

Internal guide for SEEDA staff on the Relationships and structure of the:

**Department of Health
Strategic Health Authorities
NHS Trusts
Primary Care Trusts
Public Health**

In the South East of England



**Karen Holdsworth-Cannon
Inclusion Policy Development Manager
SEEDA**

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INTRODUCTION

The NHS is more than a provider of health services. It is the largest single organisation in the UK. Its potential impact on health, the environment, and the social and economic fabric of our lives, is vast. **Claiming the Health Dividend(The Kings Fund 2002)** investigates this potential in eight key areas: employment, purchasing policy, procurement of child care services and food, management of waste, travel and energy, and commissioning new buildings. In each case the report explores the influence of NHS activities on health and sustainable development. It examines current policy and practice, and considers how the NHS can make better use of its resources to help reduce health inequalities, build stronger local economies, safeguard the environment for the benefit of whole communities – and ensure its own long-term viability.

The Government is investing huge sums of money in health services. The purchasing power of the NHS is greater than ever. Much more could be done to use that power to promote health and sustainable development.

Successful innovations in the field suggest the NHS can change its ways. Government policy clearly supports health improvement and sustainable development. But there are significant barriers that must be overcome if good practice is to spread throughout the NHS.

This Internal guide for SEEDA staff gives a basic outline of the Relationships and structure of the:

Department of Health
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Primary Care Trusts
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in the South East of England.

SECTION 1

ORIGINS OF THE NHS

The NHS was established in 1948, following the passing of the National Health Service Act in 1946. At its inception the NHS in England and Wales had a tripartite structure under the Ministry of Health (from 1968 the Department of Health and Social Security). The three parts of this structure were:-

- i) The hospital services, organised in 15 Regional Hospital Boards (RHBs) and 36 Teaching Hospital Boards of Governors. Below the RHBs were about 400 Hospital Management Committees (HMCs) each responsible for one hospital or a group of hospitals;
- ii) The family doctor and allied services, which were administered by 138 Executive Councils;
- iii) The preventive and community health services, which were the responsibility of the local authorities

The 1974 Reorganisation

The NHS was first re-organised in 1974. One of the aims of this reorganisation was to unify the three parts of the NHS. This was partially achieved by bringing together the hospital, community and preventive services in England under 14 Regional Health Authorities (RHAs). Below these were 90 Area Health Authorities (AHAs), each responsible for the health of a defined population, and which outside London were coterminous with non-metropolitan counties and metropolitan districts. About two-thirds of these AHAs were further sub-divided into between two and six districts. The family doctors and related services were administered by 90 Family Practitioner Committees (FPCs), which were themselves administratively responsible to the AHAs and which had boundaries corresponding to those of the AHAs. The Local Authorities retained responsibility for the Environmental Health Services as well as for Social Services, Housing and Education.

The 1982 Restructuring and the Griffiths Report

The NHS was further reorganised in 1982, when the Area Health Authorities were abolished and replaced by 192 District Health Authorities. In 1983 the first Griffiths Report was produced, which led to the introduction of General Management within the NHS and greater emphasis on Management Units. Changes in the status of Family Practitioner Committees (FPCs) took effect in 1985. In 1988 the Department of Health and Social Security was divided and the Department of Health took over responsibility for the NHS.

The 1990 Act

Following publication of three white papers (Promoting Better Health (1987), Working for Patients (1989) and Caring for People (1989)) the National Health Services and Community Care Act 1990 was passed. Among the major changes resulting from this Act were: reduced and changed memberships of Regional and District Health Authorities; changing the role of District Health Authorities from being providers of services to being purchasers of services to meet the needs of their resident population; provision for larger hospitals to become self-governing NHS Trusts; changing FPCs to Family Health Services Authorities (FHSAs), enhancing their role and making them responsible to RHAs; permitting larger General Practices to become fund-holding practices with finance to pay providers directly for outpatient and some inpatient services; and passing responsibility to Local Authorities for the provision of Community Care. As a result of these changes, several mergers took place between Health Districts and their resulting number was below 150. Most of the changes relating to health services took effect from 1st April 1991. The community care provisions of the Act took effect from 1st April 1993.

The 1993 Proposals

The Secretary of State for Health introduced proposals to change the management and structure of the NHS. The changes included the establishment of eight new Regional Offices of the NHS Management Executive (transformed into NHS Executive in 1994) and the reduction of the number of Regional Health Authorities to eight, coterminous with the Regional offices, both of which took effect on 1st April 1994.

The 1995 Act

As a result of the proposals made in 1993, which were further modified in 1994, the Health Authorities Act 1995 was passed. The main provisions of this Act, which came into effect on 1st April 1996, were to abolish the RHAs and to merge District Health Authorities and Family Practitioner Authorities into new Health Authorities. The previous functions of the RHAs were devolved to Health Authorities, eliminated or transferred to the NHS Executive Regional Offices.

The 1999 Act

Following the publication of the White Paper The new NHS in 1997, the Health Act 1999 was passed. The main provisions of this Act, which came into force during 1999 and 2000, were to abolish GP Fund holding and to introduce Primary Care Trusts (PCTs). Secretary of State's directions of 15th October 1998 gave force to another major proposal in The new NHS – the establishment of Primary Care Groups as committees of Health Authorities.

The 2001 Act

In 2000, a White Paper, the NHS Plan, was published which, among other things, proposed the abolition of Community Health Councils (CHCs) and their replacement with a range of bodies and initiatives for patient and public involvement and monitoring. Of those proposals, only provisions for Local Authority Overview and Scrutiny Committees for Health, Independent Advocacy Services and a general duty to involve and consult patients and the public were eventually included in the 2001 Act.

The 2002 Act

In July 2001 the Department of Health (DoH) published a paper “Shifting the Balance of Power within the NHS” following a speech by the Secretary of State for Health earlier that year. Many of the proposals in that paper were embodied in The 2002 Act, including the delegation of most of the functions of Health Authorities to Primary Care Trusts (PCT), the effective abolition of Health Authorities and their replacement with a much smaller number of Strategic Health Authorities, with mainly co-ordinating and ‘performance management’ functions in respect of both PCTs and NHS Trusts. [These provisions came into force on 1.10.02] “Shifting the Balance of Power” also announced that the eight Regional Offices of the Department of Health would be abolished and four new Regional Directors of Health and Social Care would be appointed – these proposals are currently being implemented. The 2002 Act also included provisions to abolish CHCs and to establish Patients’ Forums for every PCT and NHS Trust.

The 2002 Proposals

A White Paper, Delivering the NHS Plan, was published in April 2002. Among other proposals are the introduction of ‘payment by results’ for hospitals, increased patient choice and the creation of ‘Foundation Hospitals’, which will have greater independence than existing NHS Trusts.

SECTION 2

MANAGEMENT AND STRUCTURE OF THE NHS

National Level

At the national level there are the Secretary of State for Health and the Department of Health (DoH). Within the DoH the NHS Policy Board and the NHS Management Executive (NHSME) were established in May 1989 to replace the Health Services Supervisory Board and the NHS Management Board which had been established following the recommendations of the Griffiths Report. The NHSME was changed into the NHS Executive in Spring 1994 and re-emerged with the Department of Health in Autumn 2000. The Department of Health currently has eight NHS Regional Offices around England, which were due to be abolished in March 2003 but are still operational.

Strategic Health Authorities (StHAs)

There are 28 Strategic Health Authorities in England, covering populations from about 1.2 million to around 2.7 million with an average population of about 1.5 million. Strategic Health Authorities are accountable to the Secretary of State via the Department of Health. Before April 2002 there were 95 Health Authorities which in 1996 took over the functions of the previous District Health Authorities and Family Health Services Authorities, plus some functions of the former Regional Health Authorities. In 2002 those Health Authorities were effectively abolished and 28 Strategic Health Authorities established in their place. Many of the functions of the former Health Authorities were devolved in 2002 to Primary Care Trusts, leaving the StHAs with a major monitoring and performance management role.

Local Level: Primary Care Trusts (PCTs)

There are 304 Primary Care Trusts (two of which are Care Trusts) covering, on average, a population of around 150,000. PCTs are the main body responsible for securing and providing health services to their population including prison populations. PCTs are based in part on geographical areas and partly on those patients registered with GPs covered by that PCT.

Local Level: Service Providers

NHS Trusts: The majority of health services are provided by the NHS Trusts, which may consist of a single hospital or group of hospitals and/or group of services (community, mental health or ambulance). NHS Trusts contract with Primary Care Trusts to supply services, and are accountable to the Secretary of State via the Strategic Health Authority. There are 276 NHS Trusts, three of which are Care Trusts.

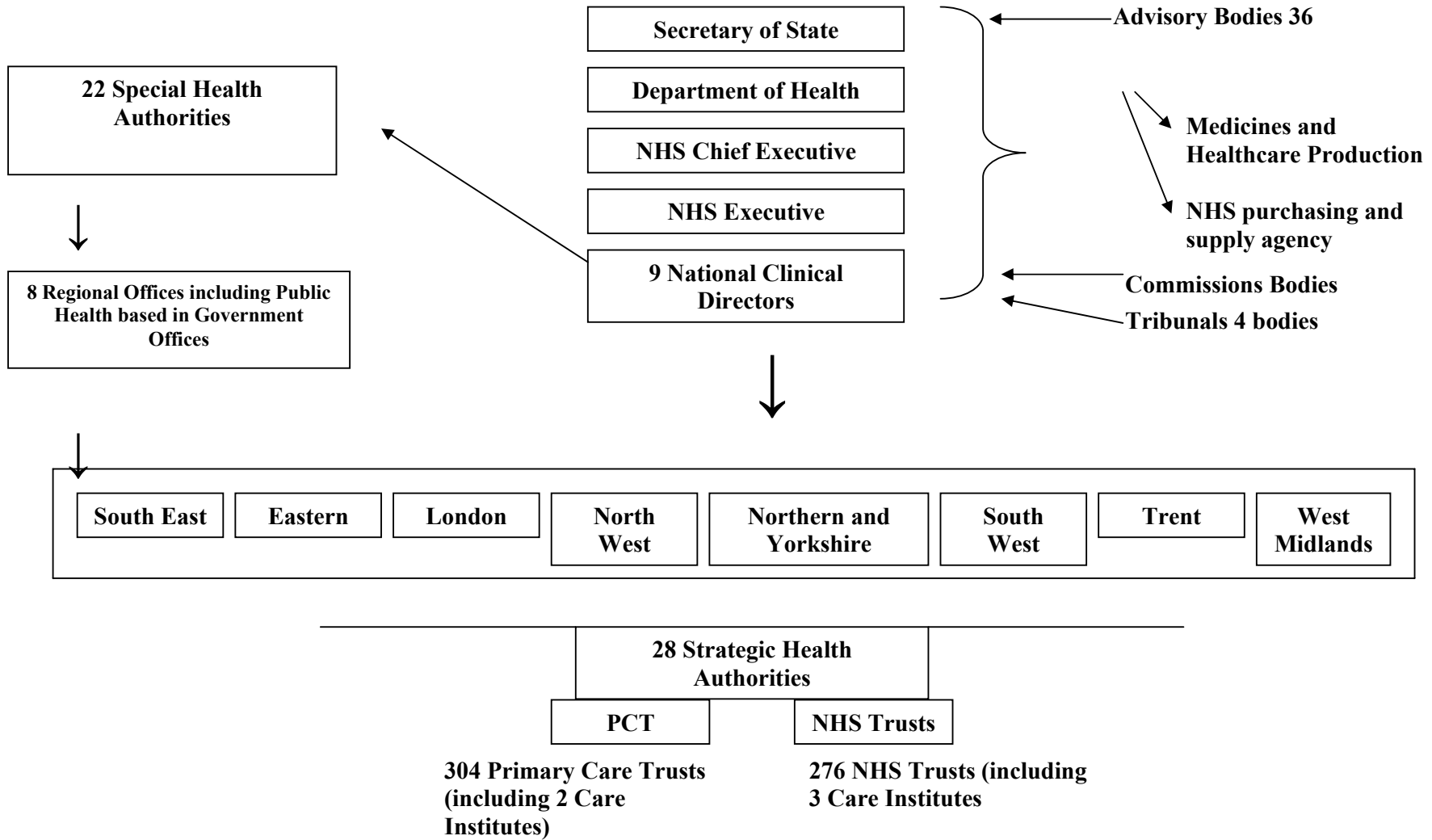
Non-NHS Providers: Primary Care Trusts may make contracts with non-NHS suppliers (e.g. private health and voluntary and charitable organisations) to supply health care services to their population/registered patients.

Family Practitioner Services: The majority are independent practitioners, including General Medical Practitioners, General Dental Practitioners, Pharmacists and Opticians, who are contracted to the NHS to provide a range of primary care services. An increasing number of General Practitioners are salaried and/or directly employed.

Special Health Authorities (SHAs)

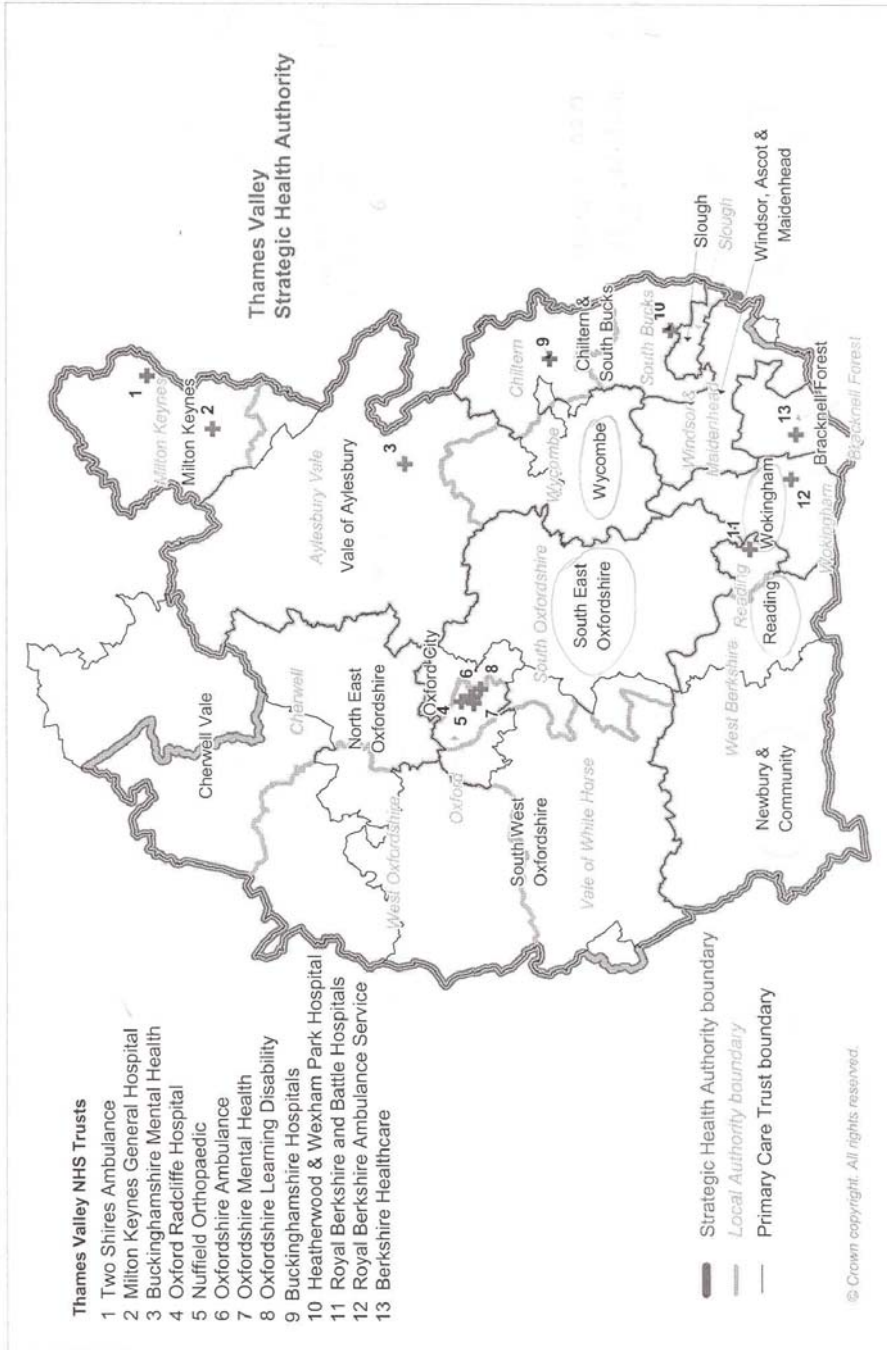
There are 18 Special Health Authorities, directly accountable to the NHS Executive, to run certain services, such as the NHS Logistics, Authority and the National Blood Authority, and to carry out certain functions, such as the UK Transport Authority, the NHS Information Authority and the National Institute for Clinical Excellence.

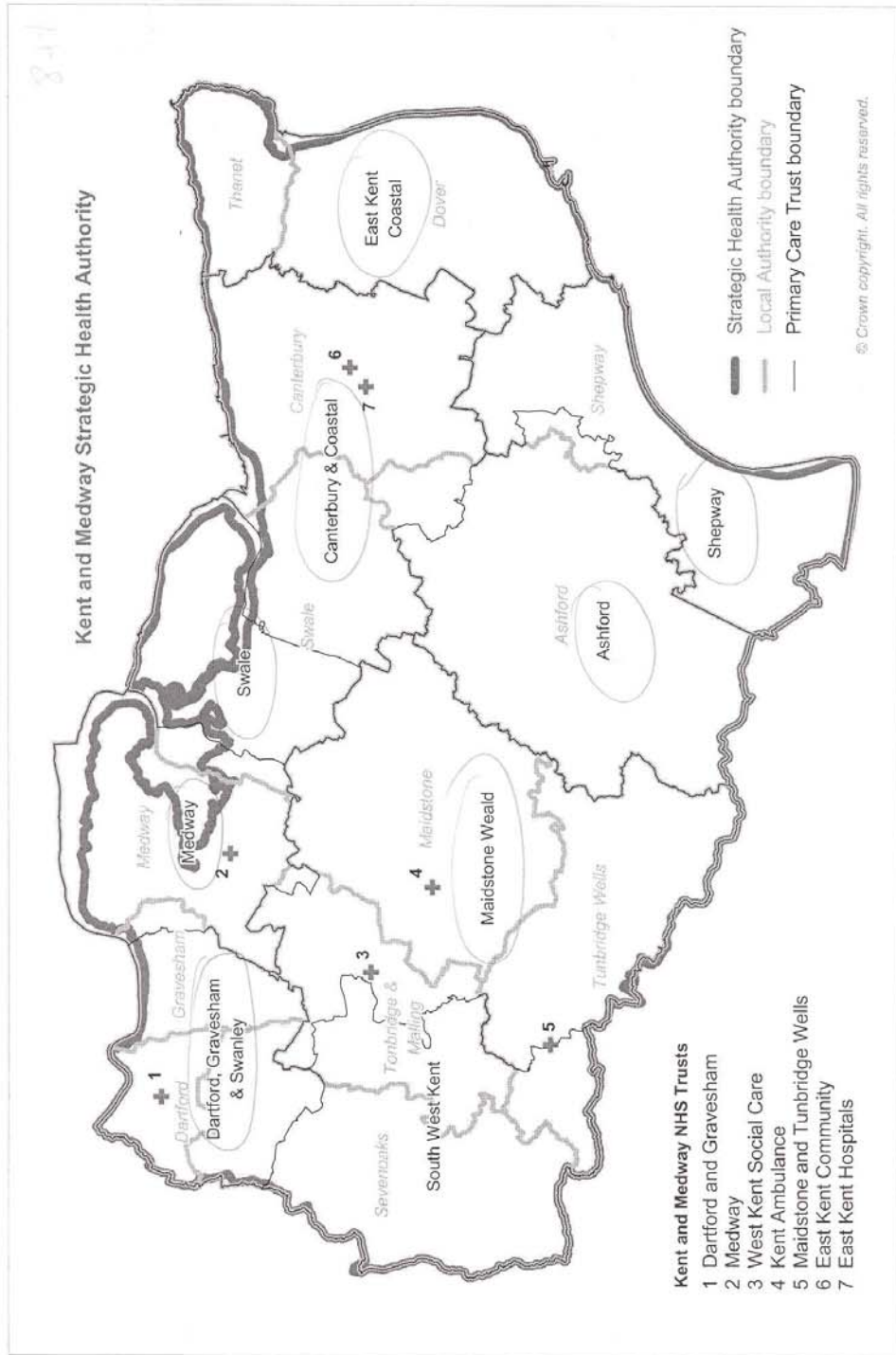
National Structure of the NHS in England

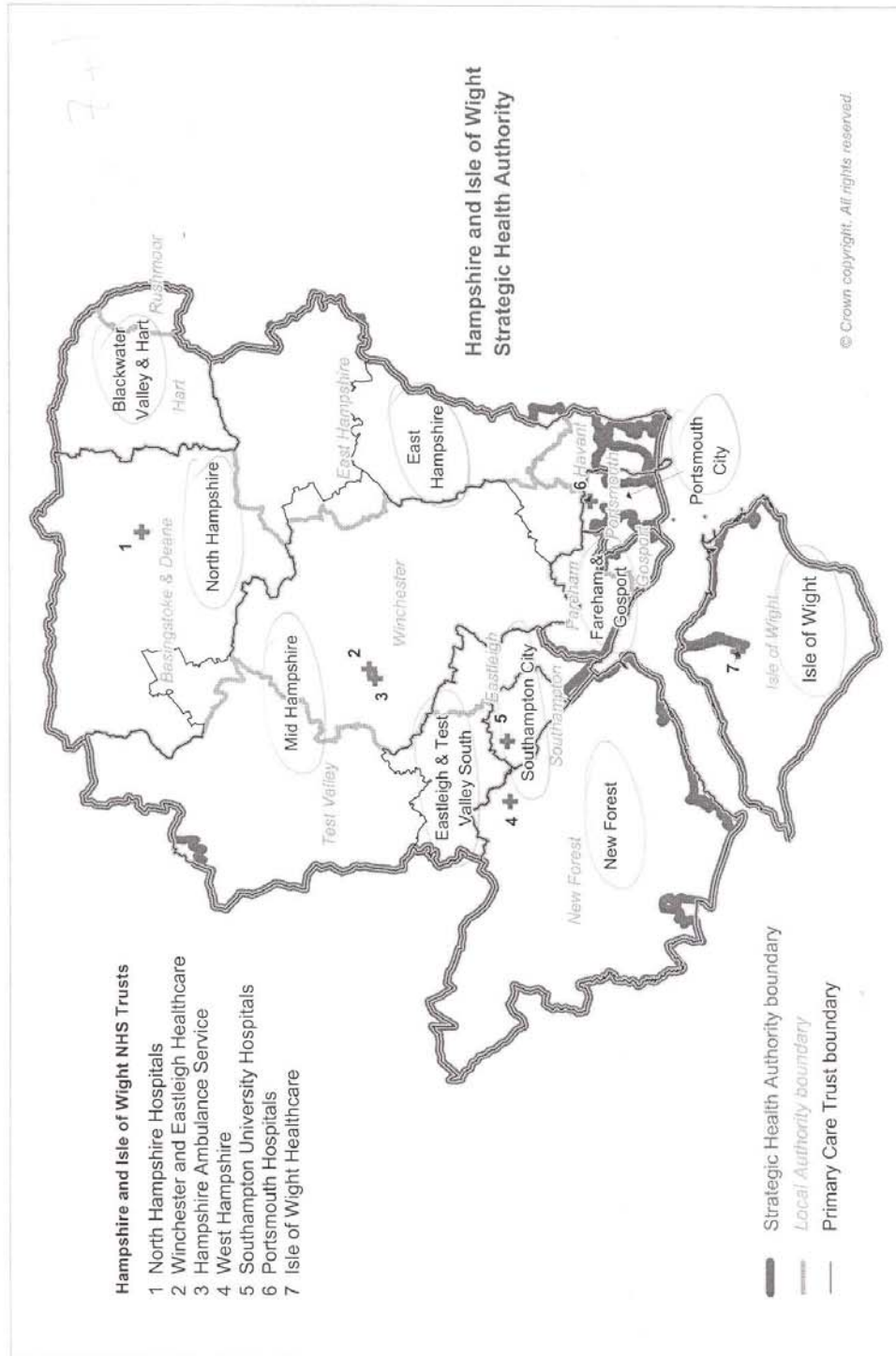


SECTION 3

REGIONAL STRUCTURE OF THE NHS







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SECTION 4

STRATEGIC HEALTH AUTHORITIES

CONTACT DETAILS:

Nick Relph
Chief Executive
Thames Valley Health Authority
Jubilee House
Oxford Business Park
Cowley
Oxford
Oxfordshire
OX4 2LH
Nick.relph@tvha.nhs.uk

Garreth Cruddace
Chief Executive
Hampshire & IoW Health Authority
Oakley Road
Southampton
Hampshire
SO16 4GX
Gareth.cruddace@hiowha.nhs.uk

Candy Morris
Chief Executive
Kent and Medway Health Authority
Preston Hall
Aylesford
Kent
ME20 7JN
Candy.morris@kentmedway.nhs.uk

Simon Robbins
Chief Executive
Surrey & Sussex Health Authority
York House
18-20 Massetts Road
Horley
Surrey
BN7 2PB
Simon.robbins@sysxha.nhs.uk

**PRIMARY CARE TRUSTS
CONTACT DETAILS:**

Steve Phoenix
Chief Executive
Adur, Arun & Worthing Primary Care Trust
1 Causeway
Goring-by-Sea
Worthing
West Sussex
BN12 6BT
Email: Steve.phoenix@aaw.nhs.uk

Marion Dinwoodie
Chief Executive
Ashford Primary Care Trust
Templar House
Tannery Lane
Ashford
Kent
TN23 1PL
Email: marion.dinwoodie@ekentha.nhs.uk

Rick Stern
Chief Executive
Bexhill & Rother Primary Care Trust
Holliers Hill
Bexhill-on-Sea
Worthing
East Sussex
TN20 2DZ
Email: Rick.stern@bar-pct.sthames.nhs.uk

Debbie Glenn
Chief Executive
Blackwater Valley Primary Care Trust
Winchfield Lodge
Od Pottbridge
Hampshire
RG27 8BT
Email: Debbie.glenn@rhpct.nm-ha.nhs.uk

Diane Hedges
Chief Executive
Bracknell Primary Care Trust
Church Hill House
51-52 Turing Drive
Bracknell
Berkshire
RG12 7FR
Email: diane.hedges@berks-ha.nhs.uk

Gary Needle
Chief Executive
Brighton & Hove Primary Care Trust
6th Floor
Vantage Point
New England Road
Brighton
East Sussex
BN1 4GW
Email: gary.needle@bhcpct.nhs.uk

Barry Thomas
Chief Executive
Cherwell Vale Primary Trust
Oxford Road
Banbury
Oxfordshire
OX16 9GE
Email: barry.Thomas@cherwellvale-pct.nhs.uk

Bart Johnson
Chief Executive
Chiltern & South Buckinghamshire Primary
Care Trust
Chiltern District Council Offices
King George V Road
Amersham
Buckinghamshire
HP6 5AW
Email: bart.johnson@nhs.net

Lynne Regent
Chief Executive
Crawley Primary Care Trust
Overline House
Station Way
Crawley
West Sussex
RH10 1JA
Email: lynne.regent@crawleypct.nhs.uk

Stephanie Stanwick
Chief Executive
Dartford, Gravesham & Swanley Primary
Care Trust
Top Floor
The Livingstone Hospital
East Hill
Dartford
Kent
DA1 1SA
Email: Stephanie.stanwick@dgspect.nhs.uk

Alan Kennedy
Chief Executive
East Elmbridge & Mid Surrey Primary Care Trust
Cedar Court
Guildford Road
Fetcham
Leatherhead
Surrey
KT22 9RX
Email: alan.kennedy@eeandms-pct.nhs.uk

Tony Horne
Chief Executive
East Hampshire Primary Care Trust
Hulbert Road
Waterlooville
Hampshire
PO7 7GP
Email: tony.horne@ports.nhs.uk

Darren Grayson
Chief Executive
East Kent Coastal Primary Care Trust
42 High Street
Broadstairs
Kent
CT10 1JT
Email: Darren.Grayson@ekenth.nhs.uk

Elaine Best
Chief Executive
East Surrey Primary Care Trust
St Johns Court
51 St Johns Road
Redhill
Surrey
RH1 6DS
Email: Elaine.best@east Surrey-pct.nhs.uk

Gina Brocklehurst
Chief Executive
Eastbourne Downs Primary Care Trust
1 St Anne's Road
Eastbourne
East Sussex
BN21 3NU
Email: gina.brocklehurst@eastbournedownspct.nhs.uk

John Richards
Chief Executive
Eastleigh & Test Valley South Primary
Care Trust
The Mount Hospital
Church Road
Bishopstoke
Eastleigh
Hampshire
SO50 6ZB
Email: john.Richards@etvs-pct.nhs.uk

Ian Piper
Chief Executive
Fareham & Gosport Primary Care Trust
Unit 108 Fareham Reach
166 Fareham Road
Gosport
Hampshire
PO13 0FH
Email: ian.poper@portsha.swest.nhs.uk

Toni Wilkinson
Chief Executive
Hastings & St Leonards Primary Care Trust
PO Box 124
St Leonards-on-sea
East Sussex
TN38 9WH
Email: toni.Wilkinson@js-pct.sthames.nhs.uk

David Crawley
Chief Executive
Isle of Wight Primary Care Trust
Whitecroft
Sandy Lane
Newport
Isle of Wight
PO30 3ED
Email: david.crawley@iow.nhs.uk

Bill Gillespie
Chief Executive
Medway Primary Care Trust
7-8 Ambley Green
Bailey Drive
Gillingham Business Park
Gillingham
Kent
ME8 0NJ
Email: bill.Gillespie@tgt.sthames.nhs.uk

Liz Slinn
Chief Executive
Guildford & Waverly Primary Care Trust
Broadmede House
Farnham Business park, Weydon Lane
Farnham
Surrey
GU9 8QT
Email: liz.slinn@qwpct.nhs.uk

Angel Ugur
Chief Executive
Horsham & Chanctonbury Primary Care Trust
Park House
North Street
Horsham
West Sussex
RH12 1RL
Email: angela.ugur@hcpct.nhs.uk

Nigel Howells
Chief Executive
Maidstone Weald Primary Care Trust
Forstal Ward
Preston Hall
Aylesford
Kent
ME20 7NJ
Email:
Nigel.howells@maidstonewealdpct.nhs.uk

Chris Evennet
Chief Executive
Mid Hampshire Primary Care Trust
Unit 3, Tidbury Farm
Bullington Cross
Sutton Scotney
Hampshire
SO21 3QQ
Email:
Christ.evennet@midhampshirepct.nhs.uk

Michael Wood
Chief Executive
Mid Sussex Primary Care Trust
Downsmere
The Princess Royal Hospital
Lewes Road
Haywards Heath
West Sussex
BH16 4EX
Email: Mike.wood@mspct.nhs.uk

Angela Jeffrey
Chief Executive
New Forest Primary Care Trust
8 Sterne Road
Tatchbury Mount
Calmore
Southampton
Hampshire
SO40 2RZ
Email: andgela.Jeffrey@nfpct.nhs.uk

Veronica Marsden
Chief Executive
North East Oxfordshire Primary Care Trust
Bicester Hospital
Kings End
Bicester
Oxfordshire
OX26 6DU

Nick Yeo
Chief Executive
North Surrey Primary Care Trust
Bournewood House
Guildford Road
Chertsey
Surrey
KT16 0QA
Email: nick.yeo@nsurreypct.nhs.uk

Barbara Kennedy
Chief Executive
Milton Keynes Primary Care Trust
The Hospital Campus
Standing Way
Eaglestone
Milton Keynes
Buckinghamshire
MK6 5NG
E-mail: Barbara.kennedy@mkpct.nhs.uk

Sheila Hayes
Chief Executive
Newbury & Community Primary care Trust
Newbury District Hospital
Andover Road
Newbury
Berkshire
RG14 6LS
Email: Sheila.hayes@berkshire.nhs.uk

Gill Duncan
Chief Executive
North Hampshire Primary Care Trust
Executive Suite
Parkland Hospital
Aldermaston Road
Basingstoke

Andrea Young
Chief Executive
Oxford City Primary Care Trust
Richards Building
Old Road
Headington
Oxford
Oxfordshire
OX3 7LG
Email: andrea.young@oxfordcity-pct.nhs.uk

Sheila Clark
Chief Executive
Portsmouth City Primary Care Trust
St James Hospital
Locksway Road
Portsmouth
Hampshire
PO4 8LD
Email: Sheila.clark@portsha.swest.nhs.uk

Janet Fitzgerald
Chief Executive
Reading Primary Care Trust
57 – 59 Bath Road
Reading
Berkshire
RG30 2BH
Email: janet.Fitzgerald@berkshire.nhs.uk

Ann Sutton
Chief Executive
Shepway Primary Care Trust
8 Radnor Park Avenue
Folkestone
Kent
CT19 5BN
Email: ann.suttan@ekentha.nhs.uk

Michael Attwood
Chief Executive
Slough Primary Care Trust
Walk In Centre
Upton Hospital
Albert Street
Slough
Berkshire
SL1 2BJ
Email: mike.attwood@berkshire.nhs.uk

Anne Kirkpatrick
Chief Executive
South East Oxfordshire Primary Care Trust
Wallingford Community Hospital
PO Box 194
Wallingford
Oxfordshire
OX10 9DU
Email: anne.Kirkpatrick@seoxon-pct.nhs.uk

Steve Ford
Chief Executive
South West Kent Primary care Trust
Sevenoaks
Kent
TN3 3PG
Email: steve.ford@swkent-pct.nhs.uk

Kerry Oldridge
Chief Executive
South West Oxfordshire Primary Care Trust
Wantage health Centre
Garston lane
Wantage
Oxfordshire
OX12 7AY
Email: kerry.oldridge@swoxon-pct.nhs.uk

Brian Skinner
Chief Executive
Southampton City Primary Care Trust
Central Health Clinic
East Park Terrace
Southampton
Hampshire
SO30 3JB
Email: john.mangan@swalepct.nhs.uk

Fiona Henniker
Chief Executive
Sussex Downs & Weald Primary Care Trust
36-38 Friars Walk
Lewes
West Sussex
BN7 2PT
Email:
Fiona.Henniker@sussexdownsandwealdpct.nhs.uk

John Mangan
Chief Executive
Swale Primary Care Trust
Sittingbourne Research Centre
200 Winch Road
Sittingbourne
Kent
ME9 8EF
Email: john.mangan@swalepct.nhs.uk

Shaun Brogan
Chief Executive
Vale of Aylesbury Primary Care Trust
Verney House
Gatehouse Road
Aylesbury
Buckinghamshire
HP19 8ET
Email: shaun.brogan@voa-pct.nhs.uk

Claire Holloway
Chief Executive
Western Sussex Primary Care Trust
1st Floor
Women & Children's Block
St Richards Hospital
Chichester
West Sussex
PO19 4SE
Email: Claire.Holloway@wsx-pct.nhs.uk

Sue Heatherington
Chief Executive
Wokingham Primary Care Trust
Wokingham Hospital
Barkham Road
Wokingham
Berkshire
RG41 2RE
Email: sue.heatherington@berkshire.nhs.uk

Mr Steve Benjamin
General Manager Primary Care Services
Verney House
Gatehouse Road
Aylesbury
Buckinghamshire
HP19 3ET
Email: steve.Benjamin@bssmail.nhs.uk

Phillip Burgess
Chief Executive
Windsor, Ascot & Maidenhead Primary Care Trust
King Edward VII Hospital
St Leonards Road
Windsor
Berkshire
SL4 3DP
Email: Philip.burgess@berkshire.nhs.uk

Jane Dale
Chief Executive
Woking Area Primary Care Group
Woking Community Hospital
Heathside Road
Woking
Surrey
GU22 7HS
Email: jane.dale@wokingpct.nhs.uk

Tracey Baldwin
Chief Executive
Wycombe Primary Care Trust,
Rapid House,
40, Oxford Road,
High Wycombe
Buckinghamshire
HP11 2EE
Email: tracy.baldwin@wycombe-pct.nhs.uk

NHS TRUSTS
CONTACT DETAILS:

Glenn Douglas
Chief Executive
Ashford & St Peter's Hospitals NHS Trust
'The Croft'
Guildford Road
Chertsey
Surrey
KT17 0PZ

Rod Halls
Chief Executive
Winchester & Eastleigh Healthcare NHS
Trust
Royal Hampshire County Hospital
Romsey Road
Winchester
Hampshire
SO22 5DG

Philippa Slinger
Chief Executive
Berkshire Healthcare NHS Trust
Church Hill House
Crowthorne Road
Bracknell
Berkshire
RG12 7EP

Julie Waldron
Chief Executive
Buckinghamshire Mental Health NHS
Trust
Manor House
Bierton Road
Aylesbury
Buckinghamshire
HP20 1EG

Stuart Welling
Chief Executive
Brighton Health Care NHS Trust
the Royal Sussex County Hospital
Eastern Road
Brighton
East Sussex
BN2 5BE

Dr Roger Greene
Chief Executive
Worthing & Southlands NHS Trust
Worthing Hospital
Lyndhurst Road
Worthing
West Sussex
BN11 2DH

Sue Jennings
Chief Executive
Dartford & Gravesham NHS Trust
Darent Valley Hospital
Darent Wood Road
Dartford
Kent
DA2 8DA

David Astley
Chief Executive
East Kent hospitals NHS Trust
Kent & Canterbury Hospital
Ethelbert Road
Canterbury
Kent
CT1 3NG

David Parr
Chief Executive
East Kent Community NHS Trust
Littlebourne Road
Canterbury
Kent
CT1 1AZ

Annette Sergeant
Chief Executive
East Sussex NHS Trust
St Anne's House
729 The Ridge
St Leonards on Sea
East Sussex
TN37 7PT

Stephanie Parkes-Crick
Chief Executive
East Sussex County Healthcare NHS Trust
Bowhill
The Drive
Hellingly
East Sussex
BN27 4EP

Andrew Morris
Chief Executive
Frimley Park Hospital NHS Trust
Frimley Park Hospital
Portsmouth Road
Frimley
Camberley
Surrey
GU16 7UJ

Lorraine Reid
Chief Executive
North West Surrey Mental Health Partnership NHS
Trust
Abraham Cowley Unity
Holloway Hill
Lyne
Chertsey
Surrey
KT16 0AE

Jon Wilkes
Chief Executive
West Kent NHS & Social care Trust
35 Kings Hill Avenue
West Malling
Kent
ME19 4AX

Ken Smith
Chief Executive
Kent Ambulance NHS Trust
Ambulance Service Headquarters
Heath Road
Coxheath
Maidstone
Kent
ME17 4BG

Mrs Clare Severgnini
Chief Executive
Hampshire Ambulance Service NHS Trust
Highcroft
Romsey Road
Winchester
Hampshire
SO22 5DH

Andrew Way
Chief Executive
Heatherwood & Wexham Park Hospitals
NHS Trust
Wexham Park Hospital
Wexham
Slough
Berkshire
SL2 4HL

Graham Elderfield
Chief Executive
Isle of Wight Healthcare NHS Trust
St Mary's Hospital
Newport
Isle of Wight
PO30 5TG

Rose Gibb
Chief Executive
Maidstone & Tunbridge Wells NHS Trust
Pembury Hospital
Tonbridge Road
Pembury
Kent
TN2 4QJ

Jill Rodney
Chief Executive
Milton Keynes General Hospital NHS
Trust
Standing Way
Eaglestone
Milton Keynes
Buckinghamshire
MK6 5LD

Andrew Horne
Chief Executive
Medway NHS Trust
Medway Maritime Hospital
Windmill Road
Gillingham
Kent
ME7 5NY

Mary Edwards
Chief Executive
North Hampshire Hospitals NHS Trust
The North Hampshire Hospital
Aldermaston Road
Basingstoke
Hampshire
RG24 9NA

Trevor Campbell-Davis
Chief Executive
Oxford Radcliffe Hospitals NHS Trust
The John Radcliffe Hospital
Headley Way
Headlington
Oxford
Oxfordshire
OX3 9DU

Yvonne Cox
Chief Executive
Oxfordshire Learning Disability NHS Trust
Slade House
Horspath Driftway
Headington
Oxford
Oxfordshire
OX3 7JH

Martin Barkley
Chief Executive
West Hampshire NHS Trust
The Maples
Horseshoe Drive
Tatchbury Mount
Calmore
Southampton
SO40 2RZ

Ed MacAlister-Smith
Chief Executive
Nuffield Orthopaedic Centre NHS Trust
Windmill Road
Headington
Oxford
Oxfordshire
OX3 7LD

John Nichols
Chief Executive
Oxfordshire Ambulance NHS Trust
Ambulance Service Headquarters
Churchill Drive
Old Road
Headlington
Oxford
Oxfordshire
OX3 7LH

Julie Waldron
Chief Executive
Oxfordshire Mental Healthcare NHS Trust
Warneford Hospital
Warneford Lane
Headington
Oxford
Oxfordshire
OX3 7JX

Alan Bedford
Chief Executive
Portsmouth Hospital NHS Trust
Delacourt House
Queen Alexandra hospital
Southwick Hill Road
Cosham
Portsmouth
Hampshire
PO6 3LY

Paul Martin
Chief Executive
Two Shires Ambulance NHS Trust
The Hunters
Buckingham Road
Deanshanger
Milton Keynes
MK19 6HL

Jan Bergman
Chief Executive
Queen Victoria Hospital NHS Trust
Holtye Road
East Grinstead
West Sussex
RH19 3DZ

Ian Ferguson
Chief Executive
Royal Berkshire Ambulance NHS Trust
Ambulance Headquarters
44 Finchampstead Road
Wokingham
Berkshire
RG40 2NN

Ann Sheen
Chief Executive
Royal Berkshire & Battle Hospitals NHS Trust
Royal Berkshire Hospital
London Road
Reading
Berkshire
RG1 5AN

Robert Lapraik
Chief Executive
Royal West Sussex Trust
St Richards Hospital
Chichester
West Sussex
PO19 4SE

Mathew Swindells
Chief Executive
Royal Surrey County Hospital NHS Trust
Royal Surrey county Hospital
Egerton Road
Guildford
Surrey
GU2 7XX

David Moss
Chief Executive
Southampton University Hospitals NHS
Trust
Trust Management Offices
Southampton University Hospitals NHS
Trust
Trust Management Offices
Southampton General Hospital
Tremona Road
Shirley
Southampton
Hampshire
SO16 6YD

Ruth Harrison
Chief Executive
Buckinghamshire Hospitals
NHS Trust
Trust Offices
Amersham Hospital
Whilden Street
Amersham
Buckinghamshire
HP7 0JD

Ken Cunningham
Chief Executive
Surrey & Sussex healthcare NHS Trust
East Surrey Hospital
Canada Avenue
Redhill
Surrey
RG1 5RH

Dr Michael Rosenberg
Chief Executive
Brighton General Hospital
Elm Grove
Brighton
East Sussex
BN2 3EW

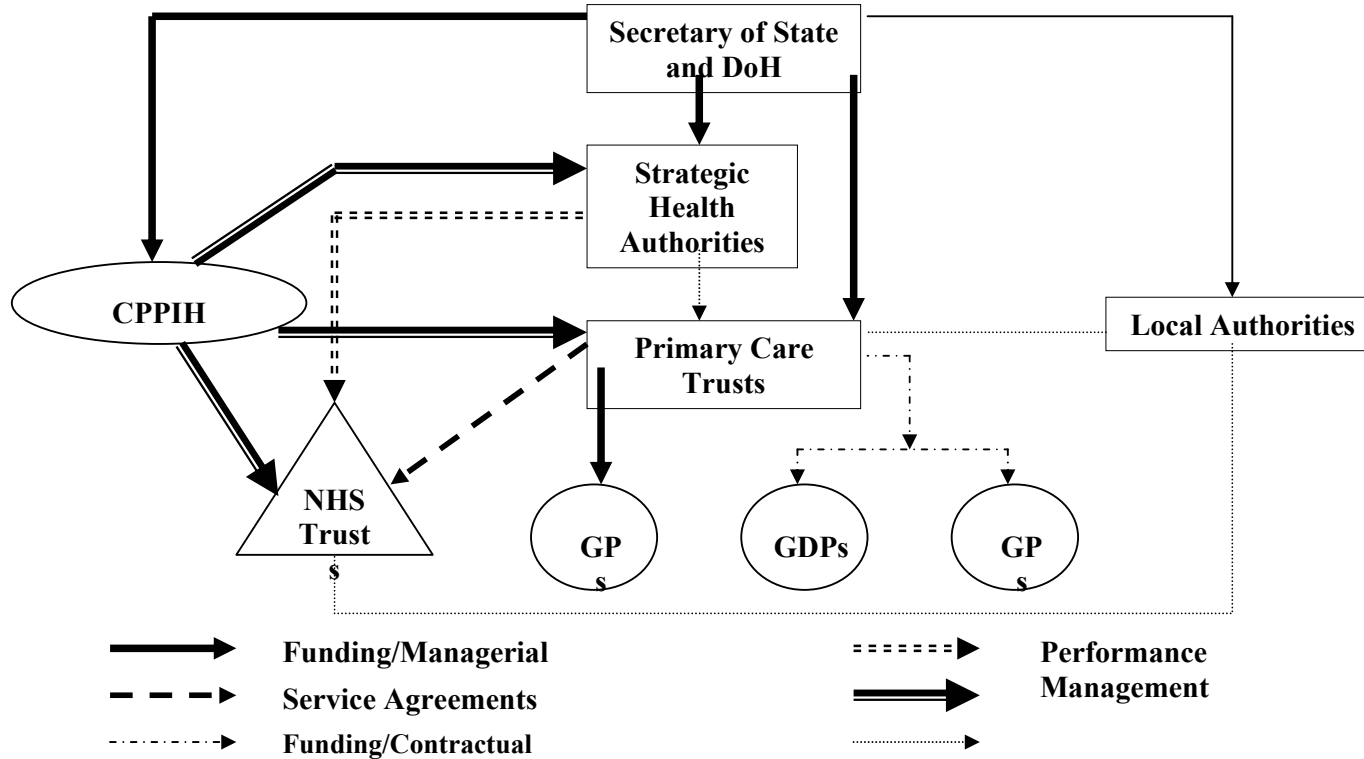
Fiona Green
Chief Executive
Surrey Hampshire Borders NHS Trust
Ridgewood Centre
Old Bisley Road
Camberley
Surrey
GU16 9QE

Paul Grant
Chief Executive
Surrey Ambulance Service NHS Trust
Ambulance Service Headquarters
The Horseshoe
Bolters Lane
Banstead
Surrey
SM7 2AS
Maggie Somekh
Chief Executive
Surrey Oaklands NHS Trust
Oaklands House
Coulsdon Road
Caterham
Surrey
CR3 5YA

David Griffiths
Chief Executive
Sussex Ambulance Services NHS Trusts
Ambulance Service NHS Trust
Ambulance Service Headquarters
40-42 Friars Walk
Lewes
East Sussex
BN7 2XW

SECTION 5

**SCHEMATIC DIAGRAM OF RELATIONSHIPS WITHIN THE NHS OCTOBER 2002
(INCLUDING LOCAL AUTHORITIES)**



CPPIH = Commission for Patient and Public Investment and Public Involvement in Health

PCTs = Primary Care Trusts may or may not share boundaries with Local Authorities

SECTION 6

RESPONSIBILITY FOR SERVICES BETWEEN THE NHS AND LOCAL AUTHORITIES

NHS responsibilities:

Hospital Services
Ambulance Services
Epidemiology
Public Health
Family Planning
Health Centres
Health Visiting
Home Nursing and Midwifery
Maternity and Child Health Care Medical
Nursing Services (including long term medical care)
Vaccination and Immunisation
School and Medical and Dental Services
Some Child Guidance
Some Health Education
Family Practitioner Services

Local Authorities responsibilities:

Personal Social Services
Residential Services e.g. Welfare Homes
Children's Homes
Social and Personal Domiciliary Care
Assessment for and Provision of Community Care Services
Long Term Social and Non-Medical Care
Assessment and Education of Disabled Children
Some Health Education
Education
Housing
Environmental Health

SECTION 7

Role of the SOUTH EAST PUBLIC HEALTH OBSERVATORY

The Public Health Observatories in England have been in existence for over four years and are now well established, with a good national reputation and credibility, and a firm financial footing. The South East Public Health Observatory (SEPHO – www.sepho.org.uk) shaped its work programme around the tasks set out in Saving Lives: Our Healthier Nation, which are:

- Monitoring health and disease trends and highlighting areas for action
- Identifying gaps in health information
- Advising on methods for health and health inequality impact assessments
- Drawing together information from different sources in new ways to improve health
- Carrying out projects to highlight particular health issues
- Evaluating progress by local agencies in improving health and cutting inequality
- Looking ahead to give early warning of future public health problems

SEPHO's aim is to improve health and reduce inequalities in the South East region by providing and brokering population-based information, knowledge and skills for SEPHO's users, partners and stakeholders.

SEPHO do this by:

- providing authoritative and appropriate information and knowledge that gives added value for our stakeholders;
- brokering national, regional and local information, knowledge and skills;
- supporting networks of public health organisations, professionals and practitioners; and
- developing the technical systems to enable users to access and share resources.

They are part of the Regional Public Health Group and accountable through a service level agreement to the Regional Director of Public Health. We are part of a wider network of groups providing public health intelligence (Oxford Cancer Intelligence Unit, Health Protection Agency South East, Drug Treatment Monitoring Unit and the Health Development Agency) and are developing our inter-linkages and governance to reflect this developing agenda.

Contact Address:

South East Public Health Observatory
4150 Chancellor Court
Oxford Business Park South
Oxford
Oxfordshire
OX4 2JY
Tel: 01865 334714
Fax: 01865 334715

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APPENDIX 1 MINISTERS' RESPONSIBILITIES AND BIOGRAPHIES AT NOVEMBER 2004



John Reid, Secretary of State

The Secretary of State has overall responsibility for the work of the Department, including overall strategic responsibility for NHS improvement, delivery and reform, finance and resources



John Hutton, Minister of State for Health

Responsible for NHS workforce issues including pay, NHS performance and access, capacity expansion, primary care and NHS information technology



Rosie Winterton, Minister of State

Responsibilities cover emergency care including A&E and ambulance services, NHS Direct, adult mental health services, clinical negligence, patient and public involvement, diabetes services, transplants and organ donation, dentistry and pharmacy issues



Lord Warner of Brockley, Parliamentary Under Secretary of State (Lords)

Responsible for CHAI and the NHS performance ratings, quality and clinical governance, NICE, pharmaceutical industry issues, genetics and biotechnology, departmental agencies and Research & Development



Melanie Johnson, Parliamentary Under Secretary for Public Health

Responsibilities cover cancer, coronary heart disease, tobacco policy, communicable diseases, immunisation, health inequalities, drug & alcohol misuse, sexual health issues, food safety and FSA



Stephen Ladyman, Parliamentary Under Secretary of State for Community

Responsibilities cover adult social services, older people's services, policy on carers, children's health services, services for disabled people, autism, and long-term

APPENDIX 2

ABOUT THE DEPARTMENT OF HEALTH

The Department of Health (DoH) is responsible for leading and driving forward change in the NHS and social care, as well as improving standards of public health.

The Department's work is far reaching – ranging from setting national standards on waiting and emergency care to promoting healthier lifestyles and living.

The DoH is centred in Leeds and London.

Currently half way through an 18-month programme to radically change the way we work, so that we provide more effective leadership to the NHS and social care, and a better service to Ministers and the public.

The Change Programme will reduce the size of the core Department by 1,400 – from over 3,600 posts to 2,200 – by October 2004. This represents a 38 per cent reduction at the centre. Half of those posts will not be replaced and will be achieved by efficiency savings, while the rest of the reduction will result from transferring post to other national bodies.

APPENDIX 3

DEPARTMENT OF 7 HEALTH BOARD MEMBERS

The Departmental Board's role is to manage the Department of Health's business and priorities. The board has eight members.

Board Members' Responsibilities and Biographies

Sir Nigel Crisp

Title: Chief Executive of the NHS



Sir Nigel Crisp ensures that the Department provides effective leadership for the NHS and social care.

His Career includes spells as a hospital Chief Executive. He was Regional Director for London before becoming the first person to combine the top roles in the Department and the NHS. He will lead on ensuring the Department provides effective leadership to the NHS and social care.

John Bacon

Title: Group Director, Delivery



John Bacon takes the lead on delivering the NHS Plan.

Sir Liam Donaldson

Title: Group Director, Standards & Quality, and Chief Medical Officer



Sir Liam will drive forward quality and standards of health and social care services, the promotion of health, protection of the population, and patient safety.

Hugh Taylor

Title: Group Director, Strategy and Business Development

Hugh will personally lead on ensuring DoH becomes an effective Department of State

Richard Douglas

Title: Director of Finance and Investment

Richard will be striving to develop effective financial and investment support for the department.

Sian Jarvis

Title: Director of Communications

Sian will lead on integrating communications with policy, developing the NHS as a 'brand for health', and enhancing communications with the NHS and important stakeholders.

Sarah Mullally

Title: Director of User Experience and Involvement, and Chief Nursing Officer



Sarah will balance clinical professional leadership and driving forward improving user experience and involvement, putting them at the heart of everything the Department, the NHS and the social care do.

APPENDIX 4

ROLE OF 9 NATIONAL CLINICAL DIRECTORS

National Clinical Directors are experts in their field. They take the lead in implementing the Department's key national clinical priorities.

Responsibilities and Biographies

Professor Sir George Alberti

Title: National Director for Emergency Access



Professor Sir George Alberti was appointed as the first National Clinical Director for Emergency Access in 2002. He is responsible for overseeing the implementation of the Reforming Emergency Care strategy.

Professor Louis Appleby

Title: National Director for Mental Health in England



Louis Appleby was appointed as National Director for Mental Health in England in April 2000. He chairs the Mental Health Taskforce set up to implement the NHS Plan.

Professor Al Aynsley-Green

Title: National Clinical Director for Children



Professor Aynsley-Green was appointed in July 2001

Dr Roger Boyle

Title: National Director for Heart Disease



Dr Boyle was appointed as National Director for Heart Disease in March 2000. He is also Chairman of the National Taskforce for CHD, a Fellow of the Royal College of Physicians and the European Society of Cardiology, and a member of the Council of the British Cardiac Society.

David Colin-Thome

Title: National Clinical Director for Primary Care



David Colin-Thome was appointed as National Clinical Director for Primary Care in May 2001. He is also a part-time GP and honorary visiting professor of the Manchester Centre for Healthcare Management at Manchester University.

Professor Ian Philp

Title: National Director for Older People's Services



Ian Philp, as the National Director for Older People's Services, has responsibility for implementing the National Service Framework for care of older people in England with a brief to stamp out ageism in the NHS. Prior to publication, he was co-chair of the External Reference Group of the National Service Framework.

Professor Mike Richards

Title: National Cancer Director



Professor Richards was appointed National Cancer Director in October 1999, as well as being Sainsbury Professor of Palliative Medicine at Guy's, Kings & St Thomas' Hospital School of Medicine since 1995. He is also Vice Chairman of the National Cancer Guidance Steering Group.

Dr Sue Roberts

Title: National Clinical Director for Diabetes

Dr Sue Roberts was appointed National Clinical Director for Diabetes in February 2003 but continues to work as a physician and clinical co-ordinator for the Northumbrian Diabetes Service

Harry Cayton

Title: National Director for Patients and the Public



Harry Cayton advises ministers, the Department of Health and the NHS on the involvement of patients and the public, on improving patients experience and on building a patient centred health service.

APPENDIX 5

Role of 3 Business Groups

The shape of the Department has changed from 14 Directorates to a streamlined structure of three Business Groups, led by Directors who are leaders in their field.

The Business Groups

1) Delivery

This group is led by John Bacon, who previously held several senior NHS Director roles. The Group is responsible for supporting the delivery of the targets set out in the NHS Plan. These include reducing waiting times, increasing choice for NHS patients, securing resources for NHS and local government organisations, ensuring the NHS has the capacity to deliver services to patients, and integrating NHS IT systems to deliver modernised patient services.

2) Standards and Quality

This group is led by Sir Liam Donaldson, who is also the Chief Medical Officer. The Group is responsible for the majority of our policy-making responsibilities, ranging from leading-edge scientific developments and medical innovations, such as stem cell research, to lifestyle issues, such as obesity. The Group will set standards and define quality in health and social care services, maintain and promote health and well-being, ensure safety of patients and service users, and deliver some of the Government's key programmes, such as Coronary Heart Disease and Cancer.

3) Strategy and Business Development

This group is responsible for important corporate services to ensure the Department is run effectively and efficiently. This includes business and corporate support for the Chief Nursing Officer, Communications, HR and IT. Co-ordinated by Hugh Taylor, former Director for NHS workforce, the group also leads on important programmes and policies, such as system reform, equality, medicine and pharmacy, user experience and involvement, and professional leadership.

Appendix 6

Role of the 22 Special Health Authorities

Special Health Authorities (SHAs) have been set up to provide a national service to the NHS or the public, under Section 11 of the NHS Act 1977. They are independent, but can be subject to ministerial direction like other NHS bodies.

The SHA's are:

1) Counter Fraud and Security Management Service (CFSMS)

The CFSMS has responsibility for all policy and operational matters relating to the prevention, detection and investigation of fraud and corruption and the management of security in the NHS.

2) Dental Practice Board (DPB)

The DPB is the statutory body that administers the General Dental Services of the NHS and is accountable to the DoH and National Assembly for Wales. The Board predates the NHS and is therefore formally classified as an 'Other NHS Body' rather than an SHA

3) Dental Vocational Training Authority (DVTA)

The DVTA, on behalf of health authorities in England and Wales, maintains a register of dentists who have completed the required period of vocational training (or who have acquired equivalent experience, or are exempt from this requirement).

4) Family Health Services Appeal Authority (SHA)

The purpose of the SHA (Special Health Authority) is to improve the provision of healthcare by efficiently ensuring prompt, fair and reasoned resolution of disputes within the National Health Service.

5) Health Development Agency (HDA)

The HDA is the national authority on what works to improve people's health and reduce health inequalities. It gathers evidence and produces advice for policy makers, professionals and practitioners, working alongside them to get evidence into practice.

6) Health Protection Agency (HPA)

The HPA is a new national organisation for England and Wales, established on 1 April 2003. It is dedicated to protecting people's health and reducing the impact of infectious diseases, chemical hazards, poisons and radiation hazards. It brings together the expertise of health and scientific professionals working in public health, communicable disease, emergency planning, infection control, laboratories, poisons, chemical, and radiation hazards.

7) Mental Health Act Commission (MHAC)

The MHAC keeps under review the operation of the Mental Health Act 1983 in respect of patients liable to be detained under the Act.

8) National Blood Authority (NBS)

The NBS guarantees to deliver blood, blood components, blood products and tissues to anywhere in England and North Wales.

9) National Clinical Assessment Authority (NCAA)

NCAA aims to provide a support service to health authorities, primary care trusts and hospital and community trusts, and employers of hospital and community dentists, who are faced with concerns over the performance of an individual doctor or dentist.

10) National Institute for Clinical Excellence (NICE)

NICE's role is to provide patients, health professionals and the public with authoritative, robust and reliable guidance on current "best practice". The guidance will cover both individual health technologies (including medicines, medical devices, diagnostic techniques, and procedures) and the clinical management of specific conditions.

11) National Patient Safety Agency (NPSA)

NPSA's aim is to improve the safety and quality of care through reporting, analysing and learning from things that go wrong.

12) National Treatment Agency for Substance Misuse (NTA)

The NTA aims to increase the availability, capacity and effectiveness of treatment for drug misuse in England.

13) NHS Appointments Commission

The NHS Appointments Commission makes all chair and non-executive appointments to NHS trusts, Primary Care Trusts and Health Authorities.

14) NHS Direct

NHS Direct Online offers high-quality advice about health and healthy living.

15) NHS Information Authority (NHSIA)

NHSIA's aim is to improve patient care and achieve best value for money by working with NHS professionals, suppliers and academics and others to provide national products, services and standards that support the sharing and most efficient and effective use of information.

16) NHS Litigation Authority (NHSLA)

NHSLA indemnifies NHS bodies in respect of both clinical negligence and non-clinical risks and manages claims and litigation under both headings; it also has risk management programmes in place against which NHS trusts are assessed.

17) NHS Logistics Authority

NHS Logistics supports the NHS by providing the main supply channel for consumable products. It also acts as the centre for supply-chain expertise in the NHS, providing development, support, e-commerce solutions and web-based management information.

18) NHS Pensions Agency

Looking after the pension needs of NHS staff.

19) Prescription Pricing Authority (PPA)

PPA's main functions are to calculate and make payments for amounts for supplying drugs and appliances prescribed under the NHS, to manage a range of health benefits, and to produce the Drug Tariff and information about prescribing volumes, trends and costs.

20) Retained Organs Commission

The Retained Organs Commission ceased to operate on 31 March 2004.

21) UK Transplant

UK Transplant provides support to transplantation services across the UK to ensure that donated organs are matched and allocated in a fair and unbiased way.

22) NHS Employers Confederation

On 1 November 2004 the NHS Confederation will launch NHS Employers, the new employers' organisation for the NHS in England. NHS Employers will take over responsibility from the DoH for much of the NHS human resources agenda, that has been devolved by the DoH, including national negotiations, representing NHS employers' views, and providing employers with information and support. NHS Employers, which will be a part of the NHS Confederation but with its own director, will have a staff of more than 100. Policy will be steered by an assembly of 204 employer representatives and a policy board of 22 representatives.

Appendix 7

Role of 36 Advisory Bodies

Advisory bodies assist in evaluating, investigating and supporting policy development in key areas.

The Advisory Bodies are:

1) Acupuncture Regulatory Working Group

To examine the options to achieve successful statutory regulation of the acupuncture profession as a whole.

2) Administration of Radioactive Substances Advisory Committee (ARSAC)

Regulation 2 of the Medicines (Administration of Radioactive Substances) Regulations 1978 (MARS Regulations 1978) requires that any doctor or dentist who wishes to administer radioactive medicinal products to humans should hold a certificate issued by Health Ministers. The Regulations also established a committee to advise Ministers on applications.

3) Advisory Committee on Clinical Excellence Awards (ACCEA)

The newly appointed ACCEA is an independent, advisory Non-Departmental Public Body (NDPB) succeeding the Advisory Committee on Distinction Awards (ACDA).

4) Advisory Committee on Dangerous Pathogens (ACDP)

The ACDP is a non-statutory advisory NDPB. The Committee comprises a Chairman and 17 members. The membership is tripartite, including 9 scientific experts, 4 employer representatives and 4 employee representatives.

5) Advisory Committee on Genetic Testing (ACGT)

These pages provide information on the former ACGT. ACGT's role and function were subsumed into the Human Genetics Commission when the latter was established in December 1999, following a comprehensive review in May 1999 by the UK Government of the regulatory and advisory framework for biotechnology.

6) Advisory Committee on the Microbiological Safety of Blood and Tissues for Transplantation (MSBT)

The MSBT was set up in 1993. Its terms of reference are "To advise the Health Departments of the UK on measures to ensure the microbiological safety of blood and tissues for transplantation. In making recommendations in relation to blood, the Committee will bear in mind the need for maintaining an adequate supply of blood of appropriate quality for both immediate use and for plasma processing."

7) Advisory Group on Hepatitis (AGH)

To advise the Chief Medical Officers in England, Scotland, Wales and Northern Ireland on appropriate policies for the prevention and control of viral hepatitis in the community and in health care settings, but excluding advice on the microbiological safety of blood and tissues for transplantation, and of health care equipment.

8) Advisory Group on the Reform of the NHS (Pharmaceutical Services) Regulations 1992

The expert group set up to advise Government on how best to modernise and reform current NHS pharmacy regulations.

9) Committee on Carcinogenicity of Chemicals in Food, Consumer Products and the Environment (COC)

COC is an independent advisory committee that provides advice to Government Departments and Agencies on matters concerning the potential carcinogenicity of chemicals ranging from natural products to new synthetic chemicals used in pesticides or pharmaceuticals.

10) Committee on Medical Aspects of Food and Nutrition Policy (COMA)

The COMA was disbanded in March 2000. A new committee, The Scientific Advisory Committee on Nutrition (SACN), is now set up.

11) Committee on Medical Aspects of Radiation in the Environment

12) Committee on Mutagenicity of Chemicals in Food, Consumer Products and the Environment (COM)

COM is an Independent Advisory Committee that provides advice to Government Departments and Agencies on matters concerning the potential mutagenicity of chemicals ranging from natural products to new synthetic chemicals used in pesticides or pharmaceuticals.

13) Committee on the Medical Effects of Air Pollutants (COMEAP)

COMEAP is an Advisory Committee of independent experts that provides advice to Government Departments and Agencies on all matters concerning the potential toxicity and effects upon health of air pollutants.

14) Committee on Toxicity of Chemicals in Food, Consumer Products and the Environment (COT)

Since 1st April 2000, food issues have become the responsibility of the Food Standards Agency.

15) Expert Advisory Group on AIDS (EAGA)

The EAGA is an advisory non-departmental public body which is non-statutory. It was established in 1985. Terms of reference: "To provide advice on such matters relating to AIDS as may be referred to it by the Chief Medical Officers of the Health Departments of the United Kingdom".

16) Genetics and Insurance Committee (GAIC)

GAIC is a non-statutory advisory non-departmental public body and has a UK-wide remit.

17) Gene Therapy Advisory Committee (GTAC)

To consider and advise on the acceptability of proposals for gene therapy research on human subjects, on ethical grounds, taking account of the scientific merits of the proposals and the potential benefits and risks.

18) Healthcare Industries Task Force (HITF)

The establishment of the HITF was announced on 27 October. The Task Force brings together Government and industry leaders to identify steps to develop, stimulate the growth and performance of the UK healthcare industry and maximise the benefit to patients from healthcare products.

19) Herbal Medicine Regulatory Working Group (HMRWG)

The HMRWG was established by the DoH, the Prince of Wales's Foundation for Integrated Health (FIH) and the European Herbal Practitioners Association (EHPA) and is concerned with the regulation of the herbal medicine profession.

20) Human Genetics Advisory Commission (HGAC)

The HGAC was operational from December 1996 until December 1999, after which it was subsumed into the newly-launched Human Genetics Commission (HGC). During its existence, it offered Government independent advice on issues arising from developments in human genetics, including genetic testing and insurance, cloning, and genetic testing and employment.

21) Joint Committee on Vaccination and Immunisation (JCVI)

The JCVI is an independent expert advisory committee first set up in 1963. Its Terms of Reference are: "To advise the Secretaries of State for Health, Scotland, Wales and Northern Ireland on matters relating to communicable diseases, preventable and potentially preventable through immunisation."

22) Maternity and Neonatal Workforce Group

To consider the modernisation of maternity services in the light of the NHS Plan, Saving Lives: Our Healthier Nation and Supporting Families, and the philosophy of a service designed around users' needs.

23) Medicines (Administration of Radioactive Substances) Regulations 1978

Regulation 2 of the Medicines (Administration of Radioactive Substances) Regulations 1978 (MARS Regulations 1978) requires that any doctor or dentist who wishes to administer radioactive medicinal products to humans should hold a certificate issued by Health Ministers.

24) National Specialist Commissioning Advisory Group (NSCAG)

The NSCAG was established in 1996 to advise Ministers on the identification and funding of services where central intervention into local commissioning of patient services was necessary for reasons of clinical effectiveness, equity of access and/or economic viability. It superseded the Supra Regional Services Advisory Group (SRSAG).

25) NHS-Wide Clearing Service (NWCS)

The Advisory Group was established in 1996. In its first full year, the work of the Group was mainly focused on two national databases containing patient identifiable NHS data; the DoH's Hospital Episodes Statistics (HES) database, and the NHS-Wide Clearing Service (NWCS) database, from which HES data is extracted. The Group has also been involved in various other issues where appropriate, such as the work and recommendations of the Caldicott Committee. In its second full year of operation the group expanded its remit to include the NHS Strategic Tracing Service (NSTS).

26) Nutrition Forum

The Nutrition Forum will bring key stakeholders in nutrition together on a regular basis to allow an exchange of views and information and to facilitate communication between stakeholders. This will encourage co-ordination between stakeholders to maximise effectiveness of actions and avoid duplication.

27) Paediatric & Congenital Cardiac Services Review Group

The Paediatric & Congenital Cardiac Services Review Group was set up in March 2001 to advise on the implementation of the recommendations of the Kennedy Report for paediatric and congenital cardiac services following the tragic failures at Bristol Royal Infirmary.

28) Patient Information Advisory Group (PIAG)

The group, representing patient groups, healthcare professionals and regulatory bodies, will make sure patients' rights are maintained when the NHS and other health-related organisations use medical information about them.

29) Pharmaceutical Industry Competitiveness Task Force (PICTF)

The PICTF will bring together the expertise and experience of the industry leaders in the UK with Government policy makers to identify and report to the Prime Minister on the steps that may need to be taken to retain and strengthen the competitiveness of the UK business environment for the innovative pharmaceutical industry.

30) Registered Homes Tribunal

Owners of independent residential care homes, nursing homes, and childrens' homes have the right of appeal against the decision of the registration authority or, in the case of voluntary childrens' homes, the Secretary of State for Health, to refuse or cancel the home's registration or vary the registration conditions. Appeals are heard by the Registered Homes Tribunals as constituted under Part III of the Registered Homes Act 1984 and the Children Act 1989.

31) Scientific Committee on Tobacco and Health (SCOTH)

The SCOTH advises the UK Chief Medical Officer on the health effects of smoking.

32) Specialist Advisory Committee on Antimicrobial Resistance (SACAR)

SACAR is an independent advisory committee, set up to provide expert scientific advice on resistance issues arising from medical, veterinary and agricultural use of antimicrobials.

33) Standing Dental Advisory Committee (SDAC)

The SDAC was established in 1946 to advise the Minister and the Central Health Services Committee (CHSC) on matters relating to services provided under the 1946 Act. The role of SDAC is evolving. In the past SDAC performed its statutory function in three ways: developing advice (advisory role); commenting on advice developed by others (consultative role); and alerting Ministers and the Department to issues which are likely to be important in the future (monitoring role).

34) Standing Medical Advisory Committee (SMAC)

SMAC's independent advisory role has been developed to concentrate on specific strategic issues identified by members as being particularly significant to the medical profession. Such issues should complement, without duplicating, work to implement the NHS Plan.

35) Standing Nursing and Midwifery Advisory Committee (SNMAC)

SNMAC's independent advisory role has developed to concentrate on specific strategic issues identified by members as particularly significant to the nursing and

midwifery professions. Their work should complement, rather than duplicate, work to implement the NHS Plan.

36) UK Xenotransplantation Interim Regulatory Authority (UKXIRA)

To advise the Secretaries of State for Health, Northern Ireland, Scotland and Wales on the action necessary to regulate xenotransplantation, taking into account the principles outlined in "Animal Tissues into Humans", and worldwide developments in xenotransplantation.

37) Unlinked Anonymous Surveys Steering Group (UASSG)

To steer the unlinked anonymous programme, specifically to: - Advise on the programme, its performance and the value for money of the surveys for HIV and other infectious diseases as agreed by Ministers. Ensure that surveys continue to meet Ministerial priorities and results are used to inform public health issues. Maintain effective liaison with relevant components of the Medical Research Council. Maintain contact with the Professional Forum with regard to issues arising from the unlinked anonymous surveys. Advise on the establishment of surveys to monitor the prevalence of hepatitis C virus in the population and the public health need to monitor survey samples for other infectious diseases.

38) Unrelated Live Transplant Regulatory Authority (ULTRA)

The ULTRA ("the Authority") is a statutory body established by the Human Organ Transplants (Unrelated Persons) Regulations 1989. The Authority comprises a Chairman and up to eleven members appointed by the Secretary of State. The Authority's secretariat is provided by officials working in the DoH.

Appendix 8

Role of 3 Executive Agencies

The DoH works with five executive agencies who have responsibility for particular business areas. The agencies are still part of the Department and accountable to us.

The Executive Agencies are:

1) Medicines and Healthcare Products Regulatory Agency

Safeguarding public health and the interests of patients and users by ensuring that all medicines, medical devices and equipment on the UK market meet appropriate standards of safety, quality and performance.

2) NHS Estates

Supporting the provision of high-quality NHS buildings and facilities.

3) NHS Purchasing and Supply Agency

A centre of knowledge and expertise in purchasing and supply matters for the NHS.

Appendix 9

Role of 8 Non-Departmental Public Bodies: Commissions

Commissions are bodies which have a role in national government but which are not formally part of any government department.

The Commissions are:

1) Commission for Patient and Public Involvement in Health (CPPIH)

The CPPIH's remit is to ensure that the public is involved in decision-making about health and health services.

2) Commission for Social Care Inspection (CSCI)

Launched in April 2004, The CSCI is the single, independent inspectorate for social care in England. The Commission was created by the Health and Social Care (Community Health and Standards) Act 2003. CSCI incorporates the work formerly done by the Social Services Inspectorate (SSI), the SSI/Audit Commission Joint Review Team and the National Care Standards Commission.

3) General Social Care Council (GSCC)

The GSCC is the social care workforce regulator. It will register social care workers and regulate their conduct and training.

4) Healthcare Commission

The Healthcare Commission exists to promote improvement in the quality of both the NHS and private and voluntary healthcare across England and Wales. The aim of the Healthcare Commission is to do this by becoming an authoritative and trusted source of information and by ensuring that this information is used to drive improvement. The Healthcare Commission's legal name is the Commission for Healthcare Audit and Inspection (CHAI). It was formed by the Health and Social Care (Community Health and Standards) Act 2003 and launched on April 1st 2004.

5) Health Protection Agency (HPA)

The HPA is a new national organisation, covering England and Wales, dedicated to protecting people's health by providing an integrated approach to health protection and reducing the impact of infectious diseases, poisons, chemicals, biological, and radiation hazards. It brings together the expertise of a number of organisations, including: the Public Health Laboratory Service, including the Communicable Disease Surveillance Centre and Central Public Health Laboratory; the Centre for Applied Microbiology and Research; the National Focus for Chemical Incidents; the Regional Service Provider Units that support the management of chemical incidents; the National Poisons Information Service; NHS public health staff responsible for infectious disease control, emergency planning, and other protection support. Initially, the HPA will be a special health authority covering England and Wales, but subject to Parliamentary time will become a Non Departmental public body.

6) Human Fertilisation and Embryology Authority (HFEA)

The HFEA regulates and inspects all UK clinics providing IVF, donor insemination or the storage of eggs, sperm or embryos. The HFEA also licenses and monitors all human embryo research being conducted in the UK.

7) National Institute for Biological Standards and Controls (NIBSC)

The NIBSC is a multi-disciplinary scientific establishment whose purpose is to safeguard and enhance public health by standardizing and controlling biological substances used in medicine. NIBSC has a leading international role in preparing, evaluating and distributing International Biological Standards and other biological reference materials.

8) National Radiological Protection Board (NRPB)

The functions of NRPB are to advance the acquisition of knowledge about the protection of mankind from radiation hazards, to provide information and advice on protection from radiation hazards.

Appendix 10

Role of 4 Non-Departmental Public Bodies: Tribunals

Tribunals are created by legislation and make decisions in specialised fields of law.

The tribunals are:

1) Care Standards Tribunal (CST)

The CST considers appeals in relation to decisions of the relevant authorities on the registration and approval (or inclusion in lists of unsuitable persons) of individuals in teaching, social work and other provision of care, and on the registration of care homes and similar care facilities and organisations.

2) Family Health Services Appeal Authority (FHSAA)

The new FHSAA is an independent tribunal dealing with appeals and applications relating to PCT decisions on exclusions or suspensions from lists of family health practitioners.

3) Mental Health Review Tribunals

Mental Health Review Tribunals are independent judicial bodies which operate under the provisions of the Mental Health Act 1983. Their main purpose is to review the cases of compulsorily detained patients and to direct the discharge of such patients where the statutory criteria for discharge have been satisfied or, in some cases, by exercising their discretionary powers.

4) Registered Homes Tribunal (RHT)

This was the Tribunal that heard appeals in relation to the registration of nursing homes, care homes and children's homes before the creation of the Care Standards Tribunal. Decisions made by the RHT are available via the link below.

