

## Chairman's Update

Winter is always a busy time of year and the speed of NHS reform is only adding to everyone's workload. Since the last newsletter the BMA has hardened its position on the Health and Social Care Bill and now opposes it in its entirety. However, as GPs are in the thick of the changes happening on the ground, we will still be ploughing through the torrent of guidance documents coming out from the Department of Health – which recently has included guidance on the Authorisation Process. Detail is still lacking, but we've highlighted the key points in this newsletter and you can find further guidance on the **BMA website**. What is clear, though, is that fledgling Clinical Commissioning Groups (CCGs) will have to prove they have the support of local GPs in order to be deemed competent commissioners – and that means some will have to reconsider their democratic structures. Many have been doing a great job making sure all GPs have a voice; others will have work to do. We will continue to exert pressure wherever it is needed. We will also make sure that the Department of Health is in no doubt about the potential risk to the stability of services that their determination to rush towards full handover by April 2013 is creating. There is still a great deal of confusion and much work to be done – if you have any questions about NHS reform please let us know and we will do our best to answer them for you.



**Dr Laurence Buckman**  
Chairman  
BMA's General Practitioners Committee



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Chairman, General Practitioners Committee

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Please email [info.gpc@bma.org.uk](mailto:info.gpc@bma.org.uk)



[www.bma.org.uk](http://www.bma.org.uk)

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## HEALTH AND SOCIAL CARE BILL

The Health and Social Care Bill has been progressing through its Lords Committee stage since the end of October.

Progress of discussions on the Bill began relatively slowly but there has been discussion of several amendments from peers relating to various aspects of the functions, duties and powers of the NHS Commissioning Board and clinical commissioning groups (CCGs). For example, there were debates on:

- The role clinical senates and networks would play; the Government responded in debate that they would not be statutory bodies hence why there was no explicit mention of them in the Bill
- Whether CCG boundaries should coincide with local authority boundaries where practicable
- The role of the other contractor professions (dentists, pharmacists, ophthalmologists) in relation to CCGs
- Conflicts of interest and also trust within the doctor-patient relationship; this also encompassed brief discussion of the 'quality premium'.

Despite debates on these areas during Lords Committee, no significant changes were made to the Bill with regard to the Board and CCGs. The amendments at Lords Committee have provided peers with an opportunity to obtain more detail from the Government on its proposals rather than seek to make changes to the legislation at that stage. Major votes are instead expected to take place during the next stage, Report stage.

With regard to next steps, after Lords Committee wraps up, it is expected the Bill will begin its Report stage towards the end of January followed by 'ping pong' between the Lords and Commons before Royal Assent – making the Bill law – in the spring.

Following BMA Council's decision to oppose the whole Health and Social Care Bill, the BMA issued a new briefing to peers and MPs to outline why doctors have hardened their position on the Bill in the context of the Government's wider NHS reforms. A copy of this briefing is available at: [www.bma.org.uk/nhsreform](http://www.bma.org.uk/nhsreform).

## Authorisation Process

The Government has **published guidance** for shadow CCGs focussing on their development into competent commissioners. This process has been labelled the "**authorisation process**" – the process by which a CCG is judged ready and able to take on full responsibility for the commissioning budget.

The authorisation process will be overseen by the NHS Commissioning Board (NHSCB) which will ask CCGs to provide evidence of competence against a range of domains. These domains include demonstrating that the CCG is well constituted, has good governance structures and that the CCG is collaborating with patients, the public and local authorities. The NHSCB will also seek the views of the Health and Wellbeing Board, the Clinical Senate and the CCG's constituent practices as part of this process.

### "DEVELOPING CLINICAL COMMISSIONING GROUPS: TOWARDS AUTHORISATION" (Department of Health, 2011)

#### THE SIX DOMAINS

1. A strong clinical and multi-professional focus which brings real added value.	4. Proper constitutional and governance arrangements, with the capacity and capability to deliver all their duties and responsibilities including financial control, as well as effectively commission all the services for which they are responsible.
2. Meaningful engagement with patients, carers and their communities.	5. Collaborative arrangements for commissioning with other CCGs, local authorities and the NHS Commissioning Board as well as the appropriate external commissioning support.
3. Clear and credible plans which continue to deliver the QIPP (quality, innovation, productivity and prevention) challenge within financial resources, in line with national requirements (including excellent outcomes) and local joint health and wellbeing strategies.	6. Great leaders who individually and collectively can make a real difference.

The GPC has produced **guidance** for GPs and LMCs highlighting issues to consider and suggesting how the six domains highlighted by the Department could be demonstrated. Chairman of the GPC's Commissioning and Service Development subcommittee, Nigel Watson, says, "It is vital that GPs and LMCs familiarise themselves with what will be expected of them over the coming months. The timescales are incredibly tight and CCGs need to focus on ensuring they have good democratic structures and clear constitutions, as these will form the foundations of a successful CCG. LMCs will play a key role in helping CCGs ensure they have the buy in and support of the local profession – CCGs should keep the LMC closely involved as they seek to become authorised."

#### Key issues to consider as CCGs seek to become authorised include:

- The democratic structures of CCGs vary greatly from area to area. CCGs should be working with LMCs to ensure that they have the support of the local profession. The NHSCB will want evidence that the CCG have mechanisms to ask for the views of their constituents;
- CCGs will need good support from PCT clusters whilst in shadow form if they are to be able to demonstrate a good 'track record of delivery' against budgets and the QIPP challenge. Commissioning Support Units should be NHS bodies, where possible, retaining the expertise and skills of existing NHS staff in order to provide cohesive and patient (not cost) focussed service to CCGs.

The Government needs to provide more information about a system of allocation of funding to CCGs that is fair and allows for good financial management. This will allow CCGs to plan effectively as they become authorised to take responsibility for the commissioning budget.

You can read more about what CCGs will need to do in order to be authorised in the GPC guidance on the **authorisation process**.

### BMA Council and GPC oppose plans to “privatise” commissioning support

In November BMA Council and the GPC called for the withdrawal of government plans for commissioning support (outlined in the document ‘Developing Commissioning Support: Towards Service Excellence’). The BMA is concerned that the proposals would make it difficult for CCGs to host or share NHS commissioning support services and instead would be forced to procure services from commercial organisations. Hamish Meldrum and Laurence Buckman met with the Secretary of State before Christmas to raise the BMA’s concerns.

Dr Meldrum said: “A key plank of the government’s NHS reforms was to entrust GPs and other health care professionals to lead on the commissioning of services for patients to ensure local health needs were met. These latest proposals from the government have the potential to seriously undermine this role, restricting



### OPINION PIECE: What? Who? Where? The future for healthcare public health

If the Government’s reforms of the NHS have an underlying philosophy, it is that clinicians should take the lead in the commissioning of services. Last November, the GPC and the Public Health Medicine Committee (PHMC) produced a **report** highlighting the vital role that healthcare public health (HCPH), or public health commissioning support, has to play in this brave new world.

Yet there is a real danger that these same doctors, who have specialised in the delivery of evidence-based healthcare and who have developed skills in healthcare needs assessment, critical appraisal, evidence synthesis, health economics, epidemiology and biostatistics, will not be able to get a seat at the table.

It is still not clear where those public health doctors who specialise in commissioning will be based. Indeed, we have concerns that HCPH specialists will not even be based within the NHS, but will be located within Public Health England (PHE) – an Executive Agency of the Department of Health – or even within Local Authorities. This could lead to a separation between the NHS and HCPH, leaving the former without the expert advice it needs and the latter as little more than a lone voice crying out in the wilderness.

For this reason the BMA is supporting a Faculty of Public Health (FPH) amendment to the Health and Social Care Bill, which states that there must be specialist public health input into the NHS Commissioning Board. The PHMC is also working to ensure that Clinical Commissioning Groups (CCGs) will be able to access specialist HCPH advice.

To read more about the PHMC’s work on the NHS Reforms, visit the **public health reforms webpages**.

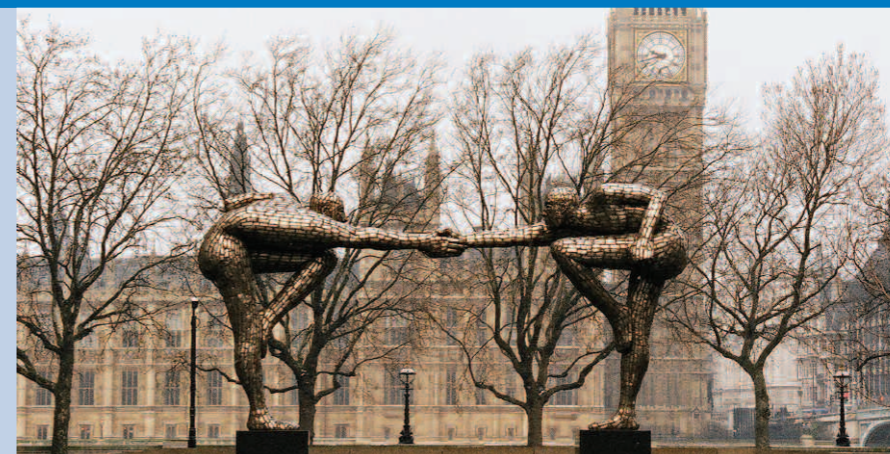
**Dr Keith Reid**  
Co-chairman, BMA Public Health Medicine Committee



the freedom and independence that clinically-led commissioning groups need to make locally sensitive, locally accountable, patient-focused decisions.

“We will be urging CCGs to urgently review and where necessary change their structures to ensure they are able to fulfil their statutory functions without becoming dependent on external commissioning support.”

Please visit the BMA’s **NHS reform webpage** for more information.



### BMA Law

Despite the stately pace of the legislative process, the speed of reform on the ground is moving at a startling speed. Whilst parliamentarians discuss the high level principles of the Bill, GP practices are forming CCGs and turning their minds to their constitution and operating systems. Doctors need to ensure that they have the knowledge and training to successfully meet the challenges in the new system and form robust and effective commissioning groups. BMA Law is pleased to introduce a new workshop/seminar aimed at covering the pertinent areas of daily management of a clinical commissioning group under a constitution.

This will include the following:

- The role of the LMC (which should be significant);
- Voting the election processes;
- How to handle conflicts of interest;
- Procurement procedures and the “Any Qualified Provider” principle;
- Fairness and equality;
- Disqualification of members of Clinical Commissioning Groups;
- Daily management process.

For more information please call BMA Law on 020 7383 6976 or email **info.lmc@bmg.org.uk**

### GPC Guidance

The GPC has recently produced a **position statement** on the role of accountability in the new structures, in conjunction with the **Centre for Public Scrutiny**. The guidance highlights why accountability is important and gives a summary of the different bodies that CCGs will work with to ensure that they are accountable to the local profession and patient population.

### Questions questions...

Pose a question to our team of commissioning experts. Whether you need advice on a sticky situation between your local CCG and constituent practices, are confused by the parliamentary process, or have a quibble with particular wording in the Bill, email your questions to **info.gpc@bma.org.uk** (with the title ‘Commissioning question’) and we will feature a selection in the next edition of *Commissioning Update*.

bma news

Commissioning in the news...



LINKS

Links to recent BMA News stories:

- **GPs voice concerns about CCG independence**
- **Commissioning Boards takes shape**
- **GPs spell out essential commissioning concessions**



Check out the **Tavistock blog** for insider views on the latest developments with the Health and Social Care Bill.



If you have comments about this update, about the Health and Social Care Bill or what the GPC is doing to support you, please email **info.gpc@bma.org.uk**.