



Feedback sought on legal changes proposed for NHS Long Term Plan delivery

NHS England are seeking changes to the Health and Social Care Act, including the competition rules affecting CCGs, who can sit on their boards and how closely they can work with trusts. We have submitted initial comments to the Parliamentary Health Committee currently considering this, and want your feedback to inform our responses to both the scrutiny Inquiry, and NHS England's consultation.

NHS England's consultation closes on 25 April and the Parliamentary Health and Social Care Committee will be considering the proposals through the latter stages of the consultation period and beyond, and are seeking comment on the changes and their impact. The consultation document can be viewed [here](#).

Early comments were requested by the Select Committee by Monday 18 March for consideration during the first evidence session in early April. The early Londonwide LMCs submission can be seen [here](#).

We would appreciate your thoughts and comments on the recommendation to inform our final response. You can provide your response to us via this [short form](#).

If you would prefer to send a response in directly, we would be grateful if you could share a copy with us via info@lmc.org.uk.

Key points from Londonwide LMCs's summary response

The prospect of investment going directly into frontline care, rather than having it split up into different funds with bureaucratic application processes, is to be welcomed.

However, there are some key concerns about the legislative changes outlined by NHS England as essential in order to deliver their goals as outlined in the NHS Long Term Plan:

Better Value for Money (p7): we are concerned by proposals to revoke regulations made under section 75 of the HSCA2012 and replace them with a best value test. Such a test would not have consideration for staff well-being. See: <https://qualitysafety.bmj.com/content/24/10/608> and <http://www.annfammed.org/content/12/6/573.full>.

Increasing Flexibility (p9): removing NHS commissioners and providers from the scope of the Public Contracts Regulations would allow NHS commissioners to choose either to award a contract directly to an NHS provider or to undertake a procurement process entirely at their own discretion.

Integrated care provision (p11): the assumptions made about future bodies and roles appears to run counter to the developing collaborative approach being pursued by London commissioners and providers.

The NHS working together (p16): we are sceptical about the impact of proposals to amend legislation to enable CCGs and NHS providers to make joint appointments and removing important governance checks when managing public funds and critical decisions.

Shared responsibility for the NHS (p19): we believe that the stated aims should be quadruple and include consideration of staff well-being.

Planning services together (p20): we welcome the goal of coordinated planning but are concerned about progressing pooled budgets until further consultation has been conducted about which elements of primary care budgets might be affected.

Joined up national leadership (p23): the appointment of a single CEO for London's NHS England and NHS Improvement bodies is one that we welcome.