Primary Care Leadership in an Integrated Care System - A discussion paper – March 2021

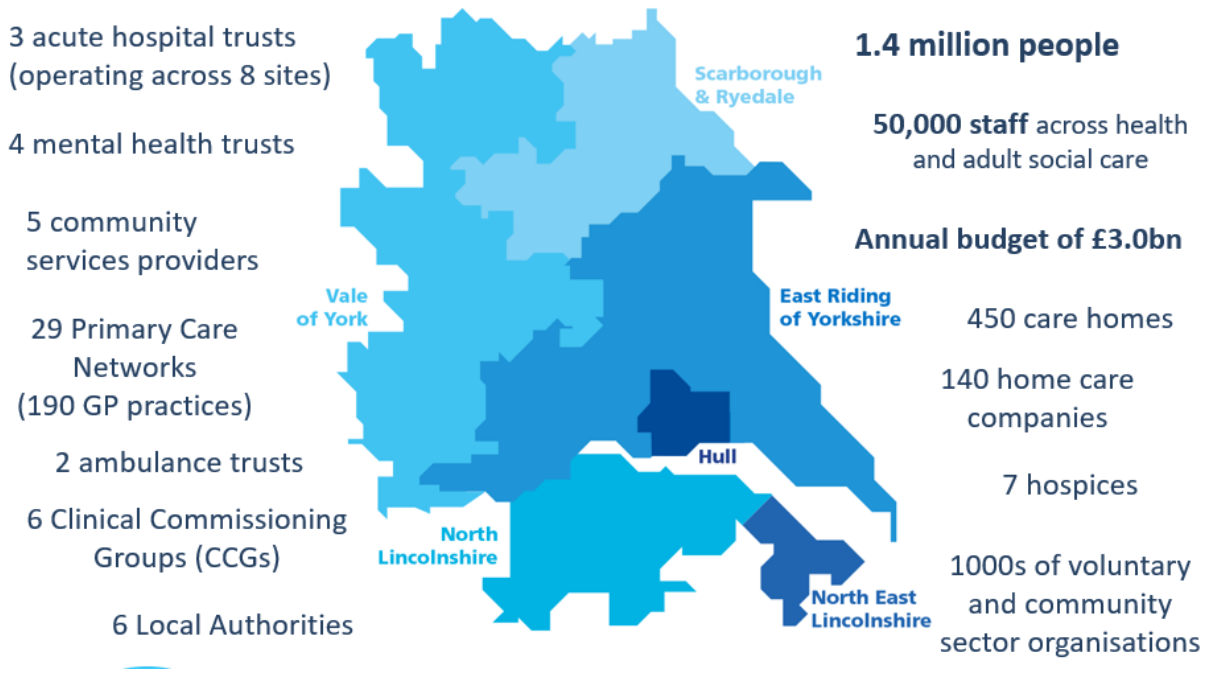
1. Executive Summary

- Integrated Care Systems (ICSs) are changing how primary care is commissioned and supported.
- These changes will impact on Primary Care starting in April 2021.
- Humberside LMC believe that primary Care needs to have a strong voice and influence over how the ICS will be structured and the role of Primary care leadership going forward.
- Humberside LMC propose to form a Primary Care Collaborative body comprised of Clinical Directors, GPs, Federations, Primary Care providers, Commissioners and Humberside LMC (and potentially other primary care stakeholders including Pharmacy/Optoms/Dentistry and Community Services) - to be this voice.
- Stakeholders are asked to support this proposal.

2. Context

Integrated Care Systems (ICSs) will replace regional NHSE and CCGs. It is expected that statutory functions and duties currently carried out by NHSE and CCGs will be transferred to ICSs. NHSE will continue but becomes one step removed operating across North East, North Cumbria and Yorkshire footprint. The ICS holds the ability to delegate to 'place'/Integrated Care Partnerships (ICPs) the local needs assessment and delivering tailored, proactive interventions at neighbourhood level. (where the ICS deem it appropriate).

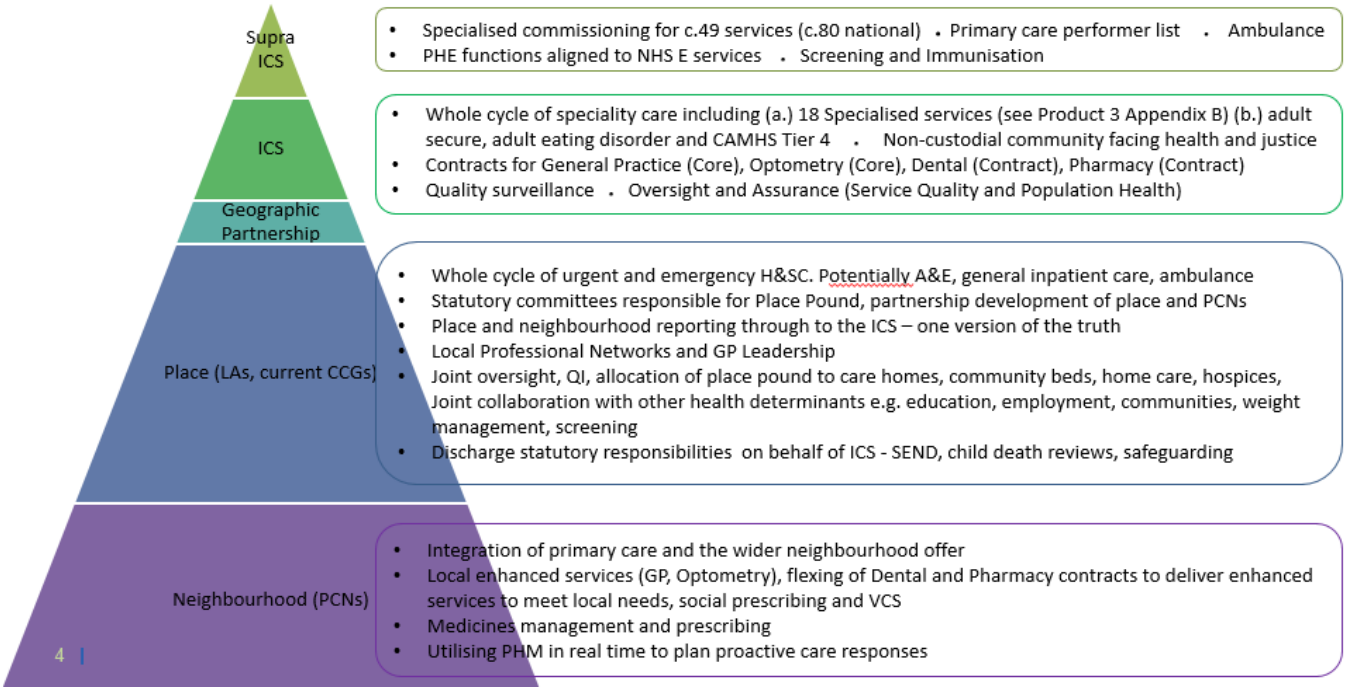
The formal ICS NHS Body will merge some of the functions currently being fulfilled by the non-statutory ICS with the functions of a CCG so all commissioning and strategic planning sit in one place.



The white paper describes many players which lead to increased bureaucracy. To simplify this, the new structure of the NHS will be:

- The Secretary of State for Health and Social Care
- ICSs in each area with a commissioning role and a focus on strategy
- The ICS HCP which is a new statutory body that existing on the same footprint as the ICS and will function like a large health and wellbeing board.
- Joint Committees which will be formed of representatives decided locally, but which include PCNs, GP practices, community health providers, local authorities and the voluntary sector to agree ways to work collaboratively

Building from the neighbourhood up – aligning CCG and NHSE commissioning
What will be done *at neighbourhood, unless it's better done at place/ICS, or at place unless it's better done at ICS level.*



The objectives are:

- To return a degree of power to the Secretary of State and Government in respect of the running of the NHS
- To simplify the NHS commissioning and regulatory framework
- To provide flexibility in respect of competitive tendering and procurement rules
- To reduce internal competition between NHS providers. This will promote integrated working, including General Practice.
- To refine some elements of the 'purchaser/ provider' split introduced in the 1980s, in particular reducing the reliance on 'payment by result' through changing to providers working together
- To promote more effective partnerships across Health and Social Care and in particular to strengthen the links between the NHS and Local Government

The success of an ICS is largely dependent on how strong the relationships are between member bodies and how capable of joint decision making they are.

3. Impact on General Practice

There are several potential impacts of this reorganisation on General Practice which are explored here.

- PCNs is viewed as the primary mechanism to ensure General Practice (as a provider) is represented at ICS level
- Service changes will increasingly be organised and delivered through PCNs
- General Practice commissioning / contracting will be managed by the ICS (strategic/ GMS Contract etc).
- PCNs / Federations/ LMCs will be the critical bodies in respect of nominating GP leaders to support and influence the system
- A CCG style governing body with elected representation will disappear
- The Government of the day will be more able to direct policy – this could include changes to General Practice / GMS. In particular it is likely that there will be a drive to reduce perceived monopoly provision
- It is intended that GPs leading neighbourhood based care, and representing the voice of general medical care / potentially wider primary care as an influential member of provider collaboratives. General Practice will need to capitalise on the experienced clinical leadership from legacy CCGs and leaders from GP Federations and PCNs.
- NHS Trusts will have a dominant voice, increased financial controls and commissioning decision making powers

4. Discussion

All the stakeholders will want to be heard on the ICS Executive, Health & Care Partnerships and the Joint Committees so this may lead to a struggle for a voice in a crowded landscape. Every organisation will want to be heard at the ICS level given it controls the budget. There currently appears to be a position of each Trust at the table but primary care, and in particular general practice (other than where this is currently represented by CCGs), is simply too large and disparate to accommodate. The proposal is that PCNs can take up the mantle with a representative covering 'PCNs' at neighbourhood and Place level, but the risk is the voice gets diluted amongst the Trust and LA voices.

Numerous and disparate general practice is not new. LMCs, who are the mandated representatives of this collective of individuals, have aligned themselves locally and regionally to influence, represent and ensure that general practice voice is heard at every level. This is strengthened by a statutory mandate for LMCs as a consultee for changes in Primary Care. Practices also have opportunity to input through CCG Governing Bodies and GP Federations, and PCNs have also seen increased engagement at 'multi-practice' level.

The white paper acknowledges that it will be important for GPs to have a clear and co-ordinated voice when participating in ICS Health and Care Partnerships, if they want a say in the priorities for funding in their 'place'. It is important to consider the value of corporate memory in providing stability, experience, knowledge, understanding and direction and long developed relationships in providing trust, honesty, practicality, critical insight and communications.

The first step for general practice is to be part of preparing the plan which each ICS Health and Care Partnership will be required to draw up. Implementation is anticipated in 2022. The nascent ICS is likely to run in a shadow form at some point in 2021 prior to full implementation. Humberside LMC are well placed to facilitate this step.

On this basis, it is important that general practice and wider primary care have a clear and coherent voice of representation. A strong united voice and sufficient seats around the table is needed to balance the ICS structure. This will be a challenge for PCNs, Clinical Directors, who did not engage on their journey with this in mind, and the 650 General Practitioners in the Humber System. PCNs are deemed the solution but are in their infancy, under-resourced and recovering from an integral role in fighting a pandemic. There is a strong case for additional resource and support infrastructure to undertake this huge role.

5. Proposal

Humberside LMC has established strong links with the 19 PCNs in Humber and has held regular meetings with clinical directors in each Place since July 2019, when PCNs were formed. Humberside LMC are recognised at ICS level and are well placed to understand the strategic contribution of primary care on the integrated care agenda. The LMC is already resourced by the General Practice levy to provide a role as an advocate and advisor for primary care in the ICS. Humberside LMC are working in concert with YORLMC in their approach to primary care within the ICS across the Humber Coast and Vale footprint.

The Humberside LMC strategy to support General Practice and the wider Primary Care to April 2022 and beyond has two themes:

1) **Join together General Practice at Humber System** level by coalescing Primary Care stakeholders in a new Primary Care Collaborative body with key features:

    - A new Collaborative body comprised of Clinical Directors, GPs, Federations, Primary Care providers, Commissioners and Humberside LMC (and potentially other primary care stakeholders including Pharmacy/Optoms/Dentistry and Community Services)
    - This body will be the representative Primary Care voice to contribute and respond to all ICS developments from now until April 2022
    - Humberside LMC will be the contact point and conduit for interactions between Primary Care and other ICS participants including Trusts, NHSEI and the existing ICS architecture
    - The new Collaborative body should be formed as soon as possible by agreement and invitation and should meet regularly.

2) Provide **an advisory and representative voice for General Practice** by being a contributor and consultee at all ICS Executive, Humber System, Place and PCN neighbourhood levels, post ICS organisational formation.

6. Next Steps

Humberside LMC is seeking a mandate for this proposal from GPs, Practices, PCNs and primary care leaders. Once this is agreed the LMC will begin the formation of the Collaborative body and seek funding for those participating and for supporting infrastructure.

Our thanks to Cheshire Local Medical Committee and North East & Cumbria LMC for their assistance in the preparation of the paper.