

## NHS Reorganisation

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House of Commons, Westminster Hall debate  
Wednesday 12 December 2018

### About the BMA

The BMA is a professional association and trade union representing and negotiating on behalf of all doctors and medical students in the UK. It is a leading voice advocating for outstanding health care and a healthy population. It is an association providing members with excellent individual services and support throughout their lives.

The BMA supports the principle of integration and has called for greater collaboration and integration across and within health and social care services for several years. However, we do not believe that Integrated Care Partnerships (ICPs) and the contractual changes they would require, are a necessary or appropriate way of achieving this. We believe that integration can be achieved within existing contractual and organisational frameworks, and by addressing existing barriers.

### Key points

- The BMA believes that Sustainability and Transformation Partnerships (STPs) and now Integrated Care Services have not been given sufficient resources to be successful. These structures must be properly funded, with improving patient care as their primary priority, not cost cutting.
- There was very little detail in many of the initial STP plans to suggest that they had the necessary workforce to implement change, a problem exacerbated by ongoing workforce shortages, and it is unclear if new, achievable plans have been produced.
- Many of the plans to reconfigure secondary care services do not appear to be evidence based or have the support of clinicians. The BMA supports the principle of moving care into the community but it is essential, before any hospital or service closure, that the community has sufficient capacity to manage additional demand placed on these services.
- If ICSs are expected to succeed in integrating health and social care services, they must be developed with greater transparency than STPs have been, be subject to proper consultation with clinicians and the public and be given the appropriate level of funding and time they need to develop.
- ICPs, alliances of NHS providers working together to provide services across an area, must not lead to a fragmented system which breaks down nationally agreed pay, terms and conditions for NHS staff.
- Similarly, they must not facilitate increased opportunity for private providers to bid on the delivery of NHS services through combining multiple services into one contract.
- Moving to a fully integrated ICP would entail radically altering the current model of general practice and is likely to be incompatible with GP independent contractor status. The deterioration of the independent contractor status risks breaking the personal relationship between local communities and GPs.

### Overview



The BMA has consistently raised concerns about the fragmentation of NHS services and have opposed the current purchaser provider split and competition framework, which undermine collaboration across the NHS. If these issues were remedied, it is possible that a less formal system of collaboration, without widespread contractual change, could be developed to enable meaningful change.

The ICS model could potentially achieve this but given its evolution from STPs and its association with ICPs, the BMA's existing concerns around the development and implementation of STPs extend equally to ICSs. We welcomed the NHS England consultation on contracting arrangements for ICPs and have [submitted evidence](#) to this inquiry. Our specific concerns regarding the development of ICPs, and to a lesser extent, ICSs are included below.

### **Funding and investment**

Moving to any new model of care will require significant time and investment. The success of this process will be severely hampered without adequate resources being provided. Given current funding pressures across the NHS and social care this appears inevitable. When the government and the NHS sets out its ten year plan in the coming weeks, it must provide sufficient resource for services to be able to be transformed.

The Autumn 2017 budget saw an additional £2.6 billion set aside to support STPs, including an initial £260 million allocated to those STPs considered to be performing best, some of which are advancing towards ICS and ICP models. However, this was significantly less than the £9.5 billion in capital funding that STPs have indicated they need to implement their programmes<sup>1</sup>. It is unclear what resources, including those from the £20.5 billion announced by the Prime Minister, will be allocated to transformation and models of integration in the Government's long term plan for the NHS.

### **Transparency and accountability**

ICSs and ICPs, like STPs, have no legislative basis, raising significant governance issues. It is currently unclear where accountability within each ICS or ICP will rest, as individual CCGs and NHS Trusts remain the principle statutory bodies within each model. This is especially important in the context of the scale of change that the partially and fully integrated ICPs may entail, and, therefore, these proposals require proper parliamentary scrutiny. It is vital that NHS England and the Department of Health and Social Care fully engages with doctors, from all branches of practice, other health and care professionals, and patients regarding the formation of ICPs, ICSs, and any other form of integrated model.

The introduction and development of new models of integrated care has brought with it a raft of new acronyms and terminology, much of which is used interchangeably. As a result, it is increasingly difficult for NHS staff, patients and the public to follow the changes that are happening to their local healthcare system. For example, NHS England has confirmed that STPs will become ICSs, ACSs have been renamed as ICSs, and ACOs have become ICPs. It is vital, therefore, that the Department of Health and Social Care and NHS England provide comprehensive information to the public on what reorganisation is taking place and what each new model involves, and that local health systems engage with clinicians and the public about the changes they are making.

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<sup>1</sup> BMA Briefing Accountable Care Organisations. 10 <https://www.bma.org.uk/-/media/files/pdfs/collective%20voice/policy%20research/nhs%20structure%20and%20delivery/aco-member-briefing-%20v2.pdf?la=en>

### Competition and privatisation

There is a significant risk that under existing competition rules, combining multiple services into one contract, as would be the case in an ICP, could allow non-NHS providers to take over the provision of care for entire health economies. Moreover, a 10-year contract could require re-procurement every decade, potentially creating significant uncertainty. Equally, however, it is also possible for a commissioner to activate a contract extension clause for ICPs, extending their contract for a further 10 years.

The BMA strongly supports the ongoing provision of a publicly funded and publicly provided NHS, and calls for the government to clarify what safeguards will be in place to ensure that ICPs do not enable an increase in the role of independent sector providers in the NHS. The BMA does not support the development of ICSs or ICPs within the existing competition framework and believes that this acts as a significant barrier to the successful integration of health and care services.

### NHS workforce and planning

The NHS is facing workforce shortages across a number of specialities and we are particularly concerned that there is an insufficient number of doctors to successfully implement STP and ICS plans. There is very little detail in many of the original STP plans to suggest that they have the necessary workforce and many identify issues with workforce shortages, challenges with an ageing workforce, and problems with recruitment and retention.

### The future of general practice

Many practices are already part of local collaborative, at-scale arrangements, and all practices are required to be part of a local primary care network by April 2019. However, moving to a fully integrated ICP would also entail radically altering the current model of general practice and would be incompatible with GP independent contractor status. The national GMS contract underpins fair and consistent health service delivery in England and any deterioration of the independent contractor status risks losing this.

Greater clarity is also needed regarding the terms under which staff would be employed within an ICP. The BMA is calling for assurances from the Department of Health and Social Care and NHS England that all doctors working within ICP will be employed on national terms and conditions.

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