Worcestershire and Herefordshire Local Medical Committees Ltd

Our Ref: GF/RD/LJS/6171

6th January 2021

NHS England
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BY EMAIL - england.legislation@nhs.net

Dear Sir/Madam

Re: Integrating care - Next steps to building strong and effective integrated care systems across England

On 26 November 2020 NHS England and NHS Improvement jointly issued a consultation document entitled Integrating Care: Next steps to building strong and effective integrated care systems across England. This document sets out proposals for the significant extension of the role of integrated care systems in the NHS. It is intended that these proposals will result in legislation with effect from April 2022. The consultation is set to close on 8 January 2021 and feedback has been sought from stakeholders within this very short timescale. This letter comprises of feedback from Worcestershire and Herefordshire LMCs on the proposals in that document:

The consultation period should be extended to allow for robust challenge and discussion with all partners. General practice is currently facing unprecedented demand and such changes require time for consideration, debate and true engagement with the profession.

General practice must be at the heart of the delivery of primary care and it is of concern that these proposals pose a considerable risk to the autonomy, role and funding of individual practices in future with little detail as to how that will be protected.

It is of note that LMCs are not mentioned in the proposals at all. It is paramount that practices and individual GPs can continue to receive the support and protection of LMCs in any system wide changes and that practices remain the key units of delivery although we are in full support of collaborative working between practices and wider system partners.

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For GP practices to take on additional workload there needs to be assurance of future investment, resource and ongoing funding for any additional staff. Practices do not currently have these guarantees.

We are supportive of greater collaboration between practices and recognise the unique ability of general practice to be flexible and innovative as demonstrated over recent months. It is important that this is recognised within integrated care systems and that groups of practices are not overwhelmed by demands from the system and that set / agreed priorities are not solely for the benefit of secondary care.

The proposals involve a substantial extension of the role of integrated care systems, with the planning, commissioning and organisation of services moving to this level. Associated with this would be the devolution of a greater share of primary care funding and improvement resource to integrated care systems. Funding must be ringfenced to allow the partnership model of general practice to continue and thrive and it must be recognised that individual partnerships cannot hold the same level of financial risk as larger Trusts within the ICS. There is no appetite across our two Counties for vertical integration on any level. Of significant concern is that the funding for primary care will no longer be ringfenced from the single pot which the leadership of the integrated care system will disburse as it sees fit. Any reduction in influence from General Practitioners cannot be in the best interests of patient care and local systems would need to ensure that local boards include GP providers and LMCs to ensure that the GP voice is heard.

Two options are outlined in section 3 of the paper. Option 2 will replace the current GP-led CCG model (as stated in the paper) with a board of representatives from the system partners. This is a fundamental change to the way primary care is organised and its funding allotted. As already alluded to, the GP voice has the potential to be watered down as just one voice among other system partners. This must not be allowed to happen.

The document makes only three references to General Practitioners, and these are all in the context of moving away from a GP-led model. We note that it makes no reference to the GP independent contractor model and the maintenance of patient lists with GP practices. These errors need to be addressed.

Questions

Q. Do you agree that giving ICSs a statutory footing from 2022, alongside other legislative proposals, provides the right foundation for the NHS over the next decade?

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A. Integration of care would seem to be the best way forward to avoid the budgetary conflicts of the past. However, it is vitally important that this is not an excuse for budgetary reduction. Some Trusts and Secondary Care Providers are carrying huge deficits which need to be addressed. There must be enough money in the system and this should remain public money and not open the door to private enterprise.

Q. Do you agree that option 2 offers a model that provides greater incentive for collaboration alongside clarity of accountability across systems, to Parliament and most importantly, to patients?

A. We believe that greater time for discussion and engagement with the profession is required before moving immediately to option 2.

Q. Do you agree that, other than mandatory participation of NHS bodies and Local Authorities, membership should be sufficiently permissive to allow systems to shape their own governance arrangements to best suit their populations needs?

A. Yes. This is vital to allowing local systems to work in a way that is best for their local population. As outlined in our comments above, General Practice must remain at the heart of the delivery of primary care with strong clinical general practice leadership in association with the LMC.

Q. Do you agree, subject to appropriate safeguards and where appropriate, that services currently commissioned by NHSE should be either transferred or delegated to ICS bodies?

A. Yes, whilst taking into account the comments outlined above.

Yours faithfully

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