

Background

1. The Co-operation and Competition Panel for NHS Funded Services (CCP) has been established to ensure that the Principles and Rules of Co-operation and Competition for the provision of NHS-funded services support the delivery of high quality care for patients and value for money for taxpayers. The Panel investigates potential breaches of the Principles and Rules, and makes independent recommendations to the Department of Health and Monitor on how such breaches should be resolved. It also reviews proposed mergers, and advises on the wider development of co-operation, patient choice and competition within the NHS. In carrying out its responsibilities, the Panel works with all parts of the NHS, non-government service providers and others to drive improvements in service delivery
2. City Hospitals Sunderland Foundation Trust is planning to enter into a pilot integrated care scheme with a local primary care provider, Church View Medical Practice. Under the scheme, City Hospitals Sunderland Foundation Trust and Church View Medical Practice will merge into one entity, whereby City Hospitals Sunderland Foundation Trust will directly employ the staff of the Church View Medical Practice.
3. The CCP is examining the integrated care scheme under the merger provisions of the Principles and Rules of Cooperation and Competition and will assess whether the planned arrangement has a material adverse effect on patients or taxpayers.
4. The CCP will assess the extent to which the integrated care scheme may limit patient choice in relation to the type of NHS-funded healthcare services provided by each of City Hospitals Sunderland Foundation Trust and Church View Medical Practice in Sunderland or the wider area. The CCP will also consider any benefits to patients or taxpayers that may arise from the arrangement.
5. The Cooperation and Competition Panel (CCP) has decided that the proposed integrated care pilot scheme between City Hospitals Sunderland NHS Foundation Trust and Church View Medical Practice meets the CCP's acceptance criteria for a merger reference. As a result, the CCP is accepting this case with its investigation starting from the date of this notice, with Phase 1 to be completed by 7 August 2009 and Phase 2, if required, to be completed by 30 November 2009.
6. The NHS Alliance is an independent multidisciplinary membership body for both organisations and individuals in primary care including PCTs, PBC groups, Practices and individuals which:
 - a) Promotes and represent the interests of members in the development and implementation of health policy to Department of Health, Government and other appropriate bodies.
 - b) To develop and promote policy for wider discussion.
 - c) To provide opportunities for member experience to be shared and for mutual support to be available.
7. The NHS Alliance wishes to make a submission in this matter and is contained in this document.



Submission

8. The NHS Alliance is supportive of integrated care, indeed, it was one of the first organisations to promote this concept prior to the Darzi review and published a document on the 5 August 2008 entitled “Integrated healthcare: from aspiration to implementation”. A copy is attached for reference.
9. The notion of integrated care is important, but should not be focussed on “vertical” integration (ie integration of care between hospital based care and community/primary care alone, but also “horizontal” integration – bringing together all community care and primary care services. The aspiration would be to achieve both.
10. It is important that the focus is on integrated care delivery and not integrated organisations. It is not necessarily the case an integrated organisation will achieve the delivery of integrated care. There is some anecdotal evidence to support this in Northern Ireland concerning health and social care services which have been the subject to a single organisation for over ten years.
11. General Practice in the UK usually takes the form of a partnership, and is an independent contractor to the PCT. The proposal is that City Hospitals Sunderland Foundation Trust and Church View Medical Practice will merge into one entity, whereby City Hospitals Sunderland Foundation Trust will directly employ the staff of the Church View Medical Practice. It is assumed that this will include all practice based clinical staff.
12. Practice based clinical staff, particularly GPs, play at least four critical roles:
 - a. As an independent advocate for patients
 - b. As independent treatment providers
 - c. As a gatekeeper for other NHS services, particularly hospital services
 - d. As a key player in Practice Based Commissioning, also known as clinical commissioning.
13. The NHS Alliance considers that the proposed merger in Sunderland has the potential to affect roles a, c and d above. It concludes that the merger and similar mergers between hospitals and practices are unlikely to be in the public interest but this may vary on a case by case basis according to individual circumstances and the relative scale of the merging bodies .
14. It is acknowledged that much would depend on the style of the organisation, and its management. There can be no guarantees as to this on a long term basis.
15. As a Foundation Trust, **City Hospitals Sunderland, is subject to regulation by Monitor, which has little experience of primary care, and has predominantly adopted a financial and governance led approach to regulation.**



16. The independent advocate role may be compromised by direct employment status of practice staff by the Foundation Trust. How can an employee of a large organisation be guaranteed to offer independent advice when the vested interest of the hospital may be at stake? This may affect the best interests of patients and restrict choice.
17. The gatekeeper role of general practice is likely to be weakened by the proposed merger. Some would argue that the interests of the Foundation Trust lie more in “capturing the supply chain” than in achieving integration. In any event, there would be a perception that this would be the case. This is against the interests of patients and the public.
18. The ability of the practice to meaningfully engage in practice based commissioning would be compromised. A cornerstone of the NHS reform programme is the focus on commissioning and DH policy to encourage clinical commissioning at practice level, correctly associating this with patient and population benefit. The merger would fatally compromise this practice from fully engaging in commissioning decisions.

C o n c l u s i o n

The NHS Alliance believes that the strength of general practice in the UK is the registered list, which drives practices to consider population health improvement and the reduction of health inequalities. Its independent status is critical to this role and is enshrined in the terms and conditions of service of the practice in contract with the PCT.

The primary focus of a foundation trust is on the provision of health care for those patients who attend its facilities both elective and emergency. It also has financial duties and powerful incentives under Payment by Results to achieve income targets. An effective break on these forces is the Gatekeeper role of General Practice, and Practice Based Commissioning.

The NHS Alliance submits, that for the reasons given above that the proposed merger may limit patient choice; and is against the interests of both patients and taxpayers for the reasons given.

