

## **Somerset Commissioning Transition Update**      **No. 3 28th February 2011**

This brief Newsheet is the third of a series intended to keep you up to date with developments in the change from PCT to GP led commissioning in Somerset.

### **Consultation on the Composition of the Interim GPCC Board**

A consultation document on the draft composition of the new Board will be circulated in the next few days. The Transition Group would very much like to hear your comments on the proposals within the next two weeks, particularly on the two alternatives suggested for electing the GP members. The TG is proposing that there should be a GP elected from each federation area, but that they will have responsibilities covering the whole county. Members will have time allocated for both central Board work, and also for a liaison and development role in their federation area. The composition of the interim board makes no presumptions about that of the final board after April 2103, and a further election/appointment process will be needed for that. However, membership is seen as a training opportunity for GPs to develop commissioning and organisational skills that we hope will be useful to the final GPCC.

### **Relationship with PCT Commissioners**

Until the legislation is enacted the PCT remains legally responsible for commissioning. During the period of progressive handover it is likely that the interim GPCC will be treated as a standing subcommittee of the PCT Board. Because of the technicalities of this process, and the need for the interim GPCC to have organisational and management support, the TG anticipates that it will be based at Wynford House in the first instance

### **Involvement of other Professional Groups**

Although any GP who is on the Somerset Performers List or who is a member of a Somerset Federation will be eligible to stand for election, the TG accepts that sessional GPs are unlikely to have little if any representation. This will also apply to other clinical professionals including both contractors and employed staff. We anticipate that the interim board will involve them through clinical workstreams and various consultation forums.

### **Allocation of £2 per patient Transition Funding**

The TG is proposing that these funds should be allocated in equal proportions to the interim county GPCC and to federations, after a proportion is put into a contingency to cover specific commissioning workstreams. Some of the latter could be undertaken by a local federation on behalf of the whole county.

### **Winding up of WyvernHealth.Com**

Once the new board is formed existing PBC work will be transferred to the interim GPCC and Wyvern will be formally wound up as soon as is practical. Wyvern staff (who are all seconded from the PCT) will move their secondment to the interim arrangements. Some existing commissioning projects will continue under current arrangements.