
**Chairman of the General
Practitioners Committee**

7 October 2011

Dear Colleague,

NHS Reforms

It is now only six months until Clinical Commissioning Groups (CCGs) are expected to be up and running in shadow form. While there are good things happening in some areas – GPs, supported by managers, are becoming more involved in the planning and delivery of healthcare and there is greater working with our consultant colleagues - I am becoming increasingly alarmed by the manner in which some CCGs are being established and are operating. There is a limited window of opportunity left for us, as your national representatives, and you, as practising GPs, to influence the development of CCGs, and that is why I am writing to you now.

The BMA continues to have major concerns about the Health and Social Care Bill, but we recognise that the changes set in motion simply by its proposition are already having a huge impact on the NHS. We are therefore trying, as far as possible, to influence this process so that GPs' interests are best represented. That is why the GPC has been involved in Department of Health groups developing policy on the new structures. However, I am very concerned by reports I am getting from GPs who do not feel engaged with the changes happening in their area, or feel they have not been given opportunity to be involved; it is vital in the early days of a new NHS in England that it is the many and not the few who influence important formative decisions.

The changes to health services in your area are happening now, regardless of the Bill's passage through parliament. I have set out our primary concerns below and would urge you to make sure your voice is heard locally, not just if you have concerns, but so you can help shape the future of healthcare in your area. More information about how you can do this is set out at the bottom of this email.

The GPC's main areas of concern about the development of CCGs are:

- In areas of good practice, board members are being properly nominated and elected, but we have heard of places where there has not been any adequate democratic opportunity or where not all GPs have been included in the process.
- In some cases CCG board members have put in place untried and unacceptable measures to micro-manage practices, irrespective of the views of local GPs.
- Local medical committees (LMCs) represent GPs and practices locally and they must be engaged with CCGs and primary care trusts (PCTs); where this is happening, positive developments are being made, but in some areas the LMC is being sidelined and ignored which is not acceptable. CCG authorisation requires the demonstration of engagement of local practices and the LMC is best placed to assist with this.

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- It is appearing increasingly likely that the authorisation process, while trying to ensure that these newly formed statutory bodies (CCGs) will be fit for purpose, will only authorise organisations that bear a remarkable resemblance to PCT. It means many GPs trying to build their groups will have wasted a lot of time, energy, and resources and are now having to reorganise for a second time.

In terms of government health policy and its impact on GPs:

- The greater focus on competition, particularly through the enforced roll-out of the 'any qualified provider' policy, will make it harder for primary and secondary care providers to collaborate for the benefit of patients.
- Although the government has amended its proposal to make clearer the link between any reward and commissioner performance in relation to quality and healthcare outcomes, we remain seriously concerned that potential incentives or financial reward associated with commissioning will adversely affect the doctor-patient relationship.

More detail about our many other concerns surrounding the Health and Social Care Bill and what the BMA is doing to address these can be [found on the BMA website](#).

However, when it comes to the development of CCGs, we believe democratic accountability and collaborative working with constituent GP practices, including all sessional and salaried GPs, is vital. We must learn the lessons from Practice Based Commissioning: where there has been active engagement of grassroots GPs greater positive change has been achieved; where it has not it has failed to deliver and, in some cases, has damaged existing services.

Your LMC, working with the BMA, has a long history of representing GPs' interests, having been in existence through 100 years of NHS reforms; its organisational memory and role, both statutory and none statutory, is even more important today than it has ever been. But it needs to know your views. More information about how to contact your LMC can be [found on the BMA website](#).

No matter what happens with the Health and Social Care Bill, for our patients' sake we need efficient and effective services. Vested interests need to be removed as do actions which do not improve patient outcomes. CCGs and PCTs need to work with LMCs, following the example we have seen in areas where there is constructive working. This is the only way that positive changes will be made.

Yours sincerely,



Dr Laurence Buckman