

# RCGP, RPS & AOP amendment to the Health and Care Bill

January 2022

## **Why are primary care services so important for our healthcare system?**

Primary care services hold a unique position as the nation's front door to the NHS. The majority of NHS patient contacts take place and are resolved within primary care settings, without being referred into secondary care.

That said, primary care continues to be crucially underfunded and as a result of the Health and Care Bill (the Bill), also risks being significantly underrepresented in the reformed system, which we believe will considerably impact patient experiences in healthcare.

## **How will the Health and Care Bill impact primary care services and patients?**

There is a significant risk that the primary care voice will be weakened as Clinical Commissioning Groups (CCGs), which are currently led by GPs, are abolished and their roles are transferred into larger integrated care systems. This statutory role for CCGs, and those working within them, enshrines a stronger primary care voice, which speaks up for patients in primary care and provides a useful counterbalance to the size and influence of large NHS trusts and foundation trusts.

Even with CCGs looking out for the needs of all patients and not just those who needed hospital treatment, we have seen a reduction in the proportion of the overall NHS budget allocated to the delivery of primary care services.

As the Bill currently stands, the law would place NHS trusts and foundation trusts in a privileged position in deciding on how plans are made and resources allocated, as well as reducing the influence of primary care at a system level. The current legislation must do more to ensure that patients in primary care receive the care they need and deserve, through better representation of the services they receive in this vital sector.

Though NHS England has asked Dr Claire Fuller to review the role of primary care in the new NHS structures. This will not be complete until after the Bill has been passed and by then it could be too late if the Bill effectively gives NHS trusts and foundation trusts a veto over the rest of the system.

## Our amendment

The Bill states that when the new Integrated Care Boards prepare their five-year work plans and their capital plans, they need to do so with their "partner NHS trusts and NHS foundation trusts". This puts trusts right at the heart of decision making while primary care is relegated to the outside being consulted.

Our amendment would require Integrated Care Boards to work with primary care services – specifically Primary Medical Services, Primary Dental Services, Primary Ophthalmic Services and Pharmaceutical Services – when preparing and revising their five-year plans, in the same way they are required to work with NHS Trusts and Foundation Trusts. This would ensure a stronger primary care voice in the new system, and enable Dr Clare Fuller's review to steer NHS England and local areas on how best this could be achieved. This would also make the Bill flexible enough for any future reforms in primary care and change its current prescriptive nature where inequalities in the system are set in stone.

Lord Crisp has [tabled the amendment](#), which is supported by the Royal College of General Practitioners (RCGP), the Royal Pharmaceutical Society (RPS) and the Association of Optometrists (AOP).

## Your support

The Bill will begin committee stage in the House of Lords on 11 January 2022 and it would make a big difference if you would be able to support us in this work ahead of this date.

We would be happy to meet with you to discuss the amendment and any questions you may have if necessary.

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