

# Guidance on the White Paper, Equity and Excellence: Liberating the NHS (England) from Londonwide LMCs – 16 July 2010



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**The White Paper sets out the coalition Government's intentions towards the NHS over the next five years.**

There are two objectives:

**1. Political:**

- Passing control for NHS decisions away from Ministers and towards patients and professionals.
- Cutting bureaucracy, delivering efficiencies and making money work smarter for better clinical outcomes including further opportunities for competition.

**2. Operational:**

- Putting GPs in control of Commissioning to drive service redesign in favour of Primary Care, and to take responsibility for budgets.

**The White Paper is a declaration of government intent and will be followed up by legislation in Parliament.**

**KEY MESSAGE:**

The White Paper changes will happen and we will have to make it work to secure the future of Real General Practice in London.

**REMEMBER:**

There will be much information from many sources over the coming weeks and months.

## What are the details so far?

Please read the very useful and clear [summary of the White Paper produced by the BMA's highly respected Health Policy and Economic Research Unit \(HPERU\)](#). Page 12 of the 13 page easy-to-read document provides a preliminary analysis which is reproduced below.

### Preliminary Analysis

A number of initiatives within the White Paper can be seen as a continuation of the previous Government's agenda particularly in regards to patient choice, Quality Accounts and personal health budgets. The White Paper also confirms the Government's commitment to finding £20 billion in efficiency savings in the NHS through the Quality, Innovation, Productivity and Prevention (QIPP) initiative.

However the White Paper sets out a radical reform and restructuring agenda. It proposes change at every level of the NHS in England. The proposals contained within the White Paper are intended to be mutually reinforcing and as noted in the Analytical Strategy accompanying the White Paper there is a risk 'if some of these reforms are not fully implemented.' The White Paper recognises that the pace of change will vary across the country according to organisations' readiness to assume their new roles and responsibilities.

There is a significant devolution of power and responsibility from the Secretary of State to the independent NHS Commissioning Board, the regulators Monitor and the Care Quality Commission, GP commissioning consortia and providers of health services. The original proposal in the Coalition's Programme for Government (released in May 2010) for directly elected PCT Boards has been discarded as PCTs are to be abolished. However, the perceived need for greater 'democratic' accountability will see new roles and responsibilities created for local authorities. Promoting better public health and reforming social care are clear priorities for the DH and the Government over the next few years.

There is a clear shift in the policy focus towards favouring private sector involvement. The previous Government's policy of the NHS as a preferred provider has clearly been replaced in favour of an any willing provider model.

The moves towards a more localised system for pay negotiations and the commissioning of education and training will need to be carefully considered by the BMA.

There is recognition that the costs of implementing the White Paper will be front-loaded. There will be a significant number of redundancies that will incur costs. There are also costs associated with a loss of productivity and potential relocation of staff during the transition and restructuring period. The Government believes that these are short-term costs which will be accompanied by reductions in bureaucracy spend in the longer term, with the aim being an overall cut by at least a third in real terms.

As outlined in its press release in response to the launch of the White Paper the BMA is 'looking forward to discussing the details behind these new initiatives in more depth and playing an active role in the consultations that follow.'

## **What does the GPC (General Practitioners Committee) think?**

The GPC recognises that there are significant opportunities to improve patient care in these proposals, but along with responsibility for budgets, will be the risk of blame for adverse outcomes.

However, the GPC also believes that GPs are the only professionals who can make this work, and that non-engagement will only serve to promote the interests of the commercial sector and predatory foundation trusts seeking to vertically integrate general practice into the hospital sector.

We will therefore need to approach the changes with our eyes wide open.

## **What does Londonwide LMCs wish to see?**

We wish to see that you:

- Are treated with fairness and respected as professionals and colleagues
- Are fully informed about the implications of these wide-ranging changes as the detail emerges
- Have a proper opportunity to influence the development of your Commissioning Consortium
- The ethos of real general practice is protected

We do NOT wish to see:

- Unilateral proposals from PCTs and others
- Unreasonable pressure from over-enthusiastic GPs, Trusts or the commercial sector
- Replication or creation of bureaucratic processes and structures directing your valuable time away from the frontline services which you provide, or eating into your ever-precious personal time

## **What does it mean for you?**

This will mean working collaboratively in commissioning consortia which are developed and owned by you for the purposes of effective commissioning of secondary, community and intermediate care services, and not foisted upon you.

### **KEY MESSAGE:**

**This is about commissioning of services beyond your practice. It is not about the provision of your own services which will remain governed by your GMS or PMS contracts until such time that they are renegotiated with the BMA in line with the government's intention for one single GP contract. Hold on to what you have got, and don't be seduced or bullied into giving things away.**



## What does it mean for you? (continued)

### REMEMBER:

Londonwide LMCs is already guiding NHS London (the body required to oversee the implementation of the White Paper changes until 2013), on GP engagement and bottom-up development.

### KEY MESSAGE:

It will not be acceptable for PCTs or groups of enthusiasts to place unreasonable pressure on you to be part of a commissioning consortium which does not feel right for you. We will be issuing further guidance on this.

## Support and Security from Londonwide LMCs

GP Commissioning will be compulsory and part of your contractual arrangements in due course. Londonwide LMCs has therefore specially commissioned Lockhart's Solicitors to provide all GPs and prospective Consortia with **standard documentation for use across the Londonwide area** to govern the formation and operation of GP consortia as set out in the White Paper. This will be at no cost to yourselves, and will spare all of you the effort and time of reinventing the wheel, whilst ensuring the necessary safeguards are written in to give you the maximum possible confidence and security.

### REMEMBER:

Londonwide LMCs' communications are produced by YOUR representatives looking after YOUR interests as GPs and Practice Staff.

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Londonwide LMCs and Londonwide Enterprise Ltd  
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