

6th January 2012

Andrew Selley MBA, CDir
Chairman
Arden Primary Care Ltd

Andrew Lansley CBE, MP
Secretary of State for Health
House of Commons
London
SW1 0AA

Dear Mr Lansley,

Thank you for your kind reply to our original letter dated 27th July 2010 (attached). Arden Primary Care (APC) continues to work closely with the local healthcare community in Warwick and on international primary care projects.

With regards to the Government White Paper on Liberating the NHS, there has been an extraordinary pace of change and development in opinion and positioning of different groups during its passage through parliament. Clearly I would not presume to have your level of understanding of all the issues and debates currently going on, but even at this stage, we feel a subtle change in the government's strategy in passing this legislation can significantly reduce the destabilising effects of the Health Bill and make a dramatic reduction in the implementation costs and expected redundancy pay-outs. It is possible that our suggestion of placing the Clinical Commissioning Groups (CCGs) on the current Primary Care Trust (PCT) boards would not even require a change in primary legislation. This would also have the effect of neutering the rising opposition from political opponents and within the medical profession. This change in strategy would also present the government with a clear opportunity to negotiate with these stakeholders other key policy changes to the operational management of the NHS.

The CCGs have all had some time now to develop their management structures and competence. As with all nationwide programmes, there will certainly be pockets of excellence. However this will not be uniform. This is the primary reason that we feel the suggestion of placing the CCGs directly onto the current PCT boards will help to achieve the vast majority of the laudable aims of the Health Bill with the minimum disruption to the current management structures.

The scope for efficiency gains is significant with this strategy. There has already been a consolidation of PCTs across the country. The budgetary constraints over this parliament will guarantee attrition of the inefficient PCT functions. Indeed this process can be accelerated if the new CCG/PCT hybrids were instructed to re-establish the geographical jurisdiction of the previous PCTs. Thereby reallocating key managerial talents and protecting the local representation of the CCG. The current plans to abolish the Strategic Health Authority and create the National Commissioning Board can continue. The Health and Wellbeing boards could remain independent or preferably become a subsidiary of the NCB.

Politically this change would only see limited scale redundancies of highly paid managerial staff. It should be made clear that any employee removed from a current NHS statutory body would not be entitled to receive a redundancy pay out if they were to be re-employed by the new bodies. APC are well placed to work on a regional or national basis, advising or implementing such transformation programmes that would be required to deliver such strategic and sustainable change. Indeed we have designed a comprehensive program to provide key skills to those who have been elected to the positions on the CCGs.

I would welcome the opportunity to lay out our vision in more detail with you and discuss how we might be of service and value to the government strategy.

Yours Sincerely

A handwritten signature in black ink, appearing to read "A Selley", with a long horizontal flourish underneath.

Andrew Selley

27th July 2010

Andrew Selley MBA, CDir
Chairman
Arden Primary Care Ltd

Andrew Lansley CBE, MP
Secretary of State for Health
House of Commons
London
SW1 0AA

Dear Mr Lansley,

I have written to you previously regarding the contribution that Arden Primary Care (APC) could make to the technological enablement of the NHS through our 'Gateway to Health' card. We have taken great pleasure in contributing to the Conservative Party review of IT and we thank you for your consideration on this matter and your kind referral to iTAPP to take the discussion forward.

I read with interest the Government white paper on Liberating the NHS, and the subsequent consultation document on Commissioning for Patients. The potential for change and the liberation of the decision making process in the NHS is truly refreshing thinking. Whilst in principle the GP community are well placed to make these crucial healthcare prioritisation decisions, in practice they may well lack the management capability and infrastructure on a nationwide platform. The risk, that I feel exists, for the new strategic direction that you are proposing is that it is delayed due to lack of relevant experience at a local GP level.

The directors of APC have extensive strategic and operational experience installing nationwide primary health care systems. In 2004 our Medical Director, Dr Sacha Simon, chaired the Afghanistan Coordinating Body of Relief. He provided valuable assistance to the Minister of Health by coordinating much of the international community response in setting up a primary healthcare framework. APC is currently providing policy advice for the reorganisation of healthcare in Nigeria, working with the relevant government departments. Additionally the directors of APC have extensive management and board level experience in international blue chip companies.

Whilst respectful of the timeframes laid out in the white paper, there are inevitable destabilising effects of the recent announcements and anecdotal evidence of high quality NHS managers searching for alternative employment. We propose that you simply give GP consortia 75% decision making power on the current PCT boards. This would prevent the wholesale loss of current management talent and the organisational memory that PCTs hold. The remaining 25% control would help the GP consortia to recognise the need for high quality managerial input, and provide a vital sense of ownership and career progression for managers. Over say a two year duration, inefficient PCT functions can be wound down. The GP consortia would immediately have the appropriate infrastructure to administrate the funds effectively. This would free the newly constructed NHS Commissioning board to function on a more strategic level, and still have the ability to recruit exceptional managerial talent from current PCTs. This strategy will increase the chances of improvement and efficiency in healthcare outcomes, while significantly reducing the unpredictable risk of destabilising the current system. Lastly, this would not alter the public perception of the local GP being in charge of commissioning services.

I would welcome the opportunity to lay out our vision in more detail with you and discuss how we might be of service and value to the government strategy,

Yours Sincerely

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