THE SCOTTISH OFFICE
Department of Health

11805

NHS
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NHS Management Executive
St. Andrew's House
Edinburgh EH1 3DG

3 June 1996

Dear Colleague

ROLES AND RESPONSIBILITIES OF HEALTH BOARDS

Summary

1. The report of the Working Group on the Roles and Responsibilities of Health Boards is attached.

Action

2. Health Boards are asked to implement the Report's recommendations as set out in the Appendix to this letter. The Management Executive will consider the recommendations that a standard accreditation system for clinical quality should be examined and that a national system for paying GPs should be considered.

3. Health Boards and GP Fundholders are asked to comment on the draft accountability framework for GP fundholding (which forms Annex D to the report) by 31 July 1996.

4. Health Boards are requested to bring this MEL to the attention of GPs in their area.

Yours sincerely

Geoff Scaife

GEOFF SCAIFE
Chief Executive
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Addressees

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APPENDIX

ROLES AND RESPONSIBILITIES OF HEALTH BOARDS

Functions

Health Boards are asked to review their current functions against the 8 responsibilities set out in the report. They should divest themselves of any functions outwith this list as quickly as is practicable.

Health Boards should, in particular, address the following points:

i. The way in which they obtain advice on commissioning and needs assessment and the extent to which this function can be shared with other Boards or advice obtained from other bodies;

ii. Boards should review their arrangements for health promotion and education to ensure that they are an integral part of the Board's work, particularly at Board member and senior officer level. Boards must retain expertise to evaluate the impact of health promotion activities and to commission specific health promotion campaigns, but they do not need to provide health promotion services themselves. Boards should therefore contract for provision of the service element. The expectation is that this will be with NHS Trusts, but other models that improve local partnerships may be appropriate;

iii. Whether the health care contract element of Board's commissioning is sufficiently geared towards contracting for better health care which is evidence-based and delivers improved outcomes. The negotiations should involve health professionals at all stages. Contract monitoring should reflect that emphasis. In general, contracting should therefore become a less bureaucratic process.

Structure

In tandem with this review, Health Boards should consider how to structure their organisations to deliver the new responsibilities most effectively. The report does not prescribe any particular organisational form.

However, mainland Health Boards are asked to draw up plans by **30 November 1996** to constrain the total management cost of the organisation (as defined in the annual accounts) to £10 per head of weighted population. These plans should be implemented during financial year 1997-98 to the extent that mainland Boards should not budget to spend more than £10 per head during that year.

Action for NHS Management Executive

The Management Executive will consider the report's recommendations on quality assurance of NHS providers and a national arrangement for making payments to GPs and registering

patients. It will enter into discussions with the appropriate bodies when the scope of each exercise has been determined.

Action for NHS Trusts

The report's recommendations on contracting will have implications for NHS Trusts as will any moves towards a standard system for quality assurance. Trusts are asked to ensure that clinicians become fully involved in contract discussions and that such discussions are about improving services.

The report recommends that the onus of maintaining a high quality care environment for patients and meeting relevant NHS policies should become a responsibility of NHS Trusts rather than a contractual matter.

GP Fundholders

GP Fundholders are asked to comment on the draft accountability framework for fundholding. They may also wish to plan how the suggested framework, if agreed, would be implemented between themselves and the Health Board.