

NHS Operating Framework – GP Consortia

From 'NHS Operating Framework'

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GP consortia will inherit debts that PCTs build up in their final two years, the DoH has revealed.

They will also be expected to help PCTs tackle outstanding debt from before this period over 2011/12 and 2012/13.

The NHS Operating Framework for 2011/12, published today, also fails to make clear how much management funding will be available to GP consortia in their first year of operation.

The operating framework reveals that consortia 'will not be responsible for resolving PCT legacy debt that arose prior to 2011/12'.

However, it says that in 2011/12 and 2011/13, 'we expect developing GP consortia to work closely with PCTs to ensure that financial control and balance is maintained to prevent PCT deficits in those years'.

The document adds: 'This will reduce the risk for GP consortia that they could have responsibility for any post 2010/11 PCT deficit unresolved at the point of PCT abolition.'

GP revealed earlier this month a [DoH pledge to 'fully resolve' PCT debts](#) before GP consortia take control of commissioning.

PCTs will remain statutorily responsible for NHS services in 2011/12 but will increasingly be merged into clusters, with single executive teams in place from June 2011.

These [clusters could remain in place until after April 2013](#) if consortia are not ready to assume control of commissioning, the DoH has confirmed.

As these mergers take place, PCT staff will be 'assigned' to emerging GP consortia.

Consortia will be offered support from a senior financial manager, a organisational development expert, a corporate governance expert, and a commissioning expert, the operating framework says.

Clusters will offer £2 per head of population during 2011/12 to fund development of GP consortia, on top of any existing practice-based commissioning funding.

This should pay for 'clinical backfill, training and organisational development'.

It adds that the 'expectation is that GP consortia will have an allowance for running costs that could be in the range of [£25 to £35 per head](#) of population by 2014/15'.

Work with pathfinder consortia will inform the final figure, the DoH says. But although GP consortia will hold their own budgets from April 2013, it is not clear how much management support they will be handed in this initial period.

Once consortia are up and running, the NHS Commissioning Board will have powers to intervene if they underperform, the operating framework says.

The board will also use the NHS Outcomes Framework being developed by NICE to build an outcomes framework for GP consortia, and 'associated [incentives for high quality commissioning](#)'.

The operating framework says practices should consult patients on how to form their consortia, although many existing groups, including pathfinders, may not have been developed in this way.

Meanwhile, the document confirms that the deadline for achieving £20 billion in efficiency savings across the NHS has been extended by one year to 2014/15.

Timeline

January – March 2011

Pathfinder consortia delegated responsibilities to be confirmed, further pathfinders identified.

During 2011/12

NHS Commissioning Board to be set up in shadow form.

June 2011

PCT cluster arrangements in place.

April 2012

All GP practices in consortia.

April 2012

NHS Commissioning Board established, SHAs abolished.

April 2013

Consortia approved by commissioning board to take on full statutory responsibilities as PCTs are abolished.