

To all practices within Surrey and Sussex LMCs

19th May 2014

Dear Colleagues

NHS England's letter to CCGs inviting expressions of interest in relation to commissioning primary care

I am writing to all colleagues to draw their attention to a letter sent by NHS England to all CCGs following the new NHS Chief Executive, Simon Stevens' announcement about co-commissioning. I enclose that letter.

You will see this letter invites interested CCGs to apply to NHS England with proposals for taking on further aspects of primary care commissioning. The letter gives examples of what might be included within such responsibilities, such as:

- achieving more cohesive systems of out-of-hospital care
- enhancing patient and public involvement in developing services
- tackling health inequalities

Clearly the LMC would welcome further local investment in primary care, particularly in the context of any proposals to transfer services from Acute Hospitals to be undertaken by General Practices. Indeed, the LMC recommends practices do not undertake any new work without first securing appropriate remuneration, which may be contractually underpinned by a CCG funded Locally Commissioned Service. Other services may be commissioned from local organisations, including companies owned or operated by General Practitioners or networks of GP practices.

However, the LMC does not believe certain other suggested responsibilities outlined in this letter should be appropriately undertaken by CCGs, or at least not without considerable further discussion, given that many CCGs are operating under significant capability and capacity constraints, because of the potential conflicts of interest within these proposals, and the uncertainty over their implications. The LMC is also very concerned that the effect of CCGs and NHS England working jointly in these areas will exacerbate already very beaurocratic and slow decision-making processes. These areas include:

- designing and negotiating local contracts (such as PMS)
- approving 'discretionary' payments eg: for premises reimbursements
- monitoring contractual performance
- applying any contractual sanctions

The LMC believes CCGs should not apply to NHS England for any additional responsibilities as outlined in NHS England's letter, without first publicising this intention to local General Practitioners, and gaining their support. This is clearly noted in the letter.

> Local Medical Committees for Croydon, Kingston & Richmond, Surrey, East Sussex and West Sussex

18 Church Road F: 01372 389271

The White House T: 01372 389270

Leatherhead

Surrey KT22 8BB www.sslmcs.co.uk

The LMC suggests that, for the present, General Practitioners may not believe it is in their and their CCGs' interests for the CCG to seek such additional responsibilities, and that the CCG should instead focus on consolidating and delivering their current workload. NHS England has emphasised that there is no requirement for CCGs to apply for such responsibilities and there is in any event a very short timescale for doing so, as applications have to be received by 20th June 2014.

If your CCG puts forward proposals to member practices to undertake such contractual responsibilities the LMC recommends GPs and practices do not support these and also inform the LMC of these proposals and the outcome.

The LMC has also written to your CCG along similar lines.

The LMC is also concerned that, as these proposals also suggest, if NHS England and CCGs discharge these responsibilities jointly or across several CCG groups, a further lack of accountability will be introduced.

If colleagues have any thoughts or queries about this issue, please do not hesitate to contact me.

With best wishes.

Yours sincerely

Dr Julius Parker Chief Executive