

Royal College of General Practitioners submits White Paper response

5th October 2010

GPs support stronger clinical leadership for commissioning services for patients, but training, time and resources are necessary to make it a success, says the Royal College of General Practitioners (RCGP) in its response to the Health White Paper *Equity and Excellence: Liberating the NHS*.

In the College's official response submitted today, they give their backing to the principle of 'shared decision-making' with patients, and the statement: '*no decision about me without me*', emphasising the need for the unique long-term relationship between patients and GPs to be retained in the provision of care as well as the commissioning of services.

Professor Steve Field, RCGP Chairman, said: "Our members - 'jobbing' GPs throughout the UK - can always be relied upon to act professionally and constructively, with the best interests of our patients at heart. We feel that this response is as comprehensive as possible and that it appropriately reflects and represents the views of RCGP Members."

The principles of greater GP leadership and influence are well received but members have expressed concerns that the scale in which changes needed to be made is not justifiable, especially in the context of cost reductions and there are concerns that 'the proposed scale, pace and cost of change will prove disruptive'.

The RCGP also feels that extending training for future GPs to five years would help ensure their 'ability to commission and manage resources, and facilitate patient choice' would be 'greatly enhanced'.

In the response, some members are also concerned that the changes set out in the White Paper will eventually create multiple tiers of GPs with different training and CPD requirements and several salaried GPs and locums said they have 'particular concerns that their contributions would not be recognised within the new structures'. Members, in particular those at the start of their careers, 'welcomed the opportunities for increased potential to influence services to patients and the wider community, and expect the reforms to allow more freedom for local provision of GP led services.'

While the White Paper applies to England only, the RCGP consulted its 42,000 members across the UK and internationally in drawing up its response. Members were concerned that the new structure would create issues for cross-border areas, particularly between England and Wales, and that the different requirements being

placed on GPs in England as a result of commissioning might result in a divergence in training requirements and levels of skills and experience.

The RCGP also reiterates opposition to the free choice of GP practice saying it would be 'damaging in terms of continuity of care, health inequalities and potentially, patient safety' and 'very likely threaten the viability of some practices, especially rural practices that provide a vital service to patients who are less mobile and potentially more vulnerable' to changes in service reconfiguration. The College feels the reforms will need strong monitoring for possible adverse impacts on health inequalities.

The RCGP also puts forward its own model of GP Federations – GP practices banding together to share resources and skills – as a good way of offering more choice and services in the community. The response also suggests that technological solutions could also allow remote consultations and that more drop-in centres, for patients working in urban areas but living elsewhere, could be a workable option.

The RCGP response to the Health White Paper [*Equity and Excellence: Liberating the NHS*](#) is available on the RCGP website.
