

GPs draw up plans for patient charging

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GPs are drawing up plans to sidestep NHS rules and charge their patients for weekend or evening appointments.

Under the proposals, patients would have the option of paying if they wanted to be seen more quickly at the surgery. They would also be able to buy procedures such as vasectomies or non-cancerous mole removal at their local GP practice, which family doctors are not paid by the NHS to offer.

Prit Buttar, a senior GP in Oxfordshire, is developing the plans in discussion with colleagues across the country. He said that funding for certain activities at surgeries had increasingly been cut or withdrawn.

Contracts forbid family doctors from charging their patients for care but that should change, he said. "There is a huge gulf between the resources the nation has put into general practice and what it expects," he said. "You can either reduce demand or you can increase the funding, and if the state will not increase funding, we have to do it some other way."

Dr Buttar has held discussions with local medical committees (LMCs) — which represent GPs' interests locally and nationally — about implementing a new system by the end of the year. It would get around the restrictions by allowing patients to pay a third-party company for treatment. That company would then pay the GP for their time. No prices have been decided. Dr Buttar said that private arrangements must not affect or delay patients in urgent need of treatment and NHS England would have to approve the plans.

The proposals, revealed by the magazine *Pulse*, reflect widespread dissatisfaction among family doctors, who earn more than £100,000 a year on average. Last year LMCs called for a ballot on mass resignations from the NHS unless the government offered more funding.

This month Theresa May ordered GP surgeries to stay open seven days a week, blaming early closures for fueling the A&E crisis. *The Times* had revealed that up to three quarters of GP surgeries in some areas shut their doors

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to patients on weekday afternoons. Waltham Forest in east London was the worst blackspot, with four in five practices closed on at least one afternoon.

Jeremy Hunt, the health secretary, accused family doctors yesterday of failing to commit to a seven-day NHS. He told the health select committee: "[Mrs's May's] comments ... were [due] in part to a sense of frustration shared throughout government that some GP leaders have talked about scaling back GPs' commitment to a seven-day NHS despite the fact that government had made a commitment last year for a 14 per cent real-terms increase in the GP budget."

Dr Buttar, 56, who recently retired, said: "If the state wants GPs to open late but it isn't prepared to pay an adequate sum to cover the costs, I don't see why they shouldn't be at liberty to come to a private arrangement to provide it." He added: "If people decided they wanted a longer appointment on a Saturday or Sunday, the GP might say, 'I value my time at this amount', and then they could decide."

He said that GPs were no longer paid to provide minor surgery and payment for procedures such as fitting women with a contraceptive coil had not risen "anywhere near in line with inflation"

Q&A

What are GPs allowed to do now? GPs cannot take payment from their patients except in a few limited instances, such as providing medicals for insurance purposes or HGV licences. The rule applies even if the payment would be for something they do

not offer on the NHS.

How would the new proposals work? The doctors behind the scheme envision a system where patients pay a third-party company, probably via a website, that would let them choose where to have their appointment or procedure carried out, including at their own GP's surgery. That

company would then pay the GP.

How popular are these proposals? GPs around the country are struggling with the same pressures, with limited funding, a shortage of staff and an ageing population with increasingly complex care needs. These plans will be watched to see whether they could form part of a solution.

and "barely covers the nurse's time". As a former surgeon, he is qualified to perform vasectomies, but there is no mechanism for him to be paid by his patients. "I could conceivably do vasectomies on people who were not my patients, but my own patients who know and trust me were not allowed to pay me to do it," he said.

Doctors criticised the plans. Clare Gerada, a GP in London, said: "I am a firm believer in the NHS and that people should not be mixing private and public at all. I think it corrupts because you never know whether the decision is made according to your best interests or to make money."

Chaand Nagpaul, chairman of the

British Medical Association's GP committee, said that care irrespective of ability to pay was "a key cornerstone of the NHS, which the vast majority of doctors support". He added: "The immediate priority is for the government to address the incredible pressure on GP services, which is facing a severe shortage of several thousand doctors and has left 300 GP practices facing closure, according to a recent BMA survey."

NHS England said: "All patients have a right to access high-quality primary care services which are free at the point of delivery. Strict safeguards are in place to ensure that GPs cannot charge patients for NHS services."

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