General Practitioners Committee

NHS WHITE PAPER

The principles of GP commissioning

A GPC statement in the context of 'Liberating the NHS'

STANDING UP FOR DOCTORS

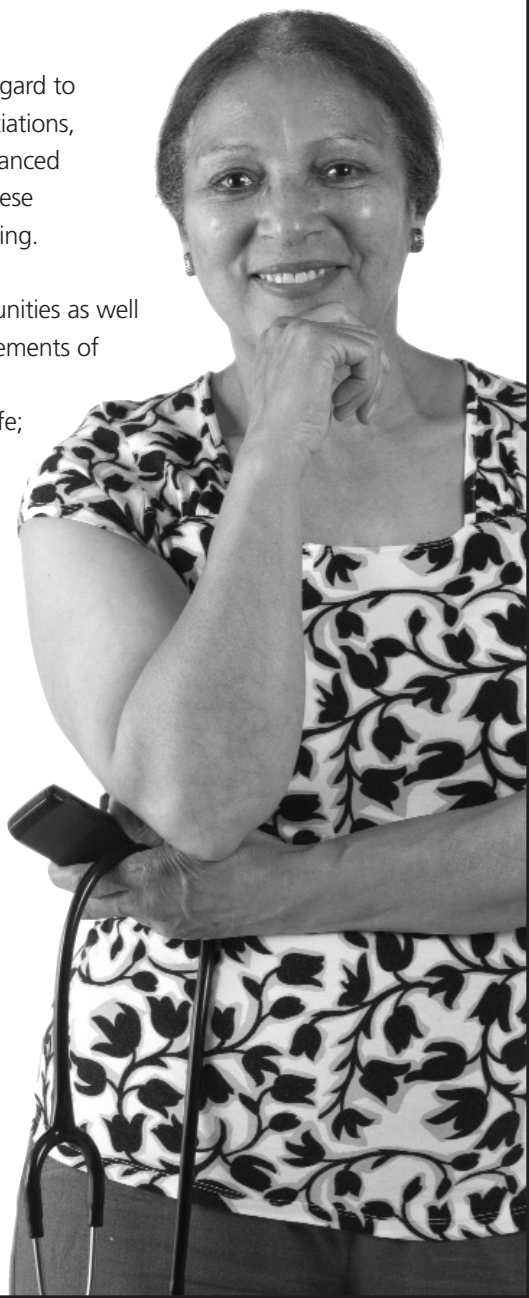
BMA

The GPC is considering the full implications of the NHS White Paper, 'Liberating the NHS', and will produce guidance on the possible consequences of its implementation for general practice in England in due course. The GPC welcomes the Government's intention to enter into dialogue with the BMA, as referred to in the White Paper.

This GPC statement identifies a set of fundamental principles with regard to GP commissioning which will define policy, inform debate and negotiations, and ensure that good medical practice is enshrined within these enhanced responsibilities. We believe that the Government should recognise these principles as it further develops its policies relating to GP commissioning.

Involvement in commissioning will bring new challenges and opportunities as well as potential significant risk. GPs will need to be guided by the requirements of the General Medical Council, including the articles of Good Medical Practice, and also the Nolan Committee's seven principles of public life; selflessness, integrity, objectivity, accountability, openness, honesty and leadership.

This statement makes clear that GPs are, first and foremost, responsible for their patients. It sets out what the expectations of GPs should be – how GPs should expect to be treated by their consortia, while reassuring those who may face scrutiny that they will be defended and empowered in their appropriate treatment of patients.



Care of the patient

GPs must continue to make the care of their patients their first concern, in keeping with the GMC's Duties of a Doctor.

GPs must always work in partnership with patients, respecting their dignity and right to confidentiality, making good use of the resources available.

GPs must always provide patients with advice, investigations or treatment where necessary. The investigations or treatment provided or arranged must be based on the assessment of needs and priorities, and on clinical judgement about the likely effectiveness of the treatment options.

GPs must always refer a patient to another practitioner where this is in the patient's best interests.

GPs must give priority to the investigation and treatment of patients on the basis of clinical need, when such decisions are within their power. If inadequate resources, policies or systems preclude this, and patient safety is or may be seriously compromised, the matter must be drawn to the attention of the appropriate authority.

GP commissioning has the potential to increase efficient use of resource, as well as ensuring that these limited resources are used for service provision and redesign in order to best meet the needs of patients. However, it would be absolutely unacceptable for a contract held by a GP to conflict with their professional responsibilities in providing care for patients.

Individual GPs and practices as commissioners

GPs involved in commissioning need to receive adequate resource and support to undertake the work involved in commissioning services for their patients and the wider population. It is vital that GPs are able to organise their commitment to service redesign in such a way that there is sufficient cover at their practice to ensure that patient access is maintained.

GPs must not accept any inducement that may affect or be seen to affect the way they treat or refer patients. GPs may take part in schemes that resource the process of increasing the efficiency of their work. They may take part in schemes that seek to achieve and reward better clinical outcomes for individual patients.

If GPs have financial interests in organisations providing healthcare these interests must not affect the way GPs prescribe for, treat or refer patients. If a GP has a financial interest in an organisation to which they plan to refer a patient they must tell the patient about these interests.

Robust corporate governance systems should be in place to ensure that the separation of roles of commissioners and providers is transparent and appropriate, and any potential conflicts of interest declared.

GPs involved in commissioning consortia

GPs will take on a wider public health role. This will bring with it responsibilities to engage constructively with other organisations, doctors and NHS staff, including colleagues in secondary care, public health bodies, local authorities, community care organisations, wider healthcare teams and others.

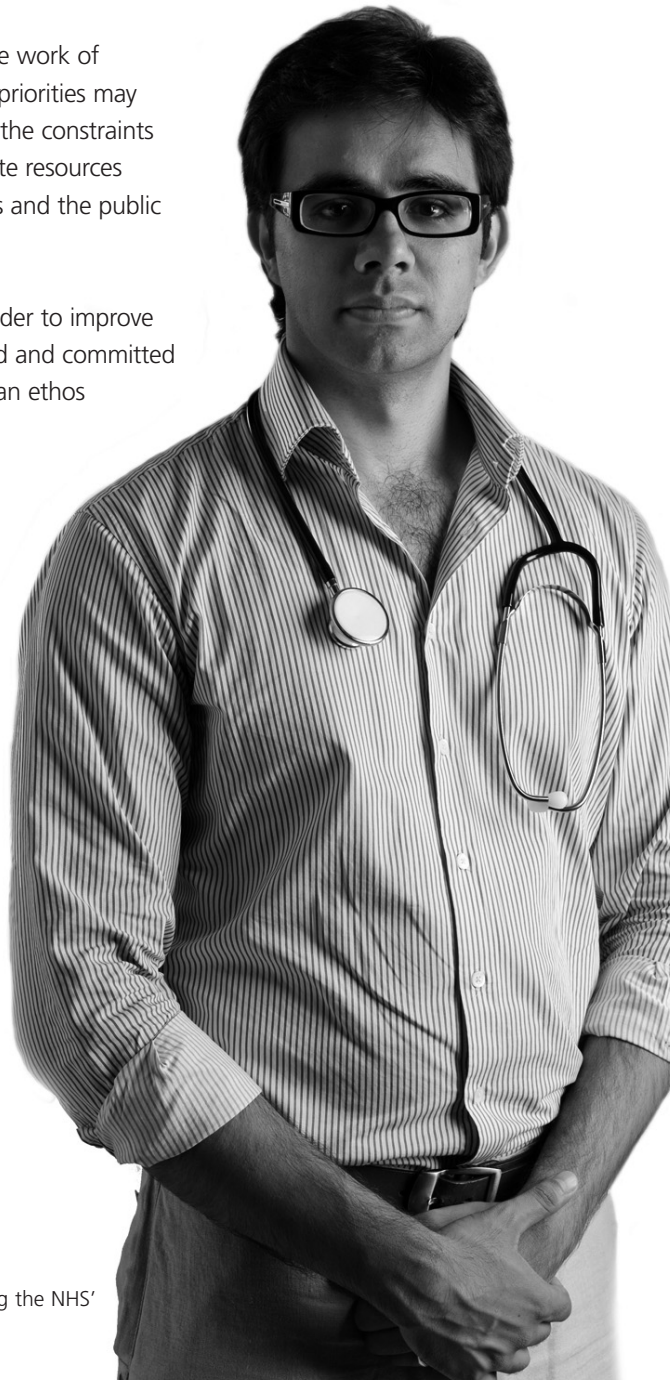
Consortia should be required to consider the implications of their decisions on their local population, patients within other GP consortia and the wider NHS health systems, and wherever possible, consortia should ensure that NHS providers are the providers of choice. Consortia must be committed to reducing healthcare inequality wherever possible.

Public and patient involvement should be integral to the work of consortia. Challenging decisions concerning treatment priorities may need to be taken based on a mutual understanding of the constraints of limited resources, and the obligation to use such finite resources wisely. The consortium must be accountable to patients and the public who will need to participate in such decisions.

Education and training is fundamental to the NHS in order to improve quality of service, and to ensure that staff are motivated and committed to learning and development. GP consortia must have an ethos which unequivocally supports education and training.

GP consortia must be professionally run organisations; they will rely on the help and expertise of the best NHS managers. Consortia must have high expectations of the provider organisations with whom they contract for services. Both commissioners and providers have to define such services within realistic and achievable criteria and resourcing.

Resources liberated from service redesign or changes in referral patterns will need to be reinvested in patient care. GPs must not personally profit from a commissioning budget surplus, which should be used for patient services. There must be no integration of the commissioning budget with payments to the practice for providing essential primary medical services under their GP contract. This will ensure that trust remains between patients and their GP.



There must be clear and democratic accountability of the commissioning consortium to practices within the consortium.

Practices will be expected to engage with commissioning consortia. It must be accepted that the relationship between populations, patient need, budget and financial activity is complex and in this regard consortia will be expected to act with integrity and leadership when considering the accountability of practices. No sanctions should be taken against practices where it can be demonstrated that GPs are acting within the expectations of the principles outlined in this document and where professional and contractual obligations are being fulfilled.

The role of LMCs

LMCs are the only statutory organisations which democratically represent GPs and the local profession. The role of the LMC will change to reflect the new structures within the NHS, but its functions must remain statutory.

The White Paper will bring many additional responsibilities for LMCs. In the context of the new commissioning arrangements LMCs will play a pivotal and facilitating role in the initiation, evolution and scrutiny of the commissioning consortia. This is particularly important as the structures of the NHS change. It is vital that the new arrangements have the confidence of the profession and that GPs feel that they can willingly engage with the challenges and opportunities described in the Government's agenda – improve services for patients with their LMC as a strong resource of representation and leadership.

LMCs will play a part in assuring fair processes in the setting up of commissioning structures. They will also have a role in ensuring that consortium arrangements and functions are fair and appropriate for practices, and in keeping with the principles of this paper. They will provide a representative role for individual practices within the new commissioning structures.

In summary, the duties and responsibilities of doctors in the context of the White Paper will need to be clear, to ensure that the opportunities for improving services for patients can be achieved at a time of significant financial constraint. This will only be accomplished if the high professional standards and duties expected of doctors involved in complex direct patient care are respected and fully acknowledged alongside a responsibility to use limited NHS resources wisely and efficiently.