

SUNDERLAND LOCAL MEDICAL COMMITTEE

Lord Patrick Carter
Commissioning/Competition Panel
Dept of Health
New King's Beam House
London
SE1 9BW

22nd June 2009

Dear Lord Carter

Re: Vertical Integration Pilot, Sunderland

We were pleased to learn your panel is to investigate the circumstances around the pilot scheme to vertically integrate Church View Medical Centre and City Hospitals, Sunderland. We have read the DoH document *Principles and Rules for Cooperation and Competition* and have carefully noted its content, principles and rules.

We knew virtually nothing of the pilot before reading of your involvement in the pages of Health Services Journal. This in many ways epitomises our concerns around the project, and I have itemised some of our concerns below.

Consultation

There had been no consultation with GPs or their elected representatives in the city. In addition we know of no consultation with the public, the patients of the practice, nor indeed any other members of the local health community. There are some concerns around whether the existing staff members fully appreciate the proposed changes and the effects on them. We intend informing the local Oversee and Scrutiny Committee of Sunderland City Council but would not be surprised if the PCT had made no effort to consult with them.

To the best of my knowledge this pilot has not been discussed at any of the public PCT Board meetings and therefore the opportunity for public involvement has been minimal or absent. This deficiency in the consultation process in Sunderland is a recurrent problem. Last year almost 28000 patients (via petitions presented on the floor of the House of Commons and feedback questionnaires) indicated their opposition to the local Darzi practice plans, favouring investment in all GP practices to benefit every patient in Sunderland. The patients are now very aware of this type of issue and we think they will be very disconcerted not to have been involved.

Commissioning

There are three Practice Based Commissioning groups in Sunderland. Despite the PCT repeatedly calling for openness and transparency in the commissioning process, none of the PBC groups have been informed or consulted on the pilot. This means PBC groups are unable to give their views on whether this type of arrangement is in the best interests of patients and indeed whether we are confident the traditional "gate-keeping" role of the GP can be maintained by a Foundation Trust which is already the major local secondary care provider, and has had major issues around the delivery of some of its own services over the last few years. There is a real possibility that salaried GPs, employed by the Foundation Trust, will be persuaded to refer to their own employer and thus limit patient choice of secondary care.

I'm afraid PBC is already in some considerable disarray in Sunderland, with some serious issues around conflicts of interest and probity having arisen. I suspect that this proposed pilot will merely exacerbate those difficulties and will not help those of us trying to support the concept of PBC.

Furthermore, Sunderland PCT is about to instigate a review of all PMS practice contracts in a search for value for money. This is in the context of there having been no transparency around the contractual arrangements for this proposed pilot. We have no ideas of any of the details of funding or contractual arrangements for the proposed pilot, and inevitably this will cause disquiet and suspicion around the financing of other practices in the city.

Purpose of the Pilot

As a consequence of the lack of consultation, there is absolutely no clarity around the purpose of the pilot. We are aware that the last remaining partner in the practice is approaching retirement and are unsure whether she has attempted to find a partner either from her salaried doctors or from advertising. Either way, if this is a part of the basis for the pilot, then we believe there are much better options available which would be acceptable to the patients, more cost effective and preserve the essential traditional role of the general practitioner.

In conclusion, the lack of consultation and transparency around this scheme has not ensured proper public engagement and decision making, will undermine practice based commissioning and has a real potential to damage and undermine the reputation of the local NHS.

Yours sincerely,

Dr Roger N Ford
Secretary, Sunderland LMC
Chairman, Wearside PBC Group

Cc Bob Ricketts
Norma Wright, Chair, O&S Committee.

Gateshead & South Tyneside Local Medical Committee

Primrose Hill Hospital
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26 June 2009

Lord Patrick Carter
Co-operation & Competitions Panel
1 Horse Guards Road
London
SW1A 2HQ

Dear Lord Carter

Re: Vertical Integration Pilot, Sunderland

We have recently been informed by the BMA that this pilot is to take place within Sunderland. Unfortunately we have had no consultation, and whilst our Local Medical Committee does not cover that area we are adjacent to it and feel that we need to express our concerns to the panel. City Hospitals Sunderland is the only Foundation Trust and therefore secondary provider within that region, and we are therefore concerned that patient choice may be eroded and that the salaried GPs of the Foundation Trust would be pressurized into referring within the Trust. This has to be considered, and the pilot would have to be very explicit about the role of the Salaried GPs.

As a Local Medical Committee, we are also concerned about the protection of the Salaried GPs at the end of the pilot or if the pilot is curtailed for any particular reason. The contract for the practice is to be novated to the Foundation Trust, and we would like some reassurance that there is a fail-safe mechanism to ensure that the practice is returned into the primary care sector with protection for the present Salaried GPs. We would not be happy if, at the end of the pilot, this practice is put out to tender, as I think that the present regulations would perhaps suggest. We would also like reassurance that there is no undermining of the GPs' role as the patient advocate if there is a complaint about the Foundation Trust from one of the patients, as of course there is the difficulty that the GPs would actually be employees of the Trust. Finally, we would need reassurances that patients of the practice are not treated any differently from other patients within the Sunderland area, and that all referrals and admissions etc are based upon clinical need in a similar way to the rest of Sunderland.

Whilst accepting that this pilot is a new way of caring for patients, especially for the elderly, we would be grateful if our concerns could be taken into account in order to ensure equity, transparency and also protection for the Salaried GPs.

Thank you for your attention.

Yours sincerely

Dr K Megson
Honorary Secretary