GPs are told to tender for their own practice

Zosia Kmietowicz *London*

Ashley Liston seems like a model GP. He has an altruistic streak, inspired he says by Julian Tudor Hart, the socialist doctor and passionate advocate of the NHS who worked as a GP in Wales for 30 years. Two years ago Dr Liston gave up his position as principal GP in a practice in a comfortable Newcastle neighbourhood, where he had worked for eight years, to become a salaried GP at a practice that had relied on locums for 30 months.

"I wanted to maximise the benefits of my skills without going abroad. I wanted to make a difference and to have a personal challenge," he said.

If the feedback from his patients at the Encompass practice in Washington, Tyne and Wear, is anything to go by then Dr Liston, who works with another salaried GP, has achieved what he set out to do.

Elizabeth Lowery, a patient at the practice for 30 years and a member of the practice's patient support forum, says the arrival of Dr Liston in 2004 "transformed the place," and it now has "very high standards" and expectations.

When patients learned in May this year that Sunderland Teaching Primary Care Trust

had decided to put the practice out for tender, allowing any interested parties, including private enterprises and giant healthcare corporations, to bid to run the practice, the forum collected 1200 signatories, out of a list of nearly 4000 patients, in just three weeks.

The petition was delivered to the House of Commons by the local MP, Fraser Kemp, and also to the trust's board.

George Rae, a local GP and secretary of the Newcastle and Tyneside local medical committee, said that the situation at the Encompass practice has "gone beyond the initial remit of APMS [alternative provider medical services]."

Launched in 2004, the alternative provider medical services scheme was designed to plug gaps in general practice services in areas with a history of recruitment difficulties.

"The situation in Sunderland has caused a lot of discomfort and unease," said Dr Rae. "We have a doctor of excellent calibre who went to an area where general practice delivery was not what it should be. He turned the practice round and is now providing a 'gold standard' service with teach-

The arrival of Dr Ashley Liston (above) "transformed the place"

ing status and maximum QOF [quality and outcomes framework] points. Now he is being asked to go through the procurement process to run the practice, but where is the logic in putting this practice out to competitive tender?"

The trust has said that it will go ahead with the advertisement despite the clear preference of patients and 80% of local doctors for the present GPs to remain. But it would not disclose how many groups or companies had expressed an interest in the venture or exactly when the tender would be advertised.

The trust's main objective is to move the Encompass practice away from its control to independent status. It said, "The route of advertising is the only

route ... which would allow Dr Liston to apply." Not putting the practice out to "open competition" carried certain "risks," said the trust after seeking legal advice.

"The advice confirms that if the TPCT [teaching primary care trust] does not follow a reasonable process this could be challenged through a judicial review, and the TPCT could also be subject to a claim for damages," said the trust.

However, according to Dr Rae it is "within the gift" of the trust to hand over the practice to Dr Liston without advertising it. "PCTs are being encouraged to pursue this pluralistic ideology with multiple providers, which is the way the government puts across choice," he said. PH

Dutch consider excluding costly treatments from health insurance

Tony Sheldon *Utrecht*

A new report commissioned by the Dutch government says that very expensive treatments should no longer be covered by the country's health insurance system.

It says that the system should not cover treatment that costs more than €80 000 (£55 000; \$105 000) for every extra quality adjusted life year (QALY).

Doctors and patients' groups are concerned that such proposals could exclude treatments

such as liver transplantations for people with liver damage resulting from alcohol misuse and argue that care should not be decided just on financial criteria.

The health minister ordered the report from the Council for Public Health and Care amid fears that health spending is increasing faster than economic growth.

The report argues that decisions on what treatments are covered by health insurance should be based on objective criteria about their effectiveness and cost, as well as the seriousness of the illness.

It says that decisions are currently made in an ad hoc way, under pressure from interest groups and the media and depending on local hospital budgets. For example, a "postcode lottery" exists for women who

need trastuzumab (Herceptin). In 2004 in Friesland in the north of the country 6% of women who needed trastuzumab received it, whereas in Zeeland in the south the figure was 86%.

The council argues that its report offers criteria for achieving greater transparency in decision making.

It proposes a system that would first look at whether the cost is justified by the benefit of the treatment. The ceiling for costs would be based on the World Health Organization's definitions of QALYs. It says this ceiling should be set by politicians, but it believes a realistic figure would be €80 000 per QALY.

At the other end of the scale cheap treatments may also be excluded if the conditions they treat are not serious enough,

such as colds or onychomycosis.

The council also proposes a second step in which wider society could say whether such decisions are justified.

Exceptions could be made if, for example, a small number of patients need an expensive treatment. On this basis the rare metabolic condition Gaucher's disease—the treatment for which, imiglucerase, costs £105 000 a year—might qualify.

The report highlights the current lack of knowledge about the cost effectiveness of treatments, especially for the classes of conditions that are most expensive to treat, mental impairment and dementia, where "scarcely any data exist," it says. PH

The report, *Zinnige en duurzame zorg (Sensible and Lasting Care)*, is available in Dutch at www.rvz.net.