



Equity and excellence: Liberating the NHS

July 2010

Published on 12 July 2010, the Department of Health White Paper sets out a new strategy for the NHS in England. It includes putting patients at the heart of everything the NHS does, relentlessly focusing on clinical outcomes, empowering health professionals by giving front-line staff more control, with ownership and decision making being put in the hands of professionals and patients.

But what does it mean for GPs?

The most radical reform proposed in the White Paper is the devolution of commissioning responsibilities to GP consortia and the development of the NHS Commissioning Board, with SHAs and PCTs being abolished.

The White Paper envisages GP consortia (rather than the PCTs) commissioning £80 billion of NHS services for their patients, where appropriate in partnership with other health professionals and local authorities. The only services excluded from the remit of the consortia will be dentistry, community pharmacy and primary ophthalmic.

A new NHS Commissioning Board will provide support to the consortia. It will produce commissioning guidelines to help standardise good practice. It will manage some national and regional specialised commissioning, as well as dentistry, community pharmacy and ophthalmology. The Board will also allocate NHS resources to GP consortia and hold the consortia to account for management of resources, performance and quality.

It is envisaged that each GP practice **must** become a member of a consortium and if it does not make consortium arrangements for itself, the Board will assign practices to consortia, as a corollary of holding a registered list of patients.

The consortia will hold contracts with acute and out of hospital service providers and will be responsible for monitoring those contracts, paying providers, holding them to account and managing the commissioning budgets of their member GP practices. Each consortium will have an accountable officer. A duty will be placed on the consortia to engage patients and the public in the commissioning process. The assumption would be that the Board will take over the overall management of the performance regulations although it is not clear how local contracts and list arrangements will be managed.

The indicative timetable is:

- Every GP practice will become part of a consortium during 2011/12
- Consortia will take on responsibility for commissioning in 2012/13
- Allocations will be made directly to GP consortia in 2012, and
- GP consortia will take full financial responsibility from April 2013

Of course, the devil is in the detail and there is not much detail in the White Paper. It is not currently clear how GPs are to be supported and funded to deliver the commissioning activity currently undertaken by PCTs. Consultation will ensue and changes in legislation are required in order to effect the changes.

It is reported that the Government wishes to make significant changes to the GP contract. Whilst the BMA GP's committee chair, Dr Laurence Buckman stated that the BMA hopes to minimise these, the very fundamental nature of the changes proposed means that variations will be inevitable, if the legislative changes go through parliament.

In a letter to chief executives on 13 July, David Nicholson urged NHS leaders to remain true to the values of the NHS Constitution and engage positively and flexibly with the process of change to maximise the opportunities it will bring. GPs should expect that SHAs and PCTs will engage with their practices and local networks positively, to support them through the transformation. David Nicholson's letter makes it clear that the job of the centre is to set clear expectations of GP consortia, but not to design or enforce their size, geographical coverage or precise management arrangements.

So, what should you be thinking about now, as a GP or Practice Manager in support of your practice?

- What future arrangements may be best for you to continue to meet your patients' needs?
- How your practice will engage with the PCT to understand its commissioning arrangements and issues and the support that it will offer over the coming months
- The additional legal, governance and administrative responsibilities that will come with these changes and how equipped your practice is to deal with them
- The scope and parameters of the risk which will be transferring to your practice and the consortium which you join
- Do you already belong to a consortium?
- If so, is it fit for purpose?
- If not what are your options?
- Who are you likely to partner with in a consortium, what form should your consortium take and what should the governance arrangements be?

Some commentators argue that the consortia approach could simply amount to reincarnation of PCTs. However, if this can be avoided, the transformation of the system could offer real power to GPs and enable the system to deliver care that is truly patient centred, with unprecedented improvements in outcomes for patients.

More information

Morgan Cole are leading legal advisers to GPs and Commissioners. We advise GPs on corporate forms, joint ventures and regulatory issues. We drafted the national standard NHS commissioning contracts for acute, community, ambulance, mental health and learning disabilities services and the DH's model consortium agreement for collaborative commissioning. We also draft polyclinic contracts. We understand the issues facing GP practices and consortia of commissioners and can help you avoid the pitfalls.

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To discuss your individual requirements, please contact Gayle Curry, Bruce Potter or John Cole by telephone on 01865 262600

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