

EQUITY AND EXCELLENCE: LIBERATING THE NHS



The White Paper on health reform entitled Equity and Excellence: Liberating the NHS was issued on 12th July 2010. The White Paper, which currently takes the form of a consultation document, proposes the most radical changes in the structure and operation of the NHS since its inception in 1948.

The main areas of the White Paper are:-

- Putting patients and the public first.
- Improving the quality of health outcomes.
- Increased autonomy and empowerment of healthcare professionals.
- Reducing bureaucracy and increasing efficiency.

Clinicians will be encouraged to respond both to the proposals contained in the White Paper and also to the other forthcoming national consultations on detailed elements of the proposals which will include:-

Commissioning for patients – seeking views on how the new system of GP consortia and the NHS Commissioning Board will work in practice;

Increasing democratic legitimacy – seeking views on strengthening local partnerships between NHS commissioners and Local Authorities;

The Arm's Length Body review – seeking views on changes to a range of supporting organisations;

Freeing providers and economic regulation – seeking views on how best to give real freedoms to hospitals and community services and on a new system of regulation;

The NHS Outcomes Framework – seeking views on a new framework to establish improving quality and healthcare outcomes as the primary purpose of all NHS-funded care.

How will the proposals affect GPs/practices?

Not unexpectedly, the White Paper provides a strategic overview but is short on detail. It is evident however that the environment within which practices will be expected to operate will be fundamentally different. Practices will be affected to a lesser or greater extent by a range of proposals contained in the White Paper. There are two key areas that will significantly affect all practices, namely GMS/PMS Contract arrangements and the establishment of GP commissioning consortia. Whilst these are currently separate there may well be a formal contractual link between the two as a consequence of the proposed reforms.

1) Existing GMS/PMS Contract Arrangements

- The White Paper makes it clear that “over time” the DH wishes to establish a single contractual and funding model.
- Any new model will “promote quality improvement, deliver fairness for all practices, support free patient choice and remove unnecessary barriers to new provision”.
- The intention is that funding will follow the registered patient using a weighted capitation model that is adjusted for quality.
- Incentives will be created to improve access to primary care in disadvantaged areas.
- In future, primary medical services will be commissioned and managed by a newly created NHS Commissioning Board. PCTs are to be abolished by 2013.
- GP commissioning consortia will “become increasingly influential in driving up the quality of general practice”.

The introduction of a unified Contract is likely to have a significant impact on practices in Essex. Currently 35% of practices in the county are PMS and the vast majority have an element of growth money that forms part of their financial baseline. The vast majority of GMS practices still require a correction factor which forms part of the MPIG agreed as an integral part of the new Contract in 2004.

2) GP Commissioning Consortia

- GP commissioning will be established in Statute. Powers and duties associated with GP commissioning will be set in primary and secondary legislation.
- Consortia of GP practices, working with other health professionals, other agencies and patient representatives will commission the great majority of NHS services.
- Practice level budgets will be calculated and allocated directly to consortia by the NHS Commissioning Board.
- GP consortia will have an Accountable Officer and will be accountable to the NHS Commissioning Board for the stewardship of NHS resources and for the outcomes achieved as commissioners.
- Consortia will have a basic management allowance to reflect the cost associated with commissioning, together with an additional premium for achieving high quality outcomes and sound financial performance.
- Membership of GP consortia will be compulsory for all practices who hold a registered list of patients.
- GP consortia will be free to determine their own membership and size. At present no minimum size has been prescribed.
- The NHS Commissioning Board will have powers to allocate practices to consortia where agreement cannot be reached locally.
- “Commissioning for patients” is one of the consultation documents that is to be issued shortly and it will set out the Government’s proposals in more detail.

Even at this early stage, it is clear that the establishment of GP consortia will be a crucial, and potentially very challenging, element of the new reforms. Serious thought needs to be given as to how this will work at a local level. Questions include:-

- What governance arrangements need to be in place?
- What contribution will individual practices be expected/required to provide?
- Will there be incentives to participate?
- Will there be financial penalties for not participating to a level deemed acceptable?
- Will there, for the first time, be a direct link between payments made to practices as part of their medical services contract and participation in GP commissioning?

Interestingly, the White Paper already recognises this as being an important area requiring discussion and resolution with the BMA. “The Government will discuss with the BMA and the profession how primary medical care contracts can best reflect new complementary responsibilities for individual GP practices, including being a member of a consortium and supporting the consortium in ensuring efficient and effective use of NHS resources”.

Next Steps Locally

Over the coming months North and South Essex LMCs will be discussing how best they can support and advise both individual practices and existing commissioning groups/clusters.

It is likely that the first stage of any support process will be a number of evening meetings with GPs and their staff. These meetings will provide an early opportunity for GPs to share their views/concerns and identify any areas requiring clarification which can be submitted to the DH as part of the national consultation process.

In the meantime, the LMCs will keep practices updated as and when further information becomes available by means of e-mail, Newsletters and updates to the website at www.essexlmc.org.uk