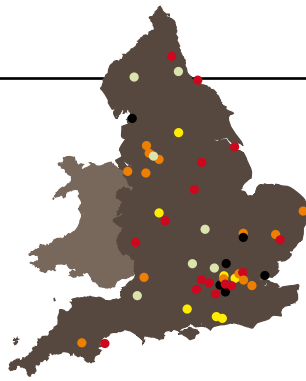


GP



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EXCLUSIVE GP investigation finds England on track for fewer than 350 GP consortia

Consortia number 'frighteningly low'

By Tom Ireland

GP practices in England will form fewer than 350 consortia, far below the numbers widely predicted last year, a GP investigation has found.

Last month the DoH named the first 52 pathfinder consortia. Information from eight of England's 10 SHAs revealed GPs have grouped into around 260 consortia, suggesting there will be 300-350 nationwide.

DoH national clinical commissioning network lead Dr James Kingsland warned the figure was 'frighteningly similar' to the original number of PCTs. There were 302 PCTs before mergers in 2006 created the current set of 152.

Dr Kingsland said commissioning reforms could fail if GP consortia replicate old PCT boundaries.

Eight SHAs gave GP an estimate of how GP practices have divided up, although many said numbers could change.

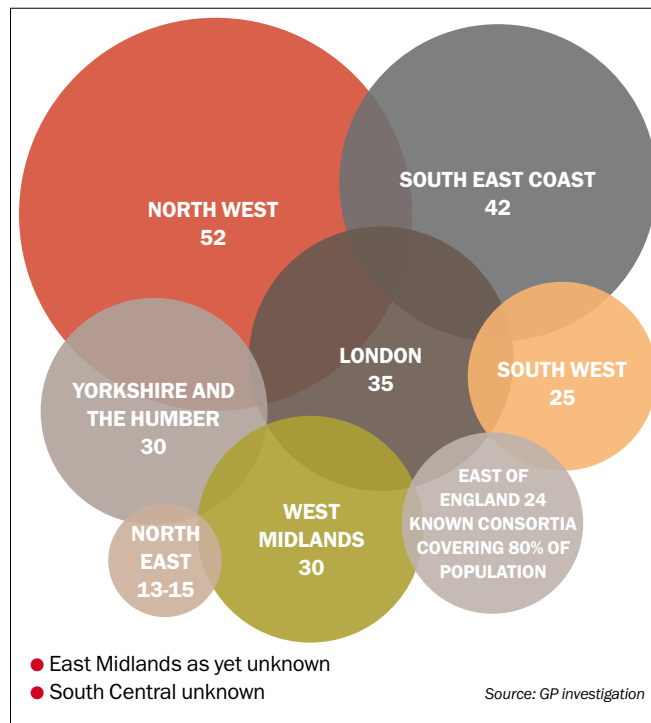
The number of GP consortia is far lower than the 500-600 figure commonly cited in White Paper discussions and suggests the average group will cover around 190,000 people.

GP leaders say comments by a Conservative MP and former GP may provide a platform for politicians of all sides to speak out against the Health Bill.

GPC deputy chairman Dr Richard Vautrey said 'deep and serious' discussions were going on within the Conservative party and the wider coalition.

The claim came after Dr Sarah Wollaston, a GP and Conservative MP for Totnes in Devon, highlighted concerns

GP CONSORTIA BY SHA



NHS Alliance chairman Dr Michael Dixon said it was likely consortia are forming either small, locally responsive groups covering around 100,000 patients or large groups covering

500,000 patients or more.

'It seems people are opting to be either small and locally responsive or large with greater financial stability.'

'Hopefully people won't

compromise and have sizes covering 200,000-400,000, as it achieves neither.'

But Dr Kingsland said GPs need to form smaller groups to ensure every individual practice is actively involved in commissioning decisions.

GPs are forming larger groups as worries about managing financial risk 'consume' every discussion, he said.

Dr Kingsland added he would remain 'watchful' but believed consortia numbers were likely to shift significantly by 2013, when PCTs are abolished.

The DoH response to the White Paper consultation said consortia size will 'flex rather than be fixed forever, with consortia able to expand, contract, dissolve or merge'.

The NHS Operating Framework also revealed consortia are likely to inherit debts PCTs accrue from 2011/12 onwards.

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● How GP consortia will work, page 12

MORE AT GPONLINE.COM
Map of pathfinder consortia.
gponline.com/commissioning

GPC hopes for growing dissent among MPs over Health Bill



Dr Wollaston: reform concerns

over NHS reform plans. She said: 'My concern is really with (economic regulator) Monitor, and whether every commissioning

decision GPs take is subject to scrutiny and competition law.

'We have to be careful not to deter clinicians who would be brilliant at service redesign.'

She urged the DoH to liberate GP commissioners to choose NHS providers where they offer the best quality without fear of legal challenge from 'private cherry-pickers'.

Dr Wollaston said there is a danger some of the best PCT managers are being wiped

from the NHS memory. She said: 'If they all disappeared and GP commissioners had to rely on private sector commissioning, it could start to look like privatisation.'

Dr Vautrey said: 'I hope this reflects a wider discussion that will take place once the Bill is announced in parliament and that we will see politicians from all sides standing against some of the proposals.'

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