



The M Word issue 4 - Dr Drage's briefing on the NHS reforms

The Day After...

The Politics

The Real World

Michelle's 3 step guide (definitely not a toolkit) to QIPP and GRIP

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1. The Politics

So the listening exercise is over, the Field Future Forum (FFF) has reported, the Prime Minister (PM) has spoken, and the Secretary of State (SoS) has spoken. So that's that. Subject to parliament (which yesterday became less of a risk) PCTs will go, PCT Clusters will go, NHS London will go. Clinical Commissioning Groups (CCGs) will arrive and be heavily governed and a London arm of the National Commissioning Board (NCB) will commission the CCGs and will separately commission (ie hold) your primary medical services (PrMS) contracts. There is already a Clinical Senate in London for engagement with secondary, and community clinicians, and we jointly operate the Londonwide GP Commissioning Council which provides a strategic focus for commissioning GPs.

2. The Real World

Back in the real world of general practice, patients still come, and we GPs and nurses still see them in 10 minute slots of ever-increasing complexity. The Treasury and NHS brass demand QIPP (that's an acronym meaning more productivity to you and me), and GRIP (that's not an acronym, but a proper word which means what it says, ie control). For GP practices, QIPP and GRIP seem to be translating themselves as more bureaucracy and more hassle, taking us away from providing better frontline care for patients, or, if we are commissioning GPs, from QIPPing (mixture of acronym, and part of a proper word) secondary care providers.

3. Michelle's 3 step guide (definitely not a toolkit) to QIPP and GRIP

It is easy to inadvertently collude or fall under the spell of all this, but I take a more grounded view which goes roughly like this:

Productivity (ie QIPP) for general practices must be about obtaining better clinical outcomes through our consultations.

Imperatives which negatively impact on our ability to deliver better clinical outcomes through our consultations must be challenged.

Imperatives which negatively impact on the ability of our practice teams to support our delivery of better clinical outcomes must be challenged.

And there you have it. An update on the politics, a snapshot of the transitional NHS landscape in London, and Michelle's 3 – step guide (definitely not a toolkit!) to dealing with QIPP and GRIP in GP practices.

More next time.