British Tory government's general practitioner contracts intensify assault on healthcare

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At the end of January, Matthew Hancock, the Conservative government's Secretary of State for Health and Social Care, claimed that Primary Care Networks (PCNs) were an "incredibly successful innovation" and that the government had a "whole-scale programme of work to improve access" for patients.

The comments were in response to Jon Ashworth, Labour's Shadow Health Secretary, who said that the government was "bungling" the general practitioners (GP) contracts through excessive "red tape." Having implemented or acceded to decades of health cuts, Labour is cynically seeking to exploit widespread anger over a lack of access to GPs.

Hancock said he knew the "frustration many families feel" and touted the government programme as one that would resolve the issue. He claimed the government would recruit 6,000 more doctors. The empty character of the pledge is demonstrated by the fact that the government failed to hire 5,000 extra doctors by 2020 as previously promised.

The reality of the situation was shown last October, when the *Mirror* reported that 15 million patients had been left waiting at least a month to see a GP, during the 12 months preceding August 2019. A total of 55 million patients had to wait longer than a fortnight. Shortages of GP numbers are estimated as being at least 7,000.

Ever greater numbers are leaving the profession as a result of the immense strains produced by a decade of cutbacks by successive governments.

Hancock's comments came barely two weeks after the Local Medical Committee (LMC) for Berkshire, Buckinghamshire and Oxfordshire (BBO) declared the specifications of the PCN programme to be "completely unrealistic."

The LMC stated that it "cannot in any way endorse these specifications, nor do we have any confidence that national negotiations will result in NHS England agreeing to sufficient positive changes."

The document analysed five specifications that would have a significant impact on PCNs, which it stated were unsustainable given existing staffing levels and would result in massive costs to GP practices in six figure sums. It estimated that practices would incur an average of £105,000 in additional costs per annum but cautioned that this could be a significant understatement unless the gap in practice workforce was reduced at the cheapest possible rate.

According to GP Online, the five draft specifications of concern covered support for patients in care homes, personalised care, initial cancer diagnosis, anticipatory care and structured medication reviews. These would require "14 sessions per week of clinical time per average practice," as well as another 26 hours of administration each week.

The LMS document, which was released prior to the end of consultations between the British Medical Association (BMA) and NHS England, concluded: "We do not recommend practices renew the PCN DES [Directed Enhanced Service] in 2020. We would advise practices consider urgently whether they wish to withdraw from the DES, and if so, also consider whether it is in their interest to remain a member of their PCN and continue to operate as a network under locally commissioned arrangements pending discussions with CCGs [Clinical Commissioning Groups]."

The outcome of the consultation was released on February 7. The final agreement, between the BMA and NHS England, saw some changes to the specifications in question, with the responsibility for fortnightly care home visits shifting from GPs. Structured medicine reviews will be dependent on the capacity of recruited clinical pharmacists. Personalised care and anticipatory care specifications will be reviewed by April 2021.

The pared down changes have been designed to let the BMA agree to the overall structure of the contracts, with a few moderations to try and damp down opposition from GPs.

In June last year, *Pulse* reported that only 15 percent of GPs would have voted for the new 5-year-contract. Some 45 percent of the 810 GPs surveyed stated that if the contract had been put to a vote, they would have rejected it.

Respondents raised various issues. One stated: "No, not ever. It's appalling. Extra work, extra responsibility, extra liability, dumping extended hours then improved access. Network rules too restricting. Legal mess."

In January, a conference of LMCs was called for March 11 to discuss the negotiations: the outcomes and what actions should be taken. The conference is to be hosted by the GP Committee of the BMA.

The purpose of the conference is to rubber-stamp the sell-out deal already agreed to by the BMA. In a statement to *Pulse*, the association declared that the conference cannot overturn the contracts but can only express dissatisfaction. The GP Committee had negotiating rights for the entire profession, and with a 71 percent vote in favour of the contracts the BMA has managed to secure a done deal. The BMA declared that the conference will focus on the profession's response to the contract and how it will operate.

This is an anti-democratic maneuver aimed at enforcing the government's deepening attacks on healthcare workers. Whatever proposals are adopted at the conference will do nothing to alter the dire situation facing GPs across the country, or the continued sell off of the NHS.

As the WSWS warned, last year: "The current network of 44 Sustainability and Transformation Partnerships (STPs) are to be turned into more centralized 'Integrated Care Systems' (ICSs) by April 2019. Every ICS will work towards an 'Integrated Provider Contract' and these contracts will no doubt be awarded to or sub-contracted to the private sector."

The record demonstrates that it is the BMA and the unions that are playing the central role in suppressing widespread anger over the escalating assault on healthcare, exemplified by this privatisation programme.

The NHS FightBack campaign, established by the Socialist Equality Party, has been organised to unify and co-ordinate the struggles of healthcare workers in opposition to these corporatist, pro-business organisations.