MINI BULLETIN – 06 June 2023

Lord Warner Crossbench 2:47 pm, 5th June 2023

To ask His Majesty's Government, in the three years up to 31 March, how many GP surgeries providing NHS services have been purchased by private companies of which one of the controlling shareholders was a United States company; and whether they intend to take action with regard to such purchases.

Lord Markham The Parliamentary Under-Secretary for Health and Social Care

This information is not held centrally because local commissioners arrange appropriate services for their populations by contracting with providers. Commissioners do not normally request details of corporate structure. Our focus is on high-quality services and patient experiences, regardless of practice ownership. All GP contract holders and providers of NHS core primary medical services are subject to the same requirements, regulations and standards. We expect commissioners and regulators to take action if services are not meeting the reasonable needs of patients.

Lord Warner Crossbench

My Lords, I am a little surprised by that particular Answer. I would have thought that, given the problems of shortages of GPs in the NHS, there might be a little more interest in the Department for Health and Social Care in finding out about this. Is the Minister aware of the scale of acquisition of GP practices that has been achieved with very little public transparency? Let me give him the example of Operose Health, which is a UK subsidiary of Centene Corporation, a major US health insurer, which now owns nearly 70 GP practices serving nearly 600,000 patients. I would have thought that the centre might want to take a little more interest in this, because what is very clear is that the APMS system is an offering that many corporate individuals can exploit to get a hold of very large numbers of GP practices and, just for afters, Centene is in deep trouble in the United States.

Lord Markham The Parliamentary Under-Secretary for Health and Social Care

What the centre is most interested in is quality of the service; that is exactly what we do. As for Operose, which the noble Lord mentioned, 97% of its surgeries are rated by CQC as good or excellent. In the case of the one where there was a concern, CQC did a deep dive of the surgery and looked at the staff mixing, and that practice is now considered good. The key thing, I think all noble Lords will agree, is the quality of service, not ownership.

Baroness Manzoor Conservative

My Lords, as my noble friend said about ensuring the quality of services for users, since the inception of the NHS, GPs have been private practitioners and have invested money from their own pockets to improve their surgeries. What are the Government doing to ensure that there is equity and accessibility of good GP services to those who live in inner-city and deprived areas, and in rural areas?

Lord Markham The Parliamentary Under-Secretary for Health and Social Care

My noble friend is correct, of course. GPs have always been independent businesses, and that is the backbone of the service. We have managed to increase the number of GPs by 2000 since 2019, but we all accept that more needs to be done to attract them, especially to the key areas that my noble friend mentions. We have a £20,000 bonus in place to recruit GPs to those difficult areas and, most importantly, we have a record 4,000 GPs in training.

Lord Watts Labour

My Lords, is it not a national scandal that someone can purchase a building for £1 million, they can locate health services in there, they can get the NHS to pay the mortgage on that building and at the end of that period, that person owns that building? In other words, we have transferred £1 million from the taxpayer to an individual.

Lord Markham The Parliamentary Under-Secretary for Health and Social Care

I think it was the noble Lord opposite who introduced patient choice. That looked to the independent sector to increase supply, which is what we care most about. I do not believe that anyone should be fundamentally against who owns a business. What they should care most about is the supply of good-quality services.

Lord Allan of Hallam Liberal Democrat Lords Spokesperson (Health)

My Lords, further to the Minister's answers around quality, does he agree that there is a significant public interest in understanding how well different general practice ownership models perform for patients? In this context, can he confirm whether his department is carrying out any research into patient satisfaction and outcomes by ownership type, using sources such as the general practice patient survey and the OpenSAFELY trusted research environment for GP data?

Lord Markham The Parliamentary Under-Secretary for Health and Social Care

I am not aware of any correlation between the type of ownership and the quality of the services from it. If there is one, then we can look at that, but we are focusing resources on the areas where they make most difference, and the focus is: what is the performance of that clinic? That is what we should all care about. How are the doctors there performing in terms of appointment times and everything else? I will not put a false target on who owns it and the structure of it, because that is not relevant. What is relevant is the quality.

Baroness Bottomley of Nettlestone Conservative

Is it not the case that the former chief executive of the NHS brought some extremely valuable experience back from America, from UnitedHealth? I remember long ago in the distant past, when the Labour Party was last in power, that Kaiser Permanente was constantly being consulted. Surely it is an arrogance to have a xenophobic approach to where we take advice and where we learn from other people's experiences?

Lord Markham The Parliamentary Under-Secretary for Health and Social Care

I totally agree with my noble friend. I like to think that we will take advice from whoever is best placed to give it, whether they are public sector, private sector, UK or international.

Lord Reid of Cardowan Labour

My Lords, I thank the Minister for referring to me in the context of patient choice. I am proud of that and would like to see more of it. The problem as regards GPs is that it is not just the right to choose but the ability to exercise that right that is prevented if every GP's list of patients is so large that you cannot jump from one GP to another. The key to exercising the quality and the choice that the Minister quite correctly mentioned is to create more GPs. As long as we have a shortage of GPs, we will negate the choice of the patients.

Lord Markham The Parliamentary Under-Secretary for Health and Social Care

The noble Lord is absolutely correct that it is all about supply and the quality of that supply. That is why, again, I am pleased to say that we have a record number of GPs in training. We can learn from innovative measures. I have been looking at an advanced draft of the workforce plan. The number of doctors in the most advanced medical systems in the world those of Japan and the US is lower per head of population than here, but the number of nurses is higher. They have altered their staff mix to get the optimum performance, and we should be open to these innovative approaches to get the best output.

Lord Hunt of Kings Heath Labour

My Lords, the noble Lord referred to the workforce plan. Can he assure me that, when published, it will be fully funded?

Lord Markham The Parliamentary Under-Secretary for Health and Social Care

This is absolutely the work that the Treasury is doing at the moment. Noble Lords have asked, many a time, when it is coming out. I think people will understand that part of the delay is making sure that, when the plan does come out, it really does work.

Lord Patel Crossbench

My Lords, what does the Minister think is the main reason that general practitioners might be leaving the NHS to work in the private sector?

Lord Markham The Parliamentary Under-Secretary for Health and Social Care

My understanding is that it is a range of issues, clearly including workload, pay and conditions. We are trying to address those; I think the change in the pensions rule has been generally welcomed in terms of encouraging more doctors to stay on in place. But it is a range of those measures again, all things we are hopefully addressing through the new training and skills programmes, and the long-term workforce plan.

Lord Forsyth of Drumlean Conservative

My Lords, could my noble friend take the Question from the noble Lord, Lord Warner, a little more seriously? If we look at what has happened to vets, for example, private equity has bought up veterinary practices and prices have gone through the roof in order to pay for the funding costs. If this were to happen with general practice, I think that would be a very retrograde step.

Lord Markham The Parliamentary Under-Secretary for Health and Social Care

My understanding on this is that actually it is not a massively profitable area at the moment. The biggest provider in this area, Babylon Health, as we all know, did not manage to make it work. So, while I think we all understand my noble friend's concerns, I do not believe that this is the case with the GP funding model.

Baroness Merron Opposition Whip (Lords), Shadow Spokesperson (Health and Social Care), Shadow Spokesperson (Culture, Media and Sport)

My Lords, research has shown that GP surgeries owned by some private limited companies have been offering a lower level of care, with unqualified staff seeing patients. So, in view of the Minister's comments on quality, how much of a concern is this for the Government? On top of this, with some 4,700 GPs being cut over the last decade, cuts to training places and the many years that it takes to train a GP, what response will the Minister make to the latest GP patient survey, which reports that patients are now ever less likely to be able to see a GP?

Lord Markham The Parliamentary Under-Secretary for Health and Social Care

Clearly, we have our targets in terms of making sure that people can see a GP. I am glad to say that 70% of appointments are now face to face, and we are on target to hit our 50 million increase in appointments. So, it is good to see that we are getting that done. Do we need to do more? Clearly, there is ever-increasing demand from the demographics of the situation, so we need to increase supply through additional training places, as I said.