

**Issues for Consideration in the PCT's Response to the White Paper  
*Equity and Excellence: Liberating the NHS***

The PCT response to the NHS White Paper will take account of experience and learning from the local implementation of relevant previous policy. There are a number of significant issues requiring key decisions by the PCT and its GP commissioners in the context of developing national policy and the outcome of the White Paper consultation and also the further Public Health White Paper expected later this year.

The main topics for consideration are:

- How GP Consortia can best be supported locally to gain the capacity and capabilities required to successfully take on its responsibilities, to have as smooth a handover as possible from the PCT and to speedily gain the credibility with the local population and stakeholders to be the leaders of the local NHS
- To what extent and in what ways the benefits of the existing integrated working between the PCT and Council (through a joint health and social care management structure and also joint commissioning via pooled budgets) can be maintained and built on once GP consortia take over commissioning responsibilities from the PCT.
- Whether GPs will wish to apply for 'pathfinder' status (either nationally or in London) and take on responsibilities earlier than elsewhere, which could potentially attract additional development support
- To what extent Southwark GPs will wish to work in partnership with, or formally link with, GPs in Lambeth given their shared secondary care providers (King's and Guy's and St Thomas').
- The future of the public health function and specifically the extent to which the Mayor's Office / GLA will take on some of the existing PCT public health responsibilities (and funding) and if so the extent to which a viable public health function could be transferred to each local authority in London, or whether London boroughs may need to discuss sharing public health teams. The nature and extent of the proposed ring-fenced budget is not yet clear, and may become clear subsequent to the separate Public Health White Paper (due in December).
- The powers and responsibilities of the new health and well-being board and the implications for the existing LSP arrangements, particularly the

membership and delegated powers of the health and well-being board and also whether it could satisfactorily take on the statutory scrutiny functions.

- There is an overarching issue of the scale and pace of change and the approach to management of risk through the transition period. The NHS Chief Executive has stated that he may put in place additional central reporting and controls during the transition period. NHS London is suggesting that PCTs across London consider sharing Board members, senior management teams and functional teams on a cluster or sector basis, partly to manage risk but also as a way of reducing management costs a year early, i.e. by the full 54% target from April 2011. If put into effect this would imply a set of temporary changes to the PCTs structures, including for partnership working, prior to the end state arrangements being made with GP Consortia for April 2013.