



Royal College of
General Practitioners

Dr Victoria Tzortziou-Brown OBE, FRCGP, MFSEM, PhD, MSc
Joint Honorary Secretary of Council

Dr Jonathan Leach OBE, MB, ChB, MSc(Med), FRCGP, DRCOG, DIMC, RCS(Ed)
Joint Honorary Secretary of Council

For enquiries, please contact: **Dr Victoria Tzortziou-Brown & Dr Jonathan Leach**
Royal College of General Practitioners
30 Euston Square
London
NW1 2FB

Email: Hon.Sec@rcgp.org.uk

Direct Line: 020 3188 7428

11 May 2021

NHS England & Improvement: System Oversight Framework 2021/22 Consultation

Executive Summary

1. The Royal College of General Practitioners (RCGP) welcomes the opportunity to respond to the NHS England & Improvement (NHSE/I) consultation on proposals for the system oversight framework.ⁱ
2. 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.
3. Successful system oversight needs robust clinical engagement in at all stages, including developing priorities and processes and supporting care delivery. This must include a strong voice for general practice, which reflects the diverse challenges faced in practices and in PCNs at different levels of maturity and size. The focus of the proposals in this consultation is at a system, place, or trust level. The RCGP would like to see a stronger commitment to embedding the GP voice in shaping care provision and oversight throughout the system.ⁱⁱ This must include resources to increase leadership capacity within PCNs.

GP voice in the system

4. Any system oversight of providers must take steps to ensure it does not contribute to the already high levels of provider workload. A recent RCGP survey of 400 GPs reported that 37% of respondents feel burnt out from the current workload and stress of their current role.ⁱⁱⁱ In the GMC report, *The state of medical education and practice in the UK 2020*, GPs remain the most likely of doctors to have a moderate to high risk of burnout, at 28% of respondents.^{iv} There needs to be more clarity on how this system oversight framework will fit with current activity, particularly CQC inspections. NHSE/I and all ICSs must take the time to create an oversight system that provides the best environment for clinicians and their teams to exercise their autonomy, and to use their professional judgement to deliver high quality care for patients. It cannot add to the workload of professionals already under unprecedented pressure.
5. The majority of patient interactions take place in general practice, with most health problems being resolved within primary care.^v The NHS Long Term Plan outlines the overarching aim of moving more care away from secondary care, into community and primary care settings.^{vi} There is considerable evidence that a strong primary care service is a key determinant of an effective and efficient health service.^{vii} Consequently, securing engagement and organisational buy in from GPs at all levels of a system must be a key consideration of any integrated care system, and this includes system oversight.
6. PCNs are a foundational building block to the success of integrated care systems, and place-level partnerships. These networks are expected to deliver against nationally determined service specifications. However, PCNs remain substantially under resourced, while the specifications are demanding and leave little space for PCNs to develop and connect at the different levels needed within their system.^{viii} The RCGP has called for a significant amount of additional investment for PCNs, particularly to enhance leadership capacity. Cultivating collaborative cultures and leadership capacity within primary care networks will be a key enabler to success across all the domains covered in this oversight framework. In the meantime, implementation plans will need to include specific guidance to ensure existing GP leaders - in CCGs and in other parts of the system - are at the heart of these plans.

Oversight and support

7. The RCGP would like to see more clarity in how this oversight framework and support for providers relates to CQC activity, specifically CQC inspections. As independent contractors, often operating as small or medium sized businesses, GPs do not have protected and resourced time within their contract in the same way as clinicians contracted to NHS Trusts. This means that GPs often face challenges as they respond to oversight requirements, pushing up workload, diminishing morale and hindering engagement. It must be a central principle that any oversight from the system does not increase workload for general practice. Instead, systems must work to create a supportive environment that is high in trust for professionals delivering care.
8. Support offers delivered to providers under strain must be properly resourced and tailored to the organisations delivering care. There should be clear oversight that ensures this support is reaching frontline for providers, rather than being lost in the system. The system oversight framework focuses on the development and support that will be directed at CCG and NHS Trusts. The support for primary care providers identified through oversight mechanisms is variable across different systems, with no centrally resourced provision. NHSE/I must do more to ensure all systems have adequately resourced and procured support for frontline primary care providers that is trusted by the clinicians and providers that have been identified as needing it.

ⁱ NHSE/I *Consultation on a new NHS System Oversight Framework 2021/22* 2021

Available: https://www.engage.nhs.uk/consultation/system-oversight-framework-2021-22/user_uploads/b0381-consultation-on-a-new-nhs-system-oversight-framework-2021-22.pdf

ⁱⁱ RCGP *Response to NHSE/I consultation: Next steps to building strong and effective integrated care systems across England* (2021)

Available: <https://www.rcgp.org.uk/-/media/Files/Policy/Completed-consultations/2021/RCGP---Integrated-Care-engagement-response.ashx?la=en>

ⁱⁱⁱ RCGP Member survey of 434 respondents *UK Vaccination Programme January 2021*

Available: <https://www.rcgp.org.uk/-/media/Files/Policy/Research-survey-results/vaccination-programme-research.ashx?la=en>

^{iv} GMC (2020) *The state of medical education and practice in the UK* (GMC) Available at: https://www.gmc-uk.org/-/media/documents/somep-2020_pdf-84684244.pdf

^v Marshall, M., (2015) *A Precious Jewel - The role of General Practice in the English NHS* (N Engl J Med) 372:893-897 Available at: <https://www.nejm.org/doi/full/10.1056/NEJMp1411429>

^{vi} NHS England (2019) *NHS Long Term Plan* (NHS England) Available at: <https://www.longtermplan.nhs.uk/>

^{vii} WHO (2018) *Building the economic case for primary health care: a scoping review* Available at: https://www.who.int/docs/default-source/primary-health-care-conference/phc---economiccase.pdf?sfvrsn=8d0105b8_2

^{viii} Marshall, M. (2020) *Top GP: National diktats could shatter fragile PCNs* (Health Service Journal) Available at: <https://www.hsj.co.uk/policy-and-regulation/top-gp-national-diktats-could-shatter-fragile-pcns/7026670.article>