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Date 10<sup>th</sup> January 2020

## Cambs LMC

### Consensus Statement

#### Regarding the PCN DES Draft Service Specifications 2020/21

In early 2019, Cambs LMC was instrumental in galvanising the profession into taking the 'leap of faith' to join Primary Care Networks in 2019. We were then mandated by our GPs to be the cartographers of the map: an honest broker in navigating our practices into PCNs. The profession rose to the challenge in supporting our leadership.

*We have always maintained a cautious optimism for the future of general practice via collaborative working in PCNs - so long as their primary purpose was to support and sustain general practice. The DES has always been a voluntary arrangement, with practices having the right to walk away.*

We received the draft service specifications with dismay on 23 December. We appreciate that electoral purdah delayed a timeline, but maintain that it was a mistake to disseminate such controversial intentions to a workforce running on goodwill, imminently prior to Christmas with such a short deadline. We have heard the frustrations of providers and commissioners alike that the NHSEI Survey Monkey is predicated on operational critique with the assumed delivery of the iterated draft specifications, and with sadly no scope for a more objective assessment.

Presently we cannot, in all good conscience, support the draft service specifications for 2020/21. This is a matter of deep regret as our faith and confidence has been damaged - we hope not irrevocably - by the gulf in understanding demonstrated by NHSEI intention, set against practice expectation and patient experience.

*We ask NHSEI to set one quality metric: how does this help general practice deliver a quality core service to its patients by alleviating its workload and growing its workforce?*

We want to remain resolutely committed to continuing the conversations around effective collaboration and investment in primary care but with this publication, the narrative now has to change to have any hope

in winning back the trust and confidence of the profession. The clinical aspirations of the specifications are admirable in the main, but the execution is simply either unaffordable or logistically impossible.

*The additional roles promised were predicated on supporting the inexorable and unsafe workload facing general practice. The funding has rules attached that prevent practices from being able to deliver what they need. We must secure the core before we tackle the aspirational.*

We long to have a sufficient workforce able to offer our most vulnerable patients the level of care that is aspired to, but as an example, we would like to see our ambulant residential home patients make best use of self-care pathways and to come to our surgery for the safest clinical assessment. We cannot envisage a scenario where the timelines associated with the iterated workload would be feasible. Instead we would like the opportunity to bed-in our new teams, and use their clinical skill to assist us in partially alleviating our inexorable workload.

*We have struggled to understand the 'strong evidence base' NHSEI refers to, and how it supports the premises made - but we would champion the widespread public health outcomes associated with increased investment in and numbers of GPs per population: reduced admissions, mortality and morbidity. Good for the system, and essential for our patients.*

We are frustrated at the lack of trust and the burden of bureaucracy that has impeded the PCN DES 2019/20 and its clinical directors from realising its full potential. Give us the allocated resources and the desired outcome - and watch us make it happen. We have been innovators for generations; paperless for decades.

*General practice performs best when it is trusted to thrive, not when it is merely permitted to survive.*

Allow our clinical directors to spend their time engaging their practices and realising changes with flexibility of funds - not writing multiple bids for multiple pots with multiple rules and multiple exceptions. Allow other investments to be spent on core staff delivering core functions to stabilise primary care through its core contract to achieve the greatest benefit for the greatest number. Use the carrot, not the stick.

Give us the time, the resource and the opportunity and we will grow, we will continue to innovate, and we can successfully collaborate.

Dr Katie Bramall-Stainer  
Chief Executive, Cambridgeshire LMC

In collaboration with and on behalf of both the clinical directors of Cambridgeshire PCNs and members of the Local Medical Committee