GP Consortia & Sessional GPs

The White Paper

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GPC Sessional GP Subcommittee

White Paper Documents

- Equity and Excellence: Liberating the NHS

  plus
- Commissioning for Patients
- Regulating Healthcare Providers
- Local Democratic Legitimacy in Health
- Transparency in Outcomes
- Greater Choice and Control
- Healthy Lives, Healthy People: Our strategy for public health in England
- Developing the Healthcare Workforce
- Legislative framework and next steps

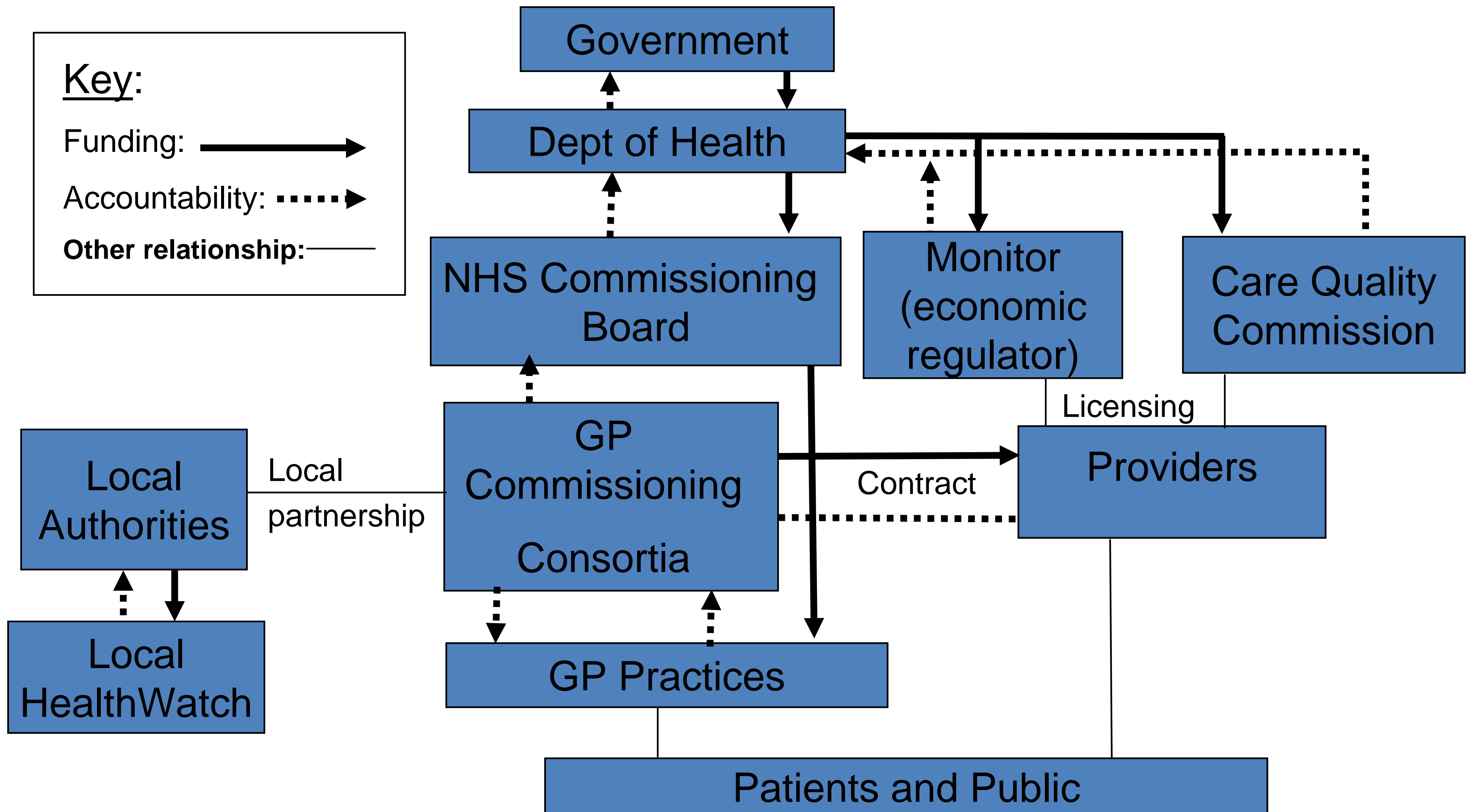
NHS White Paper Headlines

- Passing control for NHS decisions away from Ministers
  - towards patients and professionals
  - "No decision about me without me"
- Changing the top of the NHS
- GP-led commissioning consortia
  - with abolition of PCTs by 2013
- Single GP contract "over time"

NHS White Paper Headlines

- Development of an economic regulator – Monitor
- A new provider landscape – "any willing provider"
- Shift of Public Health to Local Authorities
- Health Watch – part of Local Authorities
- Workload shift from secondary to primary care
- Government spending review with cuts to social care funding – impact on general practice

New Structure



GP Consortia & Sessional GPs

NHS Outcomes Framework

- Replacing targets with up to 1500 “outcome goals”!
- Three domains of quality measured by clinical outcomes and patient reported outcome measures (PROMS)
  - Effectiveness of treatment
  - Safety of treatment and care
  - Patient experience
- Developed by NICE
  - available from 2011 with full implementation in 2012
- 150 standards with up to 10 quality measures each
- Create incentives for GP consortia

Putting patients first

- Shared decision making: “Nothing about me without me”
- PROMS, patient experience data and real time feedback to rate services and departments
- HealthWatch England to be created
- Democratic involvement through local authority

Patient Choice – promote competition

- Choice of any willing provider
- Choice of consultant-led team
- Extended maternity choice
- Choice of mental health service
- Choice of treatment, care in long term conditions and end-of-life care
- Choice of any GP practice – not limited by where a patient lives or practice boundary

Regulating Healthcare Providers

- Monitor
  - promote competition
  - regulate prices
  - support service continuity
  - licence providers
- Care Quality Commission
  - licensing providers for essential safety and quality
  - quality inspections
  - take enforcement action when required

The Information Revolution

- Range of online services in addition to NHS Choices
- Quality Accounts produced by all providers
- Staff feedback publicly available
- Patient control of their records
  - Could control and download this to show third party
  - Not explicit about future of Summary Care Record
- No clarity about future IT arrangements currently fulfilled by PCTs

Performance Management

- Consortia to work with practices to drive up quality and improve use of NHS resources
- Peer pressure and benchmarking practices (scorecards)

Training and Education-the Vision

- Security of supply. Having the right people with the right skills in the right place at the right time.
- Responsiveness to patient needs and changing service models
- High quality education and training. Supports safe, high quality care and greater flexibility.
- Value for money

Training and Education

- Health Education England (HEE) established. Focus on and workforce planning, education and training and provide support for local providers.
- All providers will pay to meet the costs of training and education-levy system
- GP Consortia will provide local oversight of providers funding plans for training
- Workforce planning to be undertaken by local provider networks including taking on Deanery functions

A New GP Contract?

Para 3.21

"The principle of rewarding quality will also apply in primary care. In general practice the Department will seek **over time to establish a single contractual and funding model** to promote quality improvement, deliver fairness for all practices, support free patient choice, and remove unnecessary barriers to new provision. Our principle is that funding should follow the registered patient, on a weighted capitation model, adjusted for quality. We will incentivise ways of improving access to primary care in disadvantaged areas."

Para 5.12

"GP consortia will align clinical decisions in general practice with the financial consequences of those decisions."

GP Consortia & Sessional GPs

GP Commissioning Consortia

Timetable for GP commissioning consortia changes

- Pathfinders
- GP consortia in place in shadow in 2011/12
  - taking on increasing delegated responsibility from PCTs
- Health Bill passed
- Consortia responsible for commissioning in 2012/13
- Financial allocations direct to GP consortia in late 2012
- Full financial responsibility from April 2013
- PCTs abolished April 2013

GP Commissioning Consortia

- Replace PCTs and will be statutory bodies
- Will have an Accountable Officer and Chief Financial Officer
- NHS Commissioning Board will hold consortia to account
- Commission most services, including emergency and OOH services, except:
  - GMS/PMS
  - Pharmacy, dental, opticians
  - Specialised regional services
- All practices required to join

GP Commissioning Consortia

- Hold contracts with providers
- May choose a lead commissioner model eg large teaching hospitals
- Duty to determine local health needs
- Duty to promote equalities
- Duty to work with local authority (public health, social care, safeguarding)
- Duty of public and patient involvement

GP Commissioning Consortia

- No prescriptive size or shape or structure
- Must be big enough to manage risk
- Practice-level budgets given to consortia
- Standard management allowance – but 45% PCT management cut
- Premium payment for high quality outcomes and financial performance
- Can buy in external commissioning support
- Required to take part in risk-pooling
- No bail outs for “commissioners who fail”

GP Commissioning Consortia GPC View

- Practices in each consortium once formed to start selecting transitional leadership
- Consortia will require an effective governance structure
- Should consider appointing capable and experienced former PCT managers
- Commissioning budgets MUST be separate from practice budgets
- Essential to work closely with secondary care clinicians

GP Commissioning Consortia: Leadership

- Clinical Leadership will underpin the success of GPCC
- Widespread support of constituent GPs
- Likely tiers of leadership: The Consortium Board
- Lead Clinicians with a defined role
- Practice Commissioning Leads

A New GP Contract?
“Commissioning for Patients” consultation

- Proportion of GP practice income linked to the outcomes that practices achieve collaboratively in consortia and the effectiveness with which they manage NHS resources
- Quality premium paid to consortium and they decide how to apportion to practices
- QOF to focus more on health outcomes
- All funded from existing resources
- Local Enhanced Services – national Board or locally commissioned?

GP Consortia and Sessional GPs

BMA Response

White Paper proposals risks…

- Damage to doctor/patient relationship
- Privatisation by the back-door
- Funding formula not accurate
- GPs blamed for cuts
- GPs accused of making excessive profit
- Enough local leaders with the right skills?
- Enthusiasts without a mandate setting an inappropriate agenda

more risks…

- Some GP Consortia will fail – what then?
- How to handle inherited or new debt
- PCT implosion, loss of key staff and skills
- Competition v collaboration
- Conflict between practices
- BMA therefore adopted position of "critical engagement"
  - Learn the lessons of PCG/PCT mergers
  - Learn lessons of Fundholding

and opportunities?

- Clinical leadership
- Real involvement in re-designing services and improving services for patients
- New OOH services and life after NHS Direct
- Developing practices
- Developing meaningful partnerships between consortia, LA, hospital trusts and consultants
- Reducing bureaucracy – how long will it last?
- Can we avoid the re-creation of PCTs?

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Next Steps

GPC Recommended Next Steps

- LMCs, PCT and existing PBC groups should work together
- All practices in an area should be involved in discussions about future arrangements
- Identify local skills and expertise
- Early collaboration with local consultants and public health physicians
- Use BMA advice and support guides

Sessional GPs and Next Steps

- Sessional GPs comprise a significant proportion of the workforce
- All GPs are stakeholders in the new NHS
- Many Sessional GPs have management and leadership skills
- Portfolio Career provides an ideal opportunity to get involved
- Use your experience and knowledge to help shape the local health service for the benefit of patients
- Get involved:
  - speak to your LMC
  - go to meetings.