



## PRIMARY CARE TRUST (PCT)

In April 2000, the first PCTs were established to improve the levels of service within the local NHS, and aim to deliver efficiencies. General practitioners, nurses and other health professionals play the lead part in running PCTs. There are currently 305 Primary care trusts (PCTs) (2).

PCTs are the lead NHS organisations and are expected to become responsible for the flow of the majority of NHS funding (75% by 2004). In line with their increased funding role is an increase in responsibility for commissioning services. It is intended that the majority of commissioning of healthcare will be done by PCTs. This includes commissioning hospital and community health services. To effectively commission services PCTs need to assess population health needs, and develop plans and service agreements to provide the required services (1, 2).

PCTs are controlled by a board, which sets the PCT strategy and monitors performance. The board also verifies the work of the PCT executive committee (responsible for the day to day running of the PCT). The PCT board accounts to the strategic health authority for the PCTs performance (1, 2).

Local health improvement is a key function of PCTs, achieved through the public health agenda. As lead local planners, PCTs have responsibilities for participating on behalf of the NHS in broader planning and partnership arrangements. These include local strategic partnerships, community strategies, crime and disorder reduction partnerships, children and young people strategies, neighbourhood renewal strategies and partnerships with local education authorities to develop healthy schools programmes. Public health directors in PCTs initiate the agenda, driving programmes to improve health and reduce inequalities (1).

## NHS TRUSTS – HOSPITAL SERVICES

In England there are approximately 275 NHS trusts – each is controlled by its own board of directors. Trusts must match national targets, successfully partner other primary care providers and agencies, and provide efficient services (2). Types of trust include: • Acute hospital trusts (which provide care in the hospital setting) • Mental health trusts • Ambulance service trusts

There are three main types of hospital: District general hospitals (DGHs). DGHs provide hospital clinical services such as outpatient and inpatient treatment and surgery. They serve average populations of 200,000–300,000 and provide the majority of emergency (A&E) and elective (prebooked) services. Linked to DGHs are smaller hospitals, which serve populations of up to 100,000, yet do not provide the full range of emergency services (2, 3, 7, 8). Specialist tertiary centres. Tertiary care centres provide treatment for complex conditions, e.g. they provide specific cancer therapies. Patients are admitted after referral by a hospital consultant (2, 7). Community hospitals. Community hospitals, also sometimes called ‘cottage hospitals’, provide minor injury, rehabilitation and respite care. Minor surgery and maternity services may also be provided, with local hospital consultants and local GPs providing medical expertise. They have an important role in providing care for older people who no longer require hospitalisation, yet are unable to return home. Increasingly, primary care trusts are responsible for the management and running of community hospitals (2, 3, 7).

## STRATEGIC HEALTH AUTHORITIES (SHA)

Strategic Health Authorities (SHA) are the newest NHS organisations formed as part of the way the NHS is now being organised and managed. 28 strategic health authorities are responsible for the performance of the local NHS and for setting strategies within which the national framework set out

by the Department of Health (DoH) can be achieved. SHAs have assumed many of the duties of the former 95 health authorities and carry out different responsibilities from old NHS health authorities (abolished in 2002) (2, 7, 8).

Each Strategic Health Authority is responsible for:

- The framework for the NHS – ensuring that health care services deliver the national standards and priorities whilst meeting the needs of local communities and patients (2, 7, 8, 9)
- The performance of the NHS – working with NHS organisations to monitor and develop high quality performance, delivery of targets and continuous improvement (2, 7, 8, 9).
- The modernisation of the NHS – ensuring that local health services are able to deliver and maintain the targets, changes and new innovations which form the NHS Plan, the national blueprint for how the NHS will develop as a service fit for the 21st century (2, 7, 8, 9).

The average SHA population is around 1.5 million. They manage performance agreements, which hold PCTs and NHS trusts to account, support performance improvement and help trusts deliver NHS initiatives (2, 7). Strategic Health Authorities, in effect, manage the NHS locally and act as a key link between the Department of Health and the NHS “front-line” – the staff employed in every surgery, clinic, hospital, ambulance and directly working with patients in their own homes (2, 7).

## REFERENCES

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## SUMMARY

This article presents the current structure of NHS and defines the role of its parts in the British government policy.

### Obecna struktura NHS w Wielkiej Brytanii

Celem publikacji jest przedstawienie obecnej struktury NSH oraz prezentacja zależności pomiędzy poszczególnymi strukturami organizacyjnymi.