

British Medical Association

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To all GPs in England

**Chairman of the General
Practitioners Committee**

Our Ref: LB/GN

24 January 2011

Dear Colleagues

The Health and Social Care Bill was presented to Parliament on Wednesday 19 January. It sets out the legislation required to implement the Government's plans for major NHS reform, as outlined in its earlier White Paper "Equity and Excellence: Liberating the NHS" released in July 2010.

The scope and complexity of the Bill is immense and will have a significant impact on the future of NHS services as well as for the NHS workforce and public health. We will be examining the Bill in great detail and be lobbying very hard to amend the most potentially damaging aspects of this legislation. We will continue to resist the introduction of enforced competition and the use of competitive pricing (the ability for one provider to undercut another), the enforcement of foundation trust status on hospitals, and the failure to provide for the co-ordination of education and training and workforce planning at a national level.

Ploughing ahead with these changes as they stand, at such speed, and when NHS staff and experts have so many concerns, is an enormous risk and will incur considerable costs at a time of huge financial pressure.

BMA's response to the NHS reform health bill

Whilst we support greater involvement of clinicians in planning and shaping NHS services, any benefits that clinically-led commissioning can bring are threatened by other parts of the Bill. We are particularly concerned about aspects of the Bill that would force commissioners of care to tender contracts to any willing provider, including commercial companies. Foundation Trust regulator Monitor will become the NHS economic regulator and will be given a legal duty to promote competition. This means it has the power to undermine decisions that commissioners have made to place contracts with the providers that they think offer the best and most appropriate services if, for example, a commercial organisation thinks it has not had exactly the same opportunities to compete. This has real potential to destabilise local health economies and fragment patient care. As a minimum, this could have the effect of removing funding from hospitals which may then have to reduce the services they can offer, as larger commercial companies are likely to chase the most profitable contracts, using their size to undercut on price. Allowing providers to be able to offer services to commissioners at less than the published mandatory tariff price, thus introducing price competition could be, evidence suggests, detrimental to the quality of care, especially if consortia have to make savings in order to stay within budget.

Successful commissioning will involve GPs working closely with colleagues, including in hospitals and public health, to develop and implement the integrated care pathways that provide seamless care for patients and could potentially improve the NHS by making the service more efficient. However, enforcing competition between providers, as proposed in the Bill, will make it harder for GPs and hospital doctors to collaborate or for different providers to work together efficiently and for the benefit of patients

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Registered office: BMA House, Tavistock Square, London WC1H 9JP
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**STANDING UP
FOR DOCTORS**

GPC support and guidance

Recognising the necessity to start to put arrangements in place, many GPs and their practices are making good and constructive progress in working with others to set up their shadow consortia. The GPC has been issuing guidance papers to help GPs do so. Our pragmatic support for a concept we share, is not the same as support for all the changes the government wants to make, with some of which we disagree profoundly. It remains important for GPs to feel empowered to develop their consortia organically at a reasonable rate appropriate to them and to local circumstances. A major concern is that some are feeling pressured into surging ahead with consortium development because of the premature collapse of some PCTs which is causing serious local organisational difficulty. GPs experiencing such problems should contact the BMA and their LMC for advice and support.

Size of consortia will be an all important factor in their ability to function effectively. Our most recent guidance on this, *The form and structure of GP-led commissioning consortia*, advises that consortia should cover a population of between 100,000 and 750,000. However, in view of all the practical considerations, particularly in relation to the management of consortia and the most efficient use of scarce NHS resources, we recommend that consortia should be covering populations towards the upper end of the parameters previously advised, ie populations in excess of 500,000. This does not preclude the appropriate development of strong locality or sub-group arrangements within the larger consortium to ensure real and meaningful clinical engagement with all doctors. Consortia need to be big enough to be able to meet their core management functions internally, without becoming reliant on external providers for such functions or having external providers imposed on them, which could over time become the dominant party. Instead of going elsewhere for support, as we have stressed from the outset, consortia need to work with the best NHS managers, as their expertise and experience are invaluable and should not be lost to the NHS.

Next steps

As the Bill provides us with more detail, the General Practitioners Committee will be issuing GPs with the further guidance they need on commissioning and clinically-led consortia to provide support and help them deal with the implementation of changes they are facing at local level.

We urge you to consider how you can involve all GPs (sessional and principal), hospital and public health colleagues, nurses and other primary care professionals, and of course your patients, as well as engaging with PCT managers, to shape this uncertain NHS into a safer future.

A toolkit is being put together for members who wish to support the BMA in lobbying on aspects of the Bill. It will include practical guidance on how to lobby an MP and put your messages across. This will be available on the BMA's website from Monday 24 January at: www.bma.org.uk/nhsreformlobbying

The BMA has also commissioned Ipsos MORI to survey members to ensure that our lobbying strategy reflects members' concerns. You can also give us your views and feedback any local information to us by completing our online feedback form on the BMA's website or emailing us at: info.healthbill@bma.org.uk

Thank you for all the feedback we have received so far, which is invaluable to us and will help to ensure that we are representing all of our members as best as we can.

Yours sincerely



Laurence Buckman
Chairman
General Practitioners Committee