

# The cheek of it

Problems accessing GP services persist, says **Les Bright**



**M**anaging a care home for older people, with or without nursing, is a difficult and demanding job. Many registered nurses fill this important role and find themselves having to manage, and at times apologise for, the deficiencies of other parts of the health and care system.

The English Community Care Association (ECCA), a trade association representing many care providers – from large corporate bodies through to charities and smaller businesses – recently conducted a survey to establish the extent to which its members were paying a retainer to the GP or practice serving their home. It seems that payments are widespread and unpredictable; both in terms of cost, and the type of service provided. These results have once again drawn attention to a major concern that affects both residents and staff (English Community Care Association (ECCA) 2008).

## Concern over retainers

Five years ago, when the Health Select Committee conducted an inquiry into elder abuse a number of witnesses expressed concern about the payment of retainers by care homes. They were concerned that such payments were funded from residents' fees, yet they only received the same service that older people living independently could expect, without making any extra payment (House of Commons Health Committee 2004). The Department of Health took the view that it was reasonable that homes should be charged for services that assisted them in managing their business, as distinct from direct provision of services to individual residents. Charging a fee for offering advice on medication management, or occupational health services is deemed reasonable because it is additional to core services. But responding to individual residents' healthcare needs is part of GPs' obligations to patients under the terms of the General Medical Services (GMS) contract and should not attract any charge.

However, GPs may make a charge for 'enhanced' services. A frequently cited example of such services is where 'surgeries' are organised at homes on a regular basis; thereby providing opportunities for residents to see their GP, without any of the difficulties associated with organising transport and staff to accompany them on a visit to a health centre. While this is helpful, there is also a sense that it is of even greater benefit to the doctor; who, for example, is able to plan and make timetabled visits; and also to staff, who are spared the logistical challenges of getting residents to appointments outside the home while still maintaining staff/resident ratios.

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Of course the need to consult a doctor does not always fit in with pre-planned surgeries, and delays in seeing the doctor can sometimes lead to conflicts with relatives, who express concern that systems and procedures win out over a timely and personal response.

Some of ECCA's respondents identified retainers as a way of ensuring that their GP will take on new residents when they move into the home, or will provide temporary cover for short-stay residents not normally resident in the area. If that is so, what might have happened had these homes decided against making such a payment, in the belief that all the residents are entitled to have access to primary care services? Would the GP have refused to take on new patients? Would the primary care trust have acted decisively to protect patients' rights to access local services by requiring practices to take them on to their books?

Alongside accounts of payments for little more than a normal service, some homes reported receiving excellent services without recourse to additional money. One large care home group reported that approximately 12 per cent of its homes pay a retainer of between £897 per annum through to £24,000 (for an 80 place home) with a median of around £7,000 per annum. The group does not pay any fees for 88 per cent of its homes and is unaware of any detriment to the residents arising from this.

## Free market

There is no standard fee, nor a standard range or quality of service as a result of entering into such arrangements. It is a 'free market' in which professionals, who in other circumstances might be described as enterprising, can be seen to be 'demanding money with menaces': pay up, or there will be no service. This seems to me to be at least as bad, if not worse, than the postcode lottery affecting access to various treatments.

When things go wrong home managers and their staff are blamed, without acknowledging the difficulties they may have in attracting the attention of colleagues who would prefer not to be called out too often. We are all aware that inappropriate and potentially dangerous use of anti-psychotic drugs may start outside the home, with a GP too ready to write a repeat prescription. If paying a retainer puts an end to that then I'd support them, but until then I'll carry on expressing doubts about this aspect of some doctors' business acumen ■

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## References

English Community Care Association (2008) *Can We Afford the Doctor?* ECCA, London.

House of Commons Health Committee (2004) *Elder Abuse: Second report of session 2003-04*. The Stationery Office. London. <http://www.publications.parliament.uk/pa/cm200304/cmselect/cmhealth/111/111.pdf> (Last accessed: October 3 2008.)