Briefing for Lords Report Stage of the Health and Care Bill

Royal College of General Practitioners

28 February 2021

- **How can we ensure primary care patients are not forgotten in the new systems?**

What is the problem?
In the current system primary care is at the centre of the commissioning process with GPs playing a key role as leaders of Clinical Commissioning Groups (CCGs). This new Bill will **abolish CCGs** and instead transfer their responsibilities to Integrated Care Systems (ICSs).

These ICSs will cover a much bigger area and instead of being led by GPs, most will only have one member from primary medical service providers on their board. This could lead to **primary care patients not being given the attention they deserve.**

Not only is the voice of primary care being diminished with the closure of CCGs, but **primary care is also being largely cut out of the final part of the decision-making process.**

The Bill says 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.

As the Bill currently stands, the law would place NHS trusts and foundation trusts in a privileged position in deciding how plans are made and resources allocated, as well as reducing the influence of GPs at a system level.

What are the solutions?
The RCGP is supporting an amendment tabled by Lord Crisp (Amendments 33 and 37-54) which would require Integrated Care Boards to work with primary care services when preparing and revising their five-year plans, as well as NHS Trusts and Foundation Trusts.

These primary care services are already set out in the legislation to be – Primary Medical Services, Primary Dental Services, Primary Ophthalmic Services and Pharmaceutical Services.

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

If the Bill was amended to ensure that primary care providers were treated in the same way as NHS Trusts, Clare Fuller's review could 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.

Other potential solutions to ensure that primary care is not forgotten in ICS decision making

- **Strengthen Primary Care Networks (PCN) to play a bigger role**

There needs to be a stronger commitment to support PCN clinical directors, as this cadre of leaders will be an important conduit between the high level system and the clinicians delivering care for their patients.

The original contract committed to fund a clinical director for only 0.25 WTE, approximately 5 days a month, to establish networks and build the relationships necessary to make a PCN work, as well as engage with wider strategic work within the system. This has been increased to 1.0 WTE in 2021, in recognition of the work required to bring practices together to deliver at this level.

As a minimum, this additional funding should be made permanent rather than only running to March 2022, if NHSE are committed to securing the success of PCNs. PCNs will also require other support on top of this, including further flexibilities to the Additional Reimbursement Recruitment Scheme so they are able to recruit an expanded workforce at a faster pace.

- ## Address the NHS workforce crisis through implementing workforce planning

The NHS cannot deliver the care patients need without the workforce to do it. However, the general practice workforce has not grown in tandem with demand in recent years. This means GPs and their teams are having to work harder to meet patient needs, and some patients are facing difficulties in accessing care. This pressure is becoming unsustainable, driving GPs out of the workforce, and threatening to destabilise general practice.

- On average, each GP looks after almost 10% more patients than they did in in 2015.
- In 2019, 68% of surveyed GPs found it difficult to recruit a GP, which rose to 70% in 2020. [i] [ii]
- 34% of surveyed GPs in England, in 2021, indicating plans to leave practice within the next five years.[iii]

To address this, it is vital that the system develops and implements a detailed plan to fill workforce shortages, with clear lines of accountability for delivery. Unfortunately, opportunities to develop such a plan have been repeatedly missed.

In 2016 the GP Forward View identified the need to significantly increase the number of GPs working in the NHS by 5,000 and the number of other staff working in GP practices by 5,000 as well by 2020. In 2019 the Government extended and expanded on these promises following a

Conservative manifesto commitment to increase the number of GPs by 6,000 and other staff by 26,000.

Despite these big headline commitments, neither DHSC, NHSEI or HEE published a detailed plan setting out how they were going to achieve these numbers. This made it harder to hold the system to account and helps explain why, despite all these big promises, the qualified full-time equivalent GP workforce is smaller today than back in 2015.

That is why the RCGP have joined a group of almost 100 health organisations calling on the Bill to be amended to put a clear duty on the Health and Social Care Secretary to report to parliament on the long-term NHS workforce needs. This would make it much easier to hold the system to account and ensure that they prioritise workforce planning.

- ## Tackling health inequalities

We are very pleased that the Government has introduced a number of amendments to the Bill to strengthen the requirements on ICSs to tackle health inequalities. These are important steps, and we also encourage the Government to consider other non-legislative actions as well.

Primary care is one area where inequalities are stark. For example, once you account for the different levels of need:

- General practices serving more deprived populations receive around 7% less funding per patient than those serving more affluent populations.

- A GP working in a practice serving the most deprived patients will on average be responsible for the care of almost 10% more patients than a GP serving patients in more affluent areas.[iv]

The RCGP is calling for a review of general practice funding arrangements to ensure GP surgery budgets are weighted to account for levels of deprivation. The 2016 General Practice Forward View recognised that the 'Carr-Hill formula' which is the system that determines funding for general practice needs to be changed to better take account of deprivation. This has never been fully achieved and the RCGP would support a review of this system.

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

[ii] Based on surveys of GPs in each nation of the UK in 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”

iv https://www.health.org.uk/publications/long-reads/levelling-up-general-practice-in-england

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