Submitted to: GPPartnershipReview@dh.gsi.gov.uk

NHS Clinical Commissioners
The independent collective voice of clinical commissioners

NHS Clinical Commissioners response to the GP Partnership Review: key lines of enquiry call for evidence

Thursday 6 September 2018

I. NHS Clinical Commissioners

NHS Clinical Commissioners (NHSCC) is the membership body of Clinical Commissioning Groups (CCGs). Established in 2012, we have over 91% of CCGs in membership. We offer a strong national voice for our members on specific policy issues and support them to be the best they can to commission services effectively for their local populations.

To inform our response to the GP Partnership Review's call for evidence we have sought the views of our members through engagement with our Board and our Primary Care Reference Group, which includes clinical leaders and heads of primary care commissioning. We highlight key points that our members have raised. In addition to this written response, NHSCC has put forward two members of our Board to sit on the GP Partnership Review's Reference Group and through this channel we welcome the opportunity to continue engaging with the review as it progresses.

II. Overarching comments

The content of the GP Partnership Review overlaps to some degree with the General Practice Premises Policy Review and corresponding call for solutions. Key issues, including the associated property risk attached to GP partnership, will be drawn out in responses to both reviews. It is important that the results and actions from both consultation activities are well aligned with each other and together feed into the long-term plan for the NHS. Clear messaging that goes beyond short-term solutions can contribute to easing the uncertainty currently felt by primary care colleagues.

NHSCC welcomes Dr Nigel Watson's review into the GP partnership model as a means to address a number of significant challenges that exist within the current system. Continued policy attention is required at the national level to provide greater certainty about the future of primary care and to address some of the major challenges it faces. Our members continue to report significant difficulties around the recruitment and retention of GPs (particularly in certain geographical areas) and increasing levels of workload that are unsustainable. These concerns must be addressed.

III. Challenges currently faced in the GP partnership model

Our members face several challenges as a result of the current operation of the GP partnership model, including in relation to financial risk, career progression and partner expectations, and indemnity.

Financial risk and estates concerns are felt to be affecting the willingness of new GPs to enter into partnerships. Partners and potential partners express significant anxieties around ending up in a 'last partner standing' scenario whereby upon colleagues' retirement or resignation, an individual partner becomes responsible for the full extent of liabilities owed by their practice. Potential steps to reduce

property risk could include enabling sale and leaseback arrangements for GP premises, or the removal of property ownership from other aspects of GP partnership.

Career progression and partner expectations are also felt by our members to be a barrier to GPs becoming partners in some cases. In particular, our members note the difference in role expectations between GP partners and locums. In certain cases, newly trained GPs are being advised to become a locum, rather than a partner, as a choice that is seen to offer greater flexibility. To ensure that GPs continue to be attracted to longer-term posts, including partnership roles, more should be done to provide opportunities for GP leaders to progress in their career. Opportunities could include working across a portfolio and taking on leadership responsibilities in areas of clinical commissioning, provider at scale leadership (including Trusts), or taking on roles across systems and 'place'. Currently, our members feel that suitable career development opportunities are not built into the partnership model.

Indemnity costs are also a concern. Rising costs have been recognised at the national policy level and the announcement a state-backed indemnity scheme for general practice was a positive step but has not yet been translated into action. Our members highlight the increased indemnity costs associated with inter-practice working. For example, one member who is keen to extend inter-practice referrals, has hit a stumbling block with indemnity for practice nurses undertaking work for patients registered at other practices. The complexity of indemnity issues and current barriers they can pose need to be addressed, particularly as new models of primary care involving partnership working are becoming more common.

IV. Building on existing strengths within the GP partnership model

As the future direction of the GP partnership model is considered and action is taken to address the current challenges evident within it, it is equally important to recognise and maintain the strengths that currently exist. Fundamentally, our members report broad support for the current model in terms of its basis in serving local populations of registered patients. This facilitates continuity of care through established patient-doctor relationships and while some elements of primary care may be suited to operating at larger scales, there is a clear, continued role for locally based GP practices serving local populations.

There is diversity among the views of our members about which specific aspects of the current model they value. While some GPs value flexibility in contract as offered through locum roles, security of contract continues to be noted by other members as a strength in the partnership model. For some, the opportunity for partners to own their own business is valued.

Building on the above points, a revised GP partnership model must enable and embrace the evolving primary care landscape, as well as support the ability for development across integrated care systems. For example, it must remove barriers to partnership working among GP practices in myriad forms including primary care networks or GP federations, where these best meet the needs of local populations. Our members report that in order to work well, the partnership model should enable ways of working that allow practices to share staff and resources but retain their individual approach and identity as required. Flexibility is required to enable practices which wish to evolve, for example

through moving to new premises, the ability to do so. In this regard, the provision of support related to organisational development would also be beneficial.

V. For more information

If you would like any further detail on our response please do not hesitate to contact our Head of Policy and Delivery, Sara Bainbridge at s.bainbridge@nhscc.org or Senior Policy Officer, Emily Jones at e.jones@nhscc.org. NHSCC will also continue to engage with the work of the GP Partnership Review through representation on its Reference Group.