

The White Paper, existing PBC Groups and putative consortia
Now, later or too late?

Clearly where there are existing PBC groups, the members of the groups will have acquired a lot of experience of working together and although groups are almost certainly going to be smaller than the probable size of commissioning consortia, their experience will clearly stand the group in good stead. The current Departmental guidance "*Liberating the NHS: Commissioning for patients*" specifically recognises that consortia formed on a shadow basis in 2010/11 may well be built on Practice Based Commissioning consortia.

Understandably from one point of view the GPC have said that it would be unwise to rush forwards with the formation of consortia until more is known and I certainly share this view insofar as it would be very unwise for putative consortia to spend money on detailed documentation at this stage.

I do believe, however, that some preparatory steps should be taken as soon as possible and these include: -

- (a) giving existing members of PBC groups as much information as possible about the probable direction of travel so that this can be taken on board in the planning stage;
- (b) establishing within a group a steering committee who would be authorised to carry out work on the possible boundaries of the consortium and to work with PCT development leads on this; and
- (c) taking the ground on a pre-emptive basis so as to avoid PCTs dictating the direction of travel

As to (a) we have already been invited to visit a number of parts of England to talk to PBC leads about the various points that may have to be considered and certainly a very much clearer picture of where we are going has already been disclosed in the consultation papers.

Needless to say if there are areas where there are no present PBC groupings the whole issue is going to be much more difficult and work really does have to start now.

As noted above, one issue is certainly going to be the size of consortia and if there are going to be around 500 or so across England, average patient numbers are likely to be in the region of 110-120,000 patients per consortium. Where PBC groups have been formed, the members all joined the group on a voluntary basis and very possibly the group may itself have rejected membership applications from poorly performing practices. This is of course not going to be an option for the future as every practice with a patient list is going to have to be a member of a consortium and our view is this is another of the sort of issues that has to be addressed at this stage and not just when a further raft of documentation comes from the Department.

We have already been instructed by the Londonwide LMC to assist all the consortia that will be formed within the London Borough area and we believe we are well placed to assist putative consortia at this stage in understanding what can be done and the decisions they are likely to have to take in due course. As noted, the detailed paperwork, which we will be happy to prepare for you, can follow later.

If on this basis you felt that Lockharts could be of assistance by coming to talk to you and your PBC colleagues at this stage you have only to let us know – in the first place by contacting csd@lockharts.co.uk

Lockharts have already published 3 briefing bulletins on the White Paper and if you have not received these please let us know - also at csd@lockharts.co.uk. These 3 are the first in a regular series that will run until the reforms are in place.



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