



CHAIRMAN:  
LAY LMC SECRETARY:  
LMC MANAGER  
TREASURER:  
DEPUTY CHAIRMAN:  
Website: [www.gloslmc.com](http://www.gloslmc.com)

DR. A SEYMOUR  
Ms S NORTON  
Ms S JETHA  
DR. S STEINHARDT  
DR. C MORTON

7 WESTGATE GALLERIA  
THE ISLAND, WESTGATE STREET  
GLOUCESTER GL1 2RU

EMAILS:

[sophie@gloslmc.com](mailto:sophie@gloslmc.com)  
[shelina@gloslmc.com](mailto:shelina@gloslmc.com)  
[andrewseymour@gloslmc.com](mailto:andrewseymour@gloslmc.com)  
[sue@gloslmc.com](mailto:sue@gloslmc.com)

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## **Chairman's Statement on PES**

***In response to a number of practices queries, you may find this statement useful:***

Following on from recent faxes from the office giving information concerning problems with the Patient Experience Survey [PES] I thought it might be helpful to add some additional points in order to assist practices in their decision making processes with regards to PES.

I must stress that the points made are mine and do not necessarily reflect those of the whole committee but do incorporate a number of views expressed by other LMCs across the country as well as the GPC negotiating team.

1. The GPC feel that, to some extent, the Department of Health's [DH] underhand tactics in renegeing on the original agreement over the content of the PES is the beginning of much more serious backtracking by the DH in the near future over the issue of capping of the dynamising factor for pensions. By the GPC, LMCs and practices making a stand now against the DH, with the possible loss of income as a result, the message being transmitted would be one of GP solidarity in the face of DH interference with previous agreements. This would/could give the GPC a stronger mandate if and when the going gets much tougher.
2. One could also take a number of other views as well:
  - (1) it is unlikely that all [indeed most] practices across the country will voluntarily risk giving up income in order just to demonstrate solidarity
  - (2) whilst the GPC are fighting the principles described above, what are the practical consequences of the DH's action?
    - (a) well, questions 9 and 10 [see document] might well portray many practices in a bad light but, one might argue, so what...!? We know that patients would like to have better appointment systems, longer opening hours and so on but there is nothing that anyone is going to do about it without additional resources.
    - (b) negative answers, as are likely by the way the questions are posed, are not going to affect payment under the Access DES.
    - (c) such replies may well feed the DH's propoganda machine for next year's negotiations but the GPC/LMCs/practices can just as easily point back to the current GPC angst at present re the PES as well as the point about additional resources.

(3) what about the potential local PCT action if one did decide to not participate in the PES? It is certainly possible that all the DES money may be clawed back but equally so it may well be that practices might wish to embark in dialogue with the PCT along the following lines:

- (a) practices will cease providing good access all together
- (b) patients will find that the current excellent access across many practices will be severely restricted
- (c) it would be likely that there would be a consequential rise in unscheduled care and possible costs to the PCT.

I have tried to put forward a number of different points in order to inform your decision making process and indeed you may well feel that I am steering you in one particular direction; I would reiterate the point that practices have to come to their own decision over this issue, particularly as it may have a direct affect on practice income, and that the views expressed above are personal ones rather than those of the full committee.

Andrew Seymour  
LMC Chairman