

GPC guide to the NHS White Paper

The Role of Local Medical
Committees in supporting
the development of
GP Consortia

September 2010

Introduction

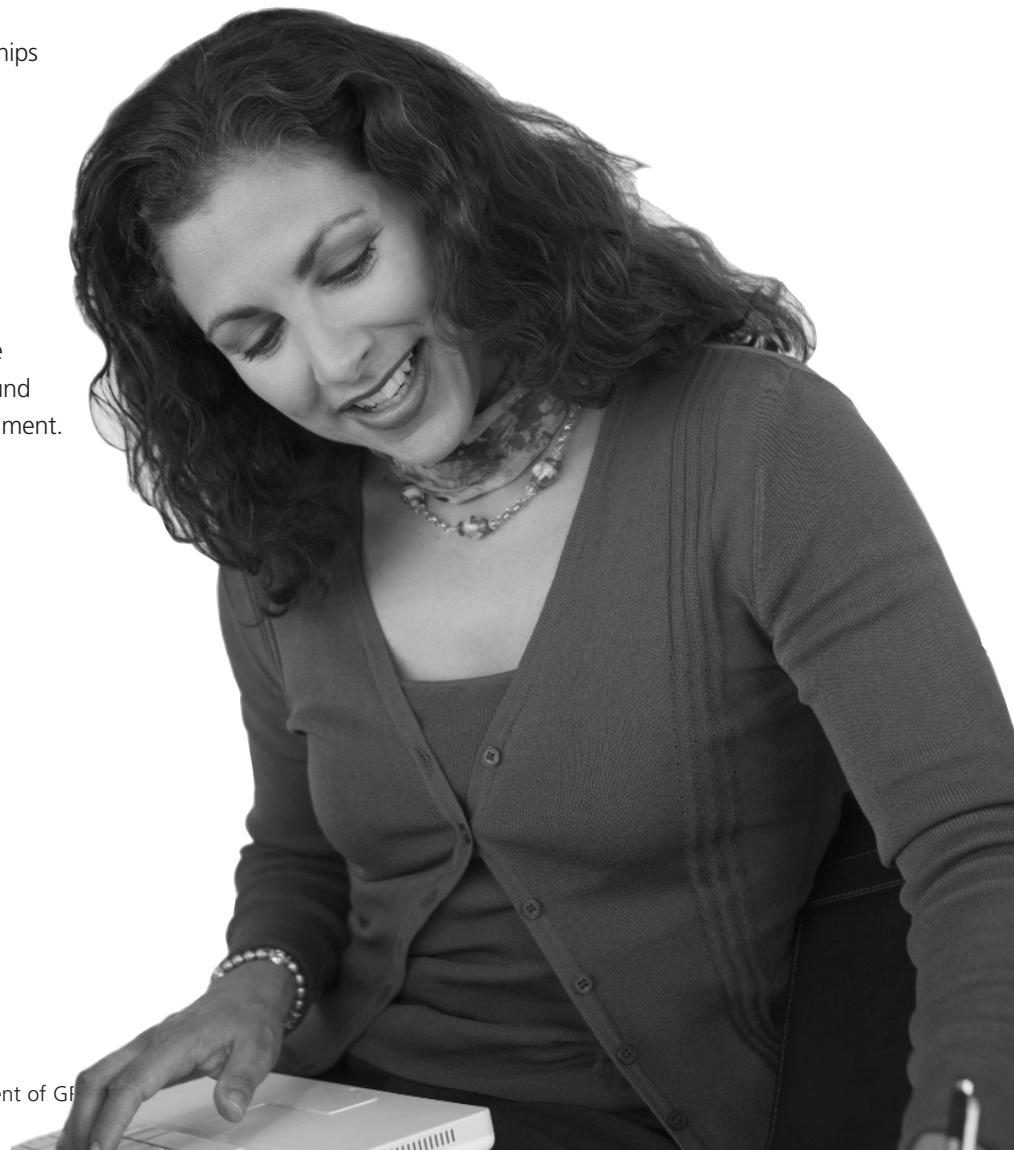
The Government's plans for the future of the NHS will require dramatic changes to local health structures over a short period of time. Turning those plans into reality will be a tremendous challenge for all involved.

Many GPs locally will be bombarded with information from interested parties, often trying to persuade them that the course of action they are recommending is in GPs' best interests. Local Medical Committees are ideally placed to provide the support that GPs, practices, consortia and even PCTs will need over the next few months of uncertainty and change. They must make sure that they maintain their position as the only local body that GPs can turn to for unbiased information, advice and support.

This guidance identifies a number of specific actions that the GPC believes LMCs can and should take over the next few months. For ease of reference, these have been grouped into three main areas:

- Communicate with GPs and Practices
- Support GPs in planning future consortia
- Build wider relationships

LMCs are not operating without support. The GPC and the BMA are able to provide detailed advice to help LMCs in a number of areas. More information can be found at the end of this document.



Communicate with GPs and Practices

At the time of writing it is not clear what the full implications of the White Paper will be, or what GP commissioning will look like. Whatever the final format, the shift to GP led commissioning will bring many new challenges and opportunities for GPs, as well as significant risks. It is vital that GPs are kept up to date, and that the impact of misinformation is minimised.

Over the next few months, LMCs should:

- Communicate regularly with all GPs in your area, including contractors, salaried and freelance GPs. Make sure that they fully understand the implications of the White Paper, and that they are aware of any local developments.
- Encourage a two-way dialogue with GPs in your area so that, in return, you are in touch with GPs' concerns.
- Encourage those GPs who have not previously been involved with Practice Based Commissioning to get involved at an early stage in plans to develop GP commissioning, to make sure that their views are heard and taken into account.
- Invite every practice covered by the LMC to be involved in any local discussions that the LMC initiates about the formation of commissioning groups.

The GPC and BMA will continue to produce regular guidance on GP commissioning and summaries of key documents. We will usually circulate these direct to LMCs via email, but you can also access them on the BMA website: <http://www.bma.org.uk/whitepaper/>

The GPC would value feedback on the views of GPs locally – this can be passed to us via your GPC regional liaison officer. We can then use this information to support discussions and negotiations at a national level.

Support GPs and PCTs in planning future consortia

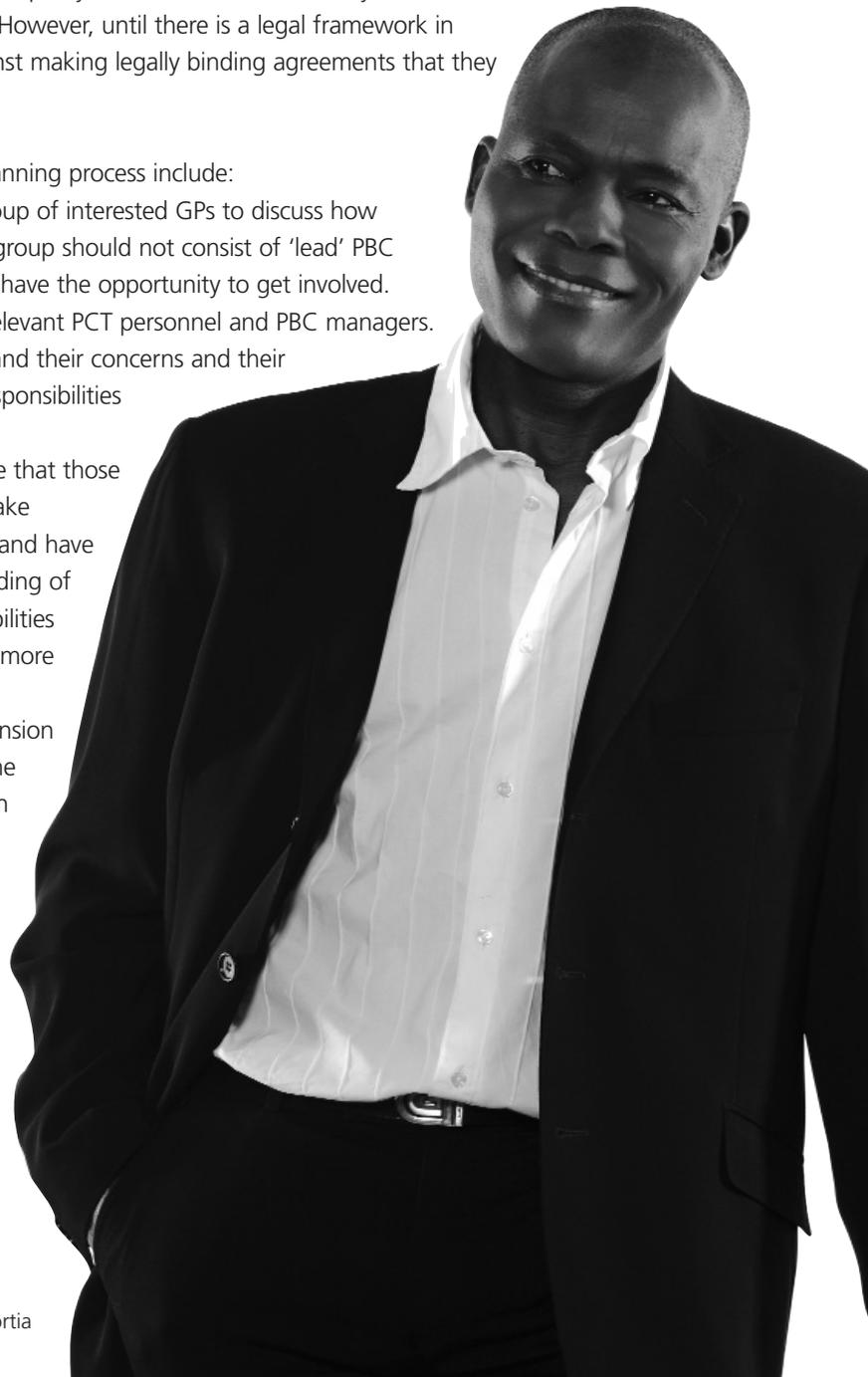
Practices are expected to be grouped into outline consortia in the first half of 2011, so they will soon need to begin making plans.

At the moment, the focus should be on bringing GPs, PCTs and existing consortia together to develop plans for the formation and governance of consortia. These plans should be robust and carefully thought through, as well as flexible enough to react to the as-yet unpublished legislative framework.

However, it is too early for GPs to set up any formal consortia. It is likely that consortia will be, like PCTs, statutory NHS bodies. However, until there is a legal framework in place, GPs are strongly advised against making legally binding agreements that they may later regret.

Ways that LMCs can support the planning process include:

- Consider setting up a working group of interested GPs to discuss how consortia should be formed. This group should not consist of 'lead' PBC GPs exclusively – everyone should have the opportunity to get involved. It may also be helpful to involve relevant PCT personnel and PBC managers.
- Talk to PCTs and SHAs to understand their concerns and their preferred route for transferring responsibilities to consortia.
- Work with BMA Law to make sure that those involved in developing consortia take appropriate legal/financial advice, and have a basic knowledge and understanding of corporate structures and responsibilities (see *Support for LMCs* section for more information).
- There will inevitably be areas of tension and disagreement at times, and the LMC should offer to mediate as an "honest broker".
- Support practices and nascent consortia that are being pushed by their PCT or their GP colleagues into moving too quickly, or in a direction with which they are not comfortable. If necessary, refer issues involving PCTs to the GPC who can address it at a national level.



Build wider relationships

GP Commissioning will affect every sector of healthcare. For commissioning to succeed properly, it is important that the views of a wide range of groups and organisations are taken into account. LMCs should already be taking steps to build stronger relationships with organisations with which they have not traditionally needed to engage. Examples of groups that LMCs should be talking to include:

Local Authorities – The White Paper gives Local Authorities a significantly increased role in local healthcare and they will be expected to work closely with GP commissioning consortia. Start talking to your local Council now, to find out what their expectations are in terms of the number/size of consortia.

Local hospital and mental health trusts and community services – these organisations will also be undergoing significant change, and LMCs are well positioned to facilitate and support discussion with GP consortia.

Other LMCs – Talk to other LMCs in the vicinity to share information about what is happening in the wider region. Join together to liaise with your SHA. Liaison with other regional LMCs will be particularly important if it is likely that consortia that span LMC boundaries will be formed.

Local sessional GP groups – these are often large groups of local GPs who work across several PCT boundaries. Their combined or separate experiences could be an invaluable resource to any local consortia and their flexibility and impartiality an asset when looking for clinical leadership.

Your BMA Regional Council – this will be a useful forum through which you can begin a dialogue with other regional branches of practice, such as regional consultants or public health doctors.

Local patients, via Local Improvement Networks (LINKs) – as well as discussions with the LMC, LINKs may also benefit from being put in touch with local practice based patient participation groups.

The longer term role of LMCs

LMCs will undoubtedly have a longer term role to play in representing the views of their members and liaising with consortia, although the exact nature of that role is still to be determined. The GPC has made clear to the Government that it expects LMCs to have an important role, and that their statutory status as representatives of local GPs must be preserved.

The GPC plans to release further guidance on the longer term role of LMCs in the new NHS later in the year, once the situation has become clearer.

Support for LMCs

The GPC will continue to produce guidance over the coming months. As well as guidance, we are able to provide tailored support to individual LMCs. If you have any specific questions, you should approach your GPC regional liaison officer, who will be happy to help.

BMA Law is also able to assist LMCs with tailored advice and assistance, including guidance on structural organisation and subsidiary matters. They also offer seminars on a wide range of topics, including corporate structures, bidding/tendering, management of commissioning and providing entities and contract law.

For more details of the support that BMA Law can provide, please contact Joanna Maw on 0207 3836976 or email

info.lmc@bma.org.uk

