

Briefing for Second Reading of the Health and Care Bill



July 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 Health and Care Bill (the Bill) will introduce significant changes for general practice and wider primary care sector, including the establishment of Integrated Care Systems (ICSs) as statutory bodies. These changes will inevitably impact the care experienced by patients and, though we are supportive of most of the overarching aims of the Bill, the measure of success will be how the legislative changes are implemented.
- The success of these changes does not lie solely in the changes to legislation or the modifications to decision making powers within central authorities. Successful integration relies on the building blocks of newly designed patient pathways and the relationships between frontline health professionals, their teams, and the patients they serve. This work cannot be legislated for and will require clear implementation guidance and planning for ICSs to ensure they focus is on creating an environment that empowers clinicians and patients to shape services together.
- The Bill will lay the foundation for NHS systems for the foreseeable future and it's vital we get this right, for the benefit of patient care and the future of our healthcare services. The right balance must be struck between providing a clear national framework to support integrated care, while remaining flexible enough to be shaped by local providers and patient populations.

A list of our key priorities for the Health and Care Bill can be found in the following pages of this document.

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. The legislation must ensure GPs are sufficiently represented at all levels of ICSs to shape and design better quality services for the communities they are based in, and the patients they care for.

As it stands in the Bill, a minimum of one primary care representative is required in the legislation to sit on each Integrated Care Board. We are concerned that the current legislation, in seeking to be permissive to give systems the ability to shape themselves, leaves open a possibility that an ICS board may become unevenly weighted in some systems.

It is essential that the government guarantee GPs and other clinical primary care representatives an equal voice in integrated care systems, to work with patients in their communities, and to improve the quality and experience of the care patients receive.

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

The NHS cannot deliver anything without the workforce to do it. In 2019, 68% of surveyed GPs found it difficult to recruit a GP, which rose to 70% in 2020.^{i ii} Workforce shortages are the most substantial barrier to progress on the NHS Long Term Plan objectives and must be addressed with urgency. This will only become more urgent as many GPs leave the service, with 34% of surveyed GPs in England, in 2021, indicating plans to leave practice within the next five years.ⁱⁱⁱ Despite a Conservative manifesto pledge to increase the number of GPs in 2019, the number of full time equivalent GPs continues to fall.

It is essential that addressing workforce shortages are given more weight in the legislative changes and in the wider implementation plans. The duty on the Health Secretary to report to parliament, while providing an opportunity for parliamentary scrutiny every five years, does not give adequate legal emphasis to this most important enabler for the NHS plans.

The duty on the Health Secretary must be strengthened to specify a range of time horizons (five, ten and 25-years) on which they should report on the planning for the NHS workforce. The legislation must also establish an independent and authoritative NHS workforce planning body, to ensure that the healthcare system has the workforce it needs to meet growing demand and tackle health inequalities.

- **Further detail on the Bill's intention to extend powers of the Secretary of State**

The clinical and operational independence of NHS services must be protected. The RCGP has significant concerns in relation to the Bill's intention to make it easier for a Secretary of State for Health and Social Care to intervene in local service reconfigurations. Decisions about service changes are challenging and require careful deliberation. While it is important that they are made in a timely fashion, a considered process is a necessary by-product of taking the time to engage with local populations and NHS staff and come to the correct decision.

The use of these consolidated executive powers is, of course, not anticipated to be a frequent event. However, the rare situations where such challenges arise will certainly be impactful to local health economies, service provision, and the professional and patient relationships in that area. Top down intervention would be the antithesis of the aims of this legislation and safeguarding against this must be a consideration of any legislative changes.

It is essential that additional, stronger safeguards are introduced to make certain that interventions in reconfigurations are for the greater good for patients and the service. The legislation must also include more detail on how independent advice will be sought and considered.

- **Improving the system beyond the legislation - health inequalities and patient participation**

This Bill is a key vehicle for the Government demonstrate commitment to truly address health inequalities in England that have only been widened as a result of the Coronavirus pandemic, and involve citizen in shaping the health services they need. 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 issues cannot be addressed by legislation alone, and require committed resources and continued focus at all levels of a system.

From patient and carer participation groups at the practice level, through neighbourhood engagement exercises, to system wide consultations, more needs to be done to ensure patient representation links the local level to those responsible for planning care at the top. 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.

Government and the NHS must commit to resourcing and supporting strategies outside of this legislation that focus on the crucial areas of health inequalities and patient participation. For example, additional funding is required to recruit and retain GPs in deprived areas across England. Patient needs are not being met in these areas as a result of the challenges faced when recruiting new doctors.

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”