Health and Care Bill 2021-22:

Primary Care 'Asks' of the Bill Committee:

Submitted by the British Medical Association, British Dental Association, Pharmaceutical Services Negotiating Committee, Optometric Fees Negotiating Committee and National Community Hearing Association on behalf of NHS Primary Care

Aim: To ensure integrated Care happens through Primary Care clinical engagement and leadership at all levels of the new NHS structures in England

The NHS primary care organisations (listed above) call on the Committee to ensure:

- The government honours its commitment for primary care to be represented and involved in decision-making at all levels of the Integrated Care Systems (ICS) including strategic decision-making forums[1] through formalised roles for GPs, dentists, pharmacists, primary eye care and primary hearing care audiologists in Integrated Care Partnerships (ICPs) [2]
- These roles are remunerated to ensure parity of availability and voice with NHS Trusts, NHS staff, social care and public health colleagues in strategic thinking and decision-making
- That existing statutory Local Representative Committees[3] [4] (the voice of the primary care professions locally) have the right put forward nominations for those roles
- Transparency and accountability - ICBs and ICPs to be under duty to explain in writing in public when they choose not to heed advice from local primary care bodies.

Primary Care Role in NHS

1. Primary care is the bedrock of the NHS; it is the means by which the NHS delivers universal care, successfully meets changing population needs and achieves high levels of cost-effectiveness and social value over generations.
2. Primary care expansion is key to meeting growing health needs of an ageing population – there is no viable alternative option; it is also where inequalities in health and social care access and outcomes have to be tackled.
3. There is scope, with the necessary resources, willingness and a pressing need to improve and deliver more care outside hospital, closer to home, to meet growing national health care needs.
4. Primary care embodies the NHS values of local services meeting local needs built around patients and populations, driven by patient choice.

[1] 'Integrated Care Systems – Design Framework', NHS England, June 2021

[2] 'Interim guidance on the functions and governance of the integrated Care Board', NHS England, August 2021 is very weak in this regard suggesting that the local NHS can be represented in an ICP "at least by the ICB)". This is entirely unsatisfactory given the key roles of primary care in the ICP's "specific responsibility for developing "an 'integrated care strategy' for its whole population (covering all ages) using the best available evidence and data" (p. 11)

[3] Local Medical, Dental, Pharmaceutical and Optical Committees established under the NHS Act 1946 (Local Optical Committees by NHS (Amendment) Act 1949), based on local authority boundaries, to be the voices of the primary care professions within the NHS locally and coterminous with social care. Coming full circle, Integrated Care Boards are also to be based on local authority boundaries for the same reasons.

Primary Care Support for reform

5. Primary care fully supports better integrated health and social care, a focus on prevention and early intervention, and shaping services around the needs and wishes of individual patients and populations – this is how primary care already operates.
6. Primary care welcomes the plans to retain national contracts and negotiating mechanisms for primary care.
7. Primary care budgets must be protected and increased to grow capacity, meet need and deliver more care closer to home – this is unlikely to happen without all parts of primary care having a seat at the strategic, decision-making table.
8. Existing NHS primary care practices should be the 'go to' providers for expanding NHS capacity outside hospital. making use of pre-existing skills and facilities, building on and expanding the existing primary care estate and minimising the transaction costs of setting up new services. The new NHS Provider Selection Regime should actively facilitate this and be designed to avoid the commissioning mistakes of the past.

Need for Statutory Primary Care Voice and influence

9. For all these reasons, it is vital that clinical representation and engagement from across primary care is embedded at every level of the new Integrated Care Systems, especially at strategic decision-making level (ICP). These realities were recognised in the NHS Long Term Plan but are not guaranteed in this Bill or new statutory structures. The NHS Long Term Plan should be taken seriously and a greater voice for primary care built in.
10. Without that, genuine change and service transformation will not happen - either aims will be unrealistic (not informed by primary care realities) or insufficiently transformative (overlooking primary care-based opportunities).
11. ICBs and Integrated Care Partnerships already have the backlog and the lasting effect of the pandemic to deal with and, without primary care engagement as equal partners at the table as of right, recovery will be seriously impeded, opportunities missed, and serious transformation will not happen.

Local Primary Care Committees

12. Local Representative Committees (LMCs, LDCs, LPCs, LOCs) have been an important part of the NHS since the very beginning as the effective voices of primary care locally and sources of professional clinical leadership. Their vital role as the statutory voice of primary care clinicians must be recognised through formalised roles within Integrated Care Partnerships to connect the local grassroots and proximity to patients to strategic decision-making.
13. To ensure parity of voice and support with Trust, NHS commissioning and social care staff, GP, dentistry, pharmacy and primary eye and hearing care roles on Integrated Care Partnerships should be remunerated, otherwise they will not be able to attend crucial meetings i.e. be in the room when key decisions are made.
14. Local dental, pharmaceutical and eye health networks were established in 2013 but never seriously invested in as this was left to local NHS discretion. In theory these could be strengthened to increase primary care skills input for Integrated Care Boards but this would be no substitute for places on the Integrated Care Partnership (in the room where it happened). Being part of NHS management structures, they would also not fully reflect frontline views.

Workforce

15. Primary Care generally welcomes the commitment to more effective workforce planning but this needs to be based on the changing shape of the workforce in the 21St Century (as a minimum using whole time equivalents, not headcount) and more attention needs to be given to retention and vocational training to secure sufficient primary care clinicians for the future.
16. The NHS and social care must have the workforce required to meet the needs of the population, now and in the future, and some ICB geographies will be too small to plan effectively. The Bill should be strengthened to include a responsibility for the Secretary of State to produce ongoing, accurate and transparent workforce assessments to directly inform recruitment needs, as well as responsibility for delivering these staff.

Preventing Destabilisation

17. Primary Care is concerned that further major re-organisation will lead to experienced staff leaving the NHS. The Employment Commitment, guaranteeing jobs for CCG and regional staff, has been a wise and important stabiliser, but it is important that primary care contract management and commissioning skills are valued, retained and curated within the new structures. Without agile Human Resources support and reassurance, NHS England risks seeing further experienced colleagues simply giving up and leaving as a result of the cumulative impact of recent reorganisations.