

Equity and Excellence:
What the White Paper means for Lockharts' GP Clients

Most of you will now be familiar with the plans for reform set out in Monday's White Paper "Equity and Excellence: Liberating the NHS" ("the White Paper"). We do not propose to reproduce the White Paper here but will outline what we believe to be the most critical points for GPs as well as Lockharts' plans for supporting our clients in the implementation of the proposals.

In summary, the stated aims of the planned reforms are to:

- o make the NHS more accountable to patients;
- o give patients more choice and control;
- o increase focus on clinical outcomes; and
- o empower health professionals.

An end to PCTs

The White Paper promises radical restructuring which will see PCTs abolished, their main functions being shared between a new NHS Commissioning Board, GP commissioning consortia and local authorities.

The NHS Commissioning Board will be responsible for commissioning GP services, primary care dentistry, community pharmacy and primary ophthalmic services, national and regional specialised services and maternity services. The Board will also provide leadership for commissioning generally by (inter alia) designing model contracts for local commissioners "to adapt and use with providers", designing the tariff structure and other financial incentives, facilitating the pooling of specialist expertise and setting standards for commissioning and procurement.

The White Paper does not go into detail about how the NHS Commissioning Board will be organised and it is not clear as yet how, in practice, it will manage the multitude of functions currently undertaken by PCTs at the local level in the areas of procurement and monitoring of primary care services.

GP-led commissioning

Crucially for GPs, the White Paper outlines a model for GP-led commissioning that will make it mandatory for every GP practice with a registered patient list to join a commissioning consortium. While the consortia will have statutory powers and duties, the White Paper promises that practices will "have flexibility within the new legislative framework to form consortia in ways that they think will secure the best healthcare and health outcomes for their patients and locality".

The consortia will be responsible for commissioning secondary care services, services for unregistered patients and urgent care services. It is envisaged that they will work closely with local authorities, who will have responsibility for promoting integration of NHS services, public health, social care and other local services.

The key features of the GP commissioning consortia can be summarised as follows:

- o a statutory footing but a local geographic focus with locally-developed structure;
- o close relationships with local authorities and other health and care professionals;
- o responsibility for commissioning secondary care and urgent care services and services for unregistered patients (not primary care services, specialist services or maternity services);
- o managing combined commissioning budgets for member GP practices (allocated by the NHS Commissioning Board);
- o accountability to the NHS Commissioning Board and holding member practices accountable;
- o membership mandatory for every GP practice;
- o management allowance and freedom to buy in certain services (such as contract negotiation, demographic analysis and financial management); and
- o duty of public and patient involvement.

There are various question marks over some of the practical issues, such as whether the anticipated savings will be achieved if consortia have to buy in certain expertise (as summarised in the penultimate bullet point above) as a VAT-able supply.

Many GPs have concerns, quite rightly, about clinical decision-making being so closely aligned with financial imperatives, as well as concerns about risk, liability and the capacity of GPs to take on this additional work. It is essential that the constitutional and contractual arrangements for GP-led consortia reflect and address these, and other, concerns as far as possible, alongside the prescribed elements of the consortia's contract with the NHS Commissioning Board.

The White Paper envisages a system of GP consortia in place in shadow form during 2011/12, with a view to the consortia taking over responsibility for commissioning in 2012/13. The NHS Commissioning Board will allocate 2013/14 budgets directly to consortia in late 2012, with consortia taking "full financial responsibility from April 2013".

Existing practice based commissioning groups, where they exist, may prove a good basis for the statutory consortia, although their constitutions and structures will need to be reviewed and adapted to accommodate their new functions. It is yet to be seen how the NHS Commissioning Board will deal with situations where no local consortium exists and there is no local impetus to form one.

The White Paper promises that a Government document will be issued shortly which sets out the proposals for GP commissioning consortia in more detail.

A new GP Contract?

Although there is little detail in the White Paper, there is also mention of seeking to establish "over time" a "single contractual and funding model" for general practice which provides for funding following the registered patient on a weighted capitation model adjusted for quality. As we have speculated over recent months, this could mark the end of PMS and APMS although it is far from clear whether this means a transfer from PMS and APMS to the single model or simply that the single model will be used for existing GMS contractors and used for other contractors when their contracts expire.

What Lockharts is doing

As always, the team at Lockharts will be keeping abreast of day-to-day developments in what is set to be the biggest shake-up of the NHS since its creation. We will seek to analyse developments as they occur and report to our newsletter recipients regularly.

We are delighted to announce that Londonwide Local Medical Committees (LMCs) has instructed Lockharts to develop model materials for GP-led consortia. The materials that Lockharts produces for Londonwide LMCs will also be made available to consortia outside the Londonwide area and we will provide details of this in due course. Many practitioners will want to ensure that their own LMCs are aware of the work that we are doing for Londonwide as we are certain that working together will make the work that we do for consortia around the country extremely cost-effective.

We also remain available to deal with the specific problems or concerns of our GP clients on a case by case basis.

Lockharts Solicitors -
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