

18 March 2019

Dear Dr Wollaston

Londonwide LMCs' response to the Parliamentary Health Select Committee Inquiry into Proposals for Legislative Changes to Implement the NHS Long Term Plan

Londonwide Local Medical Committees welcomes this opportunity to make a formal response to the Health Select Committee's Inquiry into Proposals for Legislative Changes to Support Delivery of the NHS Long Term Plan.

This early submission is made in order to inform the Committee's first session in April. We are seeking additional views from London practices and GPs and will submit further comment in due course.

About Londonwide LMCs

Londonwide Local Medical Committees (LMCs) is the clinically led independent voice of GPs in the capital and we aim to secure the future of general practice in London through our work with all partners in the health and social care sector and beyond. We support and represents over 7,000 GPs and over 1,200 practices in London through our 27 locally elected committees. We ensure that London's GPs and their practices have access to the information and support they need to help them provide the best possible service to their patients.

Local Medical Committees are a stable part of the NHS landscape and have been in place to support GPs for over a century. They are recognised in statute under the NHS Act as the representative organisation for NHS general practice and remain the only independent, elected, representative body for local GPs, providing independent advice, guidance and support on a range of issues that affect general practice. LMCs remain the only independent, elected, representative body for local GPs.

Summary Response

To maintain the high standard people have come to expect from UK healthcare within the Capital, London's health and wellbeing must be built on strong, coordinated primary and community care including general practice. As an expert generalist medical service based in communities, general practice provides vital cost-effective health care and secures health improvement.

The Government's decision to prioritise investment in general practice is an important step towards easing the pressures created by decades of under-funding. If the NHS is to be sustainable it needs GPs and practice teams to be properly resourced to do what they do best: keeping people healthy in their communities, so fewer of them need hospital care.

The prospect of investment going directly into frontline care, rather than having it split up into different funds with bureaucratic application processes, is to be welcomed.

However, there are some concerns about the legislative changes outlined by NHSE as essential in order to deliver their goals as outlined in the NHS Long Term Plan.

Better Value for Money : measures to introduce targeted amendments to primary legislation to “free the NHS from overly rigid procurement requirements” give cause for concern. Considering new measures and metrics around the use of technology in general practice, as outlined in the recently published 2019 National GP Contract, there will be increased reliance on technology and providers who are new to healthcare and are likely to be untried and potentially unevaluated. Effective procurement of such services will be essential if scarce resources are to be stretched to do even more at a community level. We would seek reassurance that such changes would not be at the expense of effective evaluation of new to market tech offerings such as Babylon health’s AI technology, in order to protect not only patient choice but, more importantly, patient safety.

We are also concerned by proposals to revoke regulations made under section 75 of the HSCA2012 and replace them with a best value test. Such a test would not have consideration for staff well-being. See :

<https://qualitysafety.bmj.com/content/24/10/608> and
<http://www.annfammed.org/content/12/6/573.full>.

Increasing Flexibility : The proposal that arrangements between NHS commissioners and NHS providers are effectively removed from the scope of the Public Contracts Regulations and that NHS commissioners are instead subject to a new ‘best value’ test when making such arrangements, would allow NHS commissioners to choose either to award a contract directly to an NHS provider or to undertake a procurement process. Such uncertainty about the system being applied from area to area would be unhelpful for primary care providers at a time of greater partnership working and measures to encourage shared best practices. Introducing uncertainty as to the regime being applied in any given area would be detrimental to the stable provision of primary care general practices services, opening the system up to potential abuse and removing transparency and clear lines of accountability.

Whilst the principle of commissioners being “free” to design the model of care they want before awarding a contract, and then having the freedom to select the method via a procurement process or otherwise, the reality would be to create a muddle of systems and procedures. Similarly, the expectation that such measures will work because there is a pre-determination that ICSs will fairly and without favour agree local modifications to national tariff prices to reflect local circumstances seems both premature and naive.

Integrated care provision : the seeming accepted wisdom in section four of the NHS England document, that ICPs will exist as legal entities in and of themselves, is counter to the collaborative approach adopted in section six, and to the approach favoured by commissioners and providers working within London’s health system.

On behalf of London's general practice community, Londonwide LMCs has spent many months working with NHS England London to adopt a position of collaboration rather than integration and partnership rather than direction and we would be disappointed if changes to national legislation were to roll these agreements and arrangements back – either in perception or reality.

Given the patchy engagement of community and primary care providers across the recently introduced and still maturing STPs, there is a sparsity of confidence in the suggestion that any such ICPs would equally involve and consider different levels of care provision without favour for form.

The NHS working together : we welcome the language of collaboration and partnership used to describe the functionality and working practice of ICS. However, the proposed move from CCGs being GP led and independent of local provision to placing clinicians from other providers in decision making positions on the body. Such inconsistencies as exist within CCG governance should be considered and addressed alongside system considerations of STP representation, where there are considerable concerns both in London and nationally about the inconsistent approach adopted to inclusion and consideration of primary care needs and concerns.

The committees in common proposed in the document are outlined as being composed of commissioners and NHS trusts, with a secondary paragraph making a small acknowledgment to primary care, along with the voluntary sector We believe that primary care must be involved in conversations regarding resource management and planning and commissioning decisions, and such inclusion should not be permissive and at the discretion of an individual's interpretation of the undefined "NHS provider organisation" as laid out in the consultation document.

We are sceptical about the impact of proposals to amend legislation to enable CCGs and NHS providers to make joint appointments. The introduction of such a change in order to "help to reduce both unnecessary legal costs attached to making joint appointments, and the risk of subsequent challenge by others" strikes us as insufficient justification for removing important governance checks when managing public funds and critical decisions in this key area of healthcare spending.

Shared responsibility for the NHS : without dwelling too long on the reinterpretation of the triple aims of healthcare providers as included in the NHS England document and its inclusion of "better health for everyone, better care for all patients, and efficient use of NHS resources, both for their local system and for the wider NHS", the concept of parity between better care and efficient resource management being embedded as a legal duty extended to general practice to ensure they are "consistent across all organisations and support this triple aim" would give cause for concern. We believe that the aim should be quadruple and include consideration of staff well-being.

Planning services together : we welcome the stated aim of coordinated planning and cited examples of effective coordination of, for example, services for patients with kidney disease and kidney failure which are currently siloed in different commissioning responsibilities (s71, p21). It is our view that measures to secure legislative change to enable pooled budgets should not be progressed until further consultation has been conducted about which elements of primary care budgets might be affected.

Joined up national leadership : whilst we would wish to see further details on what this would look like in practice, the appointment of a single CEO for London's NHS England and NHS Improvement bodies is one that we welcome.

Additional Comments

As our own documents "Securing The Future of General Practice in London" and "Meeting The Challenge" (<https://gpsoe.org.uk/gpsoe/#pricing>) have argued, general practice in London has been woefully underfunded for more than two decades and today is not resourced well enough to play its part effectively in meeting the forthcoming challenges of providing health care for Londoners.

We welcome any consideration of the critical challenges facing the UK healthcare system as it impacts on primary care in the capital and beyond. However, an increase in metrics and oversight and a lack of support and respect for the expertise found in general practice will ultimately be damaging for the profession, patients, and the NHS.

Should you require any further information about Londonwide LMCs views on this consultation, please contact Sam Dowling, Director of Communications, on sam.dowling@lmc.org.uk.

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