

## Notes of Oxfordshire LMC 30/01/08 Open Meeting

About 200 attended last night

Prit Buttar gave an excellent presentation and analysis.

An initial show of hands revealed a small number thinking of accepting Imposition A, a slightly larger number planning to reject it, and a sizeable lot of don't knows. After 2h discussion, the number planning to accept had dropped, but there were still a lot of don't knows.

The general mood was of a quiet resignation, with only isolated spots of anger or militancy.

Many wondered why the legal position on the government's ability to impose such a change was not immediately clarified with senior lawyers after the Ben Dyson letter of 21.12.07

Was the profession naïve in accepting the unwritten reassurance in 2003 that the facility for government to impose change unilaterally would only be used for dire national emergencies?

The final Offer still has considerable unknowns (particularly the 1.5% and not having seen the actual DES text).

Accepting Imposition A involves a smaller financial hit but means GPs have given in to bullying which might continue if once seen to be successful

Incitement not to do the DES would then be illegal because there would be no trade dispute and in any case implementation would need considerable unity amongst the profession. Some felt GP partnerships were doomed anyway, so short term personal finance damage limitation was needed (mortgage and school fees etc). Interestingly this was probably more favoured by the older GPs, the younger ones being inclined to make a stand to protect their chosen career as a long term proposition

Rejecting Imposition A gives a worse hit but puts us into a trade dispute with government where (after a ballot) GPs could take action that might bring government to the table again and prevent recurrent bullying

It might also be that the funds made available to PCTs would come GPs' way and be better received

There was discussion about what levers the profession had. (C+B, CfH and the Spine, mass resignation, withdrawal from GP training)

The government might be quite happy to blame GPs for the demise of CfH

Loss of GP training affects young GP colleagues but "short term pain for long term gain"

Resignation might be several steps too far for many GPs, who could not contemplate any general practice outside the NHS. However, if it has to happen, better now whilst the government was vulnerable politically and short on alternative providers. Wait for another year and there will be a new Darzi practice APMS provider in every PCT and resignation becomes less threatening to HMG.

There was concern that the patient literature had been too bland and suggestions that the GPDF be used to hire a PR guru

Some wanted to publicize the uniqueness of the family doctor relationship with patients, continuity of care, privatisation of the NHS with fragmentation of care and market ethics

There was criticism of the GPC possibly out of frustration at the profession's position and the restrictions of trade union legislation.

Some felt the BMA lawyers were overly restrictive out of natural legal caution.

LMC called for everyone to write personal letters to their MPs using the GPC parliamentary toolkit.

There has been some post meeting email flow so if nothing else GPs are better informed and contributing more to the strategy debate.

One email was particularly interesting

1. I don't think that any GPC media counter-campaign based on either 'they are cutting our pay' or 'they want us to work more hours' will gain much sympathy from the great British public.  
2. I am not sure that a counter-campaign based on an imposed change of contract will work either. The government are not attacking the core nGMS contract - they are attacking the bits which are purely voluntary ie, the QOF and ES.  
Any other small business losing or reducing an income stream adjusts accordingly.

I agree 100% with Prit's analysis of profits and that partners will return very close to where they were in 2003 either this year or next.

**This could be part of a conspiracy theory approach which will ultimately:**

1. Make it not worthwhile being a partner. In my mixed practice of partners and salaried GPs (50:50), that is a prospect which already looms.
2. Thereby force a change to an all salaried service, working for private providers under APMS contracts
3. Get GPs (and their staff) off the NHS pension scheme, which the country cannot afford anyway

Ultimately the country will not have enough GPs (again), and there won't be anyone to train the registrars, nurse practitioners and practice nurses either so general practice as we know it will no longer be viable.

One practice manager said subsequently

My view for what it's worth is that the great British public in the main couldn't give two hoots about the imposition of contract changes on GPs, as they see the profession as highly paid and doing very nicely thank you.

Most of them are struggling with increased mortgage payments, fuel bills, a possible recession just around the corner, and having to cope with all of this on average wages or below. Most of the staff employed in GP practices also fall into this struggling category.