

November 2010

Briefing 2: NHS changes – what do they mean for me?

The NHS is massively important to all of us. There's lots of conflicting information about at the moment with massive cuts being talked about at the same time as 'ringfenced' or protected spending levels. So what does it all mean?

The recent spending review stated that total funding to the NHS will increase every year until 2015. This is at the same time as reducing the amount spent on NHS management/administration to 70% of 2008/09 levels. The Coalition Government hopes this will mean more cash is spent on services for patients.

But much more is going on than changes to funding. The Secretary of State for Health Andrew Lansley MP has proposed big changes to how the NHS is structured and who gets to decide how NHS money is spent.

Currently, Primary Care Trusts decide what services to spend money on (this is called commissioning). The new idea is to abolish Primary Care Trusts (by 2013) and give the majority of the NHS budget to groups of GPs for them to decide how it is to be spent. These groups of GP practices will be called GP Commissioning Consortia. There is currently no detail about what size GP Commissioning Consortia will be, or how they will be structured. A key benefit of the Consortia is that they are meant to ensure decisions take place at a local level, as close to the patient as possible. There is some concern that as Consortia may be privately run, this could allow private business to have 'too much' influence over how public funds are spent.

Other changes proposed include:

- Local Authorities will be brought into NHS decision making. New Local Directors of Public Health will be employed by Local Authorities to

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allow primary health (GPs, Hospitals), public health (things like campaigns to increase awareness of HIV) and social care (when people need longer term care) to work together better.

- Existing Local Involvement Networks (LINKs) will become local HealthWatches. Currently LINKs can be used for consultation and involvement of local people in health and social care services. HealthWatches will play a more formal role in overseeing and consulting on how local health priorities are decided in discussions with Local Directors of Public Health and GP Commissioning Consortia.

What can I do?

Become more involved with your GP practice

What seems certain is that local GPs will have a lot of influence in the new NHS. If you don't feel your local GP is LGB&T friendly please speak to us. If you'd like your GP practice to display any LGF resources please get in touch with us, or ask your GP to contact the LGF.

Become more involved with your LINK (soon to be HealthWatch)

These will be the key organisations for people to influence local health care decision making.

Get involved with a local LGB&T group, or the LGF

If you are interested in making local services more LGB&T friendly it can often help if the call for change comes from more than one person. www.lgf.org.uk/directory has details of groups across the North West, or contact the LGF itself for help.

This is intended to be an introductory document for people new to the changes mentioned. If you would like to contact the LGF please email adam.winter@lgf.org.uk or call 0845 3 30 30 30.