



The Secretariat of Wessex LMCs

LMC Briefing Paper (BP1/05)

Commissioning a Patient Led NHS

Competition, Change and Challenge

This update sets out to make all GPs and practice staff aware of the current national direction of travel for general practice and to provide an LMC perspective on the potential impact this will have on the profession.

Your LMC is acutely aware that each practice, locality, neighbourhood, cluster or PCT, all have very different starting positions and very different plans for Practice Based Commissioning (PBC). Each and every one is governed by different financial constraints affecting their pace of change. However, recent information from the Department of Health and the Secretary of State have presented clear messages on future changes in the NHS. Wessex LMCs feels it is essential that the profession understands exactly what the changes mean, and in so doing, be empowered to take best advantage of the opportunities as they arise.

An LMC View on the Future of General Practice

COMPETITION

1. Alternative Providers of Medical Services (APMS)

Primary Care Services can now be provided by a wide range of organisations other than General Practice; where PCTs have contracts with them they are known as Alternative Provider Medical Services – APMS.

APMS can be used instead of PMS/GMS or PCT Medical Services, or they can run in parallel or in addition to them. APMS provision is likely to be sought when the PCT has identified a gap or a lack of services for example:

- When replacement of a vacant GP practice or practices to provide essential services is needed
- For provision of additional or enhanced services
- For out of hours services (for which there is a separate contract)
- Or for any combination of the above
- In certain circumstances, for replacement to existing hospital services.

A PCT may not necessarily have a clear idea of what the service will look like at the start of the process. It may be more a matter of having identified a particular problem or service need and then looking for ideas or solutions. This type of approach may open up many opportunities and benefits for forward

thinking GPs or groups of GPs who could provide these services. There are different methods and processes depending on the nature and configuration of the services which should be adhered to and it is imperative that, wherever possible, GPs are ready to respond to such opportunities.

REMEMBER:

One opportunity may present itself through practice vacancies, for example where a retirement has taken place. For greenfield sites, existing practices should be offered first refusal and for brownfield sites anyone can apply; the LMC must be consulted. This is considered particularly good practice as it will ensure that the new services dovetail effectively with existing services provided by local GPs within the PCT area.

It is widely recognised that *some* competition can be healthy, especially if the stimuli to improve performance is achieved from the competitive threat of moving contracts to APMS. However, it can be seen that planning also plays a large role in making service provider changes; the mid way between competition and planning is a path called contestability.

Contestability recognises that healthcare requires co operation between purchasers and providers and that planning and competition should be used together, moving contracts only when other means of improving performance have failed.

Your LMC believes that GPs are very well placed in understanding local service issues and can readily assess, apply and implement changes which can best improve healthcare provision.

2. Practice Based Commissioning (PBC)

PBC *will* happen and the DOH now expects all PCTs to have arrangements in place for universal coverage of PBC by December 2006. This has significantly brought forward the timescale for its implementation and practices will now need to re-think their own 'pace of change'.

Further PBC detail, in particular PCTs placing and managing contracts on behalf of practices and the arrangements for GPs to receive management support, is due to be set out in October.

CHANGES

3. Reconfiguration of PCTs

Improvements in commissioning, closer working with Local Authorities and the commitment to make £250 million of savings in overhead costs mean yet another round of NHS changes. Practices should therefore be aware that they may find themselves reporting to a newly configured PCT.

4. PCTs as Commissioners and not Service Providers

By December 2008 PCTs will be commissioning services from a range of providers, with their role in provision reduced to a minimum. This will open up a whole new market for service providers including private and voluntary sector organisations. It will also present opportunities to single or groups of general practitioners to become service providers themselves. Practices need to be prepared and ready to assess these opportunities when they present themselves. (See Alternative Providers of Medical Services – APMS, Page 1).

5. Choose & Book and Electronic Patient Records

Implementation of these *will* go ahead and are seen by the Government as being pivotal tools within general practice to facilitate better patient health care.

These key central messages reflect the fact that the Government is looking for major changes in the provision of healthcare services, that the pace of change will be rapid, and that they are willing to take the risks that this speedy approach will have.

CHALLENGES

Wessex LMCs envisage that, under the new directions, the areas where the greatest challenges will be presented are:

Patient Services:

- ◆ Difficulty in registration (“open but full” and “closed” lists)
- ◆ Dual registration
- ◆ Rapid population growth
- ◆ Patient satisfaction issues

Premises Issues:

- ◆ Sub standard surgeries
- ◆ Cash limited PCT resources for reimbursement

Practice Issues:

- ◆ Partnership splits
- ◆ GP retirement, especially single-handed GPs
- ◆ Non-viable small lists
- ◆ Practices directly managed by the PCT

Performance Issues:

- ◆ Practices not providing additional services e.g. cytology, childhood immunisations
- ◆ Access targets
- ◆ Practices under-achieving with QOF and other national and local targets
- ◆ Clinical governance compliance

As with any threat or challenge there are also opportunities. General Practice has repeatedly shown that not only can it rise to challenges set by the Government but can meet them head on and make them work for both patients and practices.

REMEMBER:

Practices can help meet these challenges by:

- **Collaborating with neighbouring practices**
- **Forming larger groupings or partnerships**
- **Establishing GP co-operatives**
- **Creating PBC groups /consortia**
- **Working in partnership with the PCT**

Your LMC will lend its support and expertise, wherever possible, to help any proposals taking these initiatives. Our Directors are available for advice via the Winchester office (*contact details are provided at the end of this document*).

Key LMC Message

The new timescale set by the government for practices to engage in PBC along with the new flexibilities for APMS, strongly suggests that unless individual practices safeguard themselves by joining forces with other practices, to obtain bargaining and commissioning power, they leave themselves vulnerable and exposed to being directed or governed by provider organisations outside of their control.

GPs should seriously consider whether they wish to unite into a cohesive group within their own profession or run the very real risk of losing their autonomy to an unknown external organisation.

Practices are advised to seriously consider what options are available, having evaluated and acknowledged any personal practice risk factors and whether any risks can be reduced by participating and working within a larger grouping of practices.

REMEMBER:

Throughout the autumn your LMC will be providing two key sources of support.

Firstly - in the form of briefings such as this, replicating the successful circulars which were issued throughout the introduction of the new contract, coupled with a revised and updated monthly newsletter covering both national and local noteworthy items.

Secondly – there will be a series of both local and sector based roadshows to act as a forum through which all stakeholders can meet and discuss how the new initiatives can be best employed.

We will of course take every opportunity to keep you informed of any further developments and all relevant guidance can always be found on our web site at www.lmclive.co.uk.

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