Charging patients and the debate at the LMC Conference

Date sent: Friday 23 May 2014

Email sent by Wessex LMCs to all GPs and PMs on 23/05/2014

Over the last 2 days all LMCs have been meeting in York for their Annual Conference. This allows all LMCs in the country to gather and debate issues that are of importance to the whole profession.

This year the motion below, proposed by Wiltshire LMC has caused significant Media Interest.

**AGENDA COMMITTEE to be proposed by WILTSHIRE** That conference:
(i) believes that general practice is unsustainable in its current format
(ii) believes that it is no longer viable for general practice to provide all patients with all NHS services free at the point of delivery
(iii) urges the UK governments to define the services that can and cannot be accessed in the NHS
(iv) calls on GPC to consider alternative funding mechanisms for general practice
(v) calls on GPC to explore national charging for general practice services with the UK governments.

The Media initially stated this was a debate about charging patients £20 - £25 for a consultation or for a DNA appointment.

Over the last week I have conducted a number of interviews for various local Radio Stations, BBC and ITV and also the Daily Mail, Daily Telegraph and various local newspapers.

The Daily Telegraph interview is available following the link below:

**Daily Telegraph – 23.5.14**

I have had a number of GPs raise concerns about this motion and I share their concerns. I have been able to use the Media interviews to say I would be opposed to the concept of charging patients and instead to raise the concerns about workload, lack of funding that general practice is facing. Our survey relating to recruitment and retention was also helpful to reinforce this message.

Helena McKeown who proposed the motion shares the concerns I have but felt this provided a platform for a wider debate.

Below is the text of the speech I prepared for the debate but unfortunately the debate was voted on before my turn came to speak.

"Conference, I am taking the unusual position as the Chief Executive of the LMC that has proposed this motion, to urge you to reject part v.

In a recent survey conducted by my LMC, 14% of GPs said they intend to retire in the next 2 years, 22% are looking to reduce their clinical sessions and 4% say they are intending to leave the profession and seek alternative careers.

This is a perfect storm – without change and a significant rise in resources, general practice will cease to exist in some parts of the country – some would say that..."
has already started to happen.

General practice has been the envy of the world, we need to retain this status for the sake of our patients, our practices, for the GPs working in those practices, the younger doctors considering a career in general practice, and for most of you who will be using them as a patient in the near future.

The NHS was founded on 3 core principles:

1. it will meet the needs of everyone
2. it will be free at the point of delivery
3. it will be based on clinical need, not ability to pay

Every country is facing the same challenges rising workload, consultations getting longer and more complex, an aging population, more people living with long term conditions, and the projection for the next 5 – 10 years are that these factors will continue to increase year on year.

To meet these challenges we need additional resources.

New funding can only come from 3 sources:

1. Taxation – which seems unlike likely.
2. From other parts of NHS, for example closing hospitals or wards – but very few have managed to disinvest in hospitals and invest in the community.
3. By charging patients

Many other countries operate systems of direct charging or co-payment – this can introduce into clinical decision making and will add another layer of bureaucracy on top of a system that has become far too bureaucratic.

It will also increase health inequalities. Those who cannot afford to pay will suffer.

To deliver services that are fit for the 21st century general practice needs closer to 10% of the NHS budget not less than 8%. By charging patients there will be no guarantee of additional resources only an additional route to source it.

My LMC supports the GPs on the Channel Islands, and their system is outside the NHS and GPs charge their patients. The practices look very much like they do here and they face exactly the same problems we do. The only difference is that they require additional staff to administer a system for charging their patients. Some GPs report that up to 40% of patients have discounted charges because of their inability to pay.

Let’s forget the debate about charging patients, the real debate must be about securing the future of general practice, getting additional resources which are sustainable year on year, making general practice a great place to work once again.

Best wishes

Nigel

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