House of Commons Public Bill Committee Written Evidence: Health and Care Bill

September 2021

1. The RCGP is the largest membership organisation in the UK solely for GPs. Founded in 1952, it has over 54,000 members who are committed to improving patient care, developing their own skills and promoting general practice as a discipline. The RCGP is an independent professional body with expertise in patient-centred generalist clinical care.

Executive Summary

2. The Health and Care Bill (the Bill) will introduce significant changes for general practice and the wider primary care sector, including the establishment of Integrated Care Systems (ICSs) as statutory bodies. These changes will inevitably impact the care experienced by patients and, though we are supportive of most of the overarching aims of the Bill, the measure of success will be how the legislative changes are implemented.

3. As the nation's front door to the NHS, the ways in which general practice is delivered, commissioned, and resourced will directly impact patient experience and overall healthcare. As CCGs are absorbed into ICSs, it is essential that primary care has a strong clinical voice as the reforms progress and are implemented.

4. In addition to a strong clinical voice, a strong patient voice is crucial to help shape our future healthcare system. This is an element which the Bill is severely lacking in, and where improvements must be made. Having strong patient participation from practice level, through to system wide consultations will ensure the viewpoints of those at the heart of our healthcare system is present from local level to those responsible for planning care at the top.

5. GP workload is currently at record levels and continues to rise. Latest figures from the RCGP's Research and Surveillance Centre demonstrate that in the 4 weeks to August 29th 2021, clinical consultations by GPs were up 6% when compared to the same period in 2019. In this same period, the data shows that clinical admin by GPs has risen by 29% in 2021 when compared to the same period in 2019.[i] On top of this, numbers of full time equivalent GPs continue to fall and we simply do not have enough GPs to meet the needs of a growing and ageing population. It is essential that addressing both GP and wider NHS workforce shortages is given more weight in the legislative changes.

6. This Bill provides a significant opportunity to improve our healthcare system beyond legislation. Addressing health inequalities in England, that have only

widened as a result of the Coronavirus pandemic, is a key example of where the Government can do so. Ensuring that the legislation requires Integrated Care Boards (ICBs) to be held accountable for collecting sufficient data around health inequalities in England, to help better understand the reasons behind health inequalities, is a start.

7. Finally, the Bill's intention to extend powers of the Secretary of State remains concerning. Further detail and stronger safeguards are necessary to ensure the clinical and operational independence of the NHS is protected.

A strong clinical primary care voice

8. The majority of NHS patient contacts take place in general practice, with most interactions being resolved within primary care without being referred into secondary services. GPs hold a unique position as specialist generalists, overseeing care for all their patients, and they have a systemwide view that will be crucial to the success of these changes. The legislation must ensure GPs are sufficiently represented at all levels of ICSs to shape and design better quality services for the communities they are based in, and the patients they care for.

9. As it stands in the Bill, a minimum of one primary care representative is required in the legislation to sit on each Integrated Care Board. We are concerned that the current legislation, in seeking to be permissive to give systems the ability to shape themselves, leaves open a possibility that an ICS board may become unevenly weighted in some systems.

10. **It is essential that the government guarantee GPs and other clinical primary care representatives an equal voice in integrated care systems, to work with patients and citizens in their communities, and to improve the quality and experience of the care patients receive.**

A strong patient voice at place level

11. GPs provide the population with 90% of their contact with the NHS. Patients are therefore at the heart of GP activity and are the hub of healthcare.

12. The success of the reforms does not lie solely in the changes to legislation or the modifications to decision making powers within central authorities. Successful integration relies on the building blocks of newly designed patient pathways and the relationships between frontline health professionals, their teams, and the patients they serve. This work cannot be legislated for and will require clear implementation guidance and planning for ICSs to ensure the focus is on creating an environment that empowers

clinicians and patients to shape services together.

13. The right balance must be struck between providing a clear national framework to support integrated care, while remaining flexible enough to be shaped by local providers and patient populations.

14. **Patient participation and representation is key towards ensuring that citizens are involved in shaping the health services they need. From patient and carer participation groups at practice level, through to neighbourhood engagement exercises, to system wide consultations, more needs to be done to ensure patient representation links the local level to those responsible for planning care at the top.**

Address the NHS workforce crisis through implementing workforce planning

15. The NHS cannot deliver anything without the workforce to do it. In 2019, 68% of surveyed GPs found it difficult to recruit a GP, which rose to 70% in 2020. [ii] [iii] Workforce shortages are the most substantial barrier to progress on the NHS Long Term Plan objectives and must be addressed with urgency. This will only become more urgent as many GPs leave the service, with 34% of surveyed GPs in England, in 2021, indicating plans to leave practice within the next five years.[iv] Despite a Conservative manifesto pledge to increase the number of GPs in 2019, the number of full time equivalent GPs continues to fall.

16. It is essential that addressing workforce shortages are given more weight in the legislative changes and in the wider implementation plans. The duty on the Health Secretary to report to parliament, while providing an opportunity for parliamentary scrutiny every five years, does not give adequate legal emphasis to this most important enabler for the NHS plans.

17. **The duty on the Health Secretary must be strengthened to specify a range of time horizons (five, ten and 20-years) on which they should report on the planning for the NHS workforce. The legislation must also establish an independent and authoritative NHS workforce planning body, to ensure that the healthcare system has the workforce it needs to meet growing demand and tackle health inequalities.**

18. **We are supporting an amendment to the Bill alongside medical Royal Colleges and leading health think tanks that would require biennial (every 2 years) published assessments of the workforce numbers needed to deliver the work that the Office for Budget Responsibility estimates will be carried out in future, based on projected demographic changes, the growing prevalence of certain health conditions and likely impact of technology.**

Improving the system beyond the legislation - health inequalities

19. This Bill is a key vehicle for the Government to demonstrate a commitment to truly address health inequalities in England that have only been widened as a result of the Coronavirus pandemic. The RCGP welcomes the duties and considerations ICSs will need to give to addressing inequalities in access and outcomes for their patients, as well as promoting the involvement of each patient. However, these issues cannot be addressed by legislation alone, and require committed resources and continued focus at all levels of a system.

20. Ensuring that the legislation requires Integrated Care Boards (ICBs) to be held accountable for collecting sufficient data around health inequalities in England, to help better understand the reasons behind health inequalities, is a start.

21. Government and the NHS must also be prepared to commit to direct additional funding to areas of high socio-economic deprivation, where being poor means people are more likely to live shorter lives in poorer health.

22. We recognise the positive impact that improvements to non-health related services, such as housing and education, can have on the overall health for citizens and patients. Addressing the wider determinants of health-related problems experienced by patients and citizens is essential to truly tackle health inequalities. We are therefore supporting a recommendation put forward by the Inequalities in Health Alliance which calls on the government to introduce an explicit cross-government strategy to reduce health inequalities, involving all government departments, which is led by and accountable to the Prime Minister.

23. **Government and the NHS must commit to resourcing and supporting strategies outside of this legislation that focuses on addressing health inequalities. For example, additional funding is required to recruit and retain GPs in deprived areas across England. Patient needs are not being met in these areas as a result of the challenges faced when recruiting new doctors.**

24. **We are supporting an amendment to the Health and Care Bill that would require integrated care boards to set up systems to identify and monitor inequalities in health between different groups of people within the population of its area.**

Further detail on the Bill's intention to extend powers of the Secretary of State

25. The clinical and operational independence of NHS services must be protected. The RCGP has significant concerns in relation to the Bill's intention to make it easier for a Secretary of State for Health and Social Care to intervene in local service reconfigurations. Decisions about service changes are challenging and require careful deliberation. While it is important that they are made in a timely fashion, a considered process is a necessary by-product of taking the time to engage with local populations and NHS staff and come to the correct decision.

26. The use of these consolidated executive powers is, of course, not anticipated to be a frequent event. However, the rare situations where such challenges arise will certainly be impactful to local health economies, service provision, and the professional and patient relationships in that area. Top down intervention would be the antithesis of the aims of this legislation and safeguarding against this must be a consideration of any legislative changes.

27. **It is essential that additional, stronger safeguards are introduced to make certain that interventions in reconfigurations are for the greater good for patients and the service. The legislation must also include more detail on how independent advice will be sought and considered.**

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[i] RCGP Research and Surveillance Centre & the University of Oxford. Workload Observatory (2021). Accessed at: https://orchid.phc.ox.ac.uk/index.php/rcgprscworkloadobservatory/

[ii] RCGP English GPs Tracking Survey, Wave 7. (2019). Accessed at: https://comresglobal.com/polls/royal-college-of-general-practitioners-rcgp-english-gps-tracking-survey-wave-7-october-2019/

[iii] Based on surveys of GPs in each nation of the UK (2020). In field Feb–April 2020 (sample of 1183 GPs). Data representative of GPs who said they were involved in recruitment, excluding “don’t knows”