



**RCN Policy and International Department
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NHS England

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Introduction

The Health and Social Care Act 2012 includes radical reform of the way that health care is commissioned in England.

Central to these reforms is the creation of a new body called NHS England (known as the NHS Commissioning Board until 1 April 2013). NHS England's wide range of responsibilities includes those previously carried out by the Department of Health, strategic health authorities (SHAs) and primary care trusts (PCTs).

From April 2013 NHS England has taken on direct commissioning of some £20 billion worth of services (e.g. GP services and specialised services for rare conditions), and allocates £60 billion to clinical commissioning groups (CCGs) for most hospital and community health services.¹ However, most public health services are now commissioned by local authorities and is overseen by a new body called Public Health England.²

This briefing provides an overview of the work of NHS England, with a particular focus on the nursing input and the RCN's perspective.

The role of NHS England

NHS England has a wide and varied remit, and is active at both the national and local level. Its work is governed by a formal mandate from the Secretary of State for Health which delegates responsibility and sets objectives for the period April 2013 to March 2015.³ This section gives an overview of the main aspects of the organisation's work.

National leadership of the NHS

Although the Secretary of State still has ultimate responsibility for providing a health service in England, NHS England shares the duty to promote a comprehensive health service free at the point of need. It is in charge of allocating funds for commissioning most local NHS services to CCGs and commissions some services itself.

However, the role of NHS England is not simply about giving out money. The mandate also makes it responsible for improving the quality of services across the NHS in England and for improving the health of the population. Its success or failure will be measured by monitoring indicators which are based on the *NHS outcomes framework*,⁴ for example reducing avoidable mortality and health inequalities.

¹ King's Fund (2012) *Balancing liberation with accountability?* Available at: www.kingsfund.org.uk/blog/2012/09/balancing-liberation-accountability (accessed 18/10/12).

² Department of Health (2012) *Structure of Public Health England: Factsheet*. Available at: www.healthandcare.dh.gov.uk/phe-structure

³ Department of Health (2012) *The Mandate – A mandate from the Government to the NHS Commissioning Board April 2013 to March 2015*. Available at: www.mandate.dh.gov.uk (accessed 23/11/12).

⁴ Department of Health (2011) *NHS outcomes framework 2012/13*. Available at: www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_131700 (accessed 17/09/12).

NHS England has particular duties to:

- improve the quality and safety of care
- improve patient experience of care
- promote patient-centred care and shared decision making
- promote the integration of services
- promote a health service that values mental and physical health equally.³

It also draws up standard contracts for use between commissioners and providers⁵, and has a joint role with Monitor (the foundation trust and financial regulator) for the reimbursement of services.⁶ The national tariff sets a price for services such as hip and knee operations, but there is still much that is not covered by the national tariff (approximately 40% of acute income, and two thirds of current primary care trust budgets).⁷ Monitor now leads on prices and rules for local modifications, with NHS England leading on currencies (the unit of health care for which a payment is made) and rules for varying the national tariff.

Direct commissioning

While CCGs commission the majority of NHS community and hospital services, NHS England commissions around £20 billion of services itself. It has 24 local area teams (LATs) throughout England (with the exception of London which has its own distinct organisational form covering the region)⁸. Each LAT and the London Regional Team has responsibility for commissioning the following in their area:

- GP services (because GPs are heavily involved in CCGs, it would be a conflict of interest for CCGs to commission general practice).
- Dental services.
- Pharmacy services.
- Certain aspects of optical services.
- Some public health services (screening, immunisation, child health for 0-5 year-olds) funded by Public Health England.⁹

Previously these services had been commissioned by PCTs, which used a wide and divergent range of approaches. NHS England hopes to develop a consistent framework for commissioning these services, standardising and improving care and reducing inequalities.¹⁰

⁵ Department of Health (2011) *Developing the NHS Commissioning Board*. Available at: www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_128118 (accessed 17/09/12).

⁶ Monitor (2012) *Future pricing arrangements*. Available at: www.monitor-nhsft.gov.uk/monitors-new-role/regulating-prices-nhs-funded-care/future-pricing-arrangements (accessed 18/10/12).

⁷ Department of Health (2011) *A simple guide to Payment by Results*. Available at: www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_128864.pdf (accessed 18/10/12).

⁸ NHS Commissioning Board (2012) *Design of the Chief Operating Officer's Directorate – identifying staffing structures. Final version (12 September 2012)*.

⁹ NHS Commissioning Board (2012) *Commissioning fact sheet for clinical commissioning groups*. Available at: www.england.nhs.uk/wp-content/uploads/2012/09/fs-ccg-respon.pdf (accessed 02/04/13).

¹⁰ NHS Commissioning Board (2012) *Securing excellence in commissioning primary care*. Available at: www.england.nhs.uk/wp-content/uploads/2012/06/ex-comm-pc.pdf (accessed 02/04/13).

Some LATs and the London Regional Team have extra responsibilities. Nine LATs and the London Regional Team commission specialist services over a wider area.⁷ These are services for the treatment of rare conditions that are best planned nationally (for example, children's cancer services or spinal injuries¹¹). Three LATs share the responsibility for commissioning all health care for military personnel and their families across England, and nine LATs and London commission offender health care.⁷

CCG development and assurance¹²

NHS England delegates responsibility for commissioning most hospital and community health services to a network of 211 CCGs. CCGs commission emergency care, community care, planned hospital care, and mental health and learning disability services in their local areas⁸, with a combined annual budget of around £60 billion.

Before CCGs were allowed to take on the responsibility of commissioning, they were authorised by NHS England to make sure that they met a set of standards in relation to their governance arrangements, and their plans to improve the health of communities.¹³ The authorisation process took place in four "waves" from December 2012 to March 2013.¹⁴ If a CCG did not meet the requirements for full authorisation, NHS England will have put a plan in place so that services are still commissioned in the local area.¹³

Now that the authorisation process is over, NHS England will still work closely with CCGs to help develop clinical commissioning, to provide oversight, and to encourage service transformation and collaboration between different organisations and sectors. It will develop a commissioning outcomes framework for CCGs, against which they will be held to account for their commissioning processes and decisions.³

Developing the commissioning support landscape¹⁵

CCGs and NHS England are able to contract other organisations to carry out some of the commissioning functions for them, for example assessing the needs of the population or providing IT services. These organisations are called commissioning support services, and may be in the independent sector, voluntary/third sector or in the NHS.

The commissioning support services based in the NHS are called commissioning support units (CSUs), and have developed from existing PCT functions. These are being "hosted" by NHS England for a transition period, which will last no longer than April 2016. After this, they must become stand-alone organisations outside the NHS.

NHS England had responsibility for authorising the CSUs before April 2013, and will also make sure that they are ready to work independently by 2016. It also has a wider role in developing the

¹¹ Clinical Advisory Group for Prescribed Services (2012) *Final recommendations*. Available at: www.gov.uk/government/publications/national-commissioning-of-specialised-services-report-from-the-clinical-advisory-group-for-prescribed-services (accessed 02/04/13).

¹² For more information, see the RCN policy briefing *Clinical commissioning groups: an overview of the authorisation process*. Available at: www.rcn.org.uk/_data/assets/pdf_file/0008/465956/19.12_Authorisation_process_FINAL.pdf (accessed 18/10/12).

¹³ NHS Commissioning Board (2012) *Clinical commissioning group authorisation – guide for applicants*. Available at: www.england.nhs.uk/wp-content/uploads/2012/09/applicants-guide.pdf (accessed 02/04/13).

¹⁴ NHS Commissioning Board (2012) *CCG authorisation: Key facts*. Available at: www.england.nhs.uk/resources/resources-for-ccgs/auth/ccg-auth-facts (accessed 02/04/13).

¹⁵ For more information, see the RCN fact sheet on commissioning support services, available at: www.rcn.org.uk/support/navigating_the_new_nhs/clinical_commissioning (accessed 02/04/13).

whole commissioning support marketplace, with the aim that CCGs and NHS England itself can create their own packages of support from a range of organisations to match their needs.¹⁶ The staff of the CSUs will be employed by the NHS Business Services Authority, rather than NHS England itself, during the transition phase to avoid conflicts of interest.¹⁷

Hosting senates and networks¹⁸

NHS England also “hosts” clinical senates and strategic clinical networks, new groups which will provide expert clinical advice to CCGs, NHS England and health and wellbeing boards (new bodies supported by local authorities and comprised of representatives from commissioners and community representatives from the local area)¹⁹. There are twelve support teams across the country, based in LATs, which provide managerial, administrative and clinical support for the new senates and networks.²⁰ It is unclear how existing clinical networks will transfer to NHS England.

¹⁶ NHS Commissioning Board (2012) *Developing commissioning support: towards service excellence*. Available at: www.england.nhs.uk/wp-content/uploads/2012/01/NHSCBA-02-2012-8-Guidance-Developing-commissioning-support-Towards-service-excellence.pdf (accessed 02/04/13).

¹⁷ NHS Commissioning Board (2012) *Commissioning support bulletin - Issue 5*. Available at: www.england.nhs.uk/blog/2012/10/01/cs-bulletin-issue5 (accessed 02/04/13).

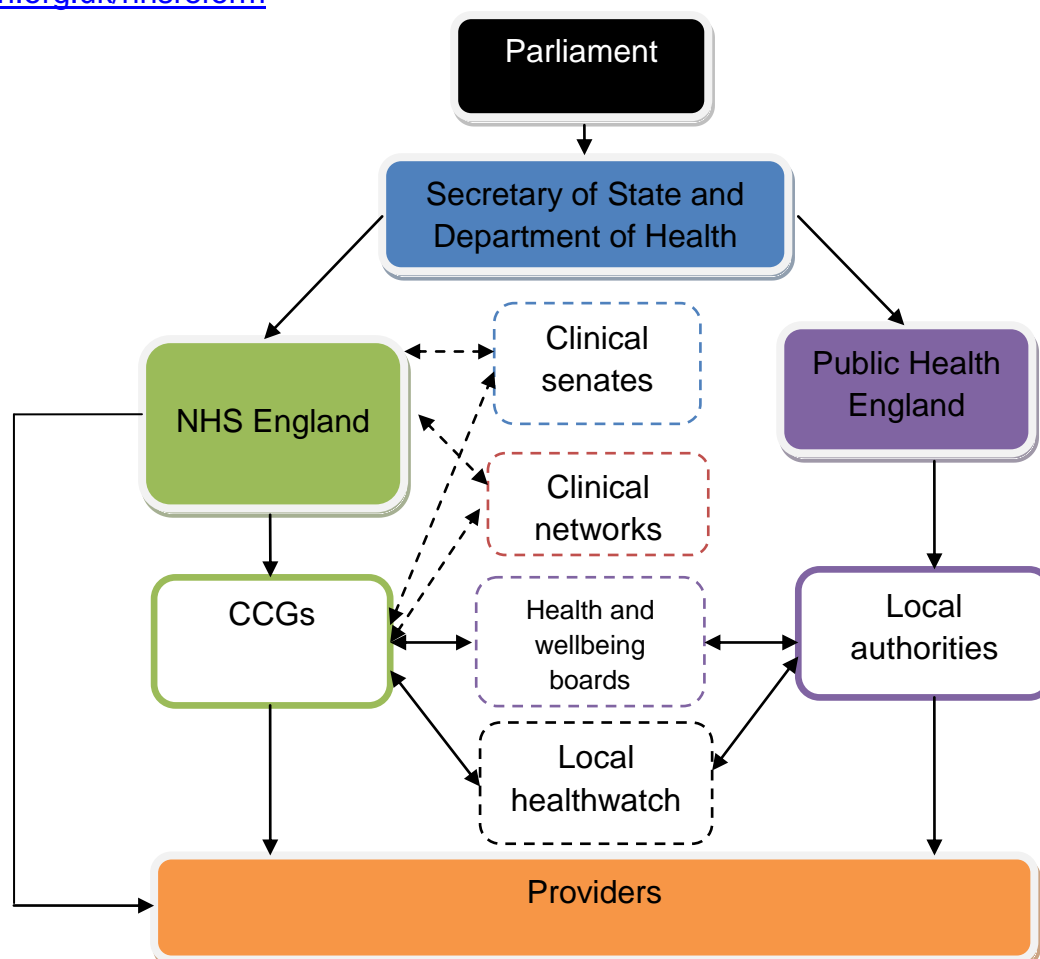
¹⁸ For more information, see the RCN fact sheet on clinical senates and strategic clinical networks, available at: www.rcn.org.uk/support/navigating_the_new_nhs/clinical_commissioning (accessed 02/04/13).

¹⁹ For more information, see the RCN fact sheet on health and wellbeing boards, available at: www.rcn.org.uk/support/navigating_the_new_nhs/clinical_commissioning (accessed 02/04/13).

²⁰ NHS Commissioning Board (2012) *Clinical senates – staff briefing pack*. Available at: www.england.nhs.uk/wp-content/uploads/2012/06/lat-senates-pack.pdf (accessed 02/04/13).

How NHS England fits into the new NHS

This diagram shows an overview of the main relationships between bodies in the new system. For more information on the roles of some of these organisations, please see the fact sheets at www.rcn.org.uk/nhsreform



Role of nursing on NHS England

At a national level, NHS England has a nursing directorate, led by Chief Nursing Officer Jane Cummings.²¹ The main role of this team is to drive quality improvements in domains 4 and 5 of the NHS outcomes framework (ensuring people have a positive experience of care, and treating and caring for people in a safe environment and protecting them from avoidable harm). It also provides nursing leadership at a national level.²²

NHS England has four regional teams (North, Midlands and East, London and South) and 24 local area teams. Each regional team and LAT has a chief nurse with staff dedicated to quality assurance and patient experience.⁷

²¹ NHS England (2013) *Who's who*. Available at: www.england.nhs.uk/whos-who (accessed 02/04/13).

²² NHS Commissioning Board (2012) *Design of the NHS Commissioning Board*. Available at: www.england.nhs.uk/wp-content/uploads/2012/01/NHSCBA-02-2012-5-Organisational-Design-Recommendations-Final.pdf (accessed 02/04/13).

How will the changes affect frontline nursing?

NHS England will set the tone and articulate the vision for the whole NHS, which will flow down through CCGs and regulators to providers and their staff. It is therefore important that nursing staff understand its role, how it fits into the new commissioning system, and the expectations placed upon it by Government to improve health outcomes. Nurses play a vital and unique role in delivering and understanding patient care and experiences, from cradle to grave, and in every community in England. The care and treatment they provide directly relates to patient outcomes and the genuine involvement and input of nurses is key to the success of any future development in the NHS, and hence to the role of NHS England.

The establishment of NHS England is part of a complex range of reforms affecting 46,000 staff and over 400 organisations across the NHS, arm's length bodies, local government, public health and the Department of Health. Over 22,000 people have transferred to one of the new commissioning bodies – CCGs, CSUs or NHS England. This complex employment picture is supported by joint working between the trade unions and employer organisations. Some nursing staff working in services that are now directly commissioned by NHS England could be affected over time, as new models of care may be introduced to improve access and develop more integrated pathways.

The RCN is working with NHS England on its organisational establishment through the NHS England Partnership Group. This group has been established to agree policies and processes to support the employment of staff through the transition – up to April 2013 – and for all those staff transferring from April 2013. The RCN will be agreeing all matters impacting on the employment of NHS England staff and a formal recognition agreement, which will support ongoing negotiations and discussions with the RCN and other trade unions.

NHS England is covered by the NHS Agenda for Change framework and the NHS Pension Scheme.

All the work undertaken by the NHS England Partnership Group will meet the principles and guidance developed by the national HR Transition Partnership Forum, which is co-chaired by the RCN.

Further to this, NHS England now has a seat on the national Social Partnership Forum (SPF). The SPF brings together NHS Employers, NHS trade unions and the Department of Health to discuss, debate and involve partners in the workforce implications of policy. NHS England has also been invited to have a seat on the Staff Passport Group (SPG), which discusses and considers workforce implications of NHS system reform policy and practice. In its role as part of the SPG, the RCN has an opportunity to influence the NHS standard contract and NHS procurement guidance.

RCN position on the role of NHS England

The RCN opposed the Health and Social Care Bill before it became the Act, which created NHS England. While we welcome NHS England's focus on improving health outcomes, patient-centred care and service transformation, we argued at the time that this would not be achieved by the proposed reforms. When Royal Assent was given for the legislation, the RCN made it clear that we respected the democratic process and that we would work with NHS England to assist the implementation of the reforms to ensure that the NHS provided quality care to patients.

Among our key concerns was the importance of maintaining a clear line of accountability for NHS-funded services between the general public and national politicians. We believe that the role of the Secretary of State for Health must be clearly articulated, showing how and when they will intervene in the event of local variations in the availability or quality of care. NHS England has a key role in this and must work together with the Secretary of State to ensure the promotion of a comprehensive health service provided free at the point of delivery.

The RCN believes that NHS England is in a unique position to promote the universality of health care standards and prevent the so-called "post code lottery" that has developed over recent decades, which goes against the NHS's founding principles. The new CCGs have the opportunity to meet the health care needs of their populations in new and more efficient ways due to their local knowledge and increased clinical involvement. However, there is the risk that in some areas there could be fragmentation of services, leading to local variation in service provision and care quality. NHS England will design the NHS standard contract with provider organisations, and this is an important way that national standards and guidelines can be promoted. For example, NICE quality standards could be included so providers would be required to deliver against these.

NHS England must have strong and clear relationships with all the other organisations and agencies in the new NHS system (for example, with national bodies like Monitor, CQC, Public Health England and Health Education England, but also with local structures such as health and wellbeing boards and local education and training boards) so that the system is "hard wired". Responsibilities must be well defined, everyone must work towards the same goals, and nothing must be allowed to "fall through the gaps". The National Quality Board, which brings together these national organisations, provides an opportunity for this to be delivered.

The RCN has welcomed the mandate's promotion of safe, high quality care, and the aim to prioritise mental as well as physical health. We also welcome the Chief Nursing Officer role and directorate within NHS England itself. As the professional body for nursing, we believe it is essential that NHS England has this nursing leadership with the power to make a difference to patient care throughout the NHS. We would support all efforts to make the directorate's role as robust as possible.

An early challenge for NHS England was to authorise CCGs, and it will continue to monitor them. The RCN believes that this process must be robust and transparent so that the public can be confident that funds are being properly used on their behalf, and so that commissioners can be held to account. The RCN is monitoring the role of nursing in CCGs to make sure that commissioning at all levels is truly clinically led, with a multi-disciplinary focus. We called for nurse involvement to be a requirement for authorisation.

The RCN is concerned about the potential loss of expertise from existing clinical networks, as the progress that these networks have made should be built on in the new system. NHS England has yet to clarify in detail how these functions will be delivered in the future. In its role as part of the Social Partnership Forum, the RCN is raising these concerns with NHS England.

More information

More information about the NHS England can be found on its website: www.england.nhs.uk

The RCN has produced a variety of resources for its members, including briefings and fact sheets on the reforms: www.rcn.org.uk/nhsreform

If you would like to be kept updated and involved in the RCN's work on commissioning reform, or would like to let us know what is happening in your area, please contact us:
commissioning@rcn.org.uk

If you are an RCN member and you are being directly affected by the reforms, you can access advice and support from RCN Direct on 0345 772 6100.