

Laurence Buckman's (Chair of the BMA GP) committee email to BMA GP members



19 July, 2010

The NHS White Paper heralds potentially huge changes for the NHS, and for NHS general practice in particular.

Like us, you will probably be wondering what these developments could mean for you, your practice and your patients, and where to get the support you will need to tackle these forthcoming challenges.

First of all, I want to assure you that the GPC and the BMA will be offering you the support that you need, in the form of regular communication with you as the details become clearer, detailed guidance on all key aspects of the reforms, and support for you collectively and individually through the organisation of seminars and meetings, and it is the intention to offer individual practice level support through BMA Law. We will be working closely with LMCs, who will play a vital role in this process, to ensure that we can provide timely and practical advice. BMA regional services will also be able to support individual BMA members.

Some of you will remember the problems that arose after the introduction of GP fundholding in the early 1990s. The current proposals are not “Fundholding Mk. II”. This time the government says it will not be optional, and contractual and commissioning payments will be completely separated.

As you may have read, we have indicated that we are willing to discuss these radical proposals further with the government, indeed we have already met the Secretary of State, other ministers and officials and have started discussion in negotiations with NHS Employers. However, while this is clearly a potentially huge opportunity for GPs, we recognise that it could also be a major threat both to the current form of general practice and even to the NHS as a public service.

We continue to believe that, wherever possible, GPs should ensure that NHS providers are the providers of choice. We are also very mindful of the need to work closely with our consultant colleagues both at national and local level, as well as colleagues in other branches of medicine. We also need to engage with

our wider healthcare teams, and will be liaising closely with the other health unions at national level.

We cannot rise to this challenge without the help and expertise that can currently be found in the NHS. We are also going to need to work with the best managers if this is going to be successful. We will need all the skills possible to make it work. We should look inside the NHS and to our professional body for support, rather than going elsewhere for advice.

We know that in some areas, local managers are already trying to rush ahead with implementation of these proposals, before the consultation process has really started, far less been completed, and before we have even seen the detail of what GP consortia will be expected to do.

No-one should base decisions on assumptions that have not been confirmed through such information, discussion and negotiation and this will take some time to accumulate. We would urge you to resist the temptation to agree any detail at the moment, while we await a further series of papers from the government, probably within the next couple of weeks. There is a fairly long consultation period for the White Paper, ending at the beginning of October, and it is more than likely that some of these proposals will be modified during that period. The BMA and GPC will be responding in detail to this consultation. After this, regulation and legislation will take some time so there is no need to act quickly, whatever others may suggest. In the meantime, we have already identified a series of questions arising from the White Paper proposals, and will be formulating more once the detail becomes clearer. We welcome your feedback on this and any other questions or issues about the content of the White Paper.

Please find attached a link (*link not included*) to a summary of the White Paper. I would encourage you to read this carefully and refer to the full White Paper if you have time. There are many areas of potential concern in these proposals, and we are still digesting their implications. At this stage, we intend to influence their development as much as we can in the interests of GPs and the wider profession.

We are also very much aware that our patients will be worried about the possible implications of this for them, despite the apparent wish to offer them more choice and control. We will be working with patient representative groups, including the BMA's Patient Liaison Group, to ensure that we can take account of their needs and wishes in all our discussions.

While some GPs will welcome these proposals, we understand that others will be anxious about the implications, not just those in England but also in other

parts of the UK. I want to reassure you that we will be working to comprehend and explain both the process and the practicalities of the proposed new structures and contracting arrangements. We will be reflecting back to the government the serious concerns that GPs across the UK are already raising, and will continue to do that at every stage of this process. We will be seeking to support you through the uncertainties and challenges ahead.

This is an absolutely crucial time for general practice, and for the NHS as a whole. I do not underestimate the difficulties we are facing, but firmly believe that we can and will rise to the challenge.

Yours sincerely

Laurence Buckman

Chairman, GPC