Health and Care Bill: Inclusion of primary care professions in Integrated Care Systems, House of Lords — Report Stage

From the British Medical Association, British Dental Association, Pharmaceutical Services Negotiating Committee, Optometric Fees Negotiating Committee and National Community Hearing Association on ***behalf of NHS Primary Care***

Progress in Committee

We have welcomed the support of former Health Ministers, NHS leaders and other Peers who have backed our call for the primary care professions to be mandated members of the new Integrated Care Partnerships, and to be consulted by Integrated Care Boards when they form their strategic forward plans.

We also note assurances given by Lord Kamall that "partnerships will need to involve … representatives from across the system, including professionals from primary medical, dental, pharmaceutical and optical backgrounds", that the Government "supports the idea that primary care should be integral to ICB planning" and that they are "open to further conversations" on this.

Action at Report and Third Reading

However, to put the matter beyond doubt, we would urge your Lordships to:

- **support amendments 33 and 37-54** in the name of Lord Crisp which would require Integrated Care Boards to work with primary care services when preparing and revising their five-year plans, in the same way they are required to work with NHS trusts and NHS foundation trusts.

- **call for mandated presence for primary care professionals on Integrated Care Partnerships**.

Primary care delivers the vast majority of NHS care to the population, and it is crucial to bring the real-world experience of front-line primary health professionals into shaping genuine integration at strategic level in all Integrated Care Systems.

Just as with NHS Trusts and social care, the inclusion of the primary care professions in strategic advice, planning, and decision-making is too important to be left to arbitrary local decision. It is – in our view – the key to developing genuinely integrated services which focus on prevention and early intervention, shaping services around the needs and wishes of individual patients and populations, and maximising the efficiency and effectiveness of whole systems.

We look forward to discussions with Ministers and officials about how this can best be achieved in the interests of patients and the NHS. This may well be in the form of improved guidance on this matter to ICBs and ICPs. However, this is no substitute for the right for primary care to be heard in the founding legislation.

Background

Support for reform

- Primary care fully supports integrated health and social care, the focus on prevention and early intervention, and shaping services around the needs and wishes of individual patients and populations – this is how primary care already operates.
- Primary care welcomes the plans to retain national contracts and negotiating mechanisms for primary care. This is crucial as primary care budgets are already dwarfed by hospital spending and must be protected. Indeed, they must grow in order to increase capacity to meet growing healthcare needs and to deliver more care closer to home. This is unlikely to happen without all parts of primary care being round the crucial strategic, advisory table - primary care must not be an after-thought.
- Existing NHS primary care practices should be the 'go to' providers for expanding NHS capacity outside hospital, making use of pre-existing skills and facilities, building on and expanding the existing primary care estate and minimising the transaction costs of setting up new services. The new NHS Provider Selection Regime should actively facilitate this and be designed to avoid the commissioning mistakes of the past.

Voice and influence

- For all these reasons, it is vital that clinical representation and engagement from across primary care is embedded at strategic advisory level in each ICB's Integrated Care Partnership. These realities were recognised in the NHS Long Term Plan but are not guaranteed in this Bill. The NHS Long Term Plan should be taken seriously and a greater voice for primary care built in.
- Without mandatory engagement at strategic partnership level, genuine change and service transformation will not happen - either aims will be unrealistic (uninformed by primary care realities) or insufficiently transformative (overlooking primary care-based opportunities).
- ICBs and Integrated Care Partnerships already have the backlog and the lasting effects of the pandemic to deal with and, without primary care engagement as equal partners at the table as of right, recovery will be seriously impeded, opportunities missed, and serious transformation will not happen.

Local Primary Care Committees

- Local Representative Committees (Local Medical, Dental, Pharmaceutical and Optical Committees) have been an important part of the NHS since its foundation as the effective voices of primary care and sources of professional clinical leadership at strategic level. Their vital role as the statutory voice of primary care contractors must be recognised through mandated roles within Integrated Care Partnerships to connect local grassroots clinicians and proximity to patients with strategic planning and advice.
- To ensure parity of voice and support with Trust, NHS commissioning and social care staff, GP, dentistry, pharmacy and primary eye and hearing care roles on Integrated Care Partnerships
- should be remunerated, otherwise they will not be able to attend crucial meetings and will not be in the room when key advice is given to commissioners.
- Integrated Care Boards and Partnerships should also have a duty to consult the relevant Local Representative Committees and primary care audiology when agreeing their annual forward plan and when making any decisions that affect primary care services, and if they choose not to heed their advice explain the reasons in writing and make public.

Workforce

- Primary care generally welcomes the commitment to more effective workforce planning but this needs to be based on the changing shape of the workforce in the 21st century (as a minimum using whole time equivalents, not headcount) and more attention needs to be given to retention and vocational training to secure sufficient primary care clinicians for the future.
- The NHS and social care must have the workforce required to meet the needs of the population, now and in the future, and some ICB geographies will be too small to plan effectively. The Bill should be strengthened to include a responsibility for the Secretary of State to produce ongoing, accurate and transparent workforce assessments to directly inform recruitment needs, as well as responsibility for delivering these staff.
- **Primary care supports amendment 80** in the names of Baroness Cumberlege, Lord Stevens, Baroness Walmsley and Baroness Merron, which would require the Government to publish independently verified assessments every two years of current and future workforce numbers required to deliver care to the population in England.

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