

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

Given the very wide nature of the proposals in the White Paper it is not surprising that a multitude of organisations involved in healthcare have spent most of the last ten days coming out with their own comments and criticisms.

Lockharts has already sent out its first White Paper bulletin commenting generally on the arrangements that will be coming and this, somewhat shorter, bulletin seeks to answer one or two of the immediate questions that have come in to us by telephone or email.

Probably the most pressing question is:

**“We know our practice is going to have to be part of a consortium in due course, but is there anything we need to do at present?”**

We believe that the answer is that there really is very little that can be done because we are still a long way from seeing the supporting documentation which will follow the White Paper. Possibly, however, if your practice is in an area which geographically looks as if it could support a single consortium and if indeed there are already practice based commissioning groups that seem to be much of the same size, it might well be sensible for the group to meet and establish a provisional steering committee that could be charged with working on the documentation of say 5 or 6 persons, and the consortium's development when the papers are available. A number of views have been expressed about the likely size of each consortium, but it seems probable that each consortium is likely to be looking after somewhere in the region of 100-110,000 patients based on an English population of 52-53 million.

Another question which has been raised with us a number of times is:

**“What will happen to our notional rent/current market rent/cost rent if PCTs are to be abolished?”**

There is no clear answer to this at present, but we anticipate with some confidence that the Health Bill, when it is published, will foreshadow legislation which will transfer the rights, liabilities and obligations of PCTs to successor bodies. This would follow the arrangements which have been made on past occasions when there have been structural changes.

The third question that has been raised both by LMCs and a large number of individual practices, is:

**“When will Lockharts be able to come to our area and talk about the proposals in the White Paper and how they will affect us from the contractor’s point of view?”**

We have already prepared a detailed PowerPoint presentation addressing the issues as we see them at present and in the week commencing 2 August we will be sending out a further bulletin identifying possible dates and arrangements. It seems probable that the Health Bill will be published in October and no doubt our presentation will need amendment and refinement at that time. Certainly, however, it is not too soon to start planning and there are certainly a number of steps which existing practice based commissioning consortia might feel able to take at this stage and the same applies to a number of existing arrangements for medical provider companies.

Finally for this bulletin the key question:

**“When will Lockharts have consortium documentation available for us?”**

This can only happen when the mandatory consortium material becomes available from the proposed NHS Commissioning Board, but as soon as it is, packs of model documentation will be made available for all LMC’s that subscribe for this service. As you know we are already commissioned by the Londonwide LMC Ltd to provide this documentation for all the consortia that will be formed in the London Boroughs.

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