

Steve Barwick
Health Devolution Commission
Devo Connect
The Workplace, Churchgate House, 56 Oxford St
Manchester M1 6EU

16 March 2020

## Response to a Call for Evidence for the Inquiry into the Value and Accountability of Devolved Health systems

Dear Mr Barwick,

I am writing in response to The Health Devolution Commission's recent call for evidence, which asks what 'good health devolution' looks like, and how the challenges of accountability, power and control between the NHS and local authorities should be addressed in devolved and integrated systems. Although there is a limited amount of information that we can provide about health devolution in England, there are some areas of our work that we wish to highlight and could be of interest to you.

The GMC is the independent regulator for doctors in the UK. Our purpose is to protect, promote and maintain the health and safety of the public by ensuring proper standards in the practice of medicine.

In fulfilling this role, we want to get closer to doctors, patients and the healthcare profession so we can be more sensitive to the needs of local areas. We also want to work more closely with key partners, sharing our data, intelligence and insight to improve patient safety.

As a four-country regulator, our outreach teams work across the UK by meeting with doctors to explain how our processes work and to promote our standards for good medical practice. They also collaborate with health providers to understand the issues faced at the local level and support the continuous development of systems that underpin our work.

In England, we have re-organised our outreach teams to engage effectively with the NHS seven-region model. This includes the creation of our new regional lead roles in England, who will be responsible for bringing together regional expertise, creating bespoke regional

business and engagement plans, and maintaining strong relationships with local external stakeholders. It will specifically enable even closer GMC working with the CQC, NHSE/I, HEE and the NMC as part of a wider drive to align our approach with other system bodies. This will, when fully mature, promote earlier identification of risk and quality issues, and, from the point of view of NHS provider organisations, a more joined-up regulatory approach.

A major part of our outreach includes intelligence gathering and analysing regionally sourced data so that we can better understand the local environments in which we regulate. As a result, our data pool is wide ranging. However, one consequence of devolution is that it may impact the standardisation of data, as its collection can vary regionally. This variation could then have an impact on our ability to understand what doctors do.

We would, of course, be glad to provide you with any additional information you may require.

Kind regards,

Paul Buckley

Director of Strategy and Policy

General Medical Council

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