



General practice issues in Parliament - February 2022

For our February 2022 newsletter we round up recent activity happening in Westminster that affects general practice.

Local councillors on Integrated Care Boards

On the 9 February, Lord Kamall, Parliamentary Under Secretary of State at the Department of Health and Social Care, announced that councillors will be allowed to sit on integrated care boards (ICBs).

Lord Kamall explained that, after noting 'the strength of feeling' in the House of Lords, he had discussed the issue of the blanket exclusion of local authority members on ICBs with NHS England. They agreed to revise the guidance in question to ensure local councillors will not be disqualified for selection and appointment to an ICB. The minister noted that it remained likely that ICB members from local authorities would be officials rather than elected councillors.

Sajid Javid questioned by the Health and Social Care Select Committee

On 25 January, the Health and Social Care Committee questioned the Secretary of State for Health and Social Care on the work of the department and his plans to deal with the multiple crises facing the sector.

Mr Javid confirmed that the Health and Social Care Levy would begin as planned in April, and that a substantial amount of the funds raised would be for the NHS workforce.

He stated that his department would shortly be publishing an NHS and Social Care integration white paper.

Mr Javid noted that there were record numbers of students in medical schools, creating a pipeline for general practice.

In her questioning, Sarah Owen, MP for Luton North, said that the issue of 'access to GPs was in [every MP's] inbox'. She noted that NHS 111 was being used to gain access to GPs, but Mr Javid assured the committee that increases in the use of the 111 service were caused by the pandemic.

He also asserted that extra funding had been provided to both 111 and general practice. Asked why patients were still struggling to access their GP despite this funding, Mr Javid said it was because GPs had been focusing on the booster vaccine campaign and that now omicron cases were falling, GPs would be able to return to 'normal' work patterns. Mr Javid noted that GPs had worked with distinction throughout the pandemic. Mr Javid confirmed that a plan for living with Covid would be released this Spring. As part of this, the Secretary of State suggested that GPs cannot be asked to stop their regular work each time people need to be given Covid vaccines. Instead, a 'National Vaccination Service' could be set up with a separate workforce from the rest of the NHS.

Mr Javid also confirmed that his department was working to reset the NHS mental health plan.

On the care backlog, Mr Javid believed that the health service must be radical to decrease waiting lists, for example by making more use of digital technologies. An elective recovery plan would be published as soon as possible.

Responding to a final question from Chair of the Committee Jeremy Hunt, Mr Javid agreed that GPs having their own patient lists was a 'common-sense approach' but couldn't guarantee a return to that system. He agreed to look into that reform as part of a wider package of improvements.

Finishing the session, Mr Hunt noted that the Committee will shortly begin an inquiry into general practice.

Westminster Hall debate on future of the NHS

On the 31st January, Matt Vickers, Conservative MP for Stockton South, led a Westminster Hall debate on the future of the NHS, in response to a petition on the subject.

Mr Vickers began by thanking the NHS and 'all its amazing doctors, nurses, staff and volunteers'. He noted his support for the Government's ongoing commitment to the health service, noting that the 'biggest cash boost in the history of the NHS' would enable more staff to be recruited.

The MP then discussed the focus of the petition which was to be considered in the debate. The petitioners fundamentally opposed the Health and Care Bill, due to concerns about the staffing crisis, the care backlog and the UK's ageing population and the exponential growth in the public's health needs - the pandemic compounding each of these problems.

The petitioners, led by members of the Unite union, believed that the NHS should be given time to stabilise and respond to these challenges before taking on reforms. Unite has stated that it fears the Bill would open the NHS up to deregulation, worsening staff shortages, and create a privatised, pay-for-use system akin to America's.

Graham Stringer, Labour MP for Blackley and Broughton, stated that the proposals the Government are bringing forward would further centralise the NHS, and “waste more money on bureaucracy, mimicking the private sector and creating an artificial market”.

Mr Vickers responded that it was his understanding that the Bill is largely the work of the NHS itself, inspired by NHS England’s own desire to restructure its organisational system to be more efficient and effective, and based on NHS plans.

Catherine West, Labour MP for Hornsey and Wood Green, remarked that there is a “basic lack of staff” in the NHS with primary care “always… looking for more staff”.

Imran Hussain, Labour MP for Bradford East, highlighted issues in general practice, with GPs “at the coalface of health care but all too often overlooked”. Mr Hussain said that a “worrying number” of his constituents are unable to get any form of appointment with a GP. He went on to say that he wished to use this debate to “put on notice those practices that are letting their patients down”, stating that there should be a better service to ensure urgent cases receive urgent appointments.

Andrew Gwynne, Labour MP for Denton & Reddish and Shadow Minister for Public Health, promised that a Labour government would “throw everything” at slashing waiting times and reducing the care backlog, by means recruiting, training and retaining the staff we need across the NHS and social care. He argued that the future of the NHS relies on “prioritising preventive health measures”.

Responding to the debate, Edward Argar, Conservative MP for Charnwood and Minister for Health, described the NHS as “the most precious of our country’s institutions”. He quoted the NHS Confederation, NHS providers and the Local Government Association who have stated, in support of the Health and Care Bill, that local level partnership is the only way to address the challenges of our time.

Mr Argar confirmed that the NHS will never be for sale to the private sector, and that the Government merely seeks to “embrace innovation and potential”. The minister said that the NHS will see its budget rise by £33.9 billion a year by 2023-24, and that £36 billion will be investment in the system over the next three years. This funding “will ensure that the NHS has the long-term resources that it needs to tackle the covid backlogs and build back better from the pandemic”. The Health and Care Bill will create a “more efficient and integrated healthcare system that is less bureaucratic” and improves health and care outcomes.

Westminster Hall debate on social prescribing

On the 1 February, Alexander Stafford, Conservative MP for Rother Valley, led a Westminster Hall debate on social prescribing in England.

Mr Stafford began by noting that this was the first dedicated debate in Parliament on the subject and that social prescribing has an “important role in the future of our health system”.

He highlighted that the activities within hospitals and GP practices are not what “determines our health”, with evidence showing that “one in five GP appointments are for non-medical needs, such as mental health, relationships, housing, loneliness, social isolation, managing a long-term health condition and debt”.

Tracey Crouch, Conservative MP for Chatham and Aylesford, pointed out that the roll out of social prescribing for loneliness benefitted GPs across the country.

Mr Stafford stated that although demand for GP appointments has increased by 30% compared with pre-pandemic levels, “the ecosystem of social prescribing support is fragmented”. Healthcare staff are often limited in their knowledge of the local support available, as a result of outdated directories of services and complex referral pathways to different agencies.

The MP noted that the NHS long-term plan envisions that social prescribing link workers working alongside other roles in primary care, as part of multidisciplinary teams. Those teams include community pharmacists, mental health workers and health and wellbeing coaches.

Mr Stafford asserted that social prescribing provides “good value for money” by reducing GP appointments, saving drug prescriptions and freeing-up GP salaried time: “Social prescribing can be a cost-effective intervention that reduces pressure on primary care, especially GP services”.

Maggie Throup, Parliamentary Under-Secretary of State for Public Health, stressed that the government is committed to extending social prescribing and expanding the new National Academy for Social Prescribing. She forecast that at least 900,000 people will be referred to social prescribing by 2023-24. She stated that government funding was available for primary care networks to recruit social prescribing link workers through the additional role’s reimbursement scheme. Mrs Throup argued that to “level up effectively, we need to improve health outcomes across the country”.

Health and Social Care Committee report on dementia

On the 9 February, the Government responded to the Health and Social Care Committee’s report on supporting people with dementia and their carers.

The government acknowledged that the vaccination response demanded in light of the latest wave of the COVID-19 variant caused significant disruption of GP services, with the full impact on the numbers of people referred to memory services and dementia diagnoses yet to be seen. A further compounding factor is that fewer older people want to go out or contact their GP due to fear of infection or not wanting to “bother” their GP in the current climate.

Government funding will seek to improve access to personalised pre- and post-diagnostic support and carer support, through ensuring partnership working between memory assessment services, primary care, primary care network social prescribing and care coordination teams, as well as Voluntary, Community and Social Enterprise organisations in providing support for people waiting for assessment and after they have been diagnosed.

The government and NHS England are committed to providing personalised care to those with dementia, and there are three new types of workers being employed within primary care to achieve this:

Care coordinators who help to ensure that care is joined up and wrapped around the needs of the person with dementia and their families, and who will support reviews of Personalised Care and Support Plans.

Social Prescribing Link Workers who take a holistic approach to people's health and wellbeing, developing tailored plans and connecting people to community groups and services for practical and emotional support. The NHS Long Term Plan commits to having 1,000 trained social prescribing link workers in place by the end of 2020²¹, rising further so that by 2023²⁴ over 900,000 people are able to be referred to social prescribing schemes. The 2020²¹ target was succeeded ahead of schedule with over 1,400 social prescribing link workers now in place.

Health and Wellbeing Coaches who will support people to develop their knowledge, skills, and confidence to manage their health and care, improve health outcomes, and quality of life.