Equity and Excellence: More on what the White Paper means

Although it takes the form of a consultation document, the Department of Health's paper *"Liberating the NHS: Commissioning for patients"* contains a number of pointers which help to clarify the Government's intentions with regard to commissioning and the role to be played by GPs.

First and importantly, the consultation paper clarifies that consortia, once established, will be statutory public bodies with powers and responsibilities set out through primary and secondary legislation. Through this mechanism, consortia will be held to account for the outcomes they achieve and for the fulfilment of appropriate duties, rather than for the way in which they conduct themselves.

It is not intended that the Department will set out detailed or prescriptive requirements in relation to the internal governance of consortium beyond essential requirements for example in relation to areas such as financial probity and accountability (e.g. statutory accounting as determined by the NHS Commissioning Board), reporting (e.g. to publish a commissioning plan and report on expenditure) and audit.

Every holder of a primary medical care contract is to be required to be a member of a consortium and this is the corollary of holding a list of registered patients.

Consortia will need to have sufficient geographic focus to be able to agree and monitor contracts for locality-based services such as urgent care and to have responsibility for commissioning services for people who are not registered with a practice.

The consultation paper makes it clear that consortia boundaries will have to interlock so that taken together they cover the whole of England. Whilst it is stated that GP practices should have flexibility within the legislative framework to form consortia in ways that they think will secure the best healthcare and outcomes for their patients and the locality and whilst no geographic blueprint is to be handed down, we envisage there could be well be some difficulties as to which consortia looks after patients near suggested borders. There will be a reserve power for the Commissioning Board to assign practices to consortia, but this is only to be used as a last resort.

The consultation paper also makes it clear that the Department does not wish to be unduly prescriptive about the size of consortia and it recognises that there will be widespread variations. The Commissioning Board will, however, need to satisfy itself that consortia are of sufficient size to manage financial risk. Some time ago, the figure of 500 was suggested as the possible number of consortia across England and this would suggest an average patient population of somewhere in the region of 110-120,000.

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In some areas an arrangement of this sort will fit very comfortably and for example, Herefordshire with a population of some 140,000 might well form a single consortium with a clearly defined county boundary. The population of Birmingham, however, is understood to be fractionally in excess of 1 million and there may well be a lot of territorial difficulties in dividing this area into say 8 consortia, as there is no immediate fit even with the old PCT boundaries.

The consultation paper seeks to encourage consortia to begin to form on a shadow basis in 2010/11, building where appropriate on practice based commissioning consortia and it is suggested that when they are ready to do so they may take on some responsibilities from PCTs, although it is not stated which particular areas might be involved in this.

We suggested in our last bulletin that there were probably only limited steps that putative consortia might take at this stage; whilst advising that local groups should both try and identify the geographical areas that they might serve and also form a steering committee. Clearly these are steps which need to be taken as soon as possible with steering committees authorised to discuss geographical boundary issues with PCTs and adjoining consortia. PCTs are being encouraged to support this process.

The recognition that consortia may be able to build on existing practice based commissioning groups is of particular interest to Lockharts as we have been involved in the establishment of a very large number of PBC groupings across the country and are fully familiar with the large range of inter-group issues that can arise. In the next 8 weeks or so Lockharts will be talking to and visiting many PBC Groups/putative consortia groupings about what commission will mean and the steps that can be taken. Enquiries for this should be sent to csd@lockharts.co.uk

Lockharts' next bulletin will deal with the accountability of consortia and risk issues.

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