing?**

You will be aware that from April 2013 the commissioning landscape will be very different with most of the commissioning budget managed by CCGs – groups of practices who come together over a defined geography to take on responsibility for delivering the best services for their patients and population.

The NHS Commissioning Board (NHS CB) – likely to be established in autumn 2012 - will commission specialised services, primary care, prison healthcare and some services for members of the armed forces. It will have 50 local offices but this will be one single organisation operating to a common model with only one board – so very different from the current model with boards at both SHA and PCT level.

Commissioning of public health services will be undertaken by Public Health England (PHE) and local authorities, although the NHS CB will commission, on behalf of PHE, many of the public health services delivered by the NHS.

### **Involvement of primary care**

We started work over a year ago to support the development of a comprehensive system of CCGs by April 2013. Our approach has been to involve primary care organisations – the BMA General Practitioners Committee (GPC), Royal College of General Practitioners (RCGP), National Association of Primary Care (NAPC), NHS Alliance and Family Doctor Association (FDA) – and, increasingly, emerging CCG leads – to help develop the new clinical commissioning system so it is designed to be truly clinically led. Our work is still subject to the passage of the Health and Social Care Bill.

### **Commissioning development programme**

I see the commissioning development programme as having four key parts:

1. Supporting the development of, and authorising, a comprehensive system of CCGs
2. Supporting development of a comprehensive range of commissioning support services, suitable for hosting by the NHS CB or CCGs
3. Developing a new single operating model for the NHS CB's direct commissioning functions which will improve quality and outcomes and value for money. This includes commissioning of primary care (general practice, dentistry, optical services and community pharmacy), specialised services, prison healthcare, some aspects of military healthcare and public health services commissioned on behalf of Public Health England (national screening programmes and immunisations and public health services for children from pregnancy to aged five)
4. Creating tools, guidance and enablers to help us get the best out of commissioning.

I will update you on the first of these this month and come back to others in subsequent months.

### **Part 1: Supporting the development of, and authorising, a comprehensive system of CCGs**

#### **1. CCG configuration**

- CCGs have taken part in initial risk assessments of proposed configurations. Most of the issues around CCG configuration have been resolved with only a small number of CCGs still needing to agree their configuration.
- The risk assessment process was designed to help emerging CCGs understand whether their proposed arrangements would meet the criteria defined in the Health and Social Care Bill for becoming statutory organisations, and a number of other factors. These include sign up from member practices; an appropriate geographical area and its relationship with local authority boundaries and the likely impact of size on their organisational viability.

## 2. CCG authorisation

- In September 2011, we shared [Developing Clinical Commissioning Groups: Towards Authorisation](#), now available on the NHS CB website. It outlines the six domains covered in the authorisation process: clinical focus, engagement, credible plans, governance and capability, partnerships and collaboration and leadership.
- The details of the authorisation process and how to apply will be published in March 2012 along with a development programme to enable CCGs to build a track record ahead of the authorisation process starting in autumn 2012.

## 3. CCG governance and establishment

- Emerging CCGs received [Towards Establishment: Creating Responsible and Accountable Clinical Commissioning Groups](#) in December and are using it to set up their organisational governance, both internally and with member practices.
- We shared the CCG governing body role outlines and the model constitution in February 2012, and there will be a suite of further governance and HR-related documents available during February and March.
- To support CCGs in making appointments to the key roles of the chair of the CCG governing body and its chief financial officer – and in selecting the person they wish to be appointed as the CCG's accountable officer - we will shortly be launching an assessment process, which will also help potential candidates for these roles identify development needs.
- We will also be publishing a model constitution on which emerging CCGs can draw to agree their local constitution – and role outlines for the other professional members and the lay members of governing bodies.

## 4. CCG development

- We have established a [Pathfinder Learning Network](#) and a range of new development opportunities will be in place in the next few weeks.
- Proposals are being developed for a broad forum for CCG leaders to build an effective relationship with the Board Authority to shape the culture and ways of working, and ensure the NHS CB and CCGs collaborate around commissioning.

### What does it mean for practices?

One of the most positive aspects of the new commissioning system will be the involvement of GP practices, on behalf of their patients, as members of CCGs. I encourage practices to ensure they are getting involved in the CCG now, so they start to influence commissioning decisions on behalf of their patients and ensure we see the benefits of clinical commissioning.

I would particularly urge everyone in practices to read [Towards Establishment: Creating Responsive and Accountable Clinical Commissioning Groups](#). While the document has much in it about governance,

which I know many of you will find very dry, it is also vitally important in its description of how a CCG will operate and the role of the member practices in creating it.

I am quietly heartened by the enthusiasm I see each week among emerging CCG colleagues and their practice teams. Thank you to everyone for your efforts to make this ambitious programme a reality.

**Dame Barbara Hakin**

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## Other commissioning developments

### Designing the NHS Commissioning Board Authority

Design of the NHS Commissioning Board, a document that sets out proposals for the organisational design, structure and ways of working for the future NHS Commissioning Board (NHS CB), has been published on the [NHS CB website](#).

Following a detailed design process over several months, including engagement with key stakeholders, the proposals show how the Board aims to build a strong, patient-focused, clinically led organisation that has the culture and leadership to give a national focus on improving outcomes for patients.

The document includes proposals for the design of the NHS CB's sectors and local offices.

### First estimates of funding for new commissioning structures

CCGs could be responsible for almost £65 billion of NHS funding, with the NHS Commissioning Board responsible for around £21 billion of commissioning expenditure and around £5.2 billion spent on public health services.

These estimated figures have been developed by mapping PCT spending in 2010/11 to the proposed responsibilities of CCGs, the NHS CB and local authorities and uplifting them to 2012/13 levels.

Understanding baseline spend is the first step in establishing future budgets. Further analysis will now be done to build on this.

- For more information please visit the [Department of Health website](#)

### Draft guidance for public health advice on commissioning services

Subject to the Health and Social Care Bill, from 2013-14 CCGs will have access to public health advice, information and expertise in relation to the healthcare services that they commission, to be provided by local public health teams based in local authorities.

This healthcare public health advice - otherwise known as the 'core offer' - intends to impose a duty on local authorities through regulations to provide this service to CCGs. The latest draft guidance on the public health core offer intends to help commissioners with local planning in this transition year.

To help refine the guidance and issue it to the service in a timely way we are inviting people to comment by 30 March 2012.

- [Please view the guidance on the Department of Health website](#)
- You can submit your comments by email to [anya.tahir@dh.gsi.gov.uk](mailto:anya.tahir@dh.gsi.gov.uk)

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# Health and social care reforms

## A short guide for providers to the Health and Social Care Bill

The Department of Health has published a short guide for providers of NHS-funded services to parts three and four of the Health and Social Care Bill. The guide outlines the different components of the proposed sector regulation regime, how it will protect and promote patient's interests, how it will work for different types of providers and what it means for commissioners.

Under proposals included in the Bill, commissioners will decide how, when and if to use patient choice, where it could improve services. Commissioners will choose from different procurement tools, which will be part of a framework set by the Secretary of State and alongside guidance from the NHS Commissioning Board.

Choosing from a range of commissioning options, commissioners will decide when to use competitive tendering, when to offer patients choice of 'any qualified provider' or choice from a limited range of providers, and when to commission services from existing providers. For all providers, this means challenging traditional models to deliver truly integrated services that patients tell us they want. GPs will need to work collaboratively and innovatively with wider commissioners and partners to design integrated services for patients by encouraging a cross-organisational approach to achieve the best outcomes for all patients.

- [Read the guide here](#)

## Health and Social Care Bill in the Lords

The Health and Social Care Bill returned to the Lords for its Report stage on 8 February 2012. This is the penultimate stage in the Lords, before the Third Reading, following which the Bill - as amended by the Lords - will return to the Commons for MPs to consider any amendments made.

The Government has tabled a number of amendments to strengthen the Bill and meet some of the concerns raised by peers and stakeholders. A briefing note on these amendments is available [here](#).

The latest draft of the Bill is available on the [Parliament website](#) and Hansard reports of each Report session can also be found on this page.

## Liberating the NHS: Developing the Healthcare Workforce

Liberating the NHS: Developing the Healthcare Workforce - From Design to Delivery, published in January 2012, sets out a new policy framework for the NHS education and training system. It builds on responses to our consultation and the advice of the NHS Future Forum. The new system puts employers and professionals in the driving seat and gives them the national support they need to identify and anticipate the key workforce challenges and to be flexible and responsive in planning and developing their workforce.

- [Read the document on the Department of Health website](#)

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## Future of public health

Andrew Lansley set out the future of public health in a speech at the Royal Society for Public Health with five announcements:

- The first public health outcomes framework - the framework will set 66 health measures so local authorities and the Government are able to see real improvements being made and take any action needed
- A ring-fenced budget of £5.2 billion from April 2013 for local authorities to spend according to the needs of their population
- Confirmation that non-medically qualified public health professionals will be regulated
- Progress on the [Responsibility Deal](#) and its impact on public health
- A new national ambition on physical activity – a year on year increase in the number of adults doing 150 minutes of exercise per week
- [For further information visit the Department of Health website](#)

## Children and Young People's Health Outcomes Forum

The Government has asked the Children and Young People's Health Outcomes Forum to engage and hear views from children, young people, parents and the professionals involved with their care.

The Forum is jointly chaired by Chief Executive of the Council for Disabled Children, Christine Lenehan, and Professor Ian Lewis, Medical Director at the Alder Hey NHS Foundation Trust. It was launched in January as part of the development of a children and young people's health outcomes strategy. Members include GPs, paediatricians and the Children's Commissioner for England, Dr Maggie Atkinson.

The Forum will report to the Government on:

- the health outcomes that matter most for children and young people
- how well these are supported by the NHS and Public Health Outcomes Frameworks
- how the different parts of the health system will contribute and work together in the delivery of these outcomes

The Children and Young People's Health Outcomes Forum will be speaking to people at events, visits, Local Involvement Networks (LINKs) and on the [DH website](#)

The Forum will be looking at the following themes:

- Public health/prevention
- Acutely sick children
- Mental health
- Long term conditions and complex disability

Please join in the conversations and let us have your views on these issues.

- If you would like to offer engagement opportunities for the Forum to meet with child health stakeholders in your area please email us at [childrensoutcomesforum@dh.gsi.gov.uk](mailto:childrensoutcomesforum@dh.gsi.gov.uk)

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# Clinical

## Be Clear on Bowel Cancer campaign

The Department of Health has launched the first national NHS campaign to raise awareness of the signs and symptoms of bowel cancer.

Bowel cancer is England's second most common cancer, with around 33,000 new cases each year. It is estimated that 1700 additional lives could be saved each year if England's bowel cancer survival rates match the best in Europe.

Public awareness of the signs and symptoms of bowel cancer is low. The campaign advertising alerts people to the key symptoms and encourages them to see their GP if they have them. Running until the end of March the campaign includes TV, radio, press, bus and online advertising, as well as a series of events across the country.

- [Visit the website for further information about bowel cancer](#)
- [Visit the Campaign Resource Centre \(CRC\) for public health information and resources](#)
- DH publications including leaflets and posters can be ordered free of charge from the [DH orderline](#) or by calling 0300 123 1002

## 3millionlives campaign

The 3millionlives campaign aims to enhance the lives of three million people over the next five years by accelerating the roll out of telehealth and telecare in the NHS and social care.

A recently launched Concordat between the Department of Health and the telehealth and telecare industry sets out how the NHS, the Government and the industry can work together to develop these services for the benefit of millions of people.

- [Find out more on the 3millionlives website](#)

## Launch of living organ donation strategy

Transforming more lives through living kidney donation is the key aim of the first UK Strategy for Living Donor Kidney Transplantation, launched by NHS Blood and Transplant (NHSBT) in January. It seeks to increase patient choice and provide more opportunities for donation.

Living donations have previously been limited to exchanges between family members and life-long friends, but added options for patients and clinical advances have helped increase living donation. One in three of all organ transplants in the UK are now from a living donor.

The transplants are highly successful with 93 percent of living kidney transplants still functioning well after the first year, compared with 88 percent of those using deceased donor kidneys.

- [Visit the NHSBT website to learn more about strategic plans for donations](#)

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## Service improvement guide for developing COPD services

Since July 2010, NHS Improvement has worked with a number of clinical teams across England to support the development of patient centred, evidence based and clinically-led services for people with chronic obstructive pulmonary disease (COPD). The aim has been to identify and share innovative ways to reduce variations in care and improve quality, including patient experience.

The information, tools, and practical examples from the NHS Improvement project sites have been published as simple guide that will provide professionals at any level across health or social care with the first steps towards making quality service improvements.

- [Access the Service Improvement Guide](#)
- [Access the respiratory resources from NHS Improvement](#)
- [Visit the NHS Improvement website for further information](#)

## Call to action for the appropriate use of drugs for dementia patients

[Doctors.net.uk](#) is running a four-month programme to raise awareness among GPs of 'The Right Prescription'; a [call to action](#) on the inappropriate use of antipsychotic drugs for patients with dementia.

The programme, conducted on behalf of the [Dementia Action Alliance](#) and the [NHS Institute for Innovation and Improvement](#), aims to educate and engage doctors with 'The Right Prescription' whilst supporting them to conduct a clinical review of their dementia patients. It comprises an accredited Learning Needs Assessment (quiz), patient case studies and a clinical guideline review.

Prominent national clinical leaders are delivering a series of web seminars as part of their commitment to this call to action. Professor Alistair Burns, National Director of Dementia, delivers [Quality Outcomes for People with Dementia](#) on 29 February 2012. Dr Jill Rasmussen presents '[Call to Action: GP Perspective – What is Good Practice?](#)' on 28 March 2012.

Since it went live in early December, over 1,000 GPs have engaged with the programme, and more than 400 have completed the Learning Needs Assessment.

- Please contact [C2ADementia@institute.nhs.uk](mailto:C2ADementia@institute.nhs.uk) for further information

## Reducing MRSA bloodstream infections objectives

The Department of Health has set the NHS new objectives to reduce the numbers of MRSA infections in 2012/13 by a further 29 percent and *Clostridium difficile* (*C. difficile*) by 17 percent.

This would bring annual numbers of MRSA bloodstream infections down to 880 and reduce *C.difficile* infections from 19,754 to 16,100. This would build on the success achieved in the last six months, with MRSA bloodstream infections across the NHS sustained at under 100 reported cases per month for the first time since surveillance began in 2001.

GPs have an important role to play in helping to achieve these new objectives by adhering to best practice on prescribing antibiotics and infection control.

- [Visit the Health Protection Agency website for latest monthly statistics for MRSA bloodstream infections](#)

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# Consultations

## Improving the quality of medical training

The GMC is proposing new arrangements for the recognition and approval of non-GP medical trainers.

The launch of this consultation follows the success of the GP trainer approval system which consistently has the highest satisfaction scores in the GMC's national training surveys.

The GMC is keen to hear from GPs and practice managers to understand how the system has worked for them and whether they have any concerns about the plans, and how they think plans will work for other areas of medical training.

- [Find out more and take part in the consultation, which runs until 30 March 2012](#)

# Reports

## Review of National Self Care week 2011

The Self Care Forum has published a review of Self Care Week 2011, which took place in November. It captures some of the fantastic national and locally led activity, which took place to promote the campaign.

Self Care Week 2011 was an opportunity for NHS, social care and voluntary sector organisations to raise awareness of what services they provide to help people take care of themselves and their condition. The review captures some of the activity that took place during Self Care Week, including in GP practices.

- [Read the review on the Self Care Forum website](#)

# Resources

## The Campaign Resource Centre: DH's new one stop shop

The Campaign Resource Centre is a one-stop shop for all Department of Health public health campaign activities for anyone who works directly with the public. Each campaign section offers a summary of the campaign together with the all resources available to support it.

If you want to start conversations with families and adults about healthier lifestyles, stopping smoking, the signs and symptoms of cancer or stroke, or you need trustworthy advice about the issues that affect young people, the Campaign Resource Centre is here to help.

From keeping up to date with the latest campaign news, to the leaflets, posters, adverts and toolkits available to support the campaigns - the Campaign Resource Centre will provide all the public health information and resources you need.

- [Visit the Campaign Resource Centre to find out more and subscribe for regular updates](#)

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## Stop the alcohol sneaking up on you

Change4Life has launched a new alcohol campaign to raise awareness about the health harms of regularly drinking more alcohol than the recommended guidelines and to provide hints, tips and tools to encourage people to reduce the amount they drink.

More than 9 million drinkers in England are potentially putting their health at risk by regularly drinking above the lower-risk guidelines – men should not regularly drink more than 3-4 units of alcohol a day and women should not regularly drink more than 2-3 units a day.

The new campaign aims to support those who are unaware that regularly drinking over the recommended guidelines can lead to serious health problems, from liver damage to a greater risk of getting cancer or having a heart attack.

The campaign includes a 60-second TV advert, a new Change4Life leaflet, poster and a new online drinks checker to help people quickly assess their drinking, find out the risk and get tips to help them cut down. Read more about drink swaps [here](#).

### Resources

- [Visit the Campaign Resource Centre for all the latest campaign news, leaflets posters and toolkits](#)
- [Visit the alcohol self assessment tool on the Change4Life website](#)
- Order the alcohol poster and leaflet through [DH orderline](#), quoting *C4L Alcohol poster* or *C4L238/408769 C4L Alcohol leaflet*
- If you are not a Change4Life supporter [register](#) to get all the latest news and find out about the exciting activities planned for 2012.

## Reporting pathology test results: the National Laboratory Medicine Catalogue

The National Laboratory Medicine Catalogue provides the first comprehensive standard for pathology test requests and results reporting. It has been jointly developed by the Royal College of Pathologists, the Department of Health and NHS Connecting for Health.

Up until now, there has been no way of reporting pathology test results in a uniform, standardised way across the country meaning that different names in different settings could mean the same or different things.

The catalogue enables pathology test requests and results to be standardised in common and consistent formats, meaning health professionals can be certain they are requesting the right test every time and can safely interpret the results of pathology investigations even when they come from more than one source.

The next release of the catalogue is now available for wider peer review by anyone with an interest or expertise in pathology services.

A full launch will follow in July 2012 after which the catalogue will continue to be updated on a regular basis - starting quarterly then reducing in frequency as its content becomes more comprehensive.

- [Access the National Laboratory Medicine Catalogue and communications pack](#)

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## **Supporting mental wellbeing in the workplace**

The Chartered Institute of Personnel and Development and mental health charity Mind have launched a guide to help more employers manage and support mental health at work.

The guide will help employers manage people in ways that support their mental wellbeing and resilience, and encourage employees to talk about any mental health issues they may be facing at an early stage.

- [Read the guide on the Mind website](#)

**Unless otherwise stated, guidance referred to in the bulletin has not been commissioned or endorsed by the Department of Health – it is evidence that organisations and professionals may find helpful in improving practice. The National Institute for Health and Clinical Excellence is the Department's provider of accredited evidence and guidance. This information can be found on the Institute's website at [www.nice.org.uk](http://www.nice.org.uk)**