

NHS reorganisation

I read little about the wide ranging management reorganisation of the NHS underway as the institution wrestles with recovery from the pandemic and continues to fight the continuing virus. The reorganisation is one sought by the management rather than being a political blueprint, which may account for the absence of debate.

The NHS in England has been recruiting Boards to run 42 Integrated Care Systems. These in turn work with Integrated Care Partnerships. They are designed to promote collaboration and common working between GPs, Councils, providers of community and mental health services and Healthwatch. In parallel all the provider trusts – hospitals and other institutions providing healthcare and treatment- are to join provider networks, to work with others and to increase their scale of activity.

The Integrated Care Boards will be responsible for finance. They will procure the health services their area needs from a range of providers. Their budget will include “community commissioning money, GP budgets, specialised commissioning spend, budgets for certain other directly commissioned services, central support and national transformation funding.” They can delegate funds to the Partnerships based on their area.

The boundaries of these new bodies create bodies of different sizes and often combine several Council areas. Wokingham for example will come under Buckinghamshire, Oxfordshire and Berkshire West. Its eastern neighbour will be Frimley.

It has proved difficult to get much background information about the costs and benefits of these changes. It is important the new bodies are well primed to procure the services we need to cut the waiting lists and to maintain or improve the range and quality of services on offer so that all are of a good standard.