

NEWCASTLE & NORTH TYNESIDE LOCAL MEDICAL COMMITTEE

‘THE FUTURE OF GENERAL PRACTICE IN THE NORTHERN REGION’

Summary of Dr Laurence Buckman’s Presentation

Dr Laurence Buckman, the immediate past Chair of the General Practitioners Committee, attended the Gosforth Park Marriott on 16 October 2013. The meeting was well attended, but not everyone could make it and therefore this is a summary of what Laurence had to say and also a summary of the questions/answers that followed.

Laurence delivered a speech in his normal forthright and humorous manner, but a lot of what he had to say was commonsense and showed his particular insight into the way that general practice is moving in the future.

The GP in the Reformed NHS

Laurence started his talk by discussing whether there was a future for doctors within the reformed NHS. The view was that there will always be sick people, there will always be doctors and nurses and there will always be a health system. One of the questions raised was does the NHS exist to get politicians elected or re-elected, and we all agreed that without political interference the NHS would be much better.

His view was that we are on another perpetual cycle of reorganization, it was his 9th within his career, and he likened it to “chairs on the Titanic”. He summarised where GPs are now – overrun, over-run, losing money, cynical, angry etc. – and he also mentioned the constant denigration of the profession by politicians and the press. It was mentioned whether it had ever been better for GPs or were we just doing something that we have always done in a different way with new models of working. Of course, it was questioned whether it mattered what status a GP had, i.e. whether they were independent contractors or salaried etc. It was strongly felt that it does matter that GPs have a stronger voice if they remained independent contractors so that they could voice concerns and be an advocate for patients.

He emphasised that working together is the way forward but that doesn’t mean the end of independent contractor status or smaller practices.

Laurence also looked at the future if there was no NHS. Then hospitals would be ran as private institutions by businesses and GPs would be private businesses with contracts for service as well. HMOs and insurance based care was also mentioned, but it was quite clear that no serious politician wanted to close down the NHS, plenty of their advisors might!

What Does the Future Hold for General Practitioners?

This was thought to be longer hours, shift working, part-time working, intra-practice/inter-practice specialism and there was a question on whether the generalist role for GPs would continue. It was his view that pay and pensions was an issue, but that pay had always been cyclical and we can expect boom times in the future, but that pensions was a national problem and in the end the NHS will pay more to get less in the long term.

Laurence looked at what GPs would be doing in the future as workers, employers, members of CCGs, commissioners and tools of the state, and it was also mentioned what else was around to scare us in the future such as revalidation, premises issues, new contracts for GPs and our hospital colleagues.

He talked about what he expected within our new contracts, even though Lawrence was at pains to point out that this were his personal views and not that of the GPC Negotiators, as he was no longer party to such things. However, he expected some movement between Global Sum and the QoF, a push for 8-8 /24 hour availability, a named GP for the elderly, boundary-less practices and possibly remote consulting. He suspected that our new contract would lose seniority payments and some of the elements of pay would be for keeping people out of hospital. In addition, Laurence wondered whether everything would be on-line, i.e. scripts, appointments, queries, consultations, pay and results etc.

Finally, Laurence touched upon what we should be doing; he started off by saying that CCGs have to make a difference, that we needed to tell the public the truth about the NHS, stand up to political whim and keep going until the next reforms come along.

Overall, we still have to do our very best for the patients, that we need to take a longer view than another set of changes that mean little at the present time and he mentioned that we needed to elect someone else to fight for us and, as you know, this is in the shape of Dr Chaand Nagpaul our new Chair of the GPC.

Question/Answer Session

- 1. A GP, who is trying to get a particular area to federate, asked how to get people motivated to move forward?**

Dr Buckman suggested finding something that people wanted to change; something that was unique to GPs. He suggested starting small and getting together to plan that particular element of the service, i.e. a shared enterprise that GPs could participate in to reconfigure the service.

- 2. A GP believed that some of the things Dr Buckman had spoken about were what CCG do, and that the challenge was about working together as a federation or as a company in order to bid for services.**

Dr Buckman described his own experience of working within a corporate group practice, where they shared staff/equipment. He talked about sharing back office functions, such as payroll, and how they had appointed an Audit Nurse, who had help increase income generated under the QoF. He suggested that legal advice was needed on whether a company was required to bid for services.

3 A GP enquired who would be doing the work after the “perfect storm”?

Dr Buckman believed that the “perfect storm” would blow over and GPs will carry on. He suggested that the “perfect storm” had generated retirement and that tax on pensions was the final straw. He talked about remuneration for GP Trainers not being commensurate with the work involved but how GPs continued to do this. He believed that whilst many GPs were talking angry, most would grit their teeth.

4 A GP referred to QoF being modified/Indicators being retired and what will be expected in return?

Dr Buckman believed that the QoF was too big and that the money should be in the Global Sum; he commented that if this were to happen he wouldn't be amazed to find changes to terms and conditions.

5 A Practice Manager reported that 6 months notice had been issued on all enhanced services, as the Area Team no long wanted to contract with small practices.

Dr Buckman commented that there had been a policy for 30 years to get rid of small businesses. He talked about savings and the economic sense of practices working together. He suggested that if it was the only thing that GPs could do then that's what had to be done.

6 A GP reported that when thinking about merging it had been found that the smaller practices were the best performing and the larger practices performed the worst.

Dr Buckman talked about working in a corporate group and not looking over the shoulder of the other practices. He said that there were no arguments when working corporately other than around areas where the practices were connected. He suggested that if practices federated for the right reasons then they only focused on what they shared and didn't compare.

Dr Buckman added that the merger of practices was different, as fairness was then an issue and you could not get around the unfair argument.

7 A Business Manager, across two practices, enquired who paid for shared staff in a corporate group practice?

Dr Buckman confirmed that this was paid out of profits. This was apportioned on practice list size and recalculated quarterly.