British Medical Association
bma.org.uk
BMA House, Tavistock Square, London, WC1H 9JP
**T** 020 7383 6316 **F** 020 7383 6406
**E** info.gpc@bma.org.uk

To: All GPs in England

**Chairman of the General Practitioners Committee**

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Dear Colleagues

This week marks the centenary of the first meeting of the BMA committee set up to represent GPs. When it began there was no NHS, just a number of insurance organisations partly funded by the government. Then, as now, the BMA General Practitioners Committee worked with the Defence Fund to defend General Practice. It still represents all GPs with a broad range of views and ensures that their collective voice is heard by those in power. Over the years, aside from negotiating with government, the committee's role has been to make sure that GPs themselves are fully informed about the myriad changes – sometimes negative, sometimes positive – that the government has wanted to make to general practice and that is why I am writing to you now. The NHS in England is facing considerable challenges, some of them very worrying, and I want to explain the GPC's concerns about the current direction of travel.

**The role of GPs under the Health and Social Care Bill**

The central concept of clinically-led commissioning is one many GPs support as it would seem to offer us a way to get better services for our patients. Clinically-led commissioning does not require legislation, as the many clinical commissioning groups (CCGs) already running under PCT auspices can testify. Many groups - some operating for years - are already making a difference to patient care, while others have yet to make their mark. The Health and Social Care Bill is going to make their job infinitely harder.

When the GPC was originally told about the government's plans for clinically-led commissioning, we welcomed them as an improvement on where we were. Many GPs wanted to have greater control over this aspect of their work outside their own practice. The GPC has been involved in the planning for CCGs as we were determined to represent the interests of all GPs, their practices and patients. However, over time, it has become clear that this is the most top-down reorganisation the NHS has seen since its inception. The NHS Commissioning Board, through a new network of bureaucracy, is directing operations from the centre. CCGs do not have freedom to do much, as their personnel are being proscribed along with their commissioning support services, their structures defined, and their budgets are too small for them to function without uniting into very large and remote units. The ability for ordinary GPs to change things will diminish. The more obvious this has become, the more our theoretical concerns have turned into active opposition to these reforms, leading to the BMA to move to a position of total opposition to the Bill in November last year, a move which is fully endorsed by the GPC, and subsequently supported by a growing number of professional bodies.

**Commissioning Support Services**

Unless GPs take an active stand, the day to day running of the CCG, and especially its commissioning function, is likely to be outsourced to the hands of organisations providing commissioning support services (CSSs). These bodies will initially do some or all of the 'back office' functions, but we fear that, in time, they could become the de facto CCG management. CSSs will be required to be outside the NHS as 'freestanding

enterprises' and in a market of commissioning support for CCGs as 'customers', by 2016 at the latest. We believe this will lead to the privatisation of commissioning, destroy the public health dimension to commissioning, with a loss of local accountability to local populations, and is likely to exacerbate health inequalities. There is no good reason why CCGs, or groupings of them, could not run their own CSS, within the NHS, and this is something we advocate.

**Timescale**
Some of these projected problems would be avoidable if CCGs did not feel impelled to rush into setting up structures before they are ready. CCGs do not have to go so fast that they cannot take wise, considered decisions and slowing down to a sensible pace is not the same as stopping development of the NHS.

**NHS funding**
While historically huge efficiency savings are being made in the NHS, control of the budget will be held by CCGs. This means that CCGs could end up carrying the blame for closing services on grounds of economic necessity. The solution to an ageing population with increasing health needs is not to cut the care they get but to come up with smarter solutions and many GPs have already seen services shrink to the point that they are no longer fit for purpose. It is vital that the NHS continues to deliver safe and comprehensive care to our patients.

**Quality reward**
The potential for damage to the doctor-patient relationship will rise if the government persists with its intention to take funds away from patient care and return them to CCGs if they commission 'well' i.e. cheaply. Although modifications are being made to the original intention, including potential NICE indicators for commissioning, this proposal continues to be a cause of major concern to the GPC.

**Competition**
A key element of the Bill is to increase competition in the NHS. Rather than support NHS services, the government wants services to compete for business, a proposal to which we have strong objections. The GPC does not believe that more non-NHS provision is required in the NHS and CCGs will be in the unfortunate position of potentially enabling this to happen. We do urge GPs to think very carefully before committing to a local path that will fragment patient care, potentially sell off parts of the NHS to those who have to answer to shareholders outside the NHS, and introduce more chaos at a time when the NHS needs more stability as it struggles to save a huge amount of money.

**An alternative way forward**
We call on the coalition government to work with us to develop an alternative way forward: put GPs into the driving seat of PCTs, even if they are now clustered; drop the unwise attempt to force competition on to the NHS; reform the NHS so clinical need not commercial interest is paramount. None of this requires a bill.

Similarly, with regard to commissioning, we believe the following are needed:

- Truly clinically-led commissioning, in partnership with patients, in local communities.
- Commissioning groups that employ the majority of their necessary staff within the NHS, and which are robust enough to have relationships of mutual respect between larger providers and at national level, with no party dominating the other.
- Commissioning groups that devolve decision making and resources to local groups, so *all* GPs that want to can take a meaningful role.
- Co-operation between providers, including local authorities and commissioners, with the NHS as a preferred provider for healthcare.
- Reform of payment arrangements to remove the incentive in secondary care to admit patients to hospitals.
- Improved recurrent investment in primary care to allow a greater amount of healthcare to be delivered in the community through the employment of more clinical staff.
- Practices working together in a co-ordinated and supported way to offer a range of services to their communities, but without losing their individual identity, continuity of care and local knowledge, which is so valued by patients.

**The GPC's position and advice to GPs**
At this stage, we are not advocating that colleagues in CCGs walk away from the process and we recognise it would not be reasonable to remove the new structures that are now in place. Furthermore we will continue to issue advice to GPs on how to make clinical commissioning work. However, at our meeting this week, the GPC passed the following motion:

That the BMA's General Practitioners Committee, which represents all GPs in the UK:

1. Formally reaffirms its opposition to the NHS Health and Social Care Bill;

2. Believes that if passed the Bill will be irreversibly damaging to the NHS as a public service, converting it into a competitive marketplace that will widen health inequalities and be detrimental to patient care;

3. Believes the Bill will compromise the role of GPs, and could cause irreparable damage to the relationship between GPs and their patients;

4. Believes the Bill to be complex, incoherent and not fit for purpose, and almost impossible to implement successfully, given widespread opposition across the NHS workforce;

5. Believes that passing the Bill will be an irresponsible waste of taxpayers' money, which will be spent on unnecessary reorganisation rather than on patient care, as well as increasing the running costs of the NHS from the processes of competition, and transaction costs;

6. Believes that GPs' participation in CCGs does not equate to support for the Bill, but that GPs are there to defend their patients' interests and mitigate the adverse impact of the Bill;

7. Supports clinically led commissioning believing this will lead to improvements in patient care in the NHS, and believes this can be more effectively achieved within existing legislation;

8. Calls upon the coalition government to withdraw the Bill and instead enter into productive dialogue with the BMA to agree a way forward for clinically-led commissioning.

As chairman of the elected representative body of all GPs, I am mindful of the wide variety of views within the profession, and the potentially divisive nature of the changes being set in motion as part of the Health and Social Care Bill. Yet no matter what role we as individuals play in the wider NHS, what defines and unites us all is our practice of primary medical care and our compact with our patients. We urge the Government to listen and act on the concerns of GPs in the interests of the future of the NHS and what is best for patients – there is a sensible alternative to proceeding with this Bill.

Yours sincerely

Laurence Buckman