

GMSC chairman seeks meeting with new health secretary

The chairman of the General Medical Services Committee, Dr Ian Bogle, has invited the new secretary of state for health to address a meeting of the committee. In addition, he reported to the committee last month, he had asked for an early meeting to discuss several outstanding issues.

COMMISSIONING SECONDARY CARE

These outstanding issues include the involvement of all general practitioners in commissioning secondary care for their patients. Pilot schemes have already been set up to assess how all doctors can influence contracts for secondary care, and the general purposes subcommittee will advise the committee on the structures that might support these schemes. This subject will be debated at the meeting on 21 May. It would not be a debate from the top, Dr Bogle emphasised. He wanted to hear the views of local medical committees, which would have a key part to play. At present health authorities were making contracts without reference to general practitioners. Most doctors, he believed, wanted to influence the kind of secondary care available to patients, but the survey on *Your Choices for the Future* clearly showed that not all wanted to control the budgets to do this.

Dr Bogle told a press conference after the GMSC meeting that if more doctors were involved in commissioning there would be less need to take the fundholding option. He also wanted to see more discussions between general practitioners and consultants on how commissioning could be facilitated.

HEALTH PROMOTION

Dr Bogle also wants to discuss with the new minister the urgent need for a health promotion package for primary care. The white paper on *The Health of the Nation* will be an important step but at present the three yearly checks are an irritant, as are the variations in criteria applied by family health services authorities (FHSAs) and health boards when approving health promotion clinics. Dr Bogle believed that most doctors wanted to improve patient care but the heavy handed approach was deplorable. He hoped that a package would recognise the different ways that general practitioners offered health promotion to their patients—clinics were a part of this—but there was a limited amount of time and money in general practice.



The new secretary of state for health, Mrs Virginia Bottomley, has been invited to address the GMSC

GPS' PAY

Mrs Bottomley will be reminded of her predecessor's promise to review the remuneration system following the overpayment during the first year of the 1990 contract. This was caused by the government's interference with the 1991 award, the inclusion of five quarters' target payments in the first year, the underpricing of the contract, and the reduction in the number of principals. The review body will be urged to correct the underpricing. Dr Bogle told the GMSC that the negotiators would be watching the British Dental Association's battle over the overpayment to dentists—a battle he believed the BDA would win. There will be a meeting with the review body in July to discuss the overpayment and out of hours pay for general practice trainees.

RELATIONS WITH MANAGERS

Relations between general practitioners and NHS managers will also be on the agenda for the meeting with the secretary of state. Dr Bogle believed that tensions had developed as family practitioner administrators had changed into FHSA and health board managers, particularly over the application of cash limited funds. It was wrong, he said, if a manager's decision was influencing a practice in a certain direction. It was counter-productive to patient care, and, although civil servants had agreed to investigate complaints, Dr Bogle wanted Mrs Bottomley to acknowledge what was happening. One solution would be for authorities to take more heed of LMCs' advice. Dr Bogle promised to raise with the Department of Health reports that some FHSAs were bringing forward advances for ancillary staff from 1992-3 to 1991-2.

COMMUNITY CARE

The major community care aspects of the NHS and Community Care Act will come into force in April 1993

and will affect general practice. Dr Bogle will suggest to Mrs Bottomley that this will be an opportunity for collaboration between local and health authorities.

Local authorities are preparing community care plans outlining assessment procedures and the GMSC has advised LMCs to ensure that they are consulted. Dr Mac Armstrong told the GMSC that the department would be drawing up guidance on what the community care proposals meant for general practitioners. He agreed with Dr Fay Wilson that if the system was not simple it would not work. She pointed out that if the referral procedure was as cumbersome as the one for referring patients to hospital there would be a substantial increase in workload.

- In the light of the decision at the BMA's special representative meeting in March that rationing in the NHS was inevitable the GMSC will discuss the subject at its May meeting.

- The committee is considering the feasibility of holding a national conference on the problems of women general practitioners.

BMA leader wants evaluation of reforms

Pleased that there was a new secretary of state for health who "we know very well," the chairman of the BMA council hopes that she will agree to an evaluation of the NHS reforms. Dr Jeremy Lee-Potter has written to Mrs Virginia Bottomley seeking an early meeting, at which he will tell her that the BMA would like the cost effectiveness of trusts and fundholding practices to be compared with those of non-trust hospitals and non-fundholding practices.

Dr Lee-Potter told a press briefing that he would like to see all doctors involved in decisions about commissioning health care. It was unacceptable, he said, that doctors had to go through "an administrative tangle" to refer patients outside contracts and he hoped that the Scottish system of dealing with extracontractual referrals could be more widely adopted.

The council chairman said that he would reiterate the BMA's support for *The Health of the Nation* and urge the government to ban tobacco advertisements except at the point of sale and introduce random breath testing. The association, he said, was anxious that funds were ring fenced to enable the proper introduction of the care in the community aspects of the NHS and Community Care Act. The BMA's bottom line, however, was the need for adequate funding for the NHS and the association would continue to press for this.

MORE SUPPORT FOR REFORMS

In an interview he gave to the health correspondent of the *Daily Telegraph* a few days later Dr Lee-Potter said that for the first time he was receiving more letters from doctors supporting the reforms than opposing them. He believed that the tide of opposition among doctors was turning and, although the BMA would continue to notify ministers when things went wrong, "We do not intend to continue blanket opposition to the reforms." The chairman of council told the interviewer that the BMA had no alternative but to work with a system put in place by a democratically elected government.

At the special representative meeting in March the BMA had called for continuous dialogue with the government rather than confrontation but it had also reaffirmed its opposition to the reforms, which had not been properly evaluated and were detrimental to the health service (4 April, p 920).

DoH's new team

The secretary of state for health, Mrs Virginia Bottomley, has announced her ministerial team's responsibilities:

Dr Brian Mawhinney, minister for health, is responsible for community care; the NHS reforms, including NHS trusts and fundholding; general medical, dental, and ophthalmic services; pharmaceutical services; the government's strategy for health; health education and health promotion; smoking; drugs and alcohol misuse; NHS management; NHS pay and personnel; European Community and international affairs; NHS appointments; and medical and dental manpower and education.

Mr Tim Yeo, parliamentary secretary, is responsible for personal social services; children's services; services for the elderly, mentally ill, mentally handicapped, and disabled; the special hospitals; and health aspects of homelessness.

Mr Tom Sackville, parliamentary secretary, is responsible for the acute services, including cancer; the patient's charter; waiting times; transplantation; ambulances; blood supplies; the voluntary sector; crown immunity; information technology in the NHS; capital loans; the Office of Population Censuses and Surveys; next steps agencies; patient confidentiality; and abortion and family planning.

Baroness Cumberlege, parliamentary secretary, is responsible for women's health; nursing; ethnic issues; health services in inner cities; hospices; AIDS; infectious diseases; nutrition; environmental health; food hygiene; and green issues in the NHS.