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31<sup>st</sup> January 2020

**Dear Sir/Madam,**

### **Draft NHS Standard Contract 2020/21: A consultation**

The British Medical Association (BMA) is a voluntary professional association and independent trade union, representing doctors and medical students from all branches of medicine across the UK and supporting them to deliver the highest standards of patient care.

The Association welcomes the opportunity to respond to the consultation on proposed changes to the NHS Standard Contract for 2020/21. Please note that our response pertains to the increasing workload pressures in primary care and the proposed changes relating to integrated system working and primary care networks (PCNs), and are intended to supplement the BMA's policy positions put forward in negotiations with NHS England relating to the 2020/21 GMS Contract, through which some of the referenced requirements on PCNs will be agreed. Accordingly, the BMA's response should not be viewed as agreement that changes proposed to any other service domains within the consultation are appropriate or acceptable.

### Alignment of community mental health services with PCNs (SC4)

The BMA has been calling for greater integration and collaboration between different parts of the health service, community health and social care, for a number of years. Integrated services, if implemented with the full input of clinicians, have the potential to improve both patient care and doctors' working lives. We believe that collaborative models of care should be based upon consultation with all necessary stakeholders, and should ensure true collaboration between sectors, based upon inter-organisational partnerships. This model of working requires direct support by organisation leaders to enable their staff to work across historic boundaries but does not necessarily require a single body employing all those working within the area. Indeed, trying to create such organisations can be costly and time-consuming without delivering benefits for patients.

**Chief executive officer:** Tom Grinyer



We are supportive of NHS England's intentions for alignment of community mental health services with PCNs, however any arrangements with PCNs within STP/ICS footprints to organise and begin delivering services in an integrated manner can only be effectively realised where the roles and responsibilities of the parties are clearly and explicitly defined. To that end, achievement of this service condition will require providers of community mental health services to be part of the PCN's network agreement, with their contribution (and any corresponding contribution of other PCN members) in terms of funding, workforce and services recorded.

As the proposed requirement for 2020/21 is for all reasonable endeavours to be undertaken for arrangements to be in place to organise and begin delivering services in an integrated manner by 31 March 2021, it remains as yet unclear whether there would be any plans to include additional service conditions in the 'full length' contract particulars for 2021-22 (or beyond) that could mandate additional service requirements on the provider or PCN. Any future changes to the service particulars should not be unnecessarily prescriptive or counter-intuitive to the integration arrangements already agreed between the providers and PCNs in 2020-21. Moreover, NHS England should ensure that there are no adverse implications for any provider or PCN, who despite all reasonable endeavours, have been unable put arrangements in place by 31 March 2021.

#### Supporting PCNs to deliver Anticipatory Care and Enhanced Health in Care Homes (SC4) (Schedules 2Ai and 2Aii)

The BMA is unable to support the proposed service particulars and service conditions in their current form. The separate consultation on the draft service specifications for Anticipatory Care and Enhanced Health in Care Homes that concluded on 15 January 2020 received widespread condemnation as unreasonable and unworkable from GPs, clinical directors, PCNs, LMCs, and many local and national organisations.

The general premise of the proposed service specifications for Anticipatory Care and Enhanced Health in Care Homes have merit but there is genuine risk that some elements such as fortnightly ward rounds and structured medication reviews could lead to unnecessary workload and detract GPs from other elements of day to day Primary Care. At a time when demand and workload for practices are unprecedented, the specifications must not undermine the work across the previous year to get primary care networks off the ground, in particular where networks are still struggling to recruit additional staff. Much of the work risks falling back to GPs unless all stakeholders have a clear shared responsibility for the service delivery and outcome metrics. Therefore, all service specifications at PCN level, including those planned to come into effect in 2021, that require partnership delivery with community health providers and/or other organisations must engage PCNs to agree clearly defined roles and responsibilities.

As an example of the roles and responsibilities within the operation of these service specifications, the BMA firmly believe that the community nursing and healthcare team should be responsible for the coordination and administration of services in care homes as an extension of their current caseload of housebound patients. Community healthcare professionals have the necessary expertise to provide greater support and care planning for care home residents, but we recognise that many community services are already struggling to recruit and retain sufficient staff to cover current workload pressures, let alone take on additional roles. It's vital therefore that the work expectation matches the available workforce and local systems must not be penalised if they are unable to recruit. There will also need to be clarity about the contribution made by existing care home nursing staff. Any PCN staff delivering services under the proposed specifications must be regarded as a top-up to lead and enhance clinical services, while day-to-day administrative and nursing functions remain the responsibility of the community team and care home staff.

It is now incumbent on NHS England to reflect on the feedback related to the service descriptions and work with the BMA to deliver necessary changes to the proposed requirements for PCNs as part of the

2020/21 GMS Contract negotiations. Due to the interdependency of the Standard Contract and the service specifications in the GMS contract negotiations, NHS England must ensure that any amendments to the service specifications are reflected in the Standard Contract.

#### Supplying or recommending medication for ongoing use in primary care (SC11)

We are supportive of this service condition update. The BMA supports efforts to ensure patients receive treatments that are both clinically appropriate and cost-effective. Where there is evidence to show lack of safety or efficacy, and an item is to be restricted with no exceptions, it should be placed on the blacklist of substances unavailable on the NHS. This provides clarity and standardisation across CCGs, and prevents GPs, and other prescribers, having to justify the decision not to prescribe items which are unsafe or ineffective. Where substances have a limited therapeutic place clarity about responsibility for prescribing decisions is to be welcomed.

It should be noted that while agreeing to suggested changes to the current guidance on '[Items which should not routinely be prescribed in primary care](#)', the BMA set out a number of caveats to certain items in our [response](#) of 8<sup>th</sup> February 2019 to *Items which should not be routinely prescribed in primary care: an update and a consultation on further guidance for CCGs*, some of which still stand.

#### Workload shift at the interface between primary and secondary care

The 2017/18 NHS Standard Contract placed new requirements on hospitals to reduce inappropriate bureaucratic workload shift onto GP practices. Many of those changes to the contract were brought about as a result of negotiations between the BMA and NHS England which highlighted the bureaucratic burden that all GPs were under.

Three years later, these changes to the contract have not been completely implemented locally and GPs are still being transferred workload from secondary care. This was reflected by the motion carried unanimously by GPs at the LMC conference in November 2019, which expressed concerns "at the flagrant continued contravention of the standard hospital contract".

The BMA is concerned that these requirements are not being adhered to and calls on NHS England to both assess the impact that these breaches of contract have on GPs' workload and review regulations to ensure full enforcement.

#### Medical Examiners of Deaths (SC3)

It should also be noted that the current proposal for Medical Examiners of Deaths (SC3) does not take into consideration that the service models for Trusts account only for the funding for deaths in hospital and that no confirmation to date has been provided on when the medical examiner system will be implemented into deaths within the community. Resultantly, the BMA continue to remain concerned about the added impact this will have on the workload of general practice and the associated funding that will be removed.

We hope that our enclosed submission is useful – please do not hesitate to contact us for more information if required.

Yours sincerely



**Peter Gordon**  
Head of Pay and Contracts