PRUComm

Briefing note: general practice commissioning in the Health and Social Care Bill

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Professor Kath Checkland
Dr Jonathan Hammond

Background

The Health and Social Care Bill changes many aspects of the organisation and management of the NHS. **This briefing addresses the functions of planning, oversight and support for primary care services provided by General Practices**. We argue that Integrated Care Systems are too large to fulfil this function, and that amendments could usefully specify the requirement to establish local (place-based) committees for primary care support and oversight.

History

At the inception of the NHS in 1948 general practices were established as independent contractors to the NHS. Since that time, there has always been a local body with responsibility for oversight of primary care provision by general practices. These have included: Family Practitioner Committees; Family Health Services Authorities; and Primary Care Trusts (PCTs). The Health and Social Care Act 2012 abolished PCTs, and established commissioning general practices as the responsibility of the national body NHS England. However, it quickly became apparent that such services required local oversight, and in 2014 this function was delegated to locally-based Clinical Commissioning Groups (CCGs).

Current roles of CCGs with respect to primary care commissioning

General practice is the fundamental local building block of a functioning health service, and research has shown that personalised care provided by a clinician who knows the patient can improve outcomes. This type of care is supported by list-based services in which all patients are registered with a specific local practice. In order to ensure continuity of supply of services, some sort of infrastructure is required to provide support, oversight and contract management. Important functions of such infrastructure include:

- Monitoring of performance against contract
- Assuring quality of services
- Commissioning support services such as blood test administration and community pharmacy services, as well as additional services to meet local needs
- Providing support for information systems and the maintenance of electronic records
- Providing support for estate management, ensuring premises are available and of sufficient quality
- Ensuring business continuity and providing support for struggling practices
- Managing change of contracts and overseeing procurement
- Supporting practices to work collaboratively to manage population health

Provisions in the Bill

The current Bill establishes primary care commissioning as a function of Integrated Care Systems (ICS) (Schedule 3 clause 82B). The associated explanatory notes explain that it is intended that ICSs will take on responsibility for commissioning general practices in April 2022 (subject to the Bill passing), with responsibility for other primary care services such as dentistry and optometry transferring to ICSs as they develop the capability for this. The Bill also provides for the delegation of ICS functions (clause 65Z5) to any other body that regulations may prescribe. Subsequent clauses also allow for the formation of joint decision-making committees and for the pooling of budgets. The

Bill also establishes the fact that ICS Boards must contain a representative who provides primary care services (Schedule 2 para 7).

Issues arising from the Bill

Research has shown that the support and oversight of general practice requires local management by those familiar with the local health economy, knowledgeable about primary care provision and able to build trusting relationships with local practices (McDermott et al., 2018). It is thus an important *local* function, which can only be exercised by a body covering a manageable local geography. Experience suggests that a size approximately equivalent to that previously covered by CCGs before current mergers (eg a population of around 200-300,000 people) is appropriate.

Whilst the current Bill does allow for the delegation of functions such as primary care commissioning to a smaller, locally-based body, at present no stipulation about this is made. There are significant risks associated with this:

- As CCGs are disbanded, staff working locally to commission primary care have no certainty as to what their new roles will be or how the functions they currently undertake will be provided. Many are leaving because of this lack of certainty. Our research has shown that this risks losing important skills, with potentially serious consequences. For example, when NHS England took on responsibility for primary care commissioning following the Health and Social Care Act 2012, many local staff with knowledge of primary care contracts and estates left the NHS or moved to other roles. Serious consequences of this loss of expertise included legal issues over leases for estates, and problems relating to contracts (McDermott et al., 2018). Within 2 years, responsibility for primary care commissioning was again devolved to local organisations, but it was a number of years before the function was properly re-established.
- Allowing ICSs to determine for themselves how these local functions will be established means that there is no clear line of accountability and no transparency.
- In the absence of clear guidance or statutory requirements there is likely to be significant variation in local arrangements, causing difficulties in the management of a national contract. Whilst it has been argued that such variation will support local adaptation, there is no evidence to date that this is required with respect to core general practice services, and it may ultimately exacerbate inequalities, as those areas which are currently functioning most effectively will be differentially advantaged.

Recommendation

What needs to happen?

We know that primary care commissioning needs to be undertaken locally by people with the relevant knowledge and skills, and we have experience of what happens when such local skills are lost. We therefore recommend that formal structures at what is being called 'place level' (ie population of around 200-300,000, boroughs or towns) are established in statute. This will remove the risk that there will be another discontinuity in support for primary care such as that experienced following the 2012 Act. These structures could be based upon the current Primary Care Commissioning Committees of CCGs, who have the experience and expertise required and whose members and managerial staff have an in-depth understanding of the issues involved.

Why do we propose a statutory solution, rather than issuing guidance?

Whilst it is true that the Bill confers the powers on ICSs to establish delegated functions as they see fit, and many ICSs are likely to delegate the primary care commissioning function, we would argue that the number of pressing issues facing ICSs as they form (Brennan, 2021) risks primary care commissioning not being seen as a priority. Staff uncertain of their future are already leaving, and establishing primary care commissioning on a firm footing now would eliminate this danger. In addition it would ensure that oversight of primary care contracts is standardised, providing

assurance as to service continuity and quality and ensuring appropriate accountability. Finally, Primary Care Networks (PCN), whilst not appearing in the Bill, are an important element in the delivery of services in the new system (NHS England, 2020; NHS England & BMA, 2019). These groups of GP practices are seen as the mechanism by which collaborative and integrated services will be delivered at local 'neighbourhood' level. Our current research has shown that these networks, whilst developing rapidly, have an ongoing need for significant support and oversight (Hammond et al., 2020; Warwick-Giles et al., 2021). This is currently delivered at local level by CCGs. As these are abolished and their functions transferred to ICSs, the need for this locally-based support will not disappear. Establishing primary care commissioning as a statutory function of a committee of the ICS at place level will ensure that these important building blocks of the new system receive the support and oversight that they need.

References

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