Health and Care Bill: Representation of primary care professions

From the British Medical Association, British Dental Association, Pharmaceutical Services Negotiating Committee, Optometric Fees Negotiating Committee and National Community Hearing Association on behalf of NHS Primary Care

Call: To ensure the Health and Care Bill mandates that the primary care professions be included as mandated members of Integrated Care Partnerships and are consulted on decisions affecting their services

Key points:

- **Primary care delivers the vast majority of NHS care to the population and is primarily where the prevention agenda will be delivered and inequalities in health and care access and outcomes will be tackled**.
- **It is crucial to bring the real-world experience of front-line primary health and care professionals into shaping genuine integration at strategic level in all Integrated Care Partnerships.**
- **Just as with NHS Trusts and social care, the inclusion of the primary care professions in strategic advice, planning and decision-making is too important to be left to arbitrary local decision.**
- **Primary care must be represented and involved in decision-making at all levels of the Integrated Care Systems, including through formalised roles for GPs, dentists, community pharmacists, primary eye care professionals and primary hearing care audiologists in Integrated Care Partnerships.**
- **Integrated Care Boards and Partnerships should also have a duty to consult the relevant Local Representative Committees (Local Medical, Dental, Pharmaceutical and Optical Committees) and primary care audiology when agreeing their annual forward plan and when making any decisions that affect primary care services, and if they choose not to heed their advice explain the reasons in writing and make public.**

Support for reform

1. Primary care fully supports integrated health and social care, the focus on prevention and early intervention, and shaping services around the needs and wishes of individual patients and populations – this is how primary care already operates.

2. Primary care welcomes the plans to retain national contracts and negotiating mechanisms for primary care. This is crucial as primary care budgets are already dwarfed by hospital spending and must be protected. Indeed, they must grow in order to increase capacity to meet growing healthcare needs and to deliver more care closer to home. This is unlikely to happen without all parts of primary care being round the crucial strategic, advisory table - primary care must not be an after-thought.

3. Existing NHS primary care practices should be the 'go to' providers for expanding NHS capacity outside hospital, making use of pre-existing skills and facilities, building on and expanding the existing primary care estate and minimising the transaction costs of setting up new services. The new NHS Provider Selection Regime should actively facilitate this and be designed to avoid the commissioning mistakes of the past.

Voice and influence

4. For all these reasons, it is vital that clinical representation and engagement from across primary care is embedded at strategic advisory level in each ICB's Integrated Care Partnership. These realities were recognised in the NHS Long Term Plan but are not guaranteed in this Bill. The NHS Long Term Plan should be taken seriously and a greater voice for primary care built in.

5. Without mandatory engagement at strategic partnership level, genuine change and service transformation will not happen - either aims will be unrealistic (uninformed by primary care realities) or insufficiently transformative (overlooking primary care-based opportunities).

6. ICBs and Integrated Care Partnerships already have the backlog and the lasting effects of the pandemic to deal with and, without primary care engagement as equal partners at the table as of right, recovery will be seriously impeded, opportunities missed, and serious transformation will not happen.

Local Primary Care Committees

7. Local Representative Committees (Local Medical, Dental, Pharmaceutical and Optical Committees) have been an important part of the NHS since its foundation as the effective voices of primary care and sources of professional clinical leadership at strategic level. Their vital role as the statutory voice of primary care contractors must be recognised through mandated roles within Integrated Care Partnerships to connect local grassroots clinicians and proximity to patients with strategic planning and advice.

8. To ensure parity of voice and support with Trust, NHS commissioning and social care staff, GP, dentistry, pharmacy and primary eye and hearing care roles on Integrated Care Partnerships should be remunerated, otherwise they will not be able to attend crucial meetings and will not be in the room when key advice is given to commissioners.

9. Integrated Care Boards and Partnerships should also have a duty to consult the relevant Local Representative Committees and primary care audiology when agreeing their annual forward plan and when making any decisions that affect primary care services, and if they choose not to heed their advice explain the reasons in writing and make public.

Workforce

10. Primary care generally welcomes the commitment to more effective workforce planning but this needs to be based on the changing shape of the workforce in the 21st century (as a minimum using whole time equivalents, not headcount) and more attention needs to be given to retention and vocational training to secure sufficient primary care clinicians for the future.

11. The NHS and social care must have the workforce required to meet the needs of the population, now and in the future, and some ICB geographies will be too small to plan effectively. The Bill should be strengthened to include a responsibility for the Secretary of State to produce ongoing, accurate and transparent workforce assessments to directly inform recruitment needs, as well as responsibility for delivering these staff.

Further Information

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