

## **How GPs can take on commissioning**

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While we still require more detail about how the changes envisaged by the health White Paper will happen, it is clear the foundations need to be laid now. The expectation is that the first GP commissioning consortia should have significant levels of responsibility in 2010/11. So, what might be the sensible first steps for GPs and PCTs?

### **Keep a grip on the day job**

While it would be easy to focus on the design of the future commissioning system, we cannot afford to lose grip of current performance. The new system has no chance of working if we lose control of finances or quality. PCTs must maintain their current commissioning responsibilities, while working alongside general practice to put this new system in place. It will be important for GPs to be fully engaged in this.

### **Manage the transition**

The changes are radical, and the transition will need to be managed. It should not be a case of abandoning everything that has been done by PCTs and starting again. But, equally, there is no point in just transferring the current approach in PCTs to GP consortia, not least because the required management savings would make this impossible.

Each of us will need to adopt new attitudes and behaviours, along with new skills and understanding. Investment should be made to identify key individuals who will be critical to a successful transition and allow them the time to carry out this role with sufficient priority and focus.

PCTs will be accountable for supporting this change process from within their 2 per cent non-recurring funds.

### **Talking better than warring**

The most important first step will be constructive dialogue between GPs and PCT managers. Some PCTs have already made good progress in delegating commissioning decision-making to GPs, but others have further to go.

Whatever the position, it is crucial there are early discussions on the implications of the White Paper for GPs; the support general practice needs to develop the new approach; and how PCTs can respond to those needs. It will be important not to jump straight into debates about future structures for supporting commissioning. It is easy to leap into planning organisational structures and fitting roles around people.

Start talks now about how commissioning might work; what functions need to be delivered; and what will be need to be different. Try to let debates about form naturally emerge from discussions about function and the relationships necessary for success. Don't be afraid to challenge the status quo, but remember good relationships will be critical to a successful transition. PCTs will also have an important role to play in facilitating a new style of relationship between local authorities and GPs.

### **Local solutions**

The government talks about moving away from a top-down system of management. We should take it at its word and start to design solutions locally now from the bottom-up, rather than waiting for guidance from above. This needs strong leadership with the right attitudes, behaviours and vision.

Dr Marshall is chairman of the National Association of Primary Care. David Stout is director of the NHS Confederation's PCT Network