HSJ has obtained details of 44 of the 50 odd organisations tasked with leading the local transition to consortium commissioning, which include 38 primary care clusters.

The details on all regions apart from the South West show the biggest clusters are likely to be Greater Manchester, which could consist of up to 10 PC ts, and West Yorkshire, with six PC ts, and will cover populations in excess of 2.4 million each.

The smallest is Tees cluster with four PC ts covering a popu- lation of just 560,000.

In addition to the 38 expected clusters, six large PC ts – Cumbria, North Yorkshire and York, Norfolk, Suffolk, Surrey and Lincolnshire – may continue as stand-alone free-standing clusters.

Likely clustering arrangements in England, with the number of constituent primary care trusts in brackets.
The clusters in the South West are not known.

Great Yarmouth (in red) and Waveney will join Suffolk or Norfolk

Other clusters consist of three or more PC ts. Average population coverage will be 1 million compared with the PCT average of 350,000.

Clusters have until June to form and to confirm which PC ts the 25 community foundation trusts planned under the DH’s original “preferred option” of transferring community services to the local authority.

Sarah Calkin

The transformation in community services is taking longer than anticipated, it was revealed: the PC t clusters driving transition

ACUTE TRUSTS 29%

MENTAL HEALTH TRUSTS 19%

COMMUNITY FOUNDATION TRUSTS 18%

SOCIAL ENTERPRISE 21%

LOCAL AUTHORITIES 4%

TENDER 7%

Note: Out of 288 deals underway, percentages do not reflect size of services

WHERE ARE COMMUNITY SERVICES GOING?

HSJ’s Simon Lewis

service transfers

Community reform loses pace

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The new primary care landscape

Likely clustering arrangements in England, with the number of constituent primary care trusts in brackets.
The clusters in the South West are not known.

Great Yarmouth (in red) and Waveney will join Suffolk or Norfolk

Deciding the transition of primary care trusts to consortium commissioning is a challenge, but it was unlikely the transition to consortium commis- sioning would be a challenge for PC ts with very different financial situations. Cumbria had supported its devolution process and services and was due to complete the transfer of its services to the new organisation in April. However, senior NHS sources have suggested clustering could survive beyond the abolition of PCTs planned for April 2013 (see News, page 6, 30 September 2010). At last week’s Commons public accounts committee, Sir David Nicholson, chief execu- tive of the NHS and of the pro- posed NHS Commissioning Board, said the board would have regional arms.

He said: “It will have management tiers. You can call them senior or not but there won’t be me and then all the consortia.”

Earlier this week the DH’s response to the Commons health committee’s report on commis- sioning said: “PCT clusters will continue to act as transition vehicles until at least April 2013. Beyond April 2013, it will be for the Commissioning Board to determine how it organises itself.”

The board is expected to take an early view of any local support structure it needs and the extent to which clusters can act as a pathway to that structure.”

But PCT Network director David Stoll told HSJ it did not mean all clusters would keep their initial form. He said when consortia were “switched on” only a part of the remaining clus- ter functions would relate to the commissioning board, which may not be sufficient to justify their continued existence.

Paul Zolinger-Read, the departing joint chief executive of Cumbria, Lincolnshire, Peter- brough PCTs said although clusters are “clearly part of the transition”, ultimately the board would need as many as 50 “semi-autonomous outputs”.

Dr Zollinger-Read will now focus on his role as part of the DH’s transition team. Cumber- land supports the devolution process and services and was due to complete the transfer of its services to the new organisation in April. However, senior NHS sources have suggested clustering could survive beyond the abolition of PCTs planned for April 2013 (see News, page 6, 30 September 2010). At last week’s Commons public accounts committee, Sir David Nicholson, chief execu- tive of the NHS and of the pro- posed NHS Commissioning Board, said the board would have regional arms.

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