

INFORMATION POINT:

*Primary Care
Groups*

Primary Care Groups (PCGs) in England emerged on 1 April 1999, having developed from a range of pre-existing primary/community National Health Service (NHS) commissioning models. Depending on local circumstances, a PCG serves a population of between 50 000 and 250 000 and is a subcommittee of the local health authority. Each PCG is governed by a board comprising clinicians (e.g. general practitioners, community nurses, social workers), health authority and local government authority representatives and lay people who have responsibility for the health of their local population. PCGs have three key functions: to contribute to improving the health of their local community (via the local Health Improvement Programme*), focusing particularly on sections of the population with the greatest need; to develop primary care and community services based on identified health needs; and to advise the health authority on, or commission directly, secondary care services for the population they serve. PCGs are also responsible for ensuring that the health services available for their populations are delivered to a consistently high standard.

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*Health Improvement Programmes (HImP). The HImP is developed by the health authority (in collaboration with their PCGs, other NHS bodies and the local authority) and is a plan that specifies the health priorities, identifying what needs to be done to improve health and to reduce health inequalities for people locally.

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*Primary Care
Trusts*

Primary Care Trusts (PCTs) are developed from PCGs, but are free-standing NHS primary care organizations that are accountable to their local health authorities. The first approved PCTs in England became operational in April 2000, and second and third wave PCTs will follow. The PCT board is expected to be comprised of a majority of lay members, who work closely with the PCT executive representing general practitioners, nurses and other community staff. PCTs have the same functions as PCGs but in addition they may provide services, run hospitals and community health services, and employ staff (including community nurses). It is expected that the range of services a PCT will provide for its local population will be based on wide public consultation.

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