

iCCG Report

A New Year dawns and the pace is accelerating at the iCCG. Having already taken responsibility for the Primary Care, Somerset Partnership and RUH Bath contracts, it has been decided to expedite take up of the remaining ones. These include the, not insignificant, Taunton and Somerset Foundation Trust and Yeovil District Hospital contracts. Whilst credit must be granted for the enthusiasm and willingness to advance that is being shown, there are other measures which I am keen to see addressed.

The argument for such rapid progress, is that history demonstrates, that in the NHS, fortune favours the brave- those first to take up new initiatives often reap the richest rewards, at least in terms of flexibility. This is not due to any favouritism, but simply because in most NHS developments, the plans are still under development. This may be a strong argument for an experienced management team who can maximally exploit this, but, in the case of our iCCG we have a majority who are relatively commissioning naïve, and who have never been exposed to the realities of commercial contract negotiations and monitoring. The polite confines of the consultation are very different to the corporate arena. This should not be an objection to proceed, simply an observation that the scale of the task ahead should be balanced by ability and enthusiasm.

More pressing concerns should be the focus of our delegates attention, I feel. Communication is still poor, and engagement with grass roots general practice is far from good. The appointment of Andy Hill has to be applauded as a positive move, but does not detract from the need for the delegates themselves to interact and explain the processes to a largely uninterested and unengaged electorate. How many of you are aware and can explain the functions of the COG? How many are aware of what the priorities for commissioning that your delegates are working to? What new services are being assessed and funded? Who out there has been consulted with about these priorities? Who is ensuring that governance and conflicts of interest are fully separated and understood?

Although I am beginning to sound like a scratched record, once again I would send a message that COMMUNICATION is key for the success of this body, and in both directions. It will live or die, not on the basis of how many contracts are held but whether we their electorate understand and can affect what they are doing, what the limitations are, and whether they succeed in making a positive difference to our practice. Without urgent, definite engagement, the growing national calls for a re-think of the Health and Social Care Bill risks being supported by General Practice in Somerset, throwing away a year of commitment and endeavour by undoubtedly hard working individuals. Sadly, enthusiasm for this project is not yet infectious. Let's hope for some decisive action to address these issues.

Happy New Year.

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