

THE STRUCTURE OF THE NHS

NOVEMBER 2004

THIS REPLACES THE VERSION DATED MARCH 2002

RCGP INFORMATION SHEET N°8



This Information Sheet is copyright free, copies may be made as required.

INTRODUCTION

In 1948, the Health Minister, Aneurin Bevan, established the National Health Service (NHS), as a free, comprehensive health care service, available to the entire population. At present, the NHS can be divided into two sections: one dealing with strategy, policy and managerial issues; and the other dealing with all clinical aspects of care. The latter can be further divided into primary care (at the frontline, involving GPs, pharmacists, dentists etc), secondary care (hospital based, accessed via GP referral) and tertiary care (involving highly specialised doctors dealing with particularly difficult or rare conditions). The divisions between these sectors are becoming less distinct, with structural changes taking place within the NHS. In particular, the organisation is moving towards local decision making, breaking the barriers between primary and secondary care and enabling greater patient choice. Information on these reforms can be found in the document *Shifting the Balance of Power*. (<http://www.publications.DH.gov.uk/shiftingthebalance/index.htm>)

ENGLAND

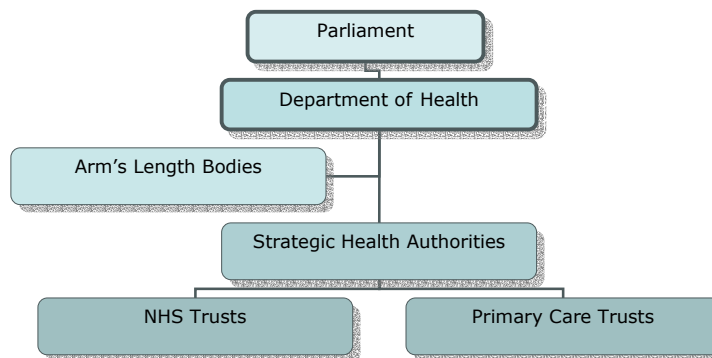


Diagram 1: The Structure of the NHS in England

(1) PARLIAMENT

The Government allocates funds to the NHS in England via UK taxation. The Secretary of State for Health decides how these funds will be spent and is accountable to Parliament for the overall performance of the NHS in England.

There are three *Select Committees* within the Government which can summons NHS employees to give evidence to their inquiries:

- The *Health Committee* examines the Department of Health's expenditure, administration and policymaking.
- The *Public Accounts Committee* ensures the NHS is running economically, effectively and efficiently.
- The *Public Administration Committee* scrutinises the Health Service Commissioner's (Ombudsmen) reports.

MANAGEMENT AT NATIONAL LEVEL

(2) DEPARTMENT OF HEALTH (DH)

(www.dh.gov.uk)

The DH is responsible for running and improving the NHS, public health and social care in England. This organisation provides strategic direction, secures resources, sets national standards and invests in the service.

The DH is over halfway through an 18 month *Change Programme*, which has and will continue to see radical alterations to the way that it operates. Some of the main changes to have taken place include: a structural reorganisation; the introduction of flexible teams to improve the response to changing priorities; and a 38% reduction in core DH staff, with half of these posts being transferred to Arm's Length Bodies.

(http://www.dh.gov.uk/AboutUs/AboutTheDepartment/DepartmentChangeArticle/fs/en?CONTENT_ID=4055959&chk=Sinxka)

(A) MINISTERIAL INPUT. The Secretary of State for Health leads the NHS, along with five other Health Ministers. The Permanent Secretary/NHS Chief Executive (a role that was combined in 2000) acts as the link between the DH and the Secretary of State.

(B) THE DH BOARD is responsible for managing business and priorities. Its members include: the Permanent Secretary/NHS Chief Executive, group directors (responsible for delivery, standards and quality; strategy and business development; finance and investment; communications; and experience and involvement), the Chief Medical Officer (CMO) and the Chief Nursing Officer (CNO).

(C) HEADS OF PROFESSION. Within the DH, there are seven Heads of Profession providing the Government with expert knowledge in their field. These individuals include: the CMO (the principal medical advisor to the Government and the head of all medical staff in England), the CNO, the Chief Dental Officer, the Chief Social Services Inspector, the Chief Health Professions Officer, the Chief Pharmaceutical Officer and the Chief Scientist.

(D) NATIONAL CLINICAL DIRECTORS contribute towards national clinical priorities using their expert clinical knowledge. There is a Director for each of the following areas: emergency access, mental health, children's services, heart disease, primary care, cancer, older people's services and diabetes.

(E) THE MODERNISATION BOARD ensures that the *NHS Plan* is implemented effectively and efficiently. The Board is chaired by the Secretary of State for Health and its members include: the Permanent Secretary/NHS Chief Executive, professional bodies, Royal Colleges, practicing clinicians, NHS managers and patient groups.

(3) ARM'S LENGTH BODIES (ALBs)

ALBs are independent organisations, sponsored by the DH to undertake its executive functions. They are accountable to the DH and occasionally to Parliament, varying in size and the type of work they undertake.

(A) THE MODERNISATION AGENCY was created in April 2001 to support NHS clinicians, NHS managers and NHS partners, in the delivery of service improvements to meet patient need and develop future NHS managers at all levels. The Agency acts as an in-house consultancy, ensuring that good practice is disseminated within the NHS and that the introduction of new ideas is encouraged via links with international healthcare organisations and the public and private sectors. (www.modern.nhs.uk)

The Agency's main components include:

(I) THE NATIONAL AND PRIMARY CARE TRUST DEVELOPMENT PROGRAMME (NatPACT) offers organisational support to PCTs and SHAs; works with challenged PCTs and health economies through the PCT Improvement Programme; and facilitates PCT and Care Trust collaboration. (www.natpact.nhs.uk)

(II) THE NATIONAL PRIMARY CARE DEVELOPMENT TEAM (NPDT) was established in February 2000 to assist primary care organisations in developing rapid and sustainable improvements in primary care. It has 11 centres engaging patients and frontline clinicians in improvement work, includes the PMS Development Team and is an affiliate of the Modernisation Agency. (<http://www.npdt.org>)

(III) THE CLINICAL GOVERNANCE SUPPORT TEAM helps organisations – including those in primary care – implement clinical governance arrangements via the provision of information, advice and targeted development programmes. It aims to enable sustained improvement and increased public and patient involvement. (www.cgsupport.nhs.uk)

At the end of March 2005, the Agency will disband due to completion of its work at national level. Modernisation activities will then be undertaken locally by SHAs, NHS Trusts and PCTs.

The remaining ALB's are classified into the following three categories:

(B) EXECUTIVE AGENCIES of which there are five in total:

- The *NHS Pensions Agency* administers the NHS Pension Scheme. (www.nhspa.gov.uk)
- *NHS Estates* offers advice on healthcare buildings and facilities.
- The *Medicines and Healthcare Products Regulatory Agency* ensures that medicines, medical equipment and healthcare products meet strict safety standards. (www.mhra.gov.uk)
- The *Health Protection Agency* deals with the reduction of infectious diseases, chemical hazards, poisons and radiation.
- The *NHS Purchasing and Supply Agency* provides advice on procurement, policy and strategy in order to achieve savings. The Agency also undertakes national contracting of NHS products and services.

(C) EXECUTIVE NON-DEPARTMENTAL PUBLIC BODIES have their own powers and are created by Ministers who need independent advice without influence from Whitehall. They are classified into a further three categories:

- Commissions - such as the Commission for Healthcare Audit and Inspection (shortened to CHAI but colloquially known as the Healthcare Commission) and the Commission for Patient and Public Involvement in Health (See *Patient Representation* Section below).
- Advisory Bodies - such as the Nutrition Forum.
- Tribunals - such as the Care Standards Tribunal - which are created via legislation, in order to make decisions in specialised fields of law.

(D) SPECIAL HEALTH AUTHORITIES

(http://www.dh.gov.uk/AboutUs/RelatedBodies/SpecialHealthAuthorities/fs/en?CONTENT_ID=4000564&chk=NU%2BbPS).

There are 21 in total, which provide a service to the whole of the NHS in England rather than just at local level. Although they are subject to ministerial direction, they maintain an independent status. These authorities include: the National Blood Authority, the Prescription Pricing Authority, National Institute of Clinical Excellence, NHS Direct and the National Patient Safety Agency.

ALBs are currently under review, with the DH planning to reduce their number from 38 to 20 by 2008, saving an estimated £500 million. To view a table of proposed ALB reconfigurations, click below:
<http://www.rcgp.org.uk/information/publications/summaries/summary04/ArmsLength.pdf>

MANAGEMENT AT LOCAL LEVEL

(4) STRATEGIC HEALTH AUTHORITIES (SHAs)

(<http://www.nhs.uk/england/authoritiestrusts/sha/default.aspx>)

In October 2002, 28 SHAs were created to manage the NHS at local level and act as a link back to the DH. The role of the SHA is to support the efforts of the local health service in improving performance; integrating national priorities into local health delivery plans; and resolving any conflicts that cannot be resolved between local NHS organisations. SHAs also monitor the performance of PCTs and ensure that they meet targets.

SHAs help local authorities' *Overview and Scrutiny Committees* monitor the local health service. Since April 2003, the SHA is obligated to consult the Committee on any major reconfigurations of service, thus gaining a wider perspective of the local health economy.

(5A) PRIMARY CARE TRUSTS (PCTs)

(<http://www.nhs.uk/england/authoritiestrusts/pct/default.aspx>)

There are 303 PCTs in England, each charged with planning, securing and improving primary and community health services in their local area. They work collaboratively with patients, the public, GP practices, and partners to deliver these healthcare services. PCTs are allocated 75% of the NHS budget to fund services and are accountable to their local SHA.

The *PCT Board*, with its majority lay membership, ultimately runs the PCT by overseeing governance, utilisation of funds and quality of care.

The *Professional Executive Committee (PEC)* advises the Board and PCT on clinical matters and, since it consists mainly of healthcare professionals, has a key role in drawing local clinical expertise into decision making about service configuration. There are also several PCT committees, such as the *Clinical Governance Committee*, who devise proposals and plans for PEC consideration.

PCTs commission secondary care from Foundation Hospitals, Independent Hospitals and Treatment Centres via service level agreements. The type of commissioning decisions that PCTs are involved in include: joint commissioning in which social care services and PCTs work together to pool resources for the best outcome; healthcare provider commissioning in which services (such as acute care in hospitals) are used; and specialist services commissioning in which high cost services are used in low volume (such as specialised centres that deal with rare cancers).

The DH has given PCTs the freedom to develop their own targets and frameworks within a set of national standards. Key policy documents for each PCT include:

- *The Local Development Plan (LDP)* – a three-year plan (2003-2006) outlining how the PCT will meet the NHS planning and priorities framework targets.
- *The Strategic Service Development (SSDP)* – a five to 10 year outline of service delivery within the PCT.

There are 31 PCTs with teaching status. These organisations offer clinical posts to GPs and healthcare professionals, with emphasis on learning, development, research and good practice. The aim of these PCTs is to attract top-quality staff to deprived communities.

(5B) NHS TRUSTS

NHS Trusts employ the majority of the health service workforce. They obtain most of their income via service level agreements with their local PCT on a 'payment by results' basis. Trusts that exceed contractual expectations will receive more funding. However, Trusts that fail to deliver will have their agreements withdrawn. These organisations are obligated to deliver national priorities and work in partnership with other NHS organisations, local authorities and the voluntary sector. Trusts are largely self-governing but are accountable to SHAs for their performance management. The main types of Trusts are as follows:

(I) ACUTE TRUSTS

There are 176 Acute Trusts in England, which provide medical and surgical care to the local population. They manage one or more hospitals. (<http://www.nhs.uk/england/authoritiestrusts/acute/default.aspx>)

(II) CARE TRUSTS

Care Trusts were designed to enable close integration between the health and social care sectors. They can be created when Local Authorities and NHS organisations form partnerships and this will determine the Care Trust's role. At present there are eight such Trusts, concentrating mainly on specialist mental health and older people's services. (<http://www.nhs.uk/england/authoritiestrusts/care/default.aspx>)

(III) MENTAL HEALTH TRUSTS

There are 88 Mental Health Trusts in England, which provide specialist mental health services in hospitals and the local community. (<http://www.nhs.uk/england/authoritiestrusts/mentalhealth/default.aspx>)

(IV) AMBULANCE TRUSTS

There are 33 Ambulance Trusts in England, which provide patients with emergency access to health care. In some areas these Trusts may also be responsible for providing transport to transfer patients to hospital for treatment. (<http://www.nhs.uk/england/authoritiestrusts/ambulance/default.aspx>)

(V) CHILDREN'S TRUSTS

As part of the Government's 2004 Green Paper *Every Child Matters*, it was announced that key children's services (health, education and social services) will be integrated into a single organisation known as a Children's Trust, run by the local Government. At present there are 35 pilot Children's Trusts in operation and it is estimated that most areas will have a Children's Trust by 2006. (<http://www.dfes.gov.uk/childrenstrusts/>)

(VI) FOUNDATION TRUSTS

In April 2004, NHS Foundation Trusts were created as non-profit making entities, owned by members from the local community. Foundation Hospitals are not governed by the Secretary of State but must adhere to arrangements made by an independent regulator, who issue the hospital with a license to operate. The Independent Regulator is accountable to Parliament for the functioning of the NHS Trust and its ability to comply with the license agreement. Foundation Hospitals must also adhere to any service level agreements with their local PCT and inspection by CHAI.

The Foundation Trusts' Management Board is responsible for the day-to-day running of the hospital, whilst clinical directorates manage its clinical services. Each Trust also has an elected Board of Governors, who work with the Management Board to ensure that the hospital is complying with its license and on target to meet its objectives. It also establishes a strategic direction for the Trust.

(<http://www.nhs.uk/england/authoritiestrusts/acute/default.aspx>)

(6) PATIENT REPRESENTATION

The Commission for Patient and Public Involvement in Health (CPPIH) is an independent body, sponsored by the DH. It was established in January 2003, to ensure that the public are involved in English healthcare decisions; and to advise the Government and national bodies on public involvement issues. The Commission collects information and views from the public via its shared information system with Patient and Public Involvement (PPI) Forums; and Regional Centres have been established to support CPPIH work locally and regionally.

(http://www.cppih.org/about_what.html)

There are 572 PPI Forums in England – one for each NHS Trust and PCT - consisting of volunteers from the local community. They represent the public views on healthcare matters; promote public involvement in consultation exercises; and provide advice and support to patients wanting to make a complaint about NHS Services.

Patient Advice and Liaison Service (PALS) – available in all trusts – provide patients with on the spot advice and information about their health services, as well as directing patients towards the Independent Complaints and Advisory Service (ICAS). PALS, unlike the rest of the PPI system, is not independent of the NHS.

(7) MANAGED CLINICAL NETWORKS (MCNs)

MCNs are partnerships of healthcare professionals and organisations, involved in the commissioning, planning and provision of a particular health service in a specific geographical area. Their aim is to provide quality care by breaking down the barriers between primary, secondary, tertiary and social care. They require multidisciplinary management and ensure that all staff working with a particular patient adhere to the same protocols and policies. In particular, cancer care MCNs are now well established, with 34 networks serving one to two million people each.

POLICY AND REGULATION

POLICY

The main policy document guiding the development of the NHS in England is *the NHS Plan*, published in July 2000 (www.nhs.uk/nationalplan/). This document details a ten year investment and reform plan for the NHS, which includes plans to increase workforce numbers, reduce waiting lists and improve IT systems. To steer the effective implementation of this plan, the NHS has introduced the following strategies:

- *National Service Frameworks (launched 1998)* set national standards and establish performance milestones.
- *Planning and Priorities Framework (PPF)* outlines priorities that PCTs must achieve. The 2003-2006 priorities have been published by the NHS' Chief Executive.
- *National Standards, Local Action: Health and Social Care Standards and Planning Framework 2005/2006-2007/2008* announced a reduction in the number of national targets NHS Providers must achieve, from 62 to 20. In future, the providers will set more locally-agreed targets.

(http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4086057&chk=yFwOL)

In 2000, the Government drew up a concordant between the NHS and private sector, to enable NHS patients to be treated faster via spare healthcare capacity in the private sector. Since this concordant was signed, the NHS' use of private resources has increased but remains a small proportion of overall activity.

REGULATION

The Health Care Commission (CHAI) is responsible for the regulation and inspection of the NHS. In 2003, CHAI's role was developed to include the publication of NHS performance ratings and indicators for Hospitals and Trusts, based on a rating scale of zero to three stars. Trusts achieving three stars are given autonomy and extra funding, whilst Trusts gaining no stars are given support from the Modernisation Agency.

(<http://www.chai.org.uk/AboutUs/fs/en>)

CHAI also handles formal complaints against the NHS, after an evaluation concluded that a new complaints system was required to ensure the process was sufficiently independent. CHAI runs the second stage of the procedure, resolving disputes that have been unsuccessfully tackled at local level.

(<http://www.chai.org.uk/ContactUs/ComplainAboutNHS/fs/en>)

The National Institute of Clinical Excellence (NICE) produces guidelines on diseases, drugs and procedures and CHAI ensures that the NHS complies with this guidance.

WALES

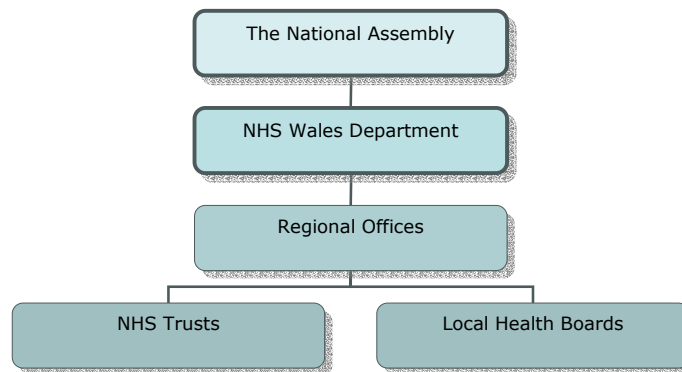


Diagram 2: The Structure of the NHS in Wales

(1) THE NATIONAL ASSEMBLY (NAW)

The NAW has full legislative power for health in Wales. It contains the Office of the Chief Medical Officer (who advises the Government on health matters) and the Health and Social Services Committee (who contribute towards NAW's health policy development). As a result of the Government of Wales Act 1998, the NAW has adopted the powers of the old Health Authorities, which ceased to exist on 1st April 2003.

(A) THE WELSH ASSEMBLY GOVERNMENT

The Welsh Assembly Government is the executive body of the NAW, comprising of the First Minister and the Cabinet, including the Minister for Health and Social Services. All NHS statutory organisations in Wales (including Trusts and Local Health Boards) are accountable to the Minister for their performance and the Minister is ultimately accountable to the Government for the overall running of the Welsh NHS. The Welsh Government is responsible for policy direction and dissemination of funds to the health service.

(i) THE HEALTH COMMISSION WALES is an executive agency of the Assembly. It receives resources to provide specialist services at national level, including tertiary care services, ambulance services and dental care. The Commission advises on regional services and specialised secondary care and provides detailed guidance and support for the commissioning of acute services.

(ii) THE WALES CENTRE FOR HEALTH (WCH) acts as an independent corporate partnership centre. It provides information and advice on public health, undertakes research and encourages multi-professional development. However, the NAW has powers to make regulations governing the WCH's functions, as well as making appointments to the Board. It also establishes the reporting arrangements and financial regime.

MANAGEMENT AT NATIONAL LEVEL

(2) NHS WALES DEPARTMENT (NHSD)

The NHSD is an organisational arm of the Welsh Assembly Government, responsible for managing the NHS in Wales. It is led by a Director and provides strategic leadership, as well as ensuring policy implementation. The Department also advises the Minister for Health and Social Services about securing and allocating health resources. The NHSD contains the following divisions:

- A Central Support Team to co-ordinate the efforts of the NHSD.
- A Health Services Policy and Development Team.
- A Performance Management, Quality and Regulation Division to maintain and develop the process of performance management

(A) REGIONAL OFFICES

There are three Regional Offices within the NHSD - North Wales, South East Wales and Mid & West Wales – each led by a Regional Director, who is accountable to the NHSD Director. On a day-to-day basis the Chief Executive of each office is responsible for the running of the local NHS bodies, in line with the *Framework for Continuous Improvement*. This Chief Executive is accountable to their Regional Director.

The Regional Offices are responsible for the performance and improvement of the local health care services. In particular, they monitor Local Health Board's and NHS Trust's performances, ensure policies are implemented, supervise the development of networks, facilitate effective partnerships in the commissioning of services and solve disputes between local NHS organisations. (<http://www.wales.nhs.uk/catorgs.cfm#1>)

MANAGEMENT AT LOCAL LEVEL

(3A) LOCAL HEALTH BOARDS (LHBs)

On 1st April 2003, 22 statutory LHBs were created (21 LHBs and one unified healthcare board) to bring greater accountability to the health service, provide a simplified system for patients to understand and enable the service to have a greater representative voice over how it is governed. Each LHB has its own decision-making board and executive team and is accountable to the Minister. In particular, LHBs are responsible for corporate and clinical governance; securing and providing services for primary and community healthcare; assessing and improving the health needs of the local community; and building partnerships with the local community.

LHBs are allocated 75% of the overall budget for the NHS in Wales, used to undertake and commission health care services. LHBs commission primary, community and intermediate care and are involved in drawing up an annual joint plan for commissioning with the Local Authority (such as the Health, Social Care and Wellbeing Strategy 2004). Six Business Service Centres across Wales provide contractor services and administrative contract application support to LHBs. (<http://www.wales.nhs.uk/catorgs.cfm#5>)

(I) SECONDARY CARE COMMISSIONING GROUPS (SCCGs) co-ordinate the commissioning of secondary care services for the local population, ensuring they are appropriately planned and secured. At present there are 14 SCCGs, made up of either single or multiple LHBs/Local Authorities or Trusts. (<http://www.wales.gov.uk/subihealth/content/consultations/commissioning/commissioning-guide.pdf>)

(II) THE NATIONAL PUBLIC HEALTH SERVICE (NHPS) offers public health advice and guidance to LHBs. A regional Public Health Director represents the NHPS in each of the three Regional Officers and has input from academic organisations and the Public Health Laboratory Service for Wales. (<http://www.nphs.wales.nhs.uk/>)

(3B) NHS TRUSTS

There are 15 NHS Trusts (including the Wales Ambulance NHS Trust), which run secondary and tertiary care hospitals in Wales. They are required to produce an annual operational plan and are accountable to the NHSD, whilst the Trust's Chairs are accountable to the Minister. (<http://www.wales.nhs.uk/catorgs.cfm#2>)

NHS Trusts provide community services (except in Powys where the service is provided by the LHB), engage the public, and build partnerships with local organisations. These Trusts also work closely with LHBs and Local Authorities to ensure that the Health, Social Care and Well-being Strategies are being implemented and that commissioning arrangements run smoothly. Some Trusts manage specialised services on a national scale, such as the Velindre Trust (<http://www.velindre-tr.wales.nhs.uk/>), which houses the Health Commission Wales.

(4) PATIENT REPRESENTATION

The Board of Community Health Councils collects information on patients' concerns and relays their views to the NAW's Health and Social Services Committee. The Board has links with the DH, in order to deal with issues that jointly concern England and Wales. (<http://www.wales.nhs.uk/chc/page.cfm?orqid=236&pid=280>)

There are 22 Community Health Councils (CHCs) in each of the local government areas. These organisations take up health issues on behalf of the local public and are the only statutory lay organisations with rights to information about, access to, and consultation with all NHS organisations. (<http://www.wales.nhs.uk/catorgs.cfm#3>)

POLICY AND REGULATION

POLICY

In February 2001, *Improving Health in Wales* (the Welsh equivalent to the English NHS Plan) was launched. The document details a ten-year initiative to develop and improve health care services in Wales. The National Service Frameworks and the Priorities and Planning Framework have been created to ensure that *Improving Health in Wales* is implemented effectively.

REGULATION

NICE and the Health Care Commission (CHAI) monitor the Health Service in Wales in the same way as the NHS in England. In addition, the Director of NHS Wales, in association with the three Regional Directors, monitors the NHS via an annual review process.

SCOTLAND

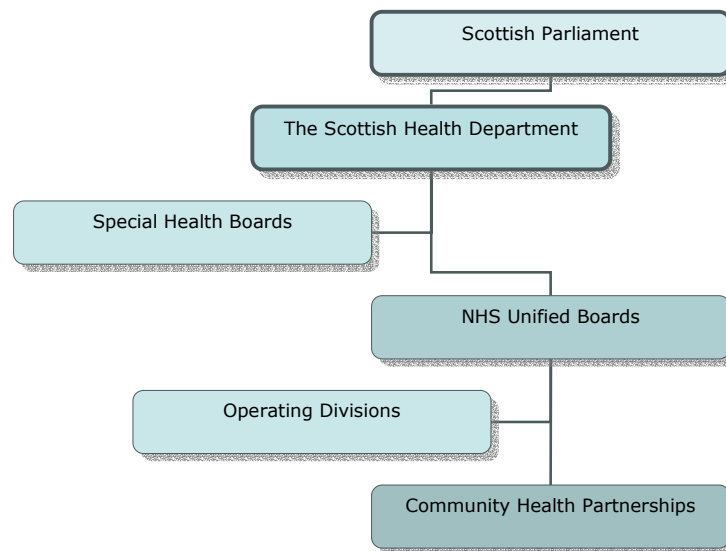


Diagram 3: The Structure of the NHS in Scotland

(1) SCOTTISH PARLIAMENT

The Scottish Parliament has full legislative power for health in Scotland. It allocates funding from the Chancellor's budget to the NHS, which the Scottish Finance Minister (upon approval from the Government) divides up between central health services, NHS boards and the NHS at local level.

The Minister for Health and Community Care is accountable to the Government for all health policies and the running of the NHS. However, there are several areas which the Minister is not responsible for and these include: professional regulation; abortion and human fertilization issues; genetics; and the control and safety of medicines.

The Parliamentary Committee can call to account the Scottish Executive Health Department's Chief Executive and the Chairs of all the NHS boards.

MANAGEMENT AT NATIONAL LEVEL

(2) THE SCOTTISH EXECUTIVE HEALTH DEPARTMENT (SEHD)

The Department is responsible for producing health policies and administering the NHS in Scotland. The SEHD Board, run by the Chief Executive, supervises the work of the health boards. Members include the Chief Medical Officer and the Chief Nursing Officer. The Chief Executive is also the head of the SEHD and accountable to the Minister for Health and Community Care for the performance of the NHS in Scotland. In 2000, the SEHD undertook a structural reorganisation, uniting the NHS Management Executive and the Public Health Policy Unit.

(3) SPECIAL HEALTH BOARDS

The Special Health Boards in Scotland provide services across the country and include: the Golden Jubilee National Hospital, NHS 24, NHS Education for Scotland, NHS Health Scotland, NHS Quality Improvement Scotland, Scottish Ambulance Service and State Hospitals Board for Scotland.
(<http://www.show.scot.nhs.uk/organisations/orgindex.htm>)

MANAGEMENT AT LOCAL LEVEL

(4) NHS UNIFIED BOARDS

In October 2001, 15 NHS Boards were created in Scotland (12 mainland and three island boards), to manage local health care organisations, give strategic direction and provide clinical governance. They comprise of clinician, staff and public representation. They are responsible for allocating funds, developing local health plans - in association with local hospitals, GPs and NHS bodies - and taking part in regional and national planning. *Regional Planning Groups* will be set up in the near future to help with the latter.

Each NHS Board receives professional advice from the Area Clinical Forum, which comprises of a Chief Executive and Seven Area Professional Committees (each representing a specific field such as medical, dental, nursing and midwifery etc).

(A) OPERATING DIVISIONS

On 1st April 2004, operational management of the NHS was transferred to Operating Divisions within NHS Boards. Each Board has a number of operating divisions and each division is led by a Chief Executive, accountable for the Board's finances and performance. The day-to-day running of each Division is led by a Divisional Chief Executive within a *Divisional Management Team*. These teams award financial and decision-making powers to the appropriate organisations within their local health care system. There is some flexibility within the structural system but proposals that deviate significantly from the model structure must gain SEHD approval.

(I) **OPERATING DIVISIONS FOR PRIMARY CARE** have taken over the responsibilities of PCTs. In particular, they support general practice in the delivery of its services, give strategic direction and steer service improvement. They also oversee joint agreements between primary and secondary care clinicians, on the design and delivery of services, using joint investment funding.

(II) **OPERATING DIVISIONS FOR SECONDARY CARE** are responsible for the running of hospital services.

(5) COMMUNITY HEALTH PARTNERSHIPS (CHPs)

CHPs are joint organisations, comprising of local authorities, groups of GPs and other health professionals, in a defined geographic area. CHPs aim to integrate health services and are directly accountable to the NHS Unified Boards. Each partnership has a budget to develop and manage its own local priorities, deliver the NHS Plan and improve health care in the local community. In the future, the CHP will have a big role in communication - fostering relationships with the local authorities and facilitating dialogue in the community.

(6) JOINT FUTURES BODIES

Joint Futures Bodies were established to enable joint financing and management of community care between the NHS and the Local Authority's social work departments. The exact structure of these organisations differ according to local circumstances but most have pooled budgets, with community care services delivered by joint management staff. These Bodies are currently mostly associated with older people's services.

(7) PATIENT REPRESENTATION

Public Partnership Forums based at CHP level, enable public involvement in Scottish healthcare decisions.

(8) MANAGED CLINICAL NETWORKS

Managed Clinical Networks are groups of health professionals and organisations from primary, secondary and tertiary care, which work together to provide high quality health services across Scotland - unconstrained by NHS Board and professional boundaries. In the future, these Networks will be developed to integrate NHS and social work services, and be known as *Managed Care Networks*.

POLICY AND REGULATION

POLICY

In December 2000, *Our National Health* (the Scottish equivalent to the English NHS Plan) was launched. Following this, in February 2003, the Scottish White Paper - *Partnership for Care* – was published, which saw the abolition of all Trusts in Scotland. These structures were replaced by Operating Divisions (within NHS Boards) and CHPs. The paper stated that, in the short term, the independent sector in Scotland would be used to reduce waiting times. On 6th May 2004, the Scottish Parliament passed the NHS Reform (Scotland) Bill, giving a legislative framework to many of the organisational and management changes proposed in *Partnership for Care*. (<http://www.scottish.parliament.uk/business/bills/pdfs/b6bs2.pdf>)

REGULATION

In January 2003, the *NHS Quality Improvement Scotland* was created to provide advice on good clinical practice, set national standards, and publish reports on NHS Scotland's performance. *Audit Scotland* supports the former company by undertaking financial and performance audit of NHS services in Scotland.

The SEHD uses a performance assessment framework to monitor the performance of the NHS Boards. It also publishes annual national priorities and targets which must be met by the Scottish health and social care organisations. The Local Health Plan, agreed between the SEHD and the NHS board, describes how local health and social care organisations will meet national targets

NORTHERN IRELAND

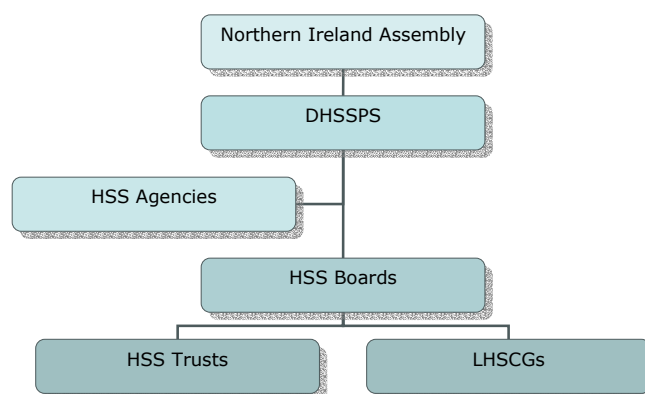


Diagram 4: The Structure of the NHS in Northern Ireland

(1) NORTHERN IRELAND ASSEMBLY

On 14th October 2002, the Northern Ireland Assembly and Executive were suspended and responsibility for Health and Personal Social Services (HPSS) handed to the Northern Ireland Office (NIO). The NIO comprises of Ministers who direct and manage the Northern Ireland Departments, and support the Secretary of State. Currently, there is a dedicated Minister who deals with health, social services and public safety in Northern Ireland.

MANAGEMENT AT NATIONAL LEVEL

(2) THE DEPARTMENT OF HEALTH, SOCIAL SERVICES AND PUBLIC SAFETY (DHSSPS)

(<http://www.dhsspsni.gov.uk/>)

The DHSSPS is responsible for creating policy and legislation for primary, secondary, community and social care, whilst promoting and protecting public health and safety. On 9th June 2003, the DHSSPS was reorganised and the *Planning and Resources* and *HPSS Management* groups were replaced by the following divisions:

- *The Strategic Planning and Modernisation Group*, accountable for public safety, human resources, IT, modernization and strategy, and Service Delivery.
- *The Planning and Performance Group*, responsible for finance, personal and corporate services, planning and performance management, and information and analysis.
- *The Primary Secondary and Community Care Group*, in charge of primary, secondary and community care.

(3) HEALTH AND SOCIAL SERVICES AGENCIES (HSS AGENCIES)

The HSS Agencies in Northern Ireland provide services across the region and include the Health Promotion Agency and the Blood Transfusion Agency. (<http://www.n-i.nhs.uk/>)

MANAGEMENT AT LOCAL LEVEL

(4) HEALTH AND SOCIAL SERVICES BOARDS (HSS BOARDS)

There are four HSS Boards in Northern Ireland, covering the Northern, Southern, Eastern and Western areas. These Boards act on behalf of the DHSSPS, assessing the needs of the local population and taking on the planning, commissioning and purchasing of health services. (<http://www.n-i.nhs.uk/>)

(5A) HEALTH AND SOCIAL SERVICE TRUSTS (HSS TRUSTS)

There are 19 HSS Trusts in Northern Ireland, which are directly accountable to the DHSSPS. They deliver the services commissioned by the four HSS Boards, within the commissioning framework. Seven of these Trusts deliver acute hospital services, five provide community health and social care services, a further six provide both hospital and community care and the remaining Trust deals with ambulance services.

(5B) LOCAL HEALTH AND SOCIAL CARE GROUPS (LHSCGs)

In June 2002, 15 LHSCGs were established to replace GP fund holding. They are committees of their local HSS Boards and comprise of eight professional representatives, including GPs, nurses and HSS Boards and Trusts. The role of these groups is to plan and develop primary care services in Northern Ireland. They are involved in commissioning decisions and will receive a budget for this purpose.

(6) PATIENT REPRESENTATION

There are four Health and Social Services Councils in Northern Ireland, which are co-terminus with the four HSS Boards. They represent the public's views and interests on local healthcare and have an insight into the work of the HSS Boards. These councils are:

- The Northern Health and Social Services Council (<http://www.nhssc.org/>)
- The Eastern Health and Social Services Council (<http://www.ehssc.org/>)
- Southern Health and Social Services Council (<http://www.shsscouncil.net/>)
- Western Health and Social Services Council (<http://www.n-i.nhs.uk/>)

POLICY AND REGULATION

POLICY

In November 2000, *Investing in Health* (a document equivalent to the NHS Plan in England) was launched. In Northern Ireland, unlike the three other countries in the UK, Health and Social Services had been integrated as one system since 1972. The document outlines improvements to the healthcare system, with particular emphasis on equality and tackling social disadvantage via partnership working.

In June 2002, the consultation document *Developing Better Services* proposed that acute hospital services and the structure of the NHS in Northern Ireland be reorganised. In February 2003, the Minister announced that plans to restructure the NHS had not moved forward. However, progress had been made on the future of hospital services, where a network of acute hospitals would be created, in association with local hospitals. Some services would provide elective facilities only.

The Northern Ireland Executive's Programme for Government (PfG) drew up a three-year priorities plan (2003-2006) for the HPSS in Northern Ireland before its suspension. These priorities are currently being upheld by the NIO and have been incorporated into the DHSSPS's 2003-2004 *Priorities for Action*.

REGULATION

The Regulation and Improvement Authority regulate and monitor the quality of the health care services in Northern Ireland. The Authority also has the power to review and inspect the clinical governance arrangements of the HSS Boards and Trusts.

OVERVIEW OF THE STRUCTURE OF THE NHS IN THE UK

Organisation	England	Wales	Scotland	NI
Government Department	DH	NHSD	SEHD	DHSSPS
Strategic Direction	SHAs	Regional Offices	NHS Unified Boards	HSS Boards
Primary Care Management	PCTs	LHBs	Primary Care operating division	LHSCGs
Hospital Management	NHS Trusts	NHS Trusts	Secondary Care operating division	HSS Trusts
Community Care Management	PCTs and NHS Trusts	NHS Trusts	Operating divisions	HSS Trusts
Social Services Management	Local Authorities	Local Authorities and LHBs	SEHD and Local Authorities	HSS Trusts

INFORMATION SOURCES

KEY DOCUMENTS

1. Secretary of State for Health. The NHS Plan. HMSO, London 2000.
2. Minister for Health and Social Services. Improving Health in Wales. The National Assembly for Wales, 2001.
3. Minister for Health and Community Care. Our National Health. NHS Scotland, 2000.
4. Minister for Health, Social Services and Public Safety. Investing in Health. DHSSPS, Belfast 2000.

FURTHER READING

1. Peter Davies. The NHS in England 2004/2005: a pocket guide. London: NHS Confederation; 2004.
2. NHS Confederation. The New Structure of the NHS in Wales. London: NHS Confederation; Briefing 83, June 2003.
3. NHS Confederation. The New Structure of NHSScotland. London: NHS Confederation; Briefing 84, June 2003.
4. NHS Confederation. The Structure of Health and Social Services Provision in Northern Ireland. London: NHS Confederation; Briefing 85, June 2003.

WEBSITES

1. The NHS Planning and Priorities Framework:
www.DH.gov.uk/planning2003-2006/index.htm
2. Partnership for Care. Scotland's White Paper (Feb 2003):
<http://www.scotland.gov.uk/library5/health/pfcs-00.asp>
3. *NHS in England*:
<http://www.nhs.uk/england/aboutTheNHS/default.cmsx>
4. *The Health of Wales Information Service*:
www.wales.nhs.uk
5. *Scotland's Health on the Web*:
<http://www.show.scot.nhs.uk/>
6. *Health&CareNI*:
<http://www.n-i.nhs.uk/>

CONTACTS

DH (England) Richmond House 79 Whitehall London. SW1A 2NL 0207 210 4850 dhmail@DH.gsi.gov.uk http://www.dh.gov.uk/	NAW (Wales) Cathays Park Cardiff. CF10 3NQ 029 20 825111 health.enquiries@wales.gsi.gov.uk http://www.wales.gov.uk/subihealth/index.htm	NHS Confederation (England) 1 Warwick Row London. SW1E 5ER 020 7959 7272 http://www.nhsconfed.org	NHS Confederation (Wales) Regus House Falcon Drive Cardiff Bay Cardiff. CF10 4RU 029 2050 4090 http://www.nhsconfed.org
SEHD (Scotland) St Andrew's House Regent Road Edinburgh. EH1 3DG 0131 556 8400 healthisu@scotland.gsi.gov.uk http://www.scotland.gov.uk/about/departments/hd	DHSSPS (Northern Ireland) Castle Buildings, Stormont, Belfast. BT 4 3SJ 028 9052 0500 webmaster@dhsspsni.gov.uk http://www.dhsspsni.gov.uk	NHS Confederation (Scotland) The Old Town Jail St Johns Street Stirling. FK8 2EA 01786 434 943 http://www.nhsconfed.org	NHS Confederation (Northern Ireland) 9 Barnetts Court Belfast BT5 7FL 028 9048 0000 http://www.nhsconfed.org

These Information Sheets can be obtained through the Information Services Section of the RCGP, or viewed on the RCGP's Web site: http://www.rcgp.org.uk/information/publications/information/infosheettitles_index.asp