

Briefing for Lords Second Reading of the Health and Care Bill



December 2021

The RCGP is the largest membership organisation in the UK solely for GPs. Founded in 1952, it has over 54,000 members who are committed to improving patient care, developing their own skills, and promoting general practice as a discipline. The RCGP is an independent professional body with expertise in patient-centred generalist clinical care.

How will the Health and Care Bill impact GPs and patients?

- The Bill lays the foundation for NHS systems for the foreseeable future and it's vital, for the long-term benefit of patients, we get this right.
- Replacing CCGs with ICS will move us away from a system where GPs are at the centre of the commissioning and decision-making process to one where there is a real danger the voice of GPs and the wider primary care system will be drowned out.
- As the place where most patients are helped, General Practice needs to be able to play a key role in ensuring patients get the integrated care described in the White Paper.
- While the RCGP supports the overall objectives of the Bill, as it currently stands too many of the flaws in the old system are either being ignored or worse written into the new law.

RCGP priorities for the Health and Care Bill

- **A strong clinical primary care voice**

The majority of NHS patient contacts take place in general practice, with most interactions being resolved within primary care without being referred into secondary services. GPs hold a unique position as specialist generalists, overseeing care for all their patients, and they have a systemwide view that will be crucial to the success of these changes.

There is a significant risk that the voice of GPs in the system will be weakened as Clinical Commissioning Groups (CCGs) are abolished and their roles transferred into larger integrated care systems. This statutory role for CCGs, and the GPs working within them, enshrined a strong voice speaking up for patients in primary care and provides a useful counter balance to the size and influence of large NHS trusts and foundation trusts.

Even with CCGs looking out for the needs of all patients and not just those who needed hospital treatment, we have seen a reduction in the proportion of the overall NHS budget allocated to the delivery of general practice.

As the Bill currently stands, the law would place NHS trusts and foundation trusts in a privileged position in deciding on how plans are made and resources allocated, as well as reducing the influence of GPs at a system level. The current legislation must do more to ensure someone is thinking of patients in general practice as the CCG responsibilities are absorbed into the wider integrated care system structures.

The Bill says that when the new Integrated Care Boards prepare their five-year work plans and their capital plans, they need to do so with their "partner NHS trusts and NHS foundation trusts". This puts trusts right at the heart of decision making while primary care is relegated to the outside being consulted.

NHS England has asked Claire Fuller to review the role of primary care in the new NHS structures. She will not be reporting until after the Bill has been passed and by then it could be too late if the Bill effectively gives trusts and foundation trust a veto over the rest of the system.

If the Bill was amended to ensure that primary care providers were treated in the same way as NHS Trusts, Clare Fuller's review could steer NHS England and local areas on how best this could be achieved. This would also make the Bill flexible enough for any future reforms in primary care and change its current prescriptive nature where inequalities in the system are set in stone.

- **Address the NHS workforce crisis through implementing workforce planning**

The NHS cannot deliver the care patients need without the workforce to do it. However, the general practice workforce has not grown in tandem with demand in recent years. This means GPs and their teams are having to work harder to meet patient needs, and some patients are facing difficulties in accessing care. This pressure is becoming unsustainable, driving GPs out of the workforce, and threatening to destabilise general practice.

- In 2019, 68% of surveyed GPs found it difficult to recruit a GP, which rose to 70% in 2020.^{i ii}
- 34% of surveyed GPs in England, in 2021, indicating plans to leave practice within the next five years.ⁱⁱⁱ

To address this, it is vital that the system develops and implements a detailed plan to fill workforce shortages, with clear lines of accountability for delivery. Unfortunately, opportunities to develop such a plan have been repeatedly missed.

In 2016 the GP Forward view identified the need to significantly increase the number of GPs working in the NHS by 5,000 and the number of other staff working in GP practices by 5,000 as well. In 2019 the Government expanded on these promises following a Conservative manifesto commitment to increase the number of GPs by 6,000 and other staff by 26,000.

Despite these big headline commitments, neither DHSC, NHSEI or HEE published a detailed plan setting out how they were going to achieve these numbers. This made it harder to hold the

system to account and helps explain why, despite all these big promises, the qualified full-time equivalent GP workforce is smaller today than back in 2015.

That is why the RCGP have joined a group of over 60 health organisations calling on the Bill to be amended to put a clear duty on the Health and Social Care Secretary to report to parliament on the long-term NHS workforce needs. This would make it much easier to hold the system to account and ensure that they prioritise workforce planning.

- **Tackling health inequalities**

This Bill is a key vehicle for the Government to demonstrate a commitment to address health inequalities in England that have only been widened as a result of the Coronavirus pandemic.

For example, once you account for the different levels of need:

- General practices serving more deprived populations receive around 7% less funding per patient than those serving more affluent populations.
- A GP working in a practice serving the most deprived patients will on average be responsible for the care of almost 10% more patients than a GP serving patients in more affluent areas^{iv}.

The RCGP welcomes the duties and considerations ICSs will need to give to addressing inequalities in access and outcomes for their patients, as well as promoting the involvement of each patient. However, these largely replicate the duties which were previously on CCGs. The legislation must go further to ensure systems are required to do more to change the current inequalities patients currently face.

Parliament should not miss the opportunity to strengthen the law to requirements on every local area to tackle inequality. This should include:

- Requiring ICBs to implement systems to identify and monitor inequalities in physical and mental health between different groups of people within the population of its area.
- Ensuring NHS England publish guidance for ICBs on how to collect, analyse and report data relating to inequalities in health care access and outcomes.

ICBs must also be required to ensure strong patient representation that links the local level to those responsible for planning care at the top. From patient and carer participation groups at the practice level, through neighbourhood engagement exercises to system wide consultations, ICBs must outline specific plans to engage with patients. Government and the NHS must also be prepared to commit to direct additional funding to areas of high socio-economic deprivation, where being poor means people are more likely to live shorter lives in poorer health.

ⁱ RCGP English GPs Tracking Survey, Wave 7. October 2019. Accessed at: <https://comresglobal.com/polls/royal-college-of-general-practitioners-rcgp-english-gps-tracking-survey-wave-7-october-2019/>

ⁱⁱ Based on surveys of GPs in each nation of the UK in 2020. In field Feb–April 2020 (sample of 1183 GPs). Data representative of GPs who said they were involved in recruitment, excluding “don’t knows”

^{iv} <https://www.health.org.uk/publications/long-reads/levelling-up-general-practice-in-england>