



ALL WARDS

Cabinet
Council

18 September 2000
21 September 2000

PROPOSALS TO ESTABLISH TWO PRIMARY CARE TRUSTS IN THE CITY

Report of the Director of Social Services

1. Purpose of the Report

- 1.1 To seek Members' views on the proposals to establish two Primary Care Trusts (PCTs) in the City: City West PCT and City Central/East PCT from 1 April 2001. Details are set out in the Consultation Document (previously circulated) which was issued by Leicestershire Health Authority on proposals for the City, County and Rutland, and in the two summary leaflets attached to this report.

2. Summary

- 2.1 Primary Care Trusts are new independent NHS organisations that will develop from current Primary Care Groups (PCGs) as part of the Government's modernisation plans for the NHS. By 2002, it is anticipated all PCGs will be replaced by PCTs. In their current form PCGs act as advisory sub-committees of the Health Authority.
- 2.2 There can be two kinds of PCT:
- **Level 3** – PCTs that will develop primary care and commission services.
 - **Level 4** – PCTs that will bring together primary care development and commissioning with the provision of community health services.
- 2.3 Level 4 PCTs (the recommended option) will be free-standing organisations with their own budget for health care, and acting as direct employers of some community health care staff previously employed by the Leicestershire and Rutland Community Healthcare Trust.
- 2.4 There are currently three PCGs in the City: City West, City Central, and City East. While the majority of the membership is GPs, the boards contain two nurses elected from the workforce, a social services manager, health authority representative, and a lay member appointed through the health authority.
- 2.5 PCTs will have a Trust Board comprising non-executives appointed from those who live, or are patients, in the area forming the majority. Other members will be from the Trust's management team. Social Services will be represented on the management team but not the Trust Board.
- 2.6 The Consultation Document makes the case for two PCTs in the City at Level 4 based on the current City West PCT and a merger of the City Central/City East PCGs. This is done "to ensure

that the new organisations would be the right size to undertake the functions of a PCT and would also be able to work together effectively”.

- 2.7 Two key factors have influenced the decision to propose two PCTS. The first is a presumption by the Health Authority that any proposal for a PCT covering a population of over 300,000 is unlikely to be approved by the Secretary of State. The population of Leicester is about 295,000 (1996 estimate) but the practice populations of the two PCTs would be 145,000 (West) and 179,100 (Central/East) The second is that this configuration enjoys the support of the health community in Leicester and, particularly, GPs.
- 2.8 The consultation document, therefore, does not give any consideration to the possible advantages of a single PCT for the City. This option would have the potential advantages of co-terminosity with the City Council and with the existing Health Action Zone. This is the option chosen for Nottingham and Plymouth, two other unitary based HAZs.
- 2.9 Both PCTs contain areas of high deprivation as measured by the Jarman scores, which are used to indicate high need for investment and the possibility of greater health inequalities. There would be a greater concentration of wards with high Jarman scores in the Central/East PCT than the West. A key issue for the City Council would be clear mechanisms for NHS resources following need and a strategic approach to health improvement across the whole City.
- 2.10 The Government’s National Plan for the NHS published earlier this year confirms the key role of PCTs. The attached report to the Social Services Committee on 17 August 2000 summarised the Plan from a social services’ perspective. The proposal for Care Trusts, combining primary and social care services for older people, is of particular relevance to this consultation. Should this become the preferred model for the City, there could be complications splitting City services between two PCTs. It would, of course, be an option to merge the two PCTs should we ever reach that point.

3. For Decision

Following discussions with the Leicestershire Health Authority, Members are asked, subject to any comments, to approve the proposed response to the consultation (attached) on behalf of the City Council.

4. Financial and Legal Implications

- 4.1 None directly, however substantial additional funding was announced for the NHS and personal social services as part of the National Plan. The application of much of this funding, including ringfenced grants for social care, will be determined by the new PCTs.
- 4.2 PCTs will need the approval of the NHS Executive and the Secretary of State.

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