

Dr Clare Gerada MBE FRCP(Hon) FRCGP MRCPsych
Chair of Council

The Rt Hon David Cameron
Prime Minister
10 Downing Street,
London,
SW1A 2AA

6 May 2011

Dear Mr Cameron,

Following a recent meeting with Mr Paul Bate which Mr Neil Hunt, Chief Executive and I both attended, the Royal College of General Practitioners (RCGP) would like to share with you some changes to the Health and Social Care Bill and wider health reform proposals which we believe will improve the Bill and patient care.

We understand that the NHS needs to change. We acknowledge and welcome the focus in the proposed reforms on patient outcomes, choice and value for money. We welcome placing General Practitioners (GPs) at the heart of planning services for their patients, and increasing professional and patient involvement in health service design and funding decisions, and accept competition in commissioning where it adds value to existing services. We welcome the planned reductions in management costs and an increased focus on prevention, reducing health inequalities, and improving joint working between health and social care.

However we have a number of serious concerns and suggest the following recommendations:

1: COMPREHENSIVE HEALTH CARE

That the Bill should make it clear that the Secretary of State has a duty to provide, or secure provision, of a comprehensive health service throughout England.

2: CHARGING FOR HEALTH CARE

That commissioners or providers should not be able charge patients for health care services that are currently provided free by the NHS or are recommended by NICE.

3: ISSUES RELATING TO MARKET FORCES IN HEALTH CARE

That the Bill should place a duty on Monitor, the National Commissioning Board and GP Commissioning Consortia (GPCC) to enable collaboration to provide integrated services to meet patients needs without fear of a competition referral.

4: ISSUES RELATING TO EU COMPETITION

There needs to be clarity as to the legal implications of EU competition law (particularly when, and in what circumstances, it is enforceable) and other contractual and regulatory details.

5: ACCOUNTABILITY AND CONFLICTS OF INTEREST

Consortia must remain publicly accountable for all commissioning decisions, so that Board minutes and financial decisions are open to public scrutiny, including details of payments made to GPs or Practices for non-general medical services, including payments to private companies in which GPs have a financial interest.

6: RESOURCE ALLOCATION AND RISK POOLING

That there is clarity as soon as possible as to which allocation formula will be used for allocation to GP consortia for commissioning hospital care.

7: PRACTICE BOUNDARIES

The proposal to undermine the relationship between a local GP and local patients by abolishing practice boundaries is revised.

8: WORKFORCE AND TRAINING ISSUES

Given that the education and training proposals mark a revolution in medical education and could be harmful in primary care, we urge a careful and detailed reconsideration ahead of any implementation.

9: CONFIDENTIALITY

That there is as an absolute assurance that the Bill will not force doctors to breach their duty of confidentiality.

The attached paper sets out in greater detail the evidence for our concerns as well as a number of more detailed recommendations for clarification and change.

We would welcome the opportunity for the College to meet with you to outline the need for changes to the Bill . We want to work with you and are keen to develop further proposals for reforms of the NHS which places patients at the centre and promote family medicine.

In the meantime we shall continue to offer leadership and guidance to members as they seek to deal with the consequences of the NHS reforms.

We are engaging with our members to provide input to the Listening Exercise and this letter and the attached evidence is also being sent to Professor Steve Field.

We launched the RCGP Centre for Commissioning in October 2010 as a partnership between the RCGP and the NHS Institute for Innovation and Improvement. Through this we are seeking to equip GPs, Practices and GP consortia with the skills, competencies and expertise required to deliver effective healthcare commissioning.

The RCGP will continue to promote the development of high quality, effective patient centred care, with GPs at the heart of NHS service delivery. The RCGP believes that provider side reforms could deal with many of the issues without the need for repeated organisational change or by many of the proposed reforms.

We would strongly recommend the development of the RCGP Primary Care Federations model. Federations, or provider organisations, are made up of GP practices as well as other providers from social, mental health; community and secondary care (as appropriate), and include private and third sector providers. Federations can form the basis for locally determined education and training activities, peer support, service development and service improvement etc. Federations allow for a local focus as well as ensuring joint working and planning meeting the needs of the population. Under this system most health problems would be dealt with in primary care close to patients' homes, with hospitals reserved for acute illness, specialised investigations and major surgery.

This model of care puts the needs of patients at the heart of the NHS and is one we would commend to you. A copy of our original paper is attached for your information.

Best wishes



Dr Clare Gerada
Chair of Council

CC List:

Rt Hon Nick Clegg, MP, Deputy Prime Minister
Rt Hon Andrew Lansley, CBE MP, Secretary of State for Health
Una O'Brien, Permanent Secretary
Sir David Nicholson, KCB, CBE, Chief Executive, NHS
Dame Barbra Hakin, National Managing Director of Commissioning Development, DH
Mr Paul Bate, Senior Policy Adviser, Health & Adult Care
Professor Steve Field, Chairman. NHS Future Forum
RCGP Council