



## JOINT MEDICAL CONSULTATIVE COUNCIL

[www.jmcc-uk.org.uk](http://www.jmcc-uk.org.uk)

Chairman: Alan Russell FRCOG

10 August 2010

Dear Andrew,

I would like to take this opportunity again on behalf of the JMCC to thank you for attending our meeting on 21 July 2010 and talking with us about the Government's proposals as outlined in the recent White Paper and Outcomes Framework document. We particularly welcomed the Government's commitment to engage with clinicians on the proposed reforms. Following our discussions the JMCC felt it would be useful to share with you some of our initial ideas about the White Paper and its implications.

### **Commissioning**

The Council was pleased to hear the Government's commitment to putting doctors 'back into the driving seat of the health service', through the central premise of GP Consortia Commissioning.

However, the JMCC believes that the relationship between primary and secondary care is fundamental to the success of the new model of commissioning, and believes that while productive engagement between GPs and hospital specialists would generally occur, that this should be deliberately designed into the system not left to accident. Commissioning support by the relevant consultants should, we believe, be made mandatory, for the new commissioning consortia. Enclosed with this letter is a piece of guidance published by the BMA last year highlighting the importance of consultants in the commissioning process. I hope you find it of interest.

We also feel strongly that local Public Health Directors should continue to play important roles in the relationships with GPs, the local authority and hospital specialists – for commissioning services for local population groups.

### **Education & Training**

The JMCC notes the reference to education and training in the White Paper and looks forward to engaging with you on the proposals which will go out to consultation later in the year. We are keen to support the development of new ideas where these will improve the quality of medical education and training and hope this will be done in conjunction with tighter, more effective workforce planning.

We are keen to ensure that any change does not adversely affect the quality of medical education and training. We would also like to stress the importance of the NHS working closely with the higher education sector, both locally and nationally, and of strengthening and formalising those links, where they exist, as proposed in the Follett review report.

The JMCC welcomes the emphasis placed in the White Paper on research, and on decisions in the NHS being underpinned by research evidence. The JMCC is also very aware, however, that the commissioning model focuses inevitably on service needs, and that it is easy in such a dialogue for both research needs (including governance and ethical issues) and education (undergraduate, postgraduate and continuing professional development) to be marginalised. Both education and research have been recognised as intrinsic to good service outcomes by those previously responsible for commissioning, and we hope that similar safeguards will be incorporated into the new systems.

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Constituent bodies: Academy of Medical Royal Colleges, British Medical Association,  
Medical Schools Council, Conference of Postgraduate Medical Deans

## **Payment Reform**

We were interested in your ideas on payment for patient pathways and were hoping that you would be able to share your thinking on how this will evolve. We would welcome further clarification about the effects of patient pathways on the PbR tariff.

## **Outcomes Framework**

Outcome frameworks are a clear shift from process targets and the JMCC is keen to be involved in the development of these quality standards. We hope to work with you to ensure that frameworks are transparent, based clearly on evidence and help develop the best possible outcomes for patients.

## **Hospital Readmissions**

With regards to the payment made for hospital readmissions we feel strongly that this should not be a blanket policy and that some consideration should be given to the exceptions to the rule whereby in some cases due to the nature of the medical condition, or a known small risk of unavoidable delayed complication, readmissions are more than likely. We would welcome further clarification on how payment will be adjusted to take into account the continuity of care of a patient where readmission is a probability.

The White Paper proposes a fundamental shift in the way health care is managed in the NHS in England and will depend on changing relationships between providers and the behaviour of health care professionals. The JMCC feels that this shift can and must be made to the benefit of patients. We would like to offer you further support in developing the details of these proposals. We hope you find this helpful and would welcome your comments and further attendance at our meetings.

Yours sincerely,

A handwritten signature in black ink, appearing to be 'AR', with a horizontal line underneath it.

Alan Russell  
Chairman, JMCC