Londonwide LMCs
The professional voice of London general practice

The M Word issue 2 - Dr Michelle Drage's personal briefing for practices on NHS reforms

In issue 1 I set out to make some sense of the language and jargon of the new NHS world and give you some not-so-subliminal messages about what we want to see happen and not happen from GP Commissioning. Now, almost two weeks later, much to my own surprise, it’s all still valid – an unexpected bonus in these days of NHS change inflation where a year is a month is a day is an hour! Thank goodness then for ...The Pause. The Pause is a novel concept where because of the noise, a Bill making its final steps in Parliament is held up temporarily so the designers can listen and make amendments they said they’d not make. The Pause is for two months, which on the NHS Change Inflationometer will whizz by in what feels like a couple of days. Which is why we all must be forgiven for carrying on as if nothing has paused at all. Which of course is how it’s meant to be, call me a cynic. So to keep everyone on their toes, here’s an M Word trio of messages aimed helping you see all this commissioning stuff in the context of your day job.

GP Commissioning is supposed to be about .....
We’re only electing a developing Consortium Board, not an entire political system .....
Watch out for Displacement Activity – tactics to keep you away from our raison d’être of patient need commissioning rather than hospital–led commissioning

We hope you will find these briefings useful and informative. If you have any queries, concerns or suggestions for future topics, please contact us at mword@lmc.org.uk.

Dr Michelle Drage FRCGPCEO Londonwide LMCs

1. GP Commissioning is supposed to be about .....
It’s supposed to be about commissioning the services we GPs refer to, not the services we provide. So please will everyone in commissioning stop talking about monitoring each other’s performance as providers of Primary Medical Services which is not under the remit of developing consortia, and start talking about the performance of our suppliers – we used to call them hospitals and community services. Remember – that’s where they spend 85% of the healthcare budget on just 15% of the NHS activity, and where they have three generations of success at keeping it so. Start on the quality issues that we as GPs see all the time – variable communications with us and patients. Friday afternoon discharges, unnecessary appointments with us to translate what went on in a hospital consultation often on the same day, or to prescribe medication perfectly issuable at the hospital. Not to mention golden oldies like consultant to consultant referrals and a holistic approach to patient need.
2. We’re only electing a developing Consortium Board, not an entire political system .....
So please can we do it properly and get on with it. GP commissioning is about commissioning the services we GPs refer to, not the services we provide so there is no point in excluding any GPs since all GPs, whether principals or sessionals, refer into hospitals and community services – the ones that spend all the money. The GPC, in trying to ensure fairness and protect us from divide and rule none the least from ourselves, has laid out clear policy on this. Londonwide LMCs has incorporated this and scrutiny arrangements into its Lighting The Path guidance.

3. Watch out for Displacement Activity –– tactics to keep you away from our raison d’être of patient need commissioning rather than hospital–led commissioning

Talking down the ability of GPs to lead hospital and community commissioning as if we can’t be trusted to better manage risk and money. Sending you reams and reams of surveys and charts to complete, just like PCTs did before – a common self-flagellation process.

Spending so much resource on the ‘continuous improvement in primary care’ clause of the Bill that the plot of better services from secondary and community care is lost.

Meetings, meetings, meetings and more meetings.

This list is not exhaustive – please send examples and concerns to mword@lmc.org.uk.