



From 2014 CCGs will have the ability to commission all but your GP contracted services from Any Qualified Providers if they so choose, but will have to account for their decisions to both the LRO and the Local Authority (LA). We at Londonwide LMCs are of course working to minimise that future risk. Local Authorities, through their newly acquired Public Health departments, will also be able to commission LESs along with the CCG, and we at Londonwide LMCs along with your LMC will be working to get the most out of LES and other local opportunities for practices. This will be crucially important as the economic situation tightens further and your core GMS and PMS contracts continue to get squeezed by HM Treasury.

Much activity will take place in the system this coming year and much will be said about Transformation, and 'transformation of General Practice and Primary Care' in particular. Indeed the LRO has established an entire directorate to manage Transformation, and has published a report commissioned from the Kings Fund to underpin its approach. It says some useful things and it says some risky things. We recently circulated our Londonwide LMCs response to the Kings Fund report, which I would urge you to read, or at least the foreword of our response, written by yours truly. The NCB LRO programme of Transformation is closely linked to the agenda to rationalise hospitals, transfer more care into the community, and increase efficiency and productivity. There are two ways of doing this. Up until now all the thinking under the old NHS London regime has been secondary care driven. CCGs now provide us with the opportunity to turn that on its head and make it primary care and general practice driven. Remember we provide 90% of NHS activity with 10% of the resource, and a 10% shift in funding could deliver a near doubling of resource for primary care and general practice. And what of practice staff training and development? Well, the same logic applies to workforce, education and training monies now held by the LETBs (Local Education and Training Boards) which is why we have been at pains to ensure they have GP provider and commissioner representation.

So there is the challenge for us as providers of general practice, and to CCGs as erstwhile commissioners and drivers of the Transformation. Jointly we have a one-off opportunity to set this Transformation agenda in favour of general practice and primary care.

CCGs will be responsible for the commissioning of non-Primary Medical NHS services. That means hospital and community services (let's call them HCHS) within an ever more tightly controlled 'financial envelope' - what you and I call a budget. They can do this in a number of ways. For example they could do what PCTs have done and focus on how they can reduce demand on HCHS by increasing pressure on your referrals and prescribing and force you to deliver more with less. Or they could be transformational and commission to reduce unnecessary demand on ourselves to enable us to reduce demand on HCHS. Examples of how we can achieve this are:

- faster patient access to more comprehensive and more convenient but good quality diagnostics and results
- better patient centred communications at outpatients, and intelligent discharge management from hospitals, particularly on Fridays
- resourcing LESs to fund service improvements and by not diverting scarce NHS resources to AQPs who are not GP contract holders.

This list is not exhaustive but you get my drift. Integrated care is being presented to us as a new concept, but we invented it. Those who can recall the days of community nurses, health visitors and social workers attending extended primary care team meetings will understand. Those new to practice should see this as the transformational way to go. It's not just about long-term conditions, it's about hope for the future of General Practice and in particular a future for those who have decided to pursue a GP career for the next twenty years.