SEDGE Revised

Minister says that equitable distribution of GPs is crucial.

John G Gooderham

When responding to a proposed amendment to the Health Bill at Lords Committee Stage on 28 October, Baroness Merron, DHSC's spokesperson, made that clear.

Just how that would be achieved remains to be seen.

The original suggested methodology was for a new body to use the negative direction process that been in use from 1948 to 2001. Applications from GPS to practice in already well doctored areas could be refused centrally by the Medical Practices Committee for England and Wales. using discretionary power.

But that was thought to be no longer acceptable by the medical profession's representatives, and therefore unworkable.

And, whatever new system was devised would have to be compatible with the soon to be revised Carr-Hill formula, and workable.

A very different system for equitable distribution is now being proposed. Primary Care Networks that are, at first sight, significantly over-doctored by virtue of their exceptionally low FTE GP average list size, can easily be identified.

Those PCNs could be invited to consider whether they should discourage extra GPs from working there.

But, PCNs apparently over-doctored would often be able to justify having more doctors. Other PCNs might not be able to do so.

Conversely, PCNs that were severely under-doctored by virtue of their very large crude average list size could be encouraged to look at ways of attracting more GPs. Not every PCN with exceptionally high average list size needs more doctors, but most do.

Using a variety of means possibly including financial incentives, those PCNs could be helped to improve their areas' lack of doctors.

There are huge and unwarranted differences in the number of patients per GP in England.

Deprived areas and coastal communities are often the most seriously affected, and a new system devised to reduce inequity is needed.

