

NW London STHA Teaching PCT Conference 27th Sept 2005-09-29
Response to Sir Nigel Crisp, Commissioning a Patient-Led NHS

Issues raised as potential for discussion:

- Timing
- Pace of change
- When can we start implementing? What will happen after 15 Oct?
Lack of clarity regarding process. Limbo
- What's fixed/what's variable?

Focused on 'What's fixed/What's variable?'

Fixed: Target dates for savings
Finance being the driver (although different messages or interpretations of messages)
15 Oct deadline fixed
White paper coming out fixed
Practice based commissioning as way forward is fixed

Unknown: Nature, ownership, etc of provider services

Contradictions to feedback:

1. We are required to save management costs but we will need good quality and enough PCT staff to support the GPs in moving to practice-based commissioning!
2. PCTs can't be commissioners and providers at the same time, but it's OK for GPs to be!

Principle feedback:

There is anxiety amongst the workforce (community nursing was cited). We risk staff 'jumping ship' and ending up with an even worse recruitment problem. We need good and immediate communication with specific communication actions to respond to and minimise this anxiety.

To reassure staff:

- Make the connection with IWL and keep the momentum going
- Don't refer to PCTs divesting themselves of provider service. 'Divest' has negative connotations. Actually we are investing.
- Confirm we will remain responsible as a PCT for the transition period and not 'drop' staff and services
- Tell staff their skills are marketable and help them with marketability (KSF evidence will help)
- Provide clarity of information quickly to staff
- Tell our staff we are investing in their t & d and really do this
- Can we assure them their Ts & Cs will be preserved in any change?? If so, let's do that
- Pursue integrated working

- Tell our staff that at this stage there are no plans to change providers, this is some way off, the stage we are at is understanding the complexity & size of NHS provided services

Possible feedback (not discussed further by group):

- (Assume the amount of savings is not fixed). Query the amount of savings or offer alternative saving amounts
- Argue that London is a special case?
- Are we being consulted or just engaged?
- Will we be able to carry our current models of PBC forward?

Conclusion

- Positive, confidence-building messages need to go out quickly to all NHS staff to avoid the drainage of good staff from the NHS and NW sector in particular.
- Sir Nigel Crisp's letter provides an opportunity to drive even harder and quicker to improve our services, so they are marketable.
- Let's link together and link things up, grasp the opportunities, creating a positive energy amongst our staff.