

Dear colleagues,

The [GPC authorisation process guidance](#) urges Local Medical Committees (LMCs) to ensure that Clinical Commissioning Groups (CCGs) are listening to the local profession and have democratic structures that enable their member practices to hold them to account. This will help ensure that clinically-led commissioning remains just that - clinically-led and closely linked to clinicians and the needs of their patients.

Accountability will also help CCGs to speak with authority on behalf of their members and develop into strong bodies able to set the commissioning agenda. This is important otherwise we run the risk that this expensive and destabilising reform will merely replicate existing structures, keeping doctors at a distance from important decisions about patient care.

We are receiving worrying reports that CCGs are suffering excessive interference from PCT clusters; for example, dictating how democratic procedures and appointments to the CCG board should be carried out. The government is clear that PCT clusters should be *supporting* CCGs in their development, and *not* dictating policy or procedure.

As LMCs, experienced in negotiation with PCTs and similar bodies, I urge you to help CCGs to form constructive and appropriate relationships with the new PCT clusters. It is vital that doctors and other clinicians, prioritising the needs of their patients, have as much influence as possible in how these risky reforms are implemented.

Yours sincerely,

Dr Laurence Buckman
Chairman, General Practitioners Committee

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