Department of Health

Helping people
live better for longer

A guide to the Department of Health's role and purpose post-April 2013

Contents

Welcome to this guide to the Department of Health, which is designed to provide you with an overview of the Department post-April 2013. It looks at the Department itself, including why we are here and how we operate, what we believe in, how we are organised and how we are governed. It also looks at our relationships with partner organisations and their roles in the new health and care system.

Introduction

The health and care system must keep evolving in order to deliver a service which responds to the nation's changing health and care needs. Today's population has very different needs and expectations to the population of 1919, when the Ministry of Health was first created, or to that of 1948 which saw the establishment of the NHS.

The health and care system of 2013 and beyond needs to be able to respond to a population with an increasing life expectancy and a greater prevalence of long term conditions, where factors such as smoking, obesity, alcoholism, and mental health issues present major challenges.

The system must also respond to people's changing expectations about the services they need and the way they want to access them, in a society where personalisation, choice and the use of digital technology are taken for granted.

The changes to the health and care system have been designed to respond to these challenges. They build on the changes that have been made over the last century, and are designed to put people and communities at the heart of the system, giving patients more

The health and care system today

choice and control about the care they receive and giving clinicians the power to make the decisions locally that are right for their patients.

The Health and Social Care Act 2012 established a system which aims to give patients a greater voice. It also aims to change how services are commissioned and make sure safeguards are in place. It puts physical and mental health on an equal basis, in addition to focusing on public health.

The structural changes brought about by the Health and Social Care Act have been substantial, affecting 45,000 staff and more than 400 organisations throughout the NHS, its arm's length bodies (ALBs), local government, public health and the Department of Health.

As from 1 April 2013, 211 clinical commissioning groups (CCGs) and 19 commissioning support units (CSUs) are in place, alongside NHS England, Health Education England (HEE), Public Health England (PHE), the NHS Trust Development Authority (NHS TDA) and 152 health and wellbeing boards. Strategic health authorities and primary care trusts have been abolished and the Department has a different set of ALBs to work with and through.

A changing Department of Health
The Department's role within the system, and the way in which we work with our partner organisations has also changed. Whilst we continue to have strong and enduring relationships with the NHS, social care and public health systems, our role is now less about direct delivery and more about leading, shaping and funding health and care in

England, making sure that the system can respond to patients' needs.

The Mid Staffordshire NHS Foundation Trust Public Inquiry report, published on 6 February 2013, challenged us to make patients and service users 'the first and foremost consideration of the system and everyone who works in it'. It is vital we connect more with patients, learn from their experiences, and bring this understanding into everything we do. As such, all staff in the Department will be expected to spend some time getting first-hand experience in health and social care settings so that we are in a better position to act as stewards of the health and care system, write people-focused policies, and guide the development of the system so that it better serves the people who use it.

Alongside the changes to the health and care system, the Department is also changing as a result of the Government-wide Civil Service Reform Plan. Rising public expectations coupled with spending cuts mean the Civil Service needs to change to meet the long term challenges that all economies are facing.

This will result in a more skilled, less bureaucratic and more unified Civil Service, delivering the best for Britain.

To make sure we put patients at the heart of all we do, and to meet the challenges of Civil Service Reform (CSR) and a changing society, the Department needs to consider what we do now, how we do it and the capabilities needed to see us through the challenges ahead.

What DH does

- provides strategic direction for the NHS and wider health and care system
- stewards the health and care system so it is delivering the right things for patients, service users and the public
- creates national policies and influences global leadership in health and care policy
- provides leadership around values and common purpose.

How DH does it

- connects with patients and service users
- manages risk and is open to challenge
- produces timely and effective communications
- draws up strategic business plans
- provides transparent governance and evidence-based decision-making
- assures the different parts of the system work properly together.

Key capabilities

- relationship management and leadership skills, facilitating sponsorship and aiding open policy-making
- project and commercial skills, delivering efficiencies and obtaining value for money
- performance management skills, following effective processes and systems.

The Department of Health helps people to live better for longer. We lead, shape and fund health and care in England, making sure people have the support, care and treatment they need, with the compassion, respect and dignity they deserve.

Our responsibilities are:

- **to lead across health and care** – by creating national policies and legislation, providing the long term vision and ambition to meet current and future challenges, putting health and care at the heart of government, and being a global leader in health and care policy

- **to support the integrity of the system** – by providing funding, assuring the delivery and continuity of services and accounting to Parliament in a way that represents the best interests of patients, service users and the public as taxpayers

- **to champion innovation and improvement** – by supporting research and technology, promoting honesty, openness and transparency, and instilling a culture that values compassion, dignity, wellbeing and the highest quality of care above everything.

Why we are here

Our stewardship role

The Department acts as the steward of the health and care system to ensure that it operates effectively as a whole to meet the needs of people and communities. Our stewardship role involves:

- setting national priorities which reflect what patients, service users and the public value

- securing and allocating resources to meet priorities and deliver services

- sponsoring our national bodies by supporting them and holding them to account for the delivery of their role and functions

- fostering relationships, collaborating with partner organisations, and ensuring that the system works well together

- creating and updating the policy and legislative frameworks within which the health and care system operates

- accounting to Parliament and the public for the effectiveness of the system.

DH supports the health and care system to develop local capability and capacity so that it can advance the quality of care for service users and improve outcomes. We also support the Secretary of State, as the person ultimately accountable for the system.

Our priorities

In the Department, we ensure that the health and care system delivers ministerial priorities, such as:

- Living longer – reducing avoidable premature mortality

- Compassionate care – caring with compassion, dignity and respect

- The Dementia Challenge – fighting back against dementia and long term conditions

- The Digital Challenge – bringing the technology revolution to health and care to create a paperless NHS

- Improving services for people with mental health problems.

What we do

Across all of these priorities is the ambition to provide transparent, comparable data, accessible to the public, professionals and commissioners to drive real improvements in performance and outcomes.

The Department also sets national priorities for health and care. We:

- lead in Whitehall to determine the health and care 'offer' to the public, setting long term objectives and connecting to wider public priorities, eg economic growth

- articulate the vision for the future, set the terms of the debate and empower patients and service users to use their voice and power in the system

- call for action, make the case for change and give licence to new approaches

- listen to service users and the public, challenge the system to respond in cases of poor care, and celebrate success

- pursue the Secretary of State's statutory duties, including those to improve service quality, reduce inequalities, improve efficiency and protect and improve the public's health

- promote the NHS Constitution, which sets out rights and pledges for patients and the public

- set out the Government's ambitions for the NHS through the Mandate to NHS England.

DH uses outcomes frameworks for the NHS, social care and public health, which include indicators for how desired outcomes will be measured, and provide frameworks for holding organisations and the system to account on behalf of the public.

The Department of Health's operating model

The Department:

- is ultimately accountable to Parliament and the public for the quality of care across the system, but does not manage services. They are commissioned and provided locally, where responsibility for the quality of care rests

- has put national and local arrangements in place to ensure that services provide people with the support, care and treatment they need, with the compassion and dignity they deserve

- has created a group of national ALBs and other entities, each with a particular role, to support local commissioning and provision, identify and manage risks to services, manage public resources and ensure national policy is implemented

- sets the direction for ALBs, allocates their resources, supports their work and holds them to account, aligning their activities for the common good

- keeps the underpinning policy and legal framework updated to equip the system with the powers and tools to be successful and to root out and tackle failure.

People and communities

Health and wellbeing boards
Clinical commissioning groups
Local education and training boards
Local Healthwatch
Local authorities
NHS trusts
NHS foundation trusts
Primary care providers
Voluntary and private providers

Local bodies - ensuring delivery of local services

Arm's length bodies such as:
Care Quality Commission
Monitor
NHS Trust Development Authority
NHS England
NICE
Health Education England
Public Health England

National bodies - managing services across the country

DH
steward of the system

Department of State - supporting the Government and linking with other Government departments.

Sponsorship

The effective sponsorship of our ALBs is one of the core components of our stewardship role.

DH sets the direction and expectations for each ALB, allocates the money and holds the ALBs to account.

To manage these relationships, the Department has put in place a sponsor team for each ALB, headed by one of the directors general. Sponsors set objectives and resources, agree business plans, and support delivery. They have a key role as internal account managers for their ALB within the Department.

The Department works with a range of organisations in the health and care system, all of them concerned with helping people, supporting communities and raising standards of health and care.

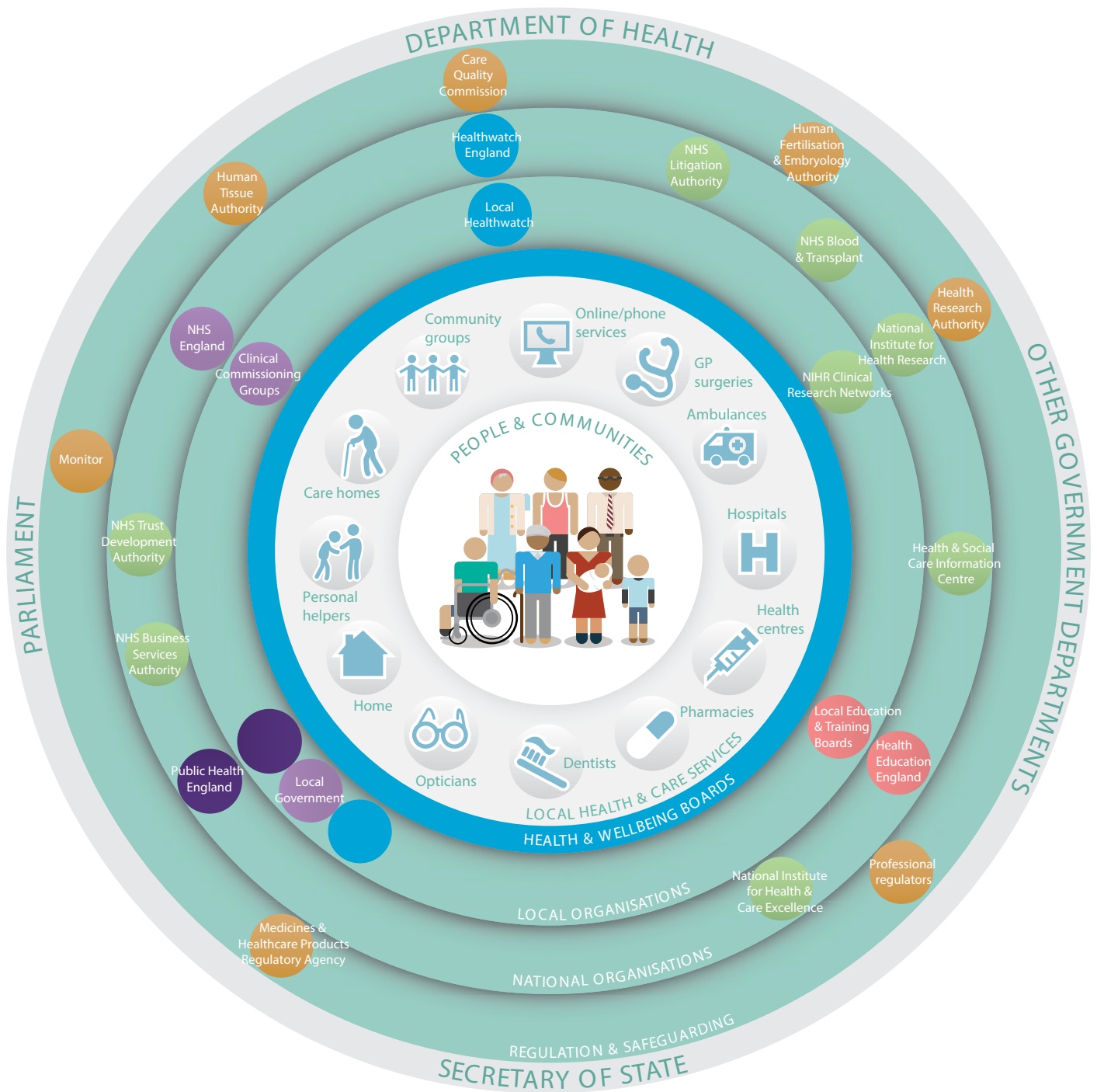**Their focus includes:**

Clinical commissioning and integrating better services and better care
Strong commissioning and better integration of health and care services is the key to delivering the best care and support for people. A number of organisations will support this:

- **Clinical commissioning groups** (CCGs) listen and respond to the needs of patients and local communities and then commission the services that support them best, drawing from any provider which meets NHS standards of quality and effectiveness. They also monitor the quality of the care their patients and service users receive.

- **NHS England** monitors and supports the performance of CCGs, and commissions primary care, a number of mental health services and some specialist services centrally, such as uncommon cancer treatments, burn care and complex cardiac interventions. It brings together expertise to ensure patients and service users get the highest standards of care and the best clinical outcomes, wherever they live, whatever their needs.

- **Health Education England** (HEE) ensures the healthcare workforce has the right skills and training to improve patient care. It supports a network of **local education and training boards** (LETBs) which plan education and training of the workforce to meet local and national needs.

- The **NHS Trust Development Authority** (NHS TDA) supports NHS trusts to improve so they can take advantage of the benefits of foundation trust status when they are ready. NHS TDA plays a part in safeguarding the core values of the NHS and ensuring a fair, efficient and high quality service, for patients and the public, across the country.

- **Health and wellbeing boards**, including representatives from local authorities, the NHS, and community groups, focus on improving the health and wellbeing of the people in their area, and ensure the full range of services needed by the local population is considered.

- The **Health and Social Care Information Centre** (HSCIC) collects, analyses and publishes national data and statistical information and delivers national IT systems and services to support health and care providers.

- The **NHS Business Services Authority** (NHS BSA) provides a range of critical support services to NHS organisations, NHS contractors, patients and the public. Its services include payments to community pharmacists and dentists for their NHS work and the administration of the NHS pension scheme.

Who we work with

The health and care system from April 2013

DEPARTMENT OF HEALTH

Care Quality Commission

Healthwatch England

Human Tissue Authority

Local Healthwatch

NHS Litigation Authority

Human Fertilisation & Embryology Authority

NHS Blood & Transplant

Health Research Authority

National Institute for Health Research

NIHR Clinical Research Networks

NHS England

Clinical Commissioning Groups

Community groups

Online/phone services

GP surgeries

Ambulances

PEOPLE & COMMUNITIES

Monitor

Care homes

Hospitals

Health & Social Care Information Centre

NHS Trust Development Authority

Personal helpers

Health centres

NHS Business Services Authority

Home

Pharmacies

Local Education & Training Boards

Health Education England

Public Health England

Local Government

Opticians

Dentists

LOCAL HEALTH & CARE SERVICES

HEALTH & WELLBEING BOARDS

Professional regulators

National Institute for Health & Care Excellence

LOCAL ORGANISATIONS

Medicines & Healthcare Products Regulatory Agency

NATIONAL ORGANISATIONS

REGULATION & SAFEGUARDING

SECRETARY OF STATE

PARLIAMENT

OTHER GOVERNMENT DEPARTMENTS

key

- Providing care
- Commissioning care
- Improving public health
- Empowering people and local communities
- Supporting the health and care system
- Education and training
- Safeguarding patients' interests

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Keeping people safe – protecting patients, safeguarding standards

Alongside more freedom for those planning and providing services, the system also has strong safeguards which protect patients and service users by identifying and addressing poor or dangerous practice.

- The **Care Quality Commission** (CQC) and **Monitor** work together to register, regulate and monitor services to ensure that the quality and safety of care meets government standards; and that providers of care promote patients' interests. Monitor licenses providers of NHS care, ensuring that their services are integrated, high quality and efficient.

- The **Health Research Authority** (HRA) works to protect and promote the interests of patients and the public in health research.

- The **National Institute for Health and Care Excellence** (NICE) uses evidence of which treatment and support work best for patients and service users to provide authoritative guidance to the public health, NHS and social care systems.

- The **Medicines and Healthcare products Regulatory Agency** (MHRA) makes sure that medicines and medical devices work and are safe to use.

- The **NHS Litigation Authority** (NHS LA) handles negligence claims and works to improve risk management practices in the NHS. It resolves claims made primarily against NHS trusts and NHS foundation trusts, helping the NHS to learn from them to improve patient safety.

- Specialist regulators, the **Human Tissue Authority** (HTA) and the **Human Fertilisation and Embryology Authority** (HFEA) regulate human tissue, such as donated organs; fertility treatment; and the use of embryos in research.

- **NHS Blood and Transplant** (NHS BT) is responsible for the safe supply of blood, organs, tissues and stem cells. It manages the voluntary donation of around 2 million units of blood a year. In 2011 it received 3,500 organ and 4,000 tissue donations and banked 2,200 cord blood units, turning these precious donations into products that can be used safely for the benefit of patients.

- Nine professional regulatory bodies help to keep patients safe by holding registers of all the professionals qualified to practise in their field of health and care.

Helping people stay independent and in good health for longer

It is essential that the health and care system can support the growing number of people who have both health and care needs, and help them to stay independent and in good health for as long as possible.

Local authorities play a major role in protecting and improving the nation's health and wellbeing. Their in-depth understanding of local communities will help them tackle major lifestyle challenges, such as smoking, obesity and alcoholism, as well as working with health and care providers and community groups to help people live healthier lives.

As the expert voice in health protection and improvement, **Public Health England** provides national leadership and support for local authorities. It also works with the NHS, central and local government and other agencies to respond to any emergencies or threats to public health.

Putting patients first – listening and learning

As the Mid Staffordshire NHS Foundation Trust Public Inquiry showed, the most important thing we can do is to ensure the entire health and care system connects with what matters to patients, service users and the public. Everyone in the system has a responsibility to put this at the heart of all they do. To support this, the voice of the patient is now woven into the health and care system like never before:

- Patient and community groups will sit alongside commissioners and providers on local **health and wellbeing boards**, which assess the needs of the population in their area so that local government and the NHS can ensure that services meet their needs.

- Local **Healthwatch** will give patients, service users and communities a voice in decisions that affect them, reporting their views, experiences and concerns to Healthwatch England.

- **Healthwatch England** will advise on the national picture, in turn influencing national policy and guidance.

Chief Inspectors

There will be three Chief Inspector roles within CQC, covering Hospitals, Social Care and General Practice. The Chief Inspectors will lead for CQC on inspecting providers and making judgements about the quality of care.

All providers registered with CQC will fall under the remit of one of the three Chief Inspectors. The Chief Inspector of General Practice will cover GPs and dentists as well as other providers of healthcare in the community.

Appointments to these executive roles will be made by CQC and the Chief Inspectors will be accountable to the Chief Executive of CQC.

At the Department of Health we are passionate about our work. The values that underpin the culture of the Department were developed by the people who work here and they firmly put the care of the people we serve at the centre. All DH staff know that the work we do – supporting ministers and helping to lead, shape and support the health and care system – really matters.

Our four values underpin the culture of our organisation and make clear statements about the focus of our work:

- **People** – we care about people and put their health and wellbeing at the heart of everything we do

- **Purpose** – we focus our actions and decisions on achieving shared goals

- **Working together** – we work together as one department and with our partners and stakeholders

- **Accountability** – we are open to challenge and take responsibilty.

Whilst people recognise these core values, the Department acknowledges that they need to be embedded in everything we do. The Mid Staffordshire NHS Foundation Trust Public Inquiry emphasised that people within the Department need to connect more with patients and service users and generate a positive culture around listening to and understanding patients' needs and expectations, taking account of their experiences, and being open about deficiencies. We must now consider in more depth our own behaviours as leaders of the health and care system. We need to examine:

- how the Department can operate in a culture of openness and transparency and be open to challenge

- how we can better listen to patients and service users, and demonstrate that we put their views at the heart of all that we do

- how we create a robust and open culture around risk, strengthening our ability to gain assurance that health and care organisations are carrying out their roles and responsibilities properly.

What we believe in

We recognise we must do more to bring the voice of the people into our work, going outside our everyday roles to experience how the health and care system works for the people that use it.

The change in DH's role from April 2013 provides us with the opportunity to implement a programme of cultural change within the Department. This will not only address what capabilities we need to develop in order to perform our new role, but also the behaviours that underpin our values and which enable us to achieve a more positive, open and transparent way of working.

The Department is committed to ensuring that all staff understand and connect to our values, through the work we do and the way we communicate with people.

DH Leadership team

The Department has one Permanent Secretary, supported by five directors general and the Chief Medical Officer (CMO) for England.

Professor Dame Sally Davies
Chief Medical Officer

- Support the Government to ensure decisions on health and social care are based on the most up to date and reliable research evidence
- Enable research in the NHS to support economic growth
- CMO is independent adviser to the Secretary of State and the UK Government on all medical matters, and Chief Scientific Adviser to the Department
- Oversee the Research and Development Directorate.

Charlie Massey
Director General for External Relations

- Act as sponsor for HSCIC and set the policy, strategy and outcomes for information to support patients and the public
- Oversee the framework to improve engagement between the Department and the public, to improve policy-making and outcomes
- Lead policy on workforce including pay, pensions, education and training, and sponsorship of HEE
- Lead, on behalf of the whole system, the Government's response to the Mid Staffordshire NHS Foundation Trust Public Inquiry
- Lead for communications and stakeholder and partner relations.

Una O'Brien CB
Permanent Secretary

- Overall leadership of the Department of Health
- As the Department's Accounting Officer, answerable to Parliament for ensuring DH and its ALBs run efficiently and spend their money appropriately.

How we are organised

Karen Wheeler CBE
Director General for Group Operations and Assurance

- Manage delivery of corporate issues and change for DH
- Lead work to build the new Department capabilities – people, systems, processes and estates – to meet the needs of the new health and care system and CSR
- Develop and implement excellent corporate governance, audit, assurance and sponsorship for DH and its ALBs
- Deliver ministers' priorities for efficient, effective NHS estates and facilities, including patient safety, care and dementia
- Complete transition and legacy issues for system reform.

Dr Felicity Harvey CBE
Director General for Public Health

- Set the strategy, policy and outcomes for public health, sponsoring PHE and working with NHS England and ALBs to improve and protect population health
- Lead on international business, representing Government overseas on health issues
- Professional leadership and advice for nursing in public health and social care on regulatory and international nursing matters
- Lead for science and bioethics, including embryology and genomics
- Provide assurance and co-ordination of the health system response to emergencies.

Jon Rouse
Director General for Social Care, Local Government and Care Partnerships

- Set the strategy, policy and outcomes for dementia, older people, people with disabilities, mental health, children and families, and health inequalities
- Oversee social care policy, finance and investment and lead across government on carers
- Build effective partnerships with local government, voluntary and community sectors to improve health and care outcomes.

Richard Douglas CB
Director General for Strategy, Finance and NHS

- Discharge DH financial management responsibility efficiently and effectively, ensuring the Department has in place appropriate plans, controls and other mechanisms to manage resources in line with the Government's objectives
- Oversee major commercial transactions supporting the Government strategy on growth, while delivering on value for money
- Manage relationships and work with new and existing ALBS to ensure effective co-ordination of the new system
- Develop, lead and implement a financial management improvement programme for the Department and its ALBs.

Ministers

The Secretary of State for Health is ultimately accountable to Parliament and the public for the health and care system as a whole. He has a duty to promote a comprehensive health service, which dates back to the NHS founding Act of 1946. The Secretary of State is supported by four health ministers.

**Rt Hon
Jeremy Hunt MP
Secretary of State
for Health**

Responsibilities include:

- Overall financial control
- Oversight of NHS delivery and performance, and implementation of reform
- Relationship with NHS England and Monitor.

**Norman Lamb MP
Minister of State for
Care and Support**

Responsibilities include:

- Older people, including dementia
- Long term conditions; mental health
- Adult social care
- Quality regulation; NHS Constitution; health and wellbeing boards.

**Anna Soubry MP
Parliamentary Under
Secretary of State for
Public Health**

Responsibilities include:

- Preventing avoidable mortality
- Relationship with PHE and the public health system
- Health protection and improvement
- Vaccination.

**Dr Daniel Poulter MP
Parliamentary Under
Secretary of State
for Health**

Responsibilities include:

- Patient experience
- Nursing, midwifery, allied health professionals
- NHS workforce including pay, pensions, education and training
- Health visiting.

**Earl Howe
Under Secretary
of State for Quality
(Lords)**

Responsibilities include:

- Reform including NHS England and clinical comissioning groups
- Primary and urgent care, including dentistry
- Economic regulation and provider policy
- Research and development.

Non-executive directors

Every government department must have non-executive board members. They challenge and advise us, helping us to deliver our objectives in a timely and effective way.

Mike Wheeler

Mike is currently a senior adviser or non-executive director of various institutions both in London and overseas. He spent much of his career at the integrated accounting firm, KPMG, where he was the Global Leader of the Advisory Services Group. He is Chair of the Department's Audit and Risk Committee.

Peter Sands

Peter is Group Chief Executive of Standard Chartered PLC, following four years as Group Finance Director. Prior to this, he was Director and Senior Partner at McKinsey & Co. Peter is the Lead Non-Executive Board Member at DH.

Dr Catherine Bell

Catherine sits on the boards of the Civil Aviation Authority and United Utilities plc and was previously Permanent Secretary in the Department for Business. She has extensive executive experience of policy and delivery in Whitehall and as a non-executive director on public and private sector boards.

Chris Pilling

Chris is Chief Executive Officer of the Yorkshire Building Society – the UK's second largest building society. He previously worked at HSBC and has spent his career in marketing, sales and customer service roles.

Professor David Heymann CBE

David is Chair of Public Health England and has a background in epidemiology. Previously he worked for the World Health Organization in a variety of roles after a career as a medical epidemiologist in India and sub-Saharan Africa.

Our governance needs to reflect and support our primary role as steward of the system.

It is important that within the Department decision-making is visible and there is a clear line of accountability between all staff, managers, directors general and the Permanent Secretary.

Our governance arrangements will help this, with the Executive Board playing a pivotal role in connecting DH to its Departmental Board.

Departmental Board

The Departmental Board provides strategic advice and challenge to the Department. It is there to make sure that:

- the Department and its ALBs are delivering against their stated objectives and doing the things that public, patients, ministers and staff expect of us

- we are running our business efficiently and in compliance with our statutory and other obligations

- we have identified the risks we are facing and have plans in place to mitigate them.

The Departmental Board is chaired by the Secretary of State. Other members include the four health ministers, the Permanent Secretary,

CMO, two directors general and the five non-executive directors. The Board meets six to ten times a year.

Executive Board

The Executive Board is responsible for DH and group corporate management as well as wider system oversight and assurance. It is made up of the Permanent Secretary, CMO and the five directors general. The Executive Board ensures that the Department's objectives are being met and that there is proper alignment between the Department's work and its resources. It also ensures that risks are properly managed and is responsible for escalating key risks to the Departmental Board where it feels that it is necessary to do so. The Board meets formally twice a month and informally on other occasions.

Health and Care System Leaders' Forum

The Health and Care System Leaders' Forum brings together DH and the key strategic ALBs to focus on strategic issues of common purpose across the health and care system. Its members include the Permanent Secretary and the chief executives of CQC, Monitor, NHS TDA, NHS England, NICE, HEE, and PHE. The Forum meets as required.

How we are governed

DH Governance structure: April 2013

Departmental Board

- collective strategic and operational leadership of the Department and the system.

Executive Board

- strategic governance and decision-making for the Department
- assurance of the health and care system
- NHS, public health and social care issues.

Other boards and committees

The Executive Board delegates certain aspects of work to sub-committees and boards, such as:

- a Finance committee
- a People and Operations committee
- boards for oversight of major projects, research and development priorities and DH change.

Arrangements are being made to provide assurance and oversight of NHS, public health and social care systems.

Health and Care System Leaders' Forum:

- chaired by Permanent Secretary
- chief executives of the Care Quality Commission, Monitor, the NHS Trust Development Authority, NHS England, NICE, Health Education England and Public Health England.

For more information visit:

Care Quality Commission
www.cqc.org.uk

Civil Service
http://www.civilservice.gov.uk/

Clinical commissioning groups
www.england.nhs.uk

Department of Health
**www.gov.uk/government/organisations/
department-of-health**

Health and Social Care Information Centre
http://www.hscic.gov.uk

Health and wellbeing boards
www.healthandcare.dh.gov.uk/hwb-guide

Health Education England
www.hee.nhs.uk

Health Research Authority
www.hra.nhs.uk

Healthwatch England
www.healthwatch.co.uk

Human Fertilisation and Embryology Authority
www.hfea.gov.uk

Human Tissue Authority
www.hta.gov.uk

Local education and training boards
www.hee.nhs.uk

Local government
www.local.gov.uk/health

Local Healthwatch
www.healthwatch.co.uk

Medicines and Healthcare products
Regulatory Agency
www.mhra.gov.uk

Monitor
www.monitor-nhsft.gov.uk

National Institute for Health and
Care Excellence
www.nice.org.uk

National Institute for Health Research
www.nihr.ac.uk

NHS Blood and Transplant
www.nhsbt.nhs.uk

NHS Business Services Authority
www.nhsbsa.nhs.uk

NHS England
www.england.nhs.uk

NHS Litigation Authority
www.nhsla.com

NHS Trust Development Authority
www.ntda.nhs.uk

NIHR Clinical Research Network
www.crncc.nihr.ac.uk

Number 10
http://www.number10.gov.uk/

Professional regulators
**www.hpc-uk.org/aboutregistration/
regulators**

Public Health England
**www.gov.uk/government/organisations/
public-health-england**

Department
of Health

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