What might the reforms to the Health Bill following the “listening exercise” mean to MS Specialist nurses?

1. **Clinical Commissioning Groups (CCGs’)** will extend GP Consortias and they must have a hospital doctor (one not currently working with a local provider), a registered nurse and two lay people on the board. The boards will meet in public and publish details about contracts etc. the geographical boundaries of the groups should (in theory) not cross the local authority boundaries and must have a clear link to the locality. This will happen in 2013 and those CCGs’ who are not ready will have their budgets removed, or taken over by the **NHS Commissioning Board (NHSCB)** who will also have local “arms” that are built around the current PCT structure. These arms will help in forming clinical “senates” and “networks”. The role of the senates and networks is to get the expert clinicians to advise commissioning bodies and scrutinise any plans that are made.

   **Action**  
   Ask who might be a candidate for the CCG within your Trust and think about the information or service review you can provide about MS services

2. **Health and Well Being Boards (HWBBs’)** will be made up of councillors and social care representation and will have powers to reject commissioning plans if they do not fit in with local plans or strategies. They will have power to insist on councillors making up the majority of the board membership.

   **Action**  
   Find out who are your local councillors who have an interest in health and social care; you may have potential future champion for MS who can lobby for you. You may find a councillor with a personal interest in long term conditions; you become their expert and they become your influence

3. **NHS Constitution and Education/Training** will see a shift of responsibility for funding education and training from SHAs’ to Trusts and other providers. The CCGs’ and NHSCB will be the groups who will be responsible to promote the NHS constitution and its commitment to staff education and development but we do not yet know how much actual power they will have in implementing ongoing professional development.

   **Action**  
   Use the “justifying study time template” on the Trust website to get a sign off and secure a long term plan now for your professional development in the years ahead.
4. **Health Watch England (HWE)** will have a “citizens” panel that will look at how choice and competition is being implemented. Shared decision models, decision support tools, information prescriptions and personal health budgets have all been highlighted as tools that will be given more support in long term conditions.

**Action**
*Think about patients who might be good local candidates for HWE and empower them to be come champions and your strong allies for securing services.*
*Distribute to influential people the tools and resources you already use to show that you deliver on informed shared decision making, self management and act as expert broker*

5. **Monitor** will promote and protect **patient choice, interests and integration of care** rather than promote competition; it will look to prevent abuse rather than promote competition. Any qualified provider will be commissioned from April 2012 but only where there is a tariff at the moment. In other words, any service whether private, charitable or NHS based that meets certain criteria can compete for tenders.

**Action**
*Have all your good ideas on how a really good MS service can be delivered ready and waiting. Think of three key messages you can have at your fingertips and back up with some data. Use QIPP and Outcomes Framework when collecting information*

6. **The NHS Commissioning Board (NHSCB)** will build close links with the professional colleges to encourage expert partnership working. NHSCB will have local “arms” that are built around the current PCT structure and these arms will help in forming clinical “senates” and “networks”. The role of the senates and networks is to get the expert clinicians to advise commissioning bodies and scrutinise any plans that are made.

**Action**
*Get involved with any current neurology networks or find out where and who is running them. Invite yourself if you are not already a part of one*

7. **Strategic health authorities (SHAs’)** will be clustered like current Primary Care Trusts’ into 4 new groupings and possibly have 8 regional commissioning support units to offer services to Clinical Commissioning Groups. SHA’s will be abolished in 2013.

**Action**
*Find out who is leading for specialist and long term conditions in your SHA and make contact with them. You may have information they need to put into the strategic planning*