17 May 2018

Primary Care Services England

Dear Mr Stevens

Following the publication on 17 May 2018 of the National Audit Office’s report into NHS England and the delivery of Primary Care Support Services in England provided by Capita, I write further to express my disappointment that after over two years of operation the service continues to fall short of an acceptable standard. As you will know, I have written to NHS England numerous times (see previous correspondence) to express my concerns, and yet significant issues remain unresolved.

I am concerned to learn from the report that NHS England had imposed £5.3 million in contract fines on Capita between January 2016 and April 2017 and yet, we have not seen any substantial change to the service being delivered. Notwithstanding this, NHS England has disbanded the Intense Management Team which was put in place to support Capita in the delivery of PCSE’s functions. This decision has undoubtedly contributed to the continued issues with PCSE and resultant detrimental impact on GP practices.

The report has also revealed that NHS England and Capita are yet to agree to 11 performance measures two and a half years into the contract, this gives rise to serious issues with the management of the contract allowing for Capita to continue to deliver an unsatisfactory service. This will inevitably affect general practitioners’ ability to deliver the standard of care they would be capable of if the provision of service was at an acceptable level.

GPC continues to be contacted on a daily basis by practices seeking support to resolve issues that have been outstanding for an unacceptable length of time. These circumstances can be distressing for practices and individuals affected and often relate to practice finances, individuals pensions, and patients’ medical records, exacerbated by the significant difficulty in getting timely responses from PCSE. Moreover, as pointed out in the NAO report, such failures in the delivery
of service has put general practice services and potentially patients at risk, they point out that no harm has been identified which I believe is due to the effort and professionalism of GPs and other staff.

Of late, an increasing number of concerns are being raised with us relating to incidents of doctors being unable to work and one incident of an unqualified doctor being added to the list. This is a basic but central role of PCSE and after two years of operation should be administered without such problems that place patients at risk.

Some members have informed us that training practices are still experiencing problems receiving their training grants, which in some cases is leading them to consider if they should continue to provide training. At a time when general practice is experiencing a workforce crisis this is a critical concern and the message this sends to practices is very worrying.

Previously the administration of training grants and other related activities fell entirely within the NHS’s responsibility. However now different elements fall to different organisations with some being outsourced to private companies who are ill equipped to deliver their responsibilities and to resolve the resultant problems; the system has become disjointed to the detriment of general practice.

Furthermore, we continue to receive reports that there are significant issues with the processing of pensions (leading to cases of incorrect records of pension contributions), such as pension contributions being taken for doctors that have long since left the practice. In some cases these errors equate to a substantial amount of money being owed to or by practices, resulting in financial instability which is clearly unacceptable.

GPC have been engaging with PCSE and NHSE over the last two years since the contract was taken over and issue were identified. This is an issue which is a result of a systematic failure that should not be an issue. Therefore, I hope the NAO’s significant report and findings will now lead to NHSE taking urgent action to ensure that Primary Care Support Services are delivered properly. In addition, I hope that in future NHS England will carry out sufficient due diligence prior to a procurement process to avoid such circumstances going forward.

Please can you provide us with the action plan for each service line of how you are going to resolve the outstanding issues including timeframes. Last year GPs meeting at the England LMC conference called for the return of the delivery of primary care support functions to the public domain. Now that the NAO has also recommended that NHSE should consider whether some service lines should be delivered in-house by NHS England we believe this should be actioned as a key way to resolve this failure and to give practices and patients confidence that in the future there will be a fit for purpose service that genuinely supports primary care.

I look forward to your response.

Yours sincerely

Richard Vautrey
Chair, General practitioners committee England