

Consultation response: Integrating care – next steps to building strong and effective integrated care systems across England

- 1 Thank you for the opportunity to comment on the proposals set out in NHS England and NHS Improvement's (NHSEI) consultation document published in November 2020.

Our role

- 2 The General Medical Council (GMC) is an independent organisation, accountable to Parliament with a mission to protect patients and improve medical education and practice across the UK. Specifically, we are mandated under the Medical Act (1983) to:
 - Decide which doctors are qualified to work in the UK, and oversee UK medical education and training.
 - Set the standards that doctors need to follow, and ensure that they continue to meet these standards throughout their careers
 - Take action to prevent a doctor from putting the safety of patients, or the public's confidence in doctors, at risk.

In summary

- 3 We welcome the direction of travel set out in these proposals towards a more collaborative and place-based approach to delivering health and care in England. We do not have a preference on which of the two models of Integrated Care System (ICS) are enshrined in legislation. However, we are keen that whichever is selected, the implementation of ICSs delivers on some shared ambitions, such as improving population health and healthcare, tackling inequal outcomes and access.
- 4 We have recently published our Corporate Strategy for 2021-25. Our strategy reflects broader healthcare system ambitions and, like your proposals, puts a strong emphasis

on collaboration. We believe that through working in partnership with the profession, providers and system partners is the most effective way of realising these ambitions.

- 5 The need for much closer working across regulators has been a consistent theme of public inquiries into serious failures in healthcare, in recent years. We are determined to act on what we've learnt by making collaboration our default way of working. We are encouraged this consultation signals that NHSEI shares this belief and are keen to work with your teams to make your vision a reality, particularly through our regional outreach teams across all seven regions of England.
- 6 We're also committed to doing more to embed patients' experiences in everything we do. And over the course of our strategy, we'll increase the opportunities for the public, patients and their representatives to work with us. The patient voice is perhaps implicit in this consultation document, so we encourage NHSEI to be more explicit in its ambitions around engaging the public and patients in future.
- 7 Of our strategic themes, we would highlight the following two of specific relevance:

7.1 Enabling the professions to provide safe care: we're committed to working with partners across the UK health services, including NHSEI, to improve working environments and cultures, making them supportive, inclusive and fair for medical professionals. We would hope that as these provider collaboratives are set up, they show stronger rather than diminished Board and leadership focus on culture, positive clinical work environments.

7.2 Developing a sustainable medical workforce: we'll use our position as a multi-professional regulator and our role in education and training to help develop a diverse medical workforce with the right skills, so patients receive the best quality care. However, we can only play our part. Any support the implementation of ICSs can give to enabling professionals to have long and rewarding careers is to be welcomed. We will be interested to see how the plans will affect the training of doctors.

Commentary on the consultation document

Workforce

- 8 You set out an ambition for systems 'to continue to play an increasingly important role in developing multidisciplinary leadership and talent, coordinating approaches to recruiting, retaining and looking after staff, developing an agile workforce and making best use of individual staff skills, experience and contribution.' (2.15)
- 9 We believe that there are opportunities to work with ICSs in future to co-ordinate providers across their region in a way that would support our plans for a more accessible and flexible registration framework.

- 10** We are keen to support the delivery of the People Plan and our role as the medical regulator, alongside the wealth of relevant research we have commissioned, including the *Caring for doctors Caring for patients** report by Prof Michael West and Dame Denise Coia, puts us in a strong position to assist delivery to ensure impact to a large section of the NHS workforce. We must work together as a system to achieve real change and welcome cross-organisational learning, including sharing of good practice we have identified to support the NHS to meet its priorities in this area.
- 11** We welcome 'enabling employees to have rewarding career pathways' (2.16) which chimes with our work with the system, and Health Education England in particular, on flexibility. We know this contributes to the satisfaction of the workforce and links with quality of care.
- 12** It is also worth noting that we will soon be the regulator of physician associates and anaesthesia associates. As ICSs become the coordinating footprint for workforce planning we expect that these medical associate professions (MAPs) can play an increasing role in supporting the wider workforce in both primary and secondary care.
- 13** We are also glad to see a commitment to 'valuing diversity and developing a workforce and leadership which is representative of the population it serves' (2.16).
- 14** Inevitably when new models are implemented, this results in new structures being designed and new opportunities for some whilst others may be disadvantaged by these changes. We know from the work we have been doing with the MWRES team that representation at senior level for some protected groups within the profession is poor and is one factor (but not the only one) that will help drive more inclusive cultures. This is therefore a massive opportunity to recognise and address poor representation at senior levels to and shift the dial as these new models are implemented.
- 15** Our own ED&I commitments are driven by our ambition to make progress in tackling persistent issues related to inequality, and to achieve positive changes and outcomes for the diverse groups we work with and for. As our *State of Medical Education and Practice 2020* (SOMEPE) report recently identified that doctors identifying as BME reported less positive changes to their working experience during the pandemic compared with white doctors.[†]
- 16** Specifically, we are working with providers to reduce the disproportionate levels of referrals of BME doctors to our investigation processes compared with their white

* Caring for doctors Caring for patients, 2019 - https://www.gmc-uk.org/-/media/documents/caring-for-doctors-caring-for-patients_pdf-80706341.pdf

[†] The State of Medical Education and Practice 2020 - https://www.gmc-uk.org/-/media/documents/somepe-2020_pdf-84684244.pdf

peers, and working to enhance the reach and impact projects addressing differential attainment in training pathways.

Clinical and professional leadership

- 17** We are supportive of your ambition for ICSs to ‘embed system-wide clinical and professional leadership through their partnership board and other governance arrangements, including primary care network representation’ (2.24).
- 18** We have seen how good leadership has come to the fore during the pandemic. Our Barometer Survey of the medical profession reported positive signs of visible clinical leadership in SOMEF 2020, including that:
- Three out of five doctors (61%) agreed that clinical leaders were readily available
 - Nearly two fifths of doctors (38%) said they felt there had been a positive impact on the visibility of senior leaders within patient care settings during the pandemic. Of those doctors, half (52%) thought the change could be sustained and 13% thought it couldn’t
 - Trainee doctors reported the biggest improvement, with over half (54%) saying they felt there had been a positive impact on the visibility of senior leaders.
- 19** We are committed to working with the NHS in England to encourage and support clinical and professional leadership by putting steps in place for a stronger leadership pathway in medicine and incentivising compassionate and inclusive behaviours. We know that many leaders and organisations have found the *Effective clinical governance for the medical profession handbook** a valuable resource in considering the key principles, that:
- Organisations create an environment which deliver effective clinical governance for doctors
 - Clinical governance processes for doctors are managed and monitored with a view to continuous improvement
 - Safeguards are in place to make sure clinical governance processes for doctors are fair and free from discrimination and bias, and
 - Organisations deliver processes required to support medical revalidation and the evaluation of doctors’ fitness to practise.

* *Effective clinical governance for the medical profession handbook*, https://www.gmc-uk.org/-/media/documents/governance-handbook-2018_pdf-76395284.pdf

- 20** While these principles and the accompanying checklist are primarily intended for use by providers, they can inform thinking about the development of clinical and professional leadership at a place-based and system level.
- 21** We will shortly be reviewing *Good medical practice* and this will be a further opportunity to engage collaboratively not only the medical profession but wider parts of the system – locally, regionally and nationally. This should also ensure that the overall package of support and guidance remains relevant and fit for purpose.

Data and digital

- 22** As the document notes, 'Data and digital technology have played a vital role helping the NHS and care respond to the pandemic' (2.49).
- 23** Our surveys, research and intelligence inform what we do and where we focus our efforts. Evidence from these sources can show us emerging trends medical professionals' and patients' lived experiences. This insight is fundamental to us being effective and relevant through our own processes and influence within the wider healthcare system.
- 24** An increasingly collaborative approach with partners – where we share more data and insight – will enable us collectively to identify risks early, increase cohesion between regulators, and help us address emerging issues affecting the quality of care. Specifically, there may be opportunities to bring our data together with other parts of the system at the level of an ICS to inform risk analysis, workforce planning and decision making.

Regulation and oversight

- 25** We agree that 'Regulation best supports our ambitions where it enables systems and the organisations within them to make change happen' (2.53) though we might add that it is where it enables systems, the organisations *and clinical professionals* within them to make change happen.

Legislative proposals

- 26** We are also seeking reform to our legislation, the Medical Act 1983, to allow us to improve how we carry out our role. It is important to recognise how legislative reform can remove disproportionate burdens, but also how significant changes will need patience and support to be implemented effectively.
- 27** Finally, we would be willing to discuss any of the areas above with colleagues from NHSEI either to clarify or expand on these comments if helpful.