



BMA GPC Chair's Information Update: Top-down NHS peer review plans
5th October 2017

Earlier this year NHS England produced a document for CCGs (clinical commissioning groups), *Elective Care High Impact Interventions: Clinical Peer Review*, in which it outlined how 'CCGs are expected to work with their GPs to implement internal prospective clinical peer review for general practices by September 2017'.

This top-down direction for all CCGs, and therefore all practices, **was received with concern** by many GPs. They saw this as a process that would undermine GPs' professionalism, place greater barriers between GPs and local specialist colleagues, and once again fall back on referral management processes that had **limited evidence of benefit**. In response the BMA GPs committee issued a statement making it clear that practices are not contractually obliged to do this and called on NHS England to think again about its plans.

Following discussions, **NHS England has confirmed today that it has listened to our concerns and therefore changed its position. It has made it clear that it is not expecting clinical peer review to apply to all practices or referrals nor will these plans be mandatory for all CCGs.**

We are aware of a number of local schemes where the workload is resourced and they have been agreed with the local medical committee and practices. Where developed in the future, GPC will continue to recommend local schemes should retrospectively reflect on the quality of referrals, be voluntary, properly resourced and take a supportive approach.

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