

# How health services work in England

## What's this fact sheet for?

It's important for you to make your voice heard when it comes to health services. Whether the feedback is positive or negative, things only change for the better if you get involved. But to make it count, it helps to know how the system works and where decisions get made. This is a quick overview to help make sense of it all.

## Isn't the NHS in England changing?

Yes, there are a number of structural changes that took effect from April 2013 – so this fact sheet is split into two parts: the NHS before April 2013 (see Figure 1), and the NHS after April 2013 (see Figure 2). There's no getting round the fact that the NHS is a complex machine, but this should give you a broad sense of how it works.

## Department of Health & Secretary of State

The NHS in England is overseen at a government level by the Department of Health, which is headed up by the Secretary of State for Health.

## The NHS before April 2013

### Strategic Health Authorities & Primary Care Trusts

There were 10 Strategic Health Authorities (SHAs) across England, which were responsible for developing plans for improving health services in their region. Primary Care Trusts covered a smaller area than the SHAs and were responsible for making sure local people had access to the services they needed. Both the Strategic Health Authorities and Primary Care Trusts have now been abolished.



### Trusts and Foundation Trusts

NHS Trusts provide health care services on the ground. They usually specialise in one area of health care such as acute care, mental health, learning disability, community care or ambulance services. Since 2004, Trusts have been able to apply to change their status to NHS Foundation Trusts. The advantage of doing this is that they can keep more control over their work and budgets, and are independent of the Department of Health.



## Changes in the NHS from 2013

As of April 2013, SHAs and PCTs were abolished. They have been replaced by the NHS Commissioning Board and a countrywide network of Clinical Commissioning Groups (See Figure 2).

### NHS Commissioning Board

The NHS Commissioning Board will oversee the new commissioning system. That involves advising the Clinical Commissioning Groups (CCGs) and holding them to account for the decisions they make. The Board will be responsible for the £80bn budget allocated to the NHS. It will distribute £60bn of this directly to the CCGs and keep the rest to commission primary care services directly – for example GPs and specialist services.

### Clinical Commissioning Groups (CCGs)

From April 2013, most of the commissioning in the NHS will be done by the CCGs. They will be responsible for buying in the services that local people need. The CCGs will be led by GPs, using their knowledge of their local communities. However, the groups will also need to have a registered nurse, a hospital doctor and two lay representatives on their boards and must consult with a wide range of clinical specialists before making decisions.

### Health and Wellbeing Boards

Local government Health and Wellbeing Boards bring together CCGs and councils to develop a joint health and wellbeing strategy for how these needs can be best addressed.

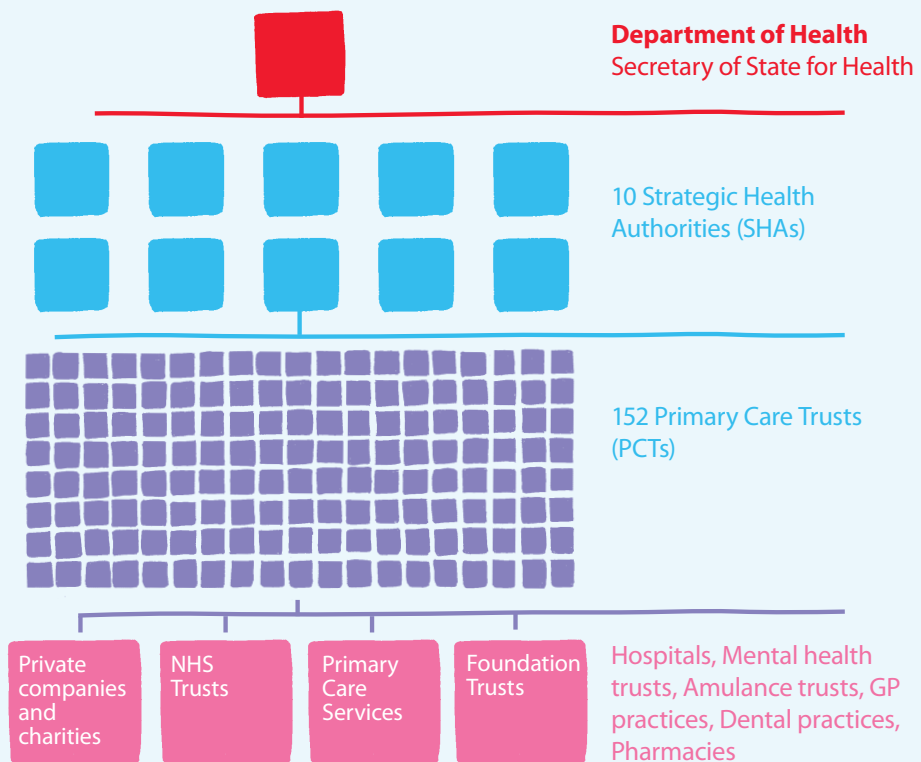
### HealthWatch

The Government has specifically stated that the new NHS reforms will strengthen the voice of patients in the NHS in England. The main structure in place to support this will be the new HealthWatch.

HealthWatch England is a new national body representing the views of the people who use health and social care services. It will support and represent a large network of Local HealthWatch groups, funded by Local Authorities. This is an expanded version of the role previously performed by Local Involvement Networks (LINKs). The idea is to make sure views from patients and carers are taken into account during local commissioning decisions.



**Figure 1: The NHS before April 2013**



**Figure 2: The NHS from April 2013**

