Is this the end of the road for PCTs?

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The winding down of PCTs must be handled with kid gloves if disruption to services - and loss of talent - is to be avoided

You have to have a pretty thick skin to work in a primary care trust at the moment. Not only has the recent white paper announced the demise of your organisation, but you have had to put up with a seemingly constant public attack on your competence and value from politicians and media commentators alike. ‘We should take the government at its word when it says it is moving away from a top-down approach’

But listen more carefully and there is another discourse already under way. Senior GP and local authority figures are starting to debate how to make the changes set out in the white paper work effectively. Most pressingly, they are asking how they can ensure that high quality PCT staff in their local area are retained - both to manage the transition to the new system and to be part of it in the future.

This is driven by hard nosed realism rather than some newly found misty eyed fondness for PCTs. The new system of GP commissioning and local government led health improvement clearly cannot simply be business as usual with a replication of PCTs’ work in a new format. The scale of the challenge for commissioners in the coming years is starting to dawn on many GPs who recognise the skills they will need to access if they are to deliver the new responsibilities they are taking on.

Indeed, the British Medical Association has spoken out about the need to retain the best knowledge and skills of people in PCTs who, in the words of its GPs committee chair Dr Laurence Buckman, “know exactly what they are doing”. GP consortia will have the freedom to decide what commissioning activities they can undertake for themselves and which they can choose to “buy in” from other external agencies. It is possible that many will want to choose to continue to use the knowledge of NHS staff who have the right mix of skills to carry on making real improvements to health and healthcare in their local areas.

Of course there is also real risk of serious destabilisation of PCTs during the transition. The requirement to deliver management savings will lead to redundancies and the future careers of many PCT staff are at best uncertain. We cannot afford for this period of change to lead to a loss of grip on quality and money in the NHS.

It is difficult to deal with such uncertainty. Despite nearly 300 pages of material already published by the government in the white paper and supporting documents, there are inevitably multiple issues that still need to be resolved. Many of these are policy details, but critically we need to know what the management allowance for the GP commissioners will be if we want to plan for the future. It seems likely this will remain unclear for some time.
But that doesn’t mean we have to adopt a “wait and see” approach. We should take the government at its word when it says it is moving away from a top-down approach to running the NHS and start to make a future for ourselves.

PCT leaders can and are starting to have conversations at local levels with GPs and local authorities about how to manage the transition. It will be important to structure these

conversations around how the new systems could work, rather than leaping into structural solutions. Focusing on relationships and agreeing functions is more important at this stage, with debates on how commissioning support will be delivered following on later.
These discussions will need to be about the here and now as well as the future. We all know that increases to NHS funding will not continue at the same rate we have seen in the past decade. GPs and local authorities will have a strong interest in seeing PCTs perform well during the transition period. It is simply not in their interest for a loss of control in the period before the new commissioning arrangements are implemented.

We must focus on what is expected over the coming years, namely the sound financial management of increasingly constrained resources and the continuation of high quality care. While PCTs now have a limited shelf life, they still have a responsibility to continue to ensure local people can access high quality care and to deliver financial balance during the transition. Many PCTs are already talking about an early transfer of responsibilities to GP consortia in advance of the formal abolition of PCTs. This will need to be managed well, with proper support put in place given the complexities of the transition.

It’s time to step beyond the rhetoric of the new policy and to start to focus on the practicalities of implementation. There are real challenges ahead, but no-one who cares about the NHS can afford to let these reforms fail.

As the government is discovering, the road ahead will be anything but smooth and there will be numerous political differences to overcome in order to agree on policy. GPs, PCTs and local authorities now need to form their own local coalitions to oversee this large structural change in a time of significant financial challenge.