



**Londonwide LMCs**

The professional voice of London general practice

## The M Word Issue 8 - Dr Michelle Drage's latest personal briefing for practices on NHS reforms

I know in General Practice we're all supposed to be the best at tolerating uncertainty when it comes to our patients health, but I'm not so sure we're able to tolerate much more uncertainty in the health of our local NHS. However, I'm going to attempt to give you some context and perspective on the important things that will matter to you as providers and performers of GP services through your GMS, PMS or APMs contracts. So, three things to cover:

### NHS Management Structures and Functions in London

Why we are so obsessed with getting CCG constitutions right for you as providers of GP services – CCG duty of quality, links to performance via NHSCB, responsible officers and Revalidation

What your LMC and we at Londonwide LMCs will be doing to support you as we approach 2013 and beyond

As ever, I welcome your views and concerns at [mword@lmc.org.uk](mailto:mword@lmc.org.uk).

My best wishes

Dr Michelle Drage FRCGPCEO Londonwide LMCs

### 1. NHS Management Structures and Functions in London

i. The following organisations will be abolished next year after April.

NHS London

Your PCT

Your cluster

ii. The following new structures will be fully created from April 2013.

The NHSCB London Regional Office (LRO) The current thinking is that this will be an office of the NHSCB just like the other 3 across the country, and will not have a specific strategic role for the Capital. The LRO will have the responsibility of commissioning Primary Care Services, including GP services from yourselves. The LRO will hold your contract. It will also run the Responsible Officer (RO) network responsible for GP appraisal and revalidation. It will operate through:

3 Local Area Teams (LATs) One for South London, one for NW London, and one for NCNE London. These will be your contract managers.

3 Commissioning Support Services (CSSs) Organisations One for South London, one for NW London, and one for NCNE London. These will be funded by your CCG to support them with commissioning almost everything other than your contract. They will not have a role in GP services commissioning or contracting.

Your CCG Your CCG has as its core responsibilities to commission the community and secondary care services that you refer into and to redesign services in a restricted funding envelope, including a shift towards primary care. Your CCG will also have a duty to improve quality including Primary Care and it will have the ability to commission enhanced or other extra services from yourselves amongst others. It will not be holding or operating your GMS, PMS or APMS contracts for primary medical services but there is an expectation of 'close working' with the NHSCB.

## 2. Why we are so obsessed with getting CCG constitutions right for you as providers and performers of GP services?

Please carefully re-read the paragraph on CCGs above. You will be a statutory member of your CCG. Through its ability to commission enhanced or other extra services, the board you elect through the constitution which you sign up to, will have the potential to influence your LES income for better but, in a tightening financial envelope is more likely to be starved of that or even forced to procure LESs from the private sector. Moreover through its duty to improve the quality of services including Primary Care, and by its 'close working' with the NHSCB which holds and manages your contract, operates the performers list and the Responsible Officer for appraisal and revalidation, the board you elect through the constitution which you sign up to, will play a significant part in how the NHSCB determines the future of your contract and your position on or off the performers list.

For these reasons we have been at pains to ensure that CCG constitutions are fair, and do not overstep the mark. From some of what we have seen it is not sufficient to trust to the constitutions presented by your emerging CCG, which may have been produced hastily, or without full regard to your current rights as GP contractors, as GP and practice livelihoods are potentially at stake.\* That is why we have produced, with BMA Law, our own constitution model, which can be adapted for local CCG use with free advice from our legal team funded by ourselves. I'm pleased to say that 17 CCGs have now requested this free service. Has yours?

\*Equally, we our medical director team here at Londonwide does not feel it is sufficient to rely solely on any one colleague to sign up on your behalf, without prior discussion at practice level and with yourself.

## 3. What your LMC and we at Londonwide LMCs will be doing to support you as we approach 2013 and beyond

We will continue to seek an LMC observer role on CCG Boards to monitor the fairness of decision-making.

Locally, through our LMCs supported by our Londonwide Primary Care and Medical Director teams, we will work with emerging CCGs and every possible local route to persuade them of the need to support and develop their member practices who have been starved of infrastructure and staffing resources for over a decade.

If your CCG or your NHS Commissioning Board Local Area Team (LAT) take any action or decision that impacts on your individual practice or contract or position on the Performers' List, our professional Londonwide GP Support Team (jstubbs@lmc.org.uk) will be able to provide you with support and guidance.

Through our newly enhanced communications and media team (hmillard@lmc.org.uk) we will use our expertise to promote the immense good that is achieved by practice locally and across London, and challenging inappropriate negative stories.

Through our Londonwide approach we will, as ever, distil the views you give us through your LMCs or directly, to benefit the future of general practice in the capital as we strive to do our very best for our patients.