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MPS’s response to Monitor’s call for evidence on general practice services sector in England

About MPS

The Medical Protection Society is the leading provider of comprehensive professional indemnity and expert advice to doctors, dentists and health professionals around the world.

We are a mutual, not-for-profit organisation offering more than 280,000 members help with legal and ethical problems that arise from their professional practice. This includes clinical negligence claims, complaints, medical council inquiries, legal and ethical dilemmas, disciplinary procedures, inquests and fatal-accident inquiries.

Fairness is at the heart of how we conduct our business. We actively protect and promote the interests of members and the wider profession. Equally, we believe that patients who have suffered harm from negligent treatment should receive fair compensation. We promote safer practice by running risk management and education programmes to reduce avoidable harm.

MPS is not an insurance company. The benefits of membership are discretionary - this allows us the flexibility to provide help and support even in unusual circumstances.

General Comments

MPS would like to offer thoughts around the factors that influence commissioning decisions and the challenges that commissioners may face.

GPs now have the responsibility to both commission and provide services. Therefore, situations will arise when GPs own judgment as NHS commissioners could be, or could be perceived to be, influenced by their own concerns, interests and obligations as healthcare providers. Equally, if not more challenging, is being placed in the position of the patient advocate but also the budget holder and commissioner for the services those patients will need and the potentially damaging effect this may have on trust in the doctor-patient relationship.

Patients need to feel reassured on both these fronts. They need to be confident that their GP is using their influence on the commissioning process appropriately, for the benefit of patients and not for their own interests. They also need to feel confident when they visit their GP that decisions about their care,
and about which services they are referred to, are made in their best interests and not inappropriately influenced by their GPs concerns or responsibilities as a commissioner.

The importance of overcoming these issues should not be under estimated. A recent survey by MPS revealed that 59% of GPs and Practice Managers see conflicts of interest as the main concern surrounding the introducing of CCGs (the only things they were more concerned about were budget restrictions and time constraints).¹

To protect the patient-doctor relationship CCGs must have clear and robust governance structures and processes in place to ensure real and perceived conflicts of interest are dealt with in an open way. This requires declarations through registers of interest and codes of behaviour when commissioning decisions are made. It will also be important to communicate with patients and explain that the structure of commissioning NHS services in the reformed health care system means that conflicts of interests will arise but that conflicts of interest do not in themselves amount to impropriety. Careful communication with patients can also reassure them that decisions about their care are taken in their best interest and not unduly influenced by GPs new role in the system. Without this, patient and public confidence in the NHS could be undermined.

¹ Dr Simon Abrams, ‘The power is in your hands’, Practice Matters, Vol. 1 Issue 1 (MPS: April, 2013). [http://www.medicalprotection.org.uk/practice-matters/issue-1](http://www.medicalprotection.org.uk/practice-matters/issue-1). Based on survey conducted by MPS of 1091 UK MPS members between 8 and 18 February 2013. 34% of respondents were GP Partners and 39% were Practice Managers.
CONTACT

Should you require further information about any aspects of our response to this consultation, please do not hesitate to contact me.

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