



The M Word issue 6 - Dr Michelle Drage's latest personal briefing for practices on NHS reforms

I have 3 updates for you:

The Health and Social Care Bill, 1 year on
GP Primary Medical Services contracts
Building confidence & demonstrating the value of London's General Practices

May I take this opportunity to wish you and your team the very best of the Season and a happy and, if my staff and I at Londonwide have anything to do with it, less stressful and more prosperous New Year.

Dr Michelle Drage FRCGPCEO Londonwide LMCs

1. The Health and Social Care Bill, 1 year on

A year ago the Bill was published, then it was paused, then it was amended to dilute the promised Lansley influence of GPs in commissioning but not the risk of commercialisation. Now it's on the move again through the Lords. Sometime in 2012 it just might complete its journey. Whether it will be passed in this amended form yet remains open to question, although most betting people believe it will. Meanwhile, the NHS Chief Executive's NHS Operating Framework (NHS speak for 'how it's going to be whatever the Bill says') is out there and driving the agenda, which is all about QIPP and GRIP. For GPs this means more work for no more pay (although at least GPs have jobs goes the retort). Also for increasingly unenthused GP commissioners the holy grail of achieving significantly designed hospital and community services is looking more and more unattainable. Moreover, with the prospect of Commissioning Support Organisations being formed at arm's-length from traditional NHS structures, there is a double jeopardy risk that they may not be fit for purpose, and may at some point be floated off to the commercial sector. As a result, the Chairman of the GPC (the GPs' national negotiating body) has sent this message to all GPs, indicating as we have done for some time, that limited though it may increasingly be, the window of opportunity for GPs to influence the future of the NHS locally will not be there forever. It is therefore essential to keep at it, especially to ensure that the caring culture of the NHS is not placed at risk. It is for this reason that we at Londonwide LMCs have continued to provide help for GP commissioners through:

Our leadership on the Londonwide Clinical Commissioning Council

Our series of Lighting the Path guidance, the latest supplement on conflicts of interest published last week

Our publication of a Model Clinical Commissioning Group (CCG) Constitution which strongly reflects the DH's current thinking, and the points raised in the GPC Chairman's message.

2. GP Primary Medical Services contracts

This has been an incredibly tough year for our practices faced with ever-increasing pressure from the system, and increasingly complex illness patterns among our patients struggling through the economic downturn. All the more important then to secure our own practices' survival and futures through to better times. As you know, setting aside Local Enhanced Services (LESs) which are a commissioning opportunity, your GMS, PMS and APMS contracts do not sit under your CCG but remain with your PCT Clusters through their transition to the NCB as does performance

management. The need to ensure consistency and stability for practices at this time of unprecedented strain has led the NHS in London to establish with us a 'Once for London' approach to key contractual areas. The last time such an approach occurred was in 1993 at the time of the London Initiative Zone! The first agreed frameworks were successfully and jointly signed off last month and cover List Maintenance (inflation/variation), an approach to negotiating PMS contracts and an approach to Enhanced Services. These agreements sit alongside a 'Once for London' agreement on performance management implemented earlier this year across the capital in place of the 31 different approaches previously in place. We will be closely monitoring the implementation of all these and future agreements in the pipeline.

3. Building confidence – demonstrating the value of London's General Practices

There is a perception in the media and in NHS circles that London's primary care is poor. We need to show that it isn't and where it is set out to improve it if we are to secure a strong future for General Practice in our city and not risk falling prey to the commercialised sector. That is why we have been building relationships with the offices of the mayor and the Greater London Assembly (GLA), London Councils and the media. We have been out there demystifying what London's GP practice teams do for London's patients. We have done this by helping people to see that GPs and practice teams care deeply about the services and care they provide, and passionately about the systemic barriers that get in the way of doing our professional best. Our decision to be involved with the production of the General Practice Outcomes Standards and influence the 'myhealthlondon' website is part of that process of letting 'the public' see what we actually do achieve clinically, rather than judge us on misplaced perceptions. And unsurprisingly to us, the data has shown that our outcomes are rather better and far more consistent than we are given credit for. They help build a case that practices working in London could produce added value:

If the right affordable investment was made in existing practice infrastructure rather than unaffordable white elephants

In designing services to support practice-employed or attached staffing to match the challenges of London's diverse population and needs

By replacing the current de-motivating widget-counting, tick-box culture in primary care with a return to the proven values of improvement through learning and education-based professionalism

By supporting a peer-led educationally based approach to development and improvement.

With your help we will continue to build that case over the coming months as part of our strategy of securing the future of General Practice in London.