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LETTERS

GP NETWORKS

Enabling like minded GPs to group together to provide and commission care

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The Royal College of General Practitioners, in proposing GP federations, and the King's Fund, in proposing family care networks, are on the right track.[1] But they are also repeating a mistake of the past: creating new organisations to muddle alongside existing ones, as when practice based commissioning consortiums ran alongside primary care trusts.

GP practices already get together, in clinical commissioning groups, to commission services. If they are to get together in different organisations, with different members, to provide services, the whole system will grind to a halt. The decision of what to commission from secondary care and the decision of what to provide in primary care are flip sides of the same coin. The people making these decisions must be the same.

Of course, clinical commissioning groups (as currently constituted) are not up to the task, not least because they are hated by most of the GPs who are nominally their members. The rules need to change so that GP practices can choose which group to join. Clinical commissioning groups will then have to compete for practices and for patients. And patients will be able to change commissioning group simply by moving practice, rather than having to move house.

The "provider arm" of these groups will need to be structurally separated from the commissioning function— perhaps as a limited liability partnership (as we have done in our group) or as a community interest company (if it suits local values). This is detail, however—the main point is that like minded GPs need to group together to provide and commission.

Competing interests: DA is a non-executive director of Leeds South and East clinical commissioning group.

1 Hawkes N. GP networks could be answer to integrated care, report says. *BMJ* 2014;348:g1652. (19 February.)

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