

**NATIONAL SURVEY  
OF GP OPINION  
MANCHESTER RESULTS  
TOP-LINE REPORT**

Prepared for:

General Practitioners Committee  
British Medical Association  
BMA House  
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London  
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## BACKGROUND

ERS Market Research has been commissioned by the General Practitioners Committee of The British Medical Association to conduct research among all the GPs currently practising in the UK to assess their views on a wide range of issues pertinent to the future of UK healthcare provision.

The questionnaire was jointly designed by members of the GPC and staff of ERS and was amended following a series of pilot telephone interviews, conducted among a sample of GPs currently working in general practice.

Names and addresses of currently practising GPs were passed to ERS Market Research by the GPC.

Four letters from GPC Chairman, Dr John Chisholm CBE, were sent to GPs in connection with this exercise:

- August 28<sup>th</sup> – An introductory letter informing GPs that the research was to take place.
- September 5<sup>th</sup> – A letter, encouraging people to participate, was sent, together with the questionnaire and a pre-paid envelope for respondents to return the questionnaire directly to ERS.
- September 14<sup>th</sup> – A letter thanking GPs for taking part and reminding those who had not done so thus far of the closing date.
- September 21<sup>st</sup> – A second reminder of the closing date.

Recipients were encouraged to check whether colleagues had received a questionnaire and to encourage them to contact ERS to add their name to the list if they had not. 720 GPs took this opportunity.

In his letter accompanying the questionnaire, Dr Chisholm told GPs that:

*“The face of general practice has changed dramatically over the past few years, and further major reform is expected in the wake of the general election. The GPC is keen to know how the changes made already have affected you, and what changes you would like to see in the future. To do this properly we need your help.”*

He went on to tell GPs that they were being sent the questionnaire:

*“... so that you can tell us how we can best represent you in our negotiations with government. Your responses will give us valuable assistance as we negotiate a new contract for general practitioners.”*

By the closing date of Friday, 5<sup>th</sup> October, 23,521 completed questionnaires had been received at the ERS offices. When calculated as a percentage of the 42,360 GPs to whom we sent a questionnaire, our response rate is shown to be 55.5%. This, in our experience, is an extremely good rate of response for a survey of this type.

This report contains the overall response to each question from the 163 GPs who gave their Health Authority/Health Board as Manchester, compared with the response from GPs working in England and all UK GP's responding.

## YOUR PRESENT CIRCUMSTANCES

### 1. Which of the following best describes your *main* current status?

	Health Authority/ Health Board (N=162)	England (N=18,092)	Overall (N=23,312)
A principal	87.0%	86.4%	86.3%
An assistant	0.0%	1.7%	1.6%
A locum	8.6%	4.6%	4.7%
A retaine	1.2%	3.0%	2.9%
An associate	0.6%	0.2%	0.3%
A deputy for a commercial out-of-hours service	0.0%	0.0%	0.1%
A GP registrar	0.6%	1.4%	1.4%
A salaried PMS doctor employed by an NHS Trust	1.2%	0.9%	0.8%
On a career break	0.6%	0.4%	0.5%
Other	0.0%	1.4%	1.5%

### 2. Are you currently working in any other roles in general practice?

	Health Authority/ Health Board (N=158)	England (N=17,725)	Overall (N=22,832)
Yes	13.3%	15.2%	15.1%
No	86.7%	84.8%	84.9%

### 3. In which other roles are you working in general practice?

*Only the 21 respondents who indicated that they currently work in another role in general practice were asked to answer this question.*

	Health Authority/ Health Board (N=12)	England (N=1,895)	Overall (N=2,443)
A principal	33.3%	12.9%	13.0%
An assistant	0.0%	5.6%	4.9%
A locum	25.0%	22.5%	22.1%
A retaine	0.0%	0.5%	0.4%
An associate	0.0%	0.5%	0.5%
A deputy for a commercial out-of-hours service	25.0%	21.9%	22.5%
A GP registrar	0.0%	0.1%	0.1%
A salaried PMS doctor employed by an NHS Trust	8.3%	2.6%	2.8%
On a career break	0.0%	0.8%	0.7%
Other	25.0%	43.7%	43.7%

As respondents could indicate that they work in more than one other role in general practice, the sum of the percentages will inevitably exceed 100.



#### 4. In which Health Authority/Health Board area do you practise?

*This report shows the responses from respondents who gave their Health Authority/Health Board area as Manchester.*

#### 5. Age:

	Health Authority/ Health Board (N=163)	England (N=18,213)	Overall (N=23,460)
Under 30	3.1%	2.5%	2.6%
30 - 34	14.7%	10.7%	10.8%
35 - 44	35.6%	39.5%	39.1%
45 - 54	33.7%	32.9%	33.0%
55 - 64	12.3%	13.0%	13.1%
65 or over	0.6%	1.4%	1.4%

#### 6. Gender:

	Health Authority/ Health Board (N=163)	England (N=18,195)	Overall (N=23,434)
Female	48.5%	38.3%	38.2%
Male	51.5%	61.7%	61.8%

#### 7. Do you have any children?

	Health Authority/ Health Board (N=163)	England (N=18,202)	Overall (N=23,445)
Yes	74.8%	84.4%	84.2%
No	25.2%	15.6%	15.8%

#### If so, in which age groups are they?

*Only the 122 respondents who indicated that they have children were asked to answer this question.*

	Health Authority/ Health Board (N=122)	England (N=15,328)	Overall (N=19,681)
0-4	27.9%	26.3%	26.2%
5-15	56.6%	56.1%	55.7%

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16-21	34.4%	29.7%	30.0%
22 and over	25.4%	27.1%	27.3%

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As respondents could indicate that they have children who are in more than one of the listed age bands, the sum of the percentages will inevitably exceed 100.

## 8. How long have you been in general practice?

Respondents were asked to count all types of GP service including any time spent as a GP registrar.

	Health Authority/ Health Board (N=163)	England (N=18,190)	Overall (N=23,441)
Under 5 years	12.9%	12.2%	12.1%
5 - < 10 years	20.9%	18.0%	18.0%
10 - < 15 years	24.5%	23.4%	22.8%
15 - < 20 years	17.2%	18.0%	18.3%
20 - < 25 years	16.0%	14.6%	14.8%
25 - < 30 years	3.7%	8.9%	8.9%
30 years or more	4.9%	5.0%	5.1%

## 9. Under what contractual arrangements do you provide general practice?

Respondents were asked to tick both boxes if they are a non-principal working within both arrangements. Otherwise, respondents were asked to tick one box only.

	Health Authority/ Health Board (N=160)	England (N=17,953)	Overall (N=23,058)
General Medical Services (i.e. Red Book)	95.6%	86.3%	88.7%
Personal Medical Services (Primary Care Act Pilot Scheme)	7.5%	15.6%	12.9%

As some respondents could indicate that they provide general practice under both contractual arrangements, the sum of the percentages will inevitably exceed 100.

## 10. What minimum hours of availability have you agreed with the Health Authority or Health Board?

Only the 137 respondents who indicated that they are a Principal under General Medical Services (Red Book) arrangements were asked to answer this question.

	Health Authority/ Health Board (N=132)	England (N=12,945)	Overall (N=17,089)
26	84.1%	81.5%	82.3%
19	10.6%	11.1%	10.8%
13	3.8%	5.5%	5.1%
Jobshare	1.5%	1.9%	1.8%

**11. Are you in a jobshare arrangement?**

	Health Authority/ Health Board (N=161)	England (N=17,654)	Overall (N=22,698)
Yes	2.5%	2.8%	2.7%
No	97.5%	97.2%	97.3%

**12. Are you a single-handed doctor?**

	Health Authority/ Health Board (N=163)	England (N=18,049)	Overall (N=23,236)
Yes	12.9%	5.8%	5.8%
No	81.0%	88.1%	88.0%
Not applicable	6.1%	6.1%	6.3%

**13. How many doctors are there in the practice?**

*Only the 142 respondents who indicated that they are not a single-handed doctor were asked to answer this question. Respondents were asked to include themselves as one doctor if they are either a partner or a full time non-principal working in a single practice, and each other such doctor as one. Jobsharers count as one doctor in aggregate.*

	Health Authority/ Health Board (N=140)	England (N=16,919)	Overall (N=21,781)
2	15.0%	9.2%	9.5%
3	22.9%	12.5%	13.1%
4	23.6%	18.6%	18.5%
5-7	24.3%	43.2%	42.4%
8-10	0.7%	10.3%	9.9%
More than 10	4.3%	2.0%	1.8%
Not applicable	9.3%	4.2%	4.7%

**14. How many of the doctors in your practice (including partners and non-principals working in a single practice) are women?**

*Only the 142 respondents who indicated that they are not a single handed doctor were asked to answer this question.*

	Health Authority/ Health Board (N=140)	England (N=16,958)	Overall (N=21,831)
None	9.3%	8.3%	8.0%
1	30.7%	28.8%	29.8%
2	22.1%	29.1%	29.1%
3	11.4%	17.0%	16.7%
4-5	17.9%	11.2%	10.4%
More than 5	0.0%	1.6%	1.6%
Not applicable	8.6%	4.0%	4.5%

**15. Please estimate the average list size - i.e. total list size divided by the number of doctors, counting each principal (or its equivalent) as one (irrespective of their hours of availability), but excluding assistants.**

*Included among respondents who were asked to answer this question are non-principals working in a single practice. Jobsharing doctors count as one doctor in aggregate.*

	Health Authority/ Health Board (N=160)	England (N=17,976)	Overall (N=23,133)
Less than 500	0.6%	0.1%	0.2%
500-999	0.6%	0.5%	1.1%
1000-1499	8.1%	8.1%	12.2%
1500-1999	50.6%	46.7%	46.4%
2000-2499	23.8%	31.2%	27.0%
2500-2999	5.0%	5.1%	4.4%
3000 or more	3.8%	3.6%	3.4%
Don't know	0.6%	0.9%	0.9%
Not applicable	6.9%	3.9%	4.3%

**16. Which of these best describes your practice area?**

	Health Authority/ Health Board (N=161)	England (N=17,849)	Overall (N=22,931)
Inner city	56.5%	13.6%	13.2%
Urban	31.1%	30.6%	30.6%
Suburban	11.2%	34.2%	32.4%

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Rural	1.2%	21.2%	22.6%
Isolated rural	0.0%	0.4%	1.2%

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**17. Which of the following services are available within your practice or provided or engaged in by doctors from your practice, and which are provided or engaged in by you personally?**

*Respondents who are a salaried non-principal and mostly work within a single practice were asked to complete both columns. Locums were asked to answer the 'Provided by you personally' column only.*

	<b>Health Authority/ Health Board: Provided by the practice or doctors from the practice (N=147)</b>	<b>England: Provided by the practice or doctors from the practice (N=17,276)</b>	<b>Overall: Provided by the practice or doctors from the practice (N=22,164)</b>
Antenatal and postnatal care	100.0%	99.7%	99.6%
Intrapartum care	19.7%	20.5%	19.6%
Contraceptive services	100.0%	99.7%	99.6%
Child health surveillance	95.2%	96.7%	96.4%
Minor surgery	87.8%	95.6%	95.6%
Full dispensing service to some or all patients	1.4%	18.9%	17.4%
Work in a general practitioner hospital	2.0%	21.3%	22.0%
Vocational training for GP registrars	32.7%	41.0%	40.4%
Clinical governance lead for local healthcare organisation (PCG/PCT/LHG/LHCC etc.)	25.9%	35.0%	33.7%
Board or executive member for local healthcare organisation (PCG/PCT/LHG/LHCC etc.)	32.7%	42.8%	42.0%
LMC Member	40.8%	32.0%	32.4%
None of these	0.0%	0.1%	0.1%

As some respondents could indicate that more than one of the listed services is provided, the sum of the percentages will inevitably exceed 100.

**17. Which of the following services are available within your practice or provided or engaged in by doctors from your practice, and which are provided or engaged in by you personally? ...Cont.**

*Respondents who are a salaried non-principal and mostly work within a single practice were asked to complete both columns. Locums were asked to answer the 'Provided by you personally' column only.*

	<b>Health Authority/ Health Board: Provided by you personally (N=149)</b>	<b>England: Provided by you personally (N=17,127)</b>	<b>Overall: Provided by you personally (N=21,982)</b>
Antenatal and postnatal care	84.6%	89.3%	88.9%
Intrapartum care	12.1%	12.1%	11.9%
Contraceptive services	94.0%	97.0%	96.8%
Child health surveillance	61.7%	70.0%	69.9%
Minor surgery	56.4%	72.9%	72.4%
Full dispensing service to some or all patients	0.7%	16.0%	14.9%
Work in a general practitioner hospital	1.3%	18.6%	19.3%
Vocational training for GP registrars	10.7%	14.8%	15.2%
Clinical governance lead for local healthcare organisation (PCG/PCT/LHG/LHCC etc.)	9.4%	8.7%	8.3%
Board or executive member for local healthcare organisation (PCG/PCT/LHG/LHCC etc.)	12.1%	11.0%	11.2%
LMC Member	18.8%	10.0%	10.3%
None of these	0.7%	0.4%	0.4%

As some respondents could indicate that more than one of the listed services is provided, the sum of the percentages will inevitably exceed 100.

**18. Which of the following do you experience on at least a daily basis on the days you are working as a GP?**

	<b>Health Authority/ Health Board (N=158)</b>	<b>England (N=17,753)</b>	<b>Overall (N=22,806)</b>
Consultations with patients whose chosen language is unfamiliar to you	58.2%	22.4%	19.9%
Consultations with patients where interpretation into a different language is required	41.8%	15.3%	13.2%
Consultations with refugees and/or asylum seekers	41.1%	15.7%	13.1%
None of the above	36.1%	74.0%	76.9%

As respondents could indicate that they experience more than one of the above on a daily basis, the sum of the percentages will inevitably exceed 100.

**19. Typically, how often do you undertake consultations with patients with learning disabilities?**

	<b>Health Authority/ Health Board (N=161)</b>	<b>England (N=18,092)</b>	<b>Overall (N=23,247)</b>
Daily	5.0%	4.0%	4.0%
Less often than daily, but more than once a week	27.3%	19.2%	19.2%
Once a week	14.3%	16.3%	16.2%
Less often than once a week, but more than once a month	28.6%	30.1%	30.1%
Once a month or less often	21.7%	25.3%	25.3%
(Virtually) never	3.1%	5.2%	5.3%

**20. How does your practice provide out-of-hours cover?**

	<b>Health Authority/ Health Board (N=161)</b>	<b>England (N=18,084)</b>	<b>Overall (N=23,250)</b>
Rota within the practice	18.6%	12.3%	11.8%
In a rota with other practices	6.8%	7.5%	8.4%
GP co-operative	65.8%	67.1%	67.2%
Commercial deputising	74.5%	28.5%	25.5%
Other	1.9%	1.7%	1.7%
Not applicable	6.2%	2.4%	2.7%

As respondents could indicate that they provide out-of-hours cover by more than one of the listed means, the sum of the percentages will inevitably exceed 100.

**21. Whether or not your practice uses a co-operative or deputising service, is there one available in your area?**

	<b>Health Authority/ Health Board (N=161)</b>	<b>England (N=18,049)</b>	<b>Overall (N=23,209)</b>
Yes	93.8%	94.2%	91.8%
No	1.2%	3.9%	6.1%
Don't know	0.0%	0.3%	0.3%
Not applicable	5.0%	1.6%	1.8%

**22. In a typical four week period how many weekday nights (Monday to Friday inclusive) are you first on call (whether working for a co-operative or deputising service or not) during some or all of the period 10pm to 7am?**

	<b>Health Authority/ Health Board (N=162)</b>	<b>England (N=17,935)</b>	<b>Overall (N=23,042)</b>
None	51.9%	45.1%	42.2%
1-3	34.0%	40.0%	42.0%
4-6	6.2%	11.2%	11.8%
7-9	3.1%	1.8%	1.8%
10-12	1.2%	0.7%	0.8%
13-15	1.9%	0.4%	0.4%
16 or more	1.9%	0.9%	1.0%

**23. In a typical four week period, how many weekends are you first on call (whether working for a co-operative or deputising service or not) at any time between 1pm on Saturday and 7am on Monday?**

	<b>Health Authority/ Health Board (N=160)</b>	<b>England (N=17,905)</b>	<b>Overall (N=22,999)</b>
None	40.6%	40.4%	38.4%
One	45.6%	40.8%	41.0%
Two	10.6%	14.4%	16.0%
Three	1.3%	2.2%	2.5%
Four	1.9%	2.1%	2.1%

**MORALE****24. How would you describe your current level of morale as a GP?**

	<b>Health Authority/ Health Board (N=162)</b>	<b>England (N=18,130)</b>	<b>Overall (N=23,329)</b>
Very high	3.1%	2.3%	2.2%
Fairly high	27.8%	25.9%	25.7%
Fairly low	42.0%	42.8%	42.7%
Very low	22.8%	23.3%	23.4%
No strong view	4.3%	5.7%	6.0%

**25. How would you compare your current level of morale as a GP with your morale as a GP five years ago?**

*Respondents were asked to answer 'Not applicable' if they were not working as a GP five years ago.*

	<b>Health Authority/ Health Board (N=162)</b>	<b>England (N=18,149)</b>	<b>Overall (N=23,350)</b>
Improved significantly	1.2%	1.4%	1.4%
Improved	8.6%	6.5%	6.5%
Unchanged	13.6%	12.9%	13.0%
Declined	29.0%	33.0%	33.2%
Declined significantly	37.0%	32.5%	32.2%
No strong view	0.6%	0.7%	0.7%
Not applicable	9.9%	13.1%	13.0%

**26. Are you contemplating a career change (outside general practice)?**

	<b>Health Authority/ Health Board (N=159)</b>	<b>England (N=18,065)</b>	<b>Overall (N=23,238)</b>
Yes, very seriously	6.9%	10.3%	10.1%
Yes, fairly seriously	23.3%	17.8%	17.7%
No, not very seriously	26.4%	32.7%	32.8%
No, not at all seriously	34.6%	33.0%	33.1%
No strong view	8.8%	6.3%	6.3%

**27. Would you recommend a career in general practice to an undergraduate or junior doctor?**

	<b>Health Authority/ Health Board (N=162)</b>	<b>England (N=18,130)</b>	<b>Overall (N=23,346)</b>
Yes	38.3%	37.3%	36.5%
No	41.4%	45.5%	45.8%
No strong view	20.4%	17.2%	17.7%

**28. Generally, do you feel that the amount of work related stress you experience is:**

	<b>Health Authority/ Health Board (N=162)</b>	<b>England (N=18,116)</b>	<b>Overall (N=23,311)</b>
Excessive and unmanageable	27.8%	20.8%	20.7%
Excessive but manageable	46.9%	60.8%	60.9%
Acceptable for the type of job	24.7%	17.4%	17.5%
Little or none	0.0%	0.6%	0.6%
No strong view	0.6%	0.3%	0.3%

**29. Would you say that work impinges on your quality of life:**

	<b>Health Authority/ Health Board (N=161)</b>	<b>England (N=18,154)</b>	<b>Overall (N=23,358)</b>
To a great extent	36.6%	39.7%	39.5%
To some extent	47.8%	46.0%	46.0%
A little	11.8%	10.9%	11.1%
(Virtually) not at all	3.7%	3.1%	3.1%
No strong view	0.0%	0.3%	0.3%

**30. Is the extent to which work impinges on your quality of life:**

	<b>Health Authority/ Health Board (N=162)</b>	<b>England (N=18,082)</b>	<b>Overall (N=23,260)</b>
Acceptable	39.5%	35.0%	34.8%
Unacceptable	51.9%	54.4%	54.5%
No strong view	8.6%	10.6%	10.6%

## CAREER CHANGE ASPIRATIONS

31. Please answer the following question about your career aspirations for the next five years.

I wish to:

	Health Authority/ Health Board (N=153)	England (N=17,876)	Overall (N=23,011)
Reduce my hours of work	51.6%	48.1%	48.0%
Increase my hours of work	2.6%	2.1%	2.1%
Be(come) a full-time principal or its equivalent	4.6%	4.7%	4.9%
Be(come) a part-time principal or its equivalent	17.0%	13.9%	13.6%
Be(come) a locum	5.9%	6.3%	6.1%
Be(come) a salaried GP	9.2%	6.9%	7.1%
Be(come) a retaineer	1.3%	2.0%	1.9%
Continue without change of contractual status or hours	21.6%	21.7%	20.9%
Leave general practice	23.5%	24.9%	24.7%
Don't know	5.2%	7.6%	8.0%

As respondents could indicate that they wish to do more than one of the above in the next five years, the sum of the percentages will inevitably exceed 100.

## RETIREMENT INTENTIONS

### 32. At what age did you plan to retire when you entered general practice?

	Health Authority/ Health Board (N=162)	England (N=18,154)	Overall (N=23,372)
Below 50	1.9%	0.4%	0.4%
50-54	2.5%	3.4%	3.4%
55-57	11.7%	11.0%	11.0%
58-59	2.5%	2.0%	2.0%
60	32.1%	39.8%	40.0%
61-62	2.5%	2.2%	2.4%
63-64	4.3%	2.6%	2.7%
65	27.2%	28.5%	28.3%
66-69	3.1%	2.0%	1.9%
70 or over	1.9%	2.0%	2.0%
Don't know	10.5%	6.0%	5.9%

### 33. At what age do you now plan to retire?

	Health Authority/ Health Board (N=161)	England (N=18,049)	Overall (N=23,236)
Below 50	3.7%	2.6%	2.5%
50-54	11.8%	12.3%	12.1%
55-57	26.7%	26.3%	26.3%
58-59	5.0%	6.9%	7.1%
60	25.5%	32.3%	32.4%
61-62	4.3%	3.6%	3.6%
63-64	1.9%	2.4%	2.4%
65	9.9%	5.5%	5.5%
66-69	1.9%	1.3%	1.2%
70 or over	0.6%	0.8%	0.9%
Don't know	8.7%	6.0%	6.0%

**34. Would any of the following inducements lead to a serious possibility that you would delay your retirement?**

	<b>Health Authority/ Health Board (N=161)</b>	<b>England (N=17,951)</b>	<b>Overall (N=23,113)</b>
Increased income	27.3%	32.0%	32.0%
A bonus of £10,000 if you agree to remain in practice until aged 65	4.3%	4.7%	5.0%
Making all NHS work superannuable	11.8%	14.6%	14.5%
Enhanced pension	26.1%	27.5%	27.7%
Ability to draw pension and earn full income	28.6%	27.1%	26.9%
Ability to rejoin scheme if returning to work after retirement	12.4%	14.4%	14.0%
Reduction in clinical work without loss of income	29.2%	33.2%	32.7%
Reduction in overall work without loss of income	60.2%	56.2%	55.6%
None of these	14.9%	20.6%	20.7%
No strong view	8.7%	4.7%	4.9%
Other	3.7%	4.5%	4.3%

As respondents could indicate that more than one of the above inducements would lead to a serious possibility that they would delay their retirement, the sum of the percentages will inevitably exceed 100.

## CLINICAL CARE AND PRACTICE ORGANISATION

### 35. To what extent do you value continuity of care as an important part of the care you wish to provide personally?

	Health Authority/ Health Board (N=162)	England (N=18,161)	Overall (N=23,374)
To a great extent	71.6%	64.1%	63.9%
To some extent	21.6%	29.4%	29.6%
A little	5.6%	4.3%	4.3%
(Virtually) not at all	0.6%	1.6%	1.6%
No strong view	0.6%	0.6%	0.6%

### 36. Please indicate which of the following statements most accords with your own views about single-handed practice.

	Health Authority/ Health Board (N=159)	England (N=18,038)	Overall (N=23,217)
Single-handed practice should continue under the same contractual arrangements that apply to other GPs	41.5%	44.1%	43.1%
Single-handed practice should continue, but only under special contractual arrangements that give the NHS more control over single-handed GPs	6.3%	6.8%	6.9%
Single-handed practice should continue, but only if single-handed GPs join together in groups or consortia to reduce their professional isolation	30.8%	29.5%	29.6%
Single-handed practice should be abolished because such practices are too small to provide high quality modern general practice	3.8%	4.7%	4.7%
Single-handed practice should be abolished because single-handed GPs are insufficiently accountable for the care they provide	0.6%	2.0%	2.0%
No strong view	17.0%	13.0%	13.8%

**37. Please indicate which of the following statements most accords with your own views about GP ownership of premises.**

	<b>Health Authority/ Health Board (N=157)</b>	<b>England (N=17,816)</b>	<b>Overall (N=22,950)</b>
The ability to own practice premises is an important feature of independent contractor status and allows GPs more control over the way in which they practise	22.9%	28.3%	26.9%
GPs should be allowed to choose whether or not they invest in premises, without that decision affecting the choice of practice in which they work	32.5%	35.9%	35.5%
Premises should in future be provided for NHS GPs, who should be spared the worry of owning, investing in and maintaining the premises from which they practise	17.2%	12.3%	13.4%
The Treasury should buy out at a fair valuation those GPs who have currently invested in premises, and premises should in future be provided for NHS GPs	18.5%	17.3%	17.4%
No strong view	8.9%	6.2%	6.7%

38. The content of general practice and the amount of work which is expected to be delivered in a primary care setting in future are matters of constant debate. Proposals from the Health Departments include the intention that there should be a major expansion of intermediate care (care filling the gap between primary and secondary care) and the development of GPs working partly as specialists (specialised generalists). Please give your reactions to the following statements.

### Workload

#### Too much is being asked of general practice at the present time

	Health Authority/ Health Board (N=162)	England (N=18,131)	Overall (N=23,334)
Agree strongly	68.5%	70.2%	70.0%
Agree	27.2%	26.1%	26.2%
Disagree	3.1%	2.3%	2.4%
Disagree strongly	0.0%	0.2%	0.2%
No strong view	1.2%	1.1%	1.2%

#### More services should be provided in general practice

	Health Authority/ Health Board (N=161)	England (N=17,779)	Overall (N=22,869)
Agree strongly	8.7%	6.5%	6.7%
Agree	36.6%	30.8%	30.7%
Disagree	29.2%	39.4%	39.3%
Disagree strongly	15.5%	15.9%	15.9%
No strong view	9.9%	7.4%	7.3%

#### The role of general practice within the NHS is undervalued

	Health Authority/ Health Board (N=161)	England (N=18,072)	Overall (N=23,258)
Agree strongly	68.9%	62.9%	63.5%
Agree	25.5%	30.9%	30.5%
Disagree	3.7%	3.7%	3.5%
Disagree strongly	0.0%	0.3%	0.3%
No strong view	1.9%	2.2%	2.2%

38. The content of general practice and the amount of work which is expected to be delivered in a primary care setting in future are matters of constant debate. Proposals from the Health Departments include the intention that there should be a major expansion of intermediate care (care filling the gap between primary and secondary care) and the development of GPs working partly as specialists (specialised generalists). Please give your reactions to the following statements. ...Cont.

### Workload ...Cont.

**I would like to have less work and would be willing to take a drop in income as a consequence**

	Health Authority/ Health Board (N=160)	England (N=17,923)	Overall (N=23,075)
Agree strongly	7.5%	5.6%	5.7%
Agree	22.5%	18.6%	18.8%
Disagree	36.3%	43.8%	43.9%
Disagree strongly	24.4%	25.0%	24.6%
No strong view	9.4%	6.9%	7.0%

**I would be willing to take on more work, so long as my income rose and resources were available for the infrastructure consequences of that work**

	Health Authority/ Health Board (N=161)	England (N=17,928)	Overall (N=23,068)
Agree strongly	11.2%	9.5%	9.8%
Agree	29.2%	29.8%	30.1%
Disagree	37.3%	36.2%	35.8%
Disagree strongly	17.4%	20.1%	19.9%
No strong view	5.0%	4.4%	4.5%

**The numbers of GPs should be increased so that the average list size can fall**

	Health Authority/ Health Board (N=160)	England (N=18,060)	Overall (N=23,244)
Agree strongly	53.8%	55.2%	54.0%
Agree	36.9%	38.6%	39.4%
Disagree	4.4%	2.5%	2.7%
Disagree strongly	0.6%	0.4%	0.4%
No strong view	4.4%	3.4%	3.5%

38. The content of general practice and the amount of work which is expected to be delivered in a primary care setting in future are matters of constant debate. Proposals from the Health Departments include the intention that there should be a major expansion of intermediate care (care filling the gap between primary and secondary care) and the development of GPs working partly as specialists (specialised generalists). Please give your reactions to the following statements. ...Cont.

### Workload ...Cont.

The length of the average consultation (currently about 8 minutes) should increase

	Health Authority/ Health Board (N=160)	England (N=18,113)	Overall (N=23,304)
Agree strongly	60.6%	62.6%	62.3%
Agree	31.9%	30.9%	31.3%
Disagree	5.6%	3.8%	3.6%
Disagree strongly	0.0%	0.4%	0.4%
No strong view	1.9%	2.3%	2.4%

### Intermediate Care

The development of intermediate care offers important new opportunities for general practice

	Health Authority/ Health Board (N=162)	England (N=17,949)	Overall (N=23,088)
Agree strongly	12.3%	9.8%	10.0%
Agree	45.1%	45.7%	46.1%
Disagree	18.5%	20.6%	19.8%
Disagree strongly	9.3%	7.9%	7.5%
No strong view	14.8%	16.0%	16.6%

GPs' involvement in intermediate care should bring additional rewards

	Health Authority/ Health Board (N=161)	England (N=18,000)	Overall (N=23,160)
Agree strongly	44.7%	43.0%	42.5%
Agree	44.7%	43.9%	44.1%
Disagree	1.2%	4.9%	4.8%
Disagree strongly	1.9%	1.8%	1.7%
No strong view	7.5%	6.5%	6.9%

38. The content of general practice and the amount of work which is expected to be delivered in a primary care setting in future are matters of constant debate. Proposals from the Health Departments include the intention that there should be a major expansion of intermediate care (care filling the gap between primary and secondary care) and the development of GPs working partly as specialists (specialised generalists). Please give your reactions to the following statements. ...Cont.

#### Intermediate Care ...Cont.

The development of intermediate care should not proceed until there are sufficient GPs to undertake the new work involved

	Health Authority/ Health Board (N=162)	England (N=17,977)	Overall (N=23,134)
Agree strongly	60.5%	59.8%	59.5%
Agree	29.6%	31.7%	31.9%
Disagree	6.2%	4.5%	4.3%
Disagree strongly	0.0%	0.7%	0.7%
No strong view	3.7%	3.3%	3.6%

Intermediate care work should not involve GPs to any significant extent

	Health Authority/ Health Board (N=157)	England (N=17,819)	Overall (N=22,914)
Agree strongly	10.2%	8.0%	7.6%
Agree	21.7%	18.6%	17.9%
Disagree	45.2%	45.2%	45.5%
Disagree strongly	10.2%	10.5%	10.9%
No strong view	12.7%	17.7%	18.0%

#### Specialised Generalists

The concept of specialised generalists offers important new opportunities for general practice

	Health Authority/ Health Board (N=158)	England (N=17,931)	Overall (N=23,058)
Agree strongly	19.0%	13.7%	13.6%
Agree	47.5%	49.0%	48.8%
Disagree	15.2%	17.1%	16.8%
Disagree strongly	7.0%	7.4%	7.2%
No strong view	11.4%	12.9%	13.6%

38. The content of general practice and the amount of work which is expected to be delivered in a primary care setting in future are matters of constant debate. Proposals from the Health Departments include the intention that there should be a major expansion of intermediate care (care filling the gap between primary and secondary care) and the development of GPs working partly as specialists (specialised generalists). Please give your reactions to the following statements. ...Cont.

### Specialised Generalists ...Cont.

GPs who work as specialised generalists should receive additional rewards

	Health Authority/ Health Board (N=162)	England (N=17,959)	Overall (N=23,102)
Agree strongly	36.4%	31.7%	31.1%
Agree	43.8%	44.4%	44.0%
Disagree	8.6%	11.6%	11.9%
Disagree strongly	1.9%	3.6%	3.7%
No strong view	9.3%	8.8%	9.4%

The widespread development of a specialised generalist role should not proceed until there are sufficient GPs to undertake the new work involved

	Health Authority/ Health Board (N=160)	England (N=17,961)	Overall (N=23,095)
Agree strongly	51.9%	56.1%	55.6%
Agree	38.1%	32.6%	33.1%
Disagree	5.0%	5.8%	5.5%
Disagree strongly	0.6%	1.2%	1.2%
No strong view	4.4%	4.3%	4.6%

**39. Which of the following most closely matches your view on home visiting?**

**Home visiting should:**

	<b>Health Authority/ Health Board (N=162)</b>	<b>England (N=17,923)</b>	<b>Overall (N=23,075)</b>
continue to be provided, as at present	3.7%	8.2%	8.0%
continue to be provided, but solely when considered clinically necessary by the GP	38.9%	48.0%	48.9%
no longer be provided, other than to the terminally ill and the genuinely housebound	53.7%	41.3%	40.6%
no longer be provided under any circumstances	2.5%	2.3%	2.1%
No strong view	1.2%	0.2%	0.3%

## OUT-OF-HOURS CARE

40. The concept of splitting the contract, so that GPs would be responsible for patient care during the in-hours period, with responsibility for organising out-of-hours care transferred to health authorities, has again been debated following the publication of the review of GP out-of-hours care in England in October 2000. Please give your views on the following statements about twenty four hour responsibility.

**It should remain an integral feature of general practice**

	Health Authority/ Health Board (N=156)	England (N=17,737)	Overall (N=22,838)
Agree strongly	7.1%	9.8%	9.8%
Agree	26.9%	27.2%	27.4%
Disagree	44.2%	35.2%	34.9%
Disagree strongly	11.5%	16.6%	16.6%
No strong view	10.3%	11.2%	11.3%

**It is essentially linked to continuity of care and the list system**

	Health Authority/ Health Board (N=155)	England (N=17,663)	Overall (N=22,747)
Agree strongly	8.4%	8.8%	8.7%
Agree	34.2%	30.8%	31.3%
Disagree	39.4%	38.7%	38.5%
Disagree strongly	10.3%	13.5%	13.4%
No strong view	7.7%	8.1%	8.2%

**It should be possible for individual doctors to choose whether to opt out of responsibility**

	Health Authority/ Health Board (N=158)	England (N=17,816)	Overall (N=22,948)
Agree strongly	31.0%	27.2%	27.2%
Agree	54.4%	56.5%	56.6%
Disagree	7.6%	10.0%	10.1%
Disagree strongly	1.3%	2.2%	2.2%
No strong view	5.7%	4.1%	4.0%

- 40. The concept of splitting the contract, so that GPs would be responsible for patient care during the in-hours period, with responsibility for organising out-of-hours care transferred to health authorities, has again been debated following the publication of the review of GP out-of-hours care in England in October 2000. Please give your views on the following statements about twenty four hour responsibility. ...Cont.**

**It should be abolished so that no doctors have twenty four hour responsibility**

	<b>Health Authority/ Health Board (N=159)</b>	<b>England (N=17,685)</b>	<b>Overall (N=22,768)</b>
Agree strongly	21.4%	18.0%	18.1%
Agree	23.9%	22.5%	22.5%
Disagree	31.4%	37.7%	37.7%
Disagree strongly	9.4%	8.9%	8.6%
No strong view	13.8%	12.9%	13.1%

**The out-of-hours work it involves is unacceptable**

	<b>Health Authority/ Health Board (N=159)</b>	<b>England (N=17,678)</b>	<b>Overall (N=22,754)</b>
Agree strongly	23.3%	23.1%	23.2%
Agree	30.8%	34.3%	34.4%
Disagree	32.1%	27.6%	27.6%
Disagree strongly	2.5%	2.7%	2.6%
No strong view	11.3%	12.3%	12.2%

**Because out-of-hours work can be delegated, the twenty four hour commitment is not a problem**

	<b>Health Authority/ Health Board (N=158)</b>	<b>England (N=17,800)</b>	<b>Overall (N=22,903)</b>
Agree strongly	10.8%	8.3%	8.0%
Agree	45.6%	37.9%	37.0%
Disagree	30.4%	32.4%	32.8%
Disagree strongly	6.3%	12.4%	13.2%
No strong view	7.0%	8.9%	9.1%

41. **GPs' income from in-hours work would probably be less than their current income for in-hours and out-of-hours work combined. If so, GPs' NHS pensions would fall as a result, because of their lower net income and a lower rate of dynamisation. Please give your views on the following statements about splitting the contract.**

**I wish to forego twenty four hour responsibility so long as my income does not fall**

	<b>Health Authority/ Health Board (N=156)</b>	<b>England (N=17,400)</b>	<b>Overall (N=22,417)</b>
Agree strongly	34.0%	35.2%	34.6%
Agree	28.2%	31.0%	31.2%
Disagree	20.5%	20.7%	21.1%
Disagree strongly	2.6%	3.2%	3.2%
No strong view	14.7%	9.8%	9.9%

**I wish to forego twenty four hour responsibility even if my income falls**

	<b>Health Authority/ Health Board (N=149)</b>	<b>England (N=17,216)</b>	<b>Overall (N=22,177)</b>
Agree strongly	4.7%	6.7%	6.8%
Agree	25.5%	23.3%	23.6%
Disagree	38.3%	41.2%	41.4%
Disagree strongly	21.5%	21.0%	20.2%
No strong view	10.1%	7.9%	7.9%

**I wish to forego twenty four hour responsibility so long as my pension does not fall**

	<b>Health Authority/ Health Board (N=153)</b>	<b>England (N=17,252)</b>	<b>Overall (N=22,198)</b>
Agree strongly	25.5%	29.4%	29.0%
Agree	40.5%	36.3%	36.5%
Disagree	17.0%	19.9%	20.1%
Disagree strongly	5.9%	4.5%	4.3%
No strong view	11.1%	10.0%	10.1%

**I wish to forego twenty four hour responsibility even if my pension falls**

	<b>Health Authority/ Health Board (N=146)</b>	<b>England (N=16,969)</b>	<b>Overall (N=21,850)</b>
Agree strongly	2.7%	4.3%	4.3%

TOP-LINE REPORT

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Agree	12.3%	14.3%	14.6%
Disagree	50.0%	46.9%	47.2%
Disagree strongly	22.6%	25.7%	25.0%
No strong view	12.3%	8.8%	8.9%

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42. If GPs' out-of-hours contractual responsibilities were transferred to health authorities, it would still be necessary to provide an out-of-hours service for patients. Would you be willing to participate in a rota, on a regular basis, under some alternative arrangement commissioned by the Health Authority either within the NHS or from a private provider?

*Respondents were asked to answer this question whatever their contractual status.*

#### NHS rota

	Health Authority/ Health Board (N=160)	England (N=17,994)	Overall (N=23,172)
Yes	33.8%	36.9%	38.4%
No	41.3%	38.3%	36.7%
Don't know	23.8%	22.5%	22.5%
Not applicable	1.3%	2.3%	2.4%

#### Private rota

	Health Authority/ Health Board (N=160)	England (N=17,728)	Overall (N=22,790)
Yes	22.5%	29.0%	29.5%
No	48.1%	43.6%	42.6%
Don't know	28.1%	24.9%	25.2%
Not applicable	1.3%	2.5%	2.7%

## CONTRACTUAL ARRANGEMENTS

43. There are various ways of funding the infrastructure of general practice – premises, staff, computers and other equipment – both now and in the future. The cost-plus contract funds General Medical Services (GMS) principals by a mixture of direct reimbursement of GP expenses by Health Authorities and Health Boards and indirect reimbursement on an averaging basis via the fees and allowances set by the Review Body. Personal Medical Services (PMS) independent contractors are given a total sum via the contract they have negotiated, which includes both their income and professional and practice expenses. They do not get any other reimbursement. Salaried doctors pay some professional expenses themselves but their employer provides the infrastructure. Please indicate your level of support for the following ways of funding the infrastructure of general practice in the future.

*Respondents were asked to answer this question whatever their contractual status.*

### A fixed contract price per year negotiated by you or your practice

	Health Authority/ Health Board (N=151)	England (N=17,099)	Overall (N=22,012)
Strongly in favour	6.6%	7.8%	7.3%
In favour	23.8%	26.2%	25.4%
Against	31.8%	30.6%	30.9%
Strongly against	10.6%	15.0%	15.2%
No strong view	27.2%	20.4%	21.2%

### A fixed contract price per year for you or your practice, determined by negotiations carried out by the Local Medical Committee on behalf of GPs in your locality

	Health Authority/ Health Board (N=151)	England (N=17,055)	Overall (N=21,952)
Strongly in favour	7.3%	7.2%	7.0%
In favour	31.8%	31.2%	30.9%
Against	26.5%	29.0%	28.7%
Strongly against	8.6%	11.3%	11.5%
No strong view	25.8%	21.3%	22.0%

### A cost-plus contract with a mixture of direct and indirect reimbursements of expenses

	Health Authority/ Health Board (N=150)	England (N=16,751)	Overall (N=21,546)
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## TOP-LINE REPORT

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Strongly in favour	6.0%	7.0%	6.7%
In favour	29.3%	37.7%	36.9%
Against	28.0%	21.5%	21.7%
Strongly against	2.0%	3.8%	4.0%
No strong view	34.7%	29.9%	30.8%

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- 43. There are various ways of funding the infrastructure of general practice – premises, staff, computers and other equipment – both now and in the future. The cost-plus contract funds General Medical Services (GMS) principals by a mixture of direct reimbursement of GP expenses by Health Authorities and Health Boards and indirect reimbursement on an averaging basis via the fees and allowances set by the Review Body. Personal Medical Services (PMS) independent contractors are given a total sum via the contract they have negotiated, which includes both their income and professional and practice expenses. They do not get any other reimbursement. Salaried doctors pay some professional expenses themselves but their employer provides the infrastructure. Please indicate your level of support for the following ways of funding the infrastructure of general practice in the future. ...Cont.**

*Respondents were asked to answer this question whatever their contractual status.*

**Entirely (100 per cent) direct reimbursement of approved expenditure**

	<b>Health Authority/ Health Board (N=152)</b>	<b>England (N=16,919)</b>	<b>Overall (N=21,793)</b>
Strongly in favour	25.7%	23.2%	23.3%
In favour	36.8%	36.0%	36.2%
Against	8.6%	13.3%	12.8%
Strongly against	4.6%	2.8%	2.7%
No strong view	24.3%	24.7%	25.0%

**Provision of infrastructure by other doctors as employers**

	<b>Health Authority/ Health Board (N=146)</b>	<b>England (N=16,797)</b>	<b>Overall (N=21,617)</b>
Strongly in favour	2.1%	1.6%	1.6%
In favour	10.3%	12.5%	12.3%
Against	39.0%	37.2%	37.3%
Strongly against	13.0%	18.8%	18.1%
No strong view	35.6%	29.9%	30.7%

**Provision of infrastructure by an NHS Trust or other NHS body as employer**

	<b>Health Authority/ Health Board (N=150)</b>	<b>England (N=16,932)</b>	<b>Overall (N=21,805)</b>
Strongly in favour	10.7%	5.3%	5.6%
In favour	19.3%	19.5%	20.1%
Against	28.7%	29.2%	28.7%

TOP-LINE REPORT

Strongly against	9.3%	19.8%	18.6%
No strong view	32.0%	26.2%	26.9%

**44. Does the current financial investment that principals make in their practices pose a significant obstacle to you personally considering other contractual alternatives?**

*Respondents were asked to answer this question whatever their contractual status.*

	<b>Health Authority/ Health Board (N=163)</b>	<b>England (N=17,921)</b>	<b>Overall (N=23,058)</b>
Yes, very significant	20.9%	21.6%	21.1%
Yes, fairly significant	23.3%	29.5%	29.2%
No, not very significant	25.8%	26.1%	25.8%
No, not at all significant	14.7%	12.2%	12.6%
No strong view	15.3%	10.7%	11.3%

**45. Please give your views on the following statements.**

**Independent contractor status must remain as a contractual option**

	<b>Health Authority/ Health Board (N=162)</b>	<b>England (N=17,782)</b>	<b>Overall (N=22,881)</b>
Agree strongly	34.6%	44.5%	42.6%
Agree	48.1%	38.4%	39.2%
Disagree	7.4%	7.3%	7.7%
Disagree strongly	1.9%	1.2%	1.3%
No strong view	8.0%	8.7%	9.2%

**All GPs should be salaried**

	<b>Health Authority/ Health Board (N=160)</b>	<b>England (N=17,774)</b>	<b>Overall (N=22,881)</b>
Agree strongly	4.4%	2.5%	2.8%
Agree	5.6%	6.8%	7.4%
Disagree	49.4%	45.2%	45.9%
Disagree strongly	28.1%	36.9%	34.9%
No strong view	12.5%	8.6%	9.1%

**Each GP should have a choice of whether to work as a salaried employee or an independent contractor**

	<b>Health Authority/ Health Board (N=162)</b>	<b>England (N=17,855)</b>	<b>Overall (N=22,974)</b>
Agree strongly	17.9%	20.6%	19.6%
Agree	64.8%	63.3%	63.4%
Disagree	9.9%	8.1%	8.6%
Disagree strongly	1.9%	1.5%	1.7%
No strong view	5.6%	6.4%	6.8%

**There should be more opportunities for GPs to work as salaried employees of practices**

	<b>Health Authority/ Health Board (N=161)</b>	<b>England (N=17,787)</b>	<b>Overall (N=22,885)</b>
Agree strongly	14.3%	9.2%	9.1%
Agree	58.4%	60.1%	60.6%
Disagree	11.2%	12.5%	12.3%
Disagree strongly	2.5%	2.0%	2.0%
No strong view	13.7%	16.2%	16.0%

**45. Please give your views on the following statements. ...Cont.**

**The GMS (Red Book) contract should continue largely unchanged**

	<b>Health Authority/ Health Board (N=156)</b>	<b>England (N=17,631)</b>	<b>Overall (N=22,704)</b>
Agree strongly	3.2%	3.5%	3.3%
Agree	12.2%	11.8%	11.4%
Disagree	50.6%	55.1%	55.4%
Disagree strongly	17.3%	16.1%	16.3%
No strong view	16.7%	13.5%	13.6%

**The GMS contract should be radically modernised**

	<b>Health Authority/ Health Board (N=161)</b>	<b>England (N=17,778)</b>	<b>Overall (N=22,893)</b>
Agree strongly	23.6%	27.0%	27.7%
Agree	51.6%	49.2%	49.3%
Disagree	6.2%	10.4%	9.8%
Disagree strongly	3.1%	1.7%	1.6%
No strong view	15.5%	11.7%	11.6%

**The GMS contract must remain as a contractual option**

	<b>Health Authority/ Health Board (N=158)</b>	<b>England (N=17,643)</b>	<b>Overall (N=22,686)</b>
Agree strongly	18.4%	20.8%	19.6%
Agree	54.4%	51.7%	51.8%
Disagree	11.4%	10.7%	11.1%
Disagree strongly	0.6%	1.7%	1.8%
No strong view	15.2%	15.2%	15.7%

**The GMS contract should be modified to allow contracting to take place with practices rather than individual doctors**

	<b>Health Authority/ Health Board (N=156)</b>	<b>England (N=17,522)</b>	<b>Overall (N=22,551)</b>
Agree strongly	8.3%	8.8%	8.4%
Agree	47.4%	46.4%	46.0%
Disagree	12.2%	12.3%	12.5%
Disagree strongly	1.9%	2.6%	2.7%
No strong view	30.1%	29.9%	30.4%

**45. Please give your views on the following statements. ...Cont.**

**PMS contracts are the way forward for general practice**

	<b>Health Authority/ Health Board (N=159)</b>	<b>England (N=17,781)</b>	<b>Overall (N=22,867)</b>
Agree strongly	0.6%	2.6%	2.4%
Agree	11.3%	12.5%	11.9%
Disagree	39.0%	38.5%	38.2%
Disagree strongly	13.2%	18.9%	18.5%
No strong view	35.8%	27.4%	29.1%

**PMS contracts should be entirely locally negotiated**

	<b>Health Authority/ Health Board (N=160)</b>	<b>England (N=17,646)</b>	<b>Overall (N=22,712)</b>
Agree strongly	3.1%	2.7%	2.5%
Agree	16.3%	17.8%	17.2%
Disagree	31.3%	32.9%	32.5%
Disagree strongly	10.6%	17.0%	16.7%
No strong view	38.8%	29.6%	31.2%

**PMS contracts should be partly centrally and partly locally negotiated**

	<b>Health Authority/ Health Board (N=157)</b>	<b>England (N=17,564)</b>	<b>Overall (N=22,601)</b>
Agree strongly	2.5%	3.6%	3.4%
Agree	29.3%	31.4%	30.3%
Disagree	16.6%	22.7%	22.6%
Disagree strongly	7.0%	8.8%	8.9%
No strong view	44.6%	33.5%	34.8%

**The General Practitioners Committee (the GPC of the BMA) should be consulted by the Government concerning the national arrangements for PMS contracts**

	<b>Health Authority/ Health Board (N=157)</b>	<b>England (N=17,754)</b>	<b>Overall (N=22,832)</b>
Agree strongly	28.0%	40.2%	38.9%
Agree	58.6%	45.1%	45.6%
Disagree	0.6%	1.8%	1.8%
Disagree strongly	1.3%	0.7%	0.8%
No strong view	11.5%	12.2%	12.8%

**45. Please give your views on the following statements. ...Cont.**

**The Local Medical Committee should be consulted concerning local arrangements for PMS contracts**

	<b>Health Authority/ Health Board (N=160)</b>	<b>England (N=17,743)</b>	<b>Overall (N=22,818)</b>
Agree strongly	25.6%	34.6%	33.3%
Agree	52.5%	47.6%	48.4%
Disagree	3.1%	4.0%	3.9%
Disagree strongly	1.9%	1.4%	1.4%
No strong view	16.9%	12.5%	13.1%

46. Whereas even ten years ago, the overwhelming majority of GPs were independent contractors providing General Medical Services (GMS), recently increasing numbers of GPs have chosen to provide Personal Medical Services (PMS). The government believes in the PMS contract as the favoured route for the future. PMS contracts are locally negotiated within a nationally specified framework. Many of the national rules that govern PMS arrangements are similar to those that apply to GMS doctors, but the local element to the contract allows focus on local or practice priorities. Please give your views about Personal Medical Services contracts.

**PMS rewards doctors for the quality of services their patients receive**

	<b>Health Authority/ Health Board (N=160)</b>	<b>England (N=17,567)</b>	<b>Overall (N=22,537)</b>
Agree strongly	1.3%	2.3%	2.1%
Agree	20.0%	23.3%	22.4%
Disagree	29.4%	34.8%	33.1%
Disagree strongly	5.0%	7.1%	6.8%
No strong view	44.4%	32.5%	35.5%

**PMS provides more opportunities and incentives for primary care professionals to use their skills to the full**

	<b>Health Authority/ Health Board (N=158)</b>	<b>England (N=17,525)</b>	<b>Overall (N=22,483)</b>
Agree strongly	1.3%	2.9%	2.7%
Agree	28.5%	29.7%	28.8%
Disagree	22.2%	31.1%	29.6%
Disagree strongly	4.4%	6.2%	6.1%
No strong view	43.7%	30.2%	32.8%

**PMS provides more flexible employment opportunities in primary care**

	<b>Health Authority/ Health Board (N=158)</b>	<b>England (N=17,519)</b>	<b>Overall (N=22,469)</b>
Agree strongly	2.5%	4.5%	4.0%
Agree	46.2%	49.9%	47.6%
Disagree	13.9%	17.4%	17.2%
Disagree strongly	3.8%	4.2%	4.2%
No strong view	33.5%	24.0%	27.0%

46. Whereas even ten years ago, the overwhelming majority of GPs were independent contractors providing General Medical Services (GMS), recently increasing numbers of GPs have chosen to provide Personal Medical Services (PMS). The government believes in the PMS contract as the favoured route for the future. PMS contracts are locally negotiated within a nationally specified framework. Many of the national rules that govern PMS arrangements are similar to those that apply to GMS doctors, but the local element to the contract allows focus on local or practice priorities. Please give your views about Personal Medical Services contracts. ...Cont.

#### PMS helps to address GP recruitment and retention problems

	Health Authority/ Health Board (N=159)	England (N=17,513)	Overall (N=22,467)
Agree strongly	1.3%	2.0%	1.8%
Agree	22.0%	18.9%	18.2%
Disagree	28.9%	37.1%	35.8%
Disagree strongly	13.8%	16.0%	15.3%
No strong view	34.0%	26.0%	28.8%

#### PMS reduces bureaucracy

	Health Authority/ Health Board (N=158)	England (N=17,521)	Overall (N=22,463)
Agree strongly	0.6%	2.0%	1.8%
Agree	13.3%	16.7%	15.9%
Disagree	28.5%	35.1%	33.8%
Disagree strongly	12.0%	16.5%	15.9%
No strong view	45.6%	29.7%	32.6%

#### PMS doctors have more difficulty in developing services because the contract is cash-limited at practice level

	Health Authority/ Health Board (N=155)	England (N=17,441)	Overall (N=22,378)
Agree strongly	4.5%	5.9%	5.6%
Agree	33.5%	34.4%	33.6%
Disagree	3.9%	14.2%	13.0%
Disagree strongly	0.0%	1.3%	1.3%
No strong view	58.1%	44.2%	46.5%

46. Whereas even ten years ago, the overwhelming majority of GPs were independent contractors providing General Medical Services (GMS), recently increasing numbers of GPs have chosen to provide Personal Medical Services (PMS). The government believes in the PMS contract as the favoured route for the future. PMS contracts are locally negotiated within a nationally specified framework. Many of the national rules that govern PMS arrangements are similar to those that apply to GMS doctors, but the local element to the contract allows focus on local or practice priorities. Please give your views about Personal Medical Services contracts. ...Cont.

#### PMS practices receive more resources than GMS practices

	Health Authority/ Health Board (N=158)	England (N=17,496)	Overall (N=22,431)
Agree strongly	8.2%	8.5%	8.2%
Agree	29.1%	34.5%	33.1%
Disagree	8.9%	14.1%	12.7%
Disagree strongly	1.9%	1.9%	1.8%
No strong view	51.9%	41.0%	44.2%

#### PMS practices are disadvantaged through having to renegotiate the contract price and specification annually

	Health Authority/ Health Board (N=157)	England (N=17,469)	Overall (N=22,408)
Agree strongly	6.4%	6.1%	5.7%
Agree	30.6%	36.8%	35.7%
Disagree	10.8%	17.9%	16.7%
Disagree strongly	0.6%	1.8%	1.7%
No strong view	51.6%	37.5%	40.2%

#### PMS practices have difficulty initiating premises developments

	Health Authority/ Health Board (N=157)	England (N=17,345)	Overall (N=22,249)
Agree strongly	3.2%	3.0%	2.8%
Agree	18.5%	17.1%	16.6%
Disagree	2.5%	12.1%	11.2%
Disagree strongly	0.6%	1.5%	1.4%
No strong view	75.2%	66.3%	68.0%

46. Whereas even ten years ago, the overwhelming majority of GPs were independent contractors providing General Medical Services (GMS), recently increasing numbers of GPs have chosen to provide Personal Medical Services (PMS). The government believes in the PMS contract as the favoured route for the future. PMS contracts are locally negotiated within a nationally specified framework. Many of the national rules that govern PMS arrangements are similar to those that apply to GMS doctors, but the local element to the contract allows focus on local or practice priorities. Please give your views about Personal Medical Services contracts. ...Cont.

#### PMS doctors face uncertainty about their independent contractor status

	Health Authority/ Health Board (N=159)	England (N=17,465)	Overall (N=22,403)
Agree strongly	12.6%	14.9%	14.0%
Agree	35.8%	48.7%	47.5%
Disagree	3.1%	6.6%	6.0%
Disagree strongly	0.0%	0.7%	0.7%
No strong view	48.4%	29.1%	31.9%

#### PMS doctors do not have long-term security

	Health Authority/ Health Board (N=159)	England (N=17,531)	Overall (N=22,469)
Agree strongly	7.5%	12.8%	12.2%
Agree	35.2%	40.5%	39.7%
Disagree	8.2%	12.9%	11.7%
Disagree strongly	0.6%	1.0%	1.0%
No strong view	48.4%	32.7%	35.4%

#### PMS doctors face uncertainty about their pensions

	Health Authority/ Health Board (N=159)	England (N=17,504)	Overall (N=22,442)
Agree strongly	8.8%	14.8%	14.2%
Agree	30.2%	42.7%	41.7%
Disagree	10.1%	9.3%	8.4%
Disagree strongly	0.0%	0.7%	0.6%
No strong view	50.9%	32.4%	35.2%

46. Whereas even ten years ago, the overwhelming majority of GPs were independent contractors providing General Medical Services (GMS), recently increasing numbers of GPs have chosen to provide Personal Medical Services (PMS). The government believes in the PMS contract as the favoured route for the future. PMS contracts are locally negotiated within a nationally specified framework. Many of the national rules that govern PMS arrangements are similar to those that apply to GMS doctors, but the local element to the contract allows focus on local or practice priorities. Please give your views about Personal Medical Services contracts. ...Cont.

**PMS doctors will be disadvantaged unless the GPC negotiates the national elements of PMS contractual arrangements with the Government**

	Health Authority/ Health Board (N=160)	England (N=17,458)	Overall (N=22,378)
Agree strongly	12.5%	22.1%	20.9%
Agree	31.9%	40.5%	39.5%
Disagree	3.1%	3.5%	3.3%
Disagree strongly	0.0%	0.5%	0.5%
No strong view	52.5%	33.3%	35.8%

#### 47. Please give your views about General Medical Services contracts.

##### The GMS contract does not provide adequate rewards for quality of patient care

	Health Authority/ Health Board (N=160)	England (N=17,812)	Overall (N=22,915)
Agree strongly	44.4%	41.3%	42.0%
Agree	44.4%	44.6%	44.2%
Disagree	5.6%	6.6%	6.2%
Disagree strongly	0.0%	0.5%	0.4%
No strong view	5.6%	7.0%	7.1%

##### The GMS contract is too bureaucratic

	Health Authority/ Health Board (N=160)	England (N=17,816)	Overall (N=22,915)
Agree strongly	33.1%	36.9%	37.4%
Agree	52.5%	49.0%	48.8%
Disagree	5.0%	6.0%	5.6%
Disagree strongly	0.0%	0.3%	0.3%
No strong view	9.4%	7.9%	7.9%

##### The system of expenses reimbursement (the cost-plus contract) discourages GP investment in GMS practices and in service development

	Health Authority/ Health Board (N=157)	England (N=17,688)	Overall (N=22,754)
Agree strongly	21.7%	17.8%	18.5%
Agree	38.2%	40.4%	40.8%
Disagree	16.6%	16.9%	15.8%
Disagree strongly	1.3%	0.9%	0.9%
No strong view	22.3%	23.9%	24.0%

##### GMS practices have difficulty initiating premises developments

	Health Authority/ Health Board (N=160)	England (N=17,747)	Overall (N=22,833)
Agree strongly	20.6%	14.9%	15.9%
Agree	38.1%	34.4%	34.5%
Disagree	20.0%	26.3%	25.4%
Disagree strongly	0.6%	1.7%	1.6%
No strong view	20.6%	22.6%	22.7%

**47. Please give your views about General Medical Services contracts.  
...Cont.**

**GMS doctors' incomes are too dependent on item-of-service claims**

	<b>Health Authority/ Health Board (N=159)</b>	<b>England (N=17,809)</b>	<b>Overall (N=22,906)</b>
Agree strongly	30.8%	20.7%	21.5%
Agree	47.2%	49.7%	49.4%
Disagree	11.9%	16.7%	16.2%
Disagree strongly	0.6%	1.0%	0.9%
No strong view	9.4%	12.0%	11.9%

**GMS doctors' incomes are too dependent on the number of patients on their lists**

	<b>Health Authority/ Health Board (N=160)</b>	<b>England (N=17,795)</b>	<b>Overall (N=22,886)</b>
Agree strongly	41.9%	31.9%	32.8%
Agree	41.3%	49.7%	49.2%
Disagree	8.1%	9.9%	9.4%
Disagree strongly	1.3%	0.7%	0.6%
No strong view	7.5%	7.9%	8.0%

**The GMS contract gives doctors long-term security**

	<b>Health Authority/ Health Board (N=157)</b>	<b>England (N=17,755)</b>	<b>Overall (N=22,821)</b>
Agree strongly	10.2%	13.0%	12.4%
Agree	51.6%	54.6%	54.4%
Disagree	10.8%	10.7%	11.0%
Disagree strongly	3.2%	1.1%	1.3%
No strong view	24.2%	20.5%	20.9%

**48. How attracted are you to (the possibility of) be(com)ing a salaried GP?**

	<b>Health Authority/ Health Board (N=162)</b>	<b>England (N=17,761)</b>	<b>Overall (N=22,871)</b>
Very attracted	12.3%	8.2%	8.5%
Fairly attracted	20.4%	23.7%	25.0%
Not very attracted	25.3%	28.1%	28.0%
Not at all attracted	33.3%	34.4%	32.7%
No strong view	8.6%	5.6%	5.9%

**49. Which of the following are the *main* attractions of being a salaried GP?**

	<b>Health Authority/ Health Board (N=153)</b>	<b>England (N=16,918)</b>	<b>Overall (N=21,773)</b>
Less management/administrative responsibility	85.0%	84.4%	84.5%
Better pay	10.5%	14.2%	15.2%
More flexibility in working hours	39.2%	37.6%	37.1%
Less open-ended commitment	47.7%	53.2%	52.4%
No partnership problems	45.1%	45.2%	44.0%
No twenty four hour responsibility	68.0%	66.2%	65.4%
Less out-of-hours work	49.7%	55.1%	54.2%
More job security	2.6%	5.9%	6.3%

As respondents could indicate that more than one of the listed options is a main attraction of being a salaried GP, the sum of the percentages will inevitably exceed 100.

## NHS CHANGES

### 50. The new local health care organisations (PCTs, PCGs, LHGs, LHCCs) have:

#### improved standards of care

	Health Authority/ Health Board (N=162)	England (N=17,907)	Overall (N=23,016)
Agree strongly	1.2%	1.9%	1.8%
Agree	24.1%	23.7%	23.2%
Disagree	44.4%	42.9%	42.5%
Disagree strongly	7.4%	13.3%	13.0%
No strong view	22.8%	18.2%	19.4%

#### helped to make local GPs work together co-operatively

	Health Authority/ Health Board (N=162)	England (N=17,937)	Overall (N=23,054)
Agree strongly	3.7%	5.6%	5.5%
Agree	40.1%	48.7%	48.4%
Disagree	33.3%	28.1%	27.5%
Disagree strongly	8.0%	7.9%	7.7%
No strong view	14.8%	9.7%	10.9%

#### given GPs more opportunity to have a say in local health services

	Health Authority/ Health Board (N=162)	England (N=17,926)	Overall (N=23,042)
Agree strongly	1.9%	3.6%	3.5%
Agree	40.1%	48.2%	47.6%
Disagree	35.2%	29.0%	28.8%
Disagree strongly	8.0%	9.1%	8.9%
No strong view	14.8%	10.2%	11.3%

#### helped to bring healthcare and social care together

	Health Authority/ Health Board (N=162)	England (N=17,909)	Overall (N=23,025)
Agree strongly	1.2%	1.8%	2.0%
Agree	23.5%	28.4%	28.0%
Disagree	42.0%	40.3%	39.9%
Disagree strongly	11.7%	10.9%	10.7%

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No strong view	21.6%	18.5%	19.4%
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**50. The new local health care organisations (PCTs, PCGs, LHGs, LHCCs) have: ...Cont.**

**the potential for influencing the social causes of ill health**

	<b>Health Authority/ Health Board (N=162)</b>	<b>England (N=17,884)</b>	<b>Overall (N=22,988)</b>
Agree strongly	3.1%	1.9%	1.9%
Agree	34.0%	33.5%	32.5%
Disagree	34.0%	35.0%	35.0%
Disagree strongly	11.1%	12.1%	12.0%
No strong view	17.9%	17.6%	18.7%

**resulted in more work for GPs**

	<b>Health Authority/ Health Board (N=161)</b>	<b>England (N=17,927)</b>	<b>Overall (N=23,046)</b>
Agree strongly	31.1%	35.9%	33.4%
Agree	48.4%	50.5%	51.0%
Disagree	6.2%	5.2%	5.6%
Disagree strongly	1.2%	0.3%	0.4%
No strong view	13.0%	8.0%	9.7%

**interfered with clinical freedom**

	<b>Health Authority/ Health Board (N=162)</b>	<b>England (N=17,905)</b>	<b>Overall (N=23,007)</b>
Agree strongly	19.8%	22.3%	20.1%
Agree	39.5%	42.3%	40.7%
Disagree	25.3%	22.0%	23.7%
Disagree strongly	1.2%	1.0%	1.1%
No strong view	14.2%	12.4%	14.4%

**proven not to be as good as the previous internal market and fundholding arrangements**

	<b>Health Authority/ Health Board (N=161)</b>	<b>England (N=17,864)</b>	<b>Overall (N=22,960)</b>
Agree strongly	13.0%	15.9%	15.1%
Agree	15.5%	19.3%	19.1%
Disagree	23.6%	25.8%	25.5%
Disagree strongly	11.2%	8.8%	8.6%
No strong view	36.6%	30.2%	31.6%

**51. Please give your views on the following statements:**

**The Government's plans for the NHS:**

**are likely to improve patient care**

	<b>Health Authority/ Health Board (N=160)</b>	<b>England (N=17,806)</b>	<b>Overall (N=22,921)</b>
Agree strongly	1.3%	1.1%	1.0%
Agree	35.0%	20.4%	18.4%
Disagree	38.1%	46.6%	47.8%
Disagree strongly	12.5%	17.5%	18.1%
No strong view	13.1%	14.4%	14.7%

**will create an exciting future for general practice**

	<b>Health Authority/ Health Board (N=159)</b>	<b>England (N=17,807)</b>	<b>Overall (N=22,911)</b>
Agree strongly	0.6%	0.7%	0.7%
Agree	13.8%	9.4%	8.6%
Disagree	49.7%	51.2%	51.8%
Disagree strongly	17.6%	24.0%	24.1%
No strong view	18.2%	14.7%	14.8%

**are likely to make the working lives of GPs more difficult**

	<b>Health Authority/ Health Board (N=162)</b>	<b>England (N=17,898)</b>	<b>Overall (N=23,020)</b>
Agree strongly	27.2%	36.8%	35.4%
Agree	62.3%	53.3%	53.9%
Disagree	4.9%	3.2%	3.3%
Disagree strongly	0.6%	0.5%	0.6%
No strong view	4.9%	6.2%	6.9%

**are unachievable in the timescale proposed**

	<b>Health Authority/ Health Board (N=159)</b>	<b>England (N=17,905)</b>	<b>Overall (N=23,028)</b>
Agree strongly	47.8%	54.8%	52.5%
Agree	41.5%	36.5%	38.0%
Disagree	0.6%	2.9%	3.0%
Disagree strongly	2.5%	1.6%	1.6%
No strong view	7.5%	4.2%	4.9%

**51. Please give your views on the following statements: ...Cont.**

**The Governments plans for the NHS: ...Cont.**

**do not provide sufficient additional GPs**

	<b>Health Authority/ Health Board (N=160)</b>	<b>England (N=17,925)</b>	<b>Overall (N=23,057)</b>
Agree strongly	56.3%	63.6%	61.4%
Agree	36.3%	32.7%	34.5%
Disagree	0.6%	0.8%	0.8%
Disagree strongly	0.0%	0.3%	0.3%
No strong view	6.9%	2.6%	3.0%

**will not attract sufficient additional GPs**

	<b>Health Authority/ Health Board (N=161)</b>	<b>England (N=17,874)</b>	<b>Overall (N=22,988)</b>
Agree strongly	59.6%	63.2%	61.2%
Agree	32.9%	32.3%	34.0%
Disagree	1.9%	1.0%	1.0%
Disagree strongly	0.0%	0.3%	0.3%
No strong view	5.6%	3.2%	3.5%

**The Government's additional funding for the NHS is likely to improve patient care**

	<b>Health Authority/ Health Board (N=161)</b>	<b>England (N=17,824)</b>	<b>Overall (N=22,934)</b>
Agree strongly	3.7%	2.0%	2.0%
Agree	23.0%	24.2%	22.9%
Disagree	42.2%	43.4%	44.2%
Disagree strongly	14.9%	16.4%	17.2%
No strong view	16.1%	13.8%	13.8%

**Changes in skill mix in primary care, with more nurses and more delegation to nurses and therapists, would make GPs' working lives easier**

	<b>Health Authority/ Health Board (N=161)</b>	<b>England (N=17,873)</b>	<b>Overall (N=23,003)</b>
Agree strongly	13.0%	7.8%	7.9%
Agree	49.1%	47.6%	48.2%
Disagree	24.8%	29.2%	28.7%
Disagree strongly	6.2%	6.2%	6.2%
No strong view	6.8%	9.0%	9.0%

## 51. Please give your views on the following statements: ...Cont.

### The Governments plans for the NHS: ...Cont.

**It is unlikely that sufficient healthcare professionals including nurses can be recruited to make a substantial difference to GP workload within the next five years**

	Health Authority/ Health Board (N=159)	England (N=17,869)	Overall (N=22,997)
Agree strongly	44.7%	52.7%	50.7%
Agree	45.9%	40.4%	42.0%
Disagree	5.0%	3.5%	3.6%
Disagree strongly	0.0%	0.8%	0.7%
No strong view	4.4%	2.7%	3.0%

### GP workload would be eased if nurse prescribing was extended

	Health Authority/ Health Board (N=162)	England (N=17,905)	Overall (N=23,048)
Agree strongly	13.6%	7.3%	7.1%
Agree	38.3%	44.4%	44.6%
Disagree	34.0%	32.9%	32.7%
Disagree strongly	3.1%	4.9%	4.9%
No strong view	11.1%	10.5%	10.6%

### GP workload would be eased if pharmacist prescribing was introduced

	Health Authority/ Health Board (N=162)	England (N=17,875)	Overall (N=23,005)
Agree strongly	17.3%	8.1%	7.9%
Agree	45.7%	46.7%	47.2%
Disagree	24.1%	27.6%	27.5%
Disagree strongly	1.2%	6.1%	5.8%
No strong view	11.7%	11.6%	11.7%

### Nurses and pharmacists who prescribe should take personal professional responsibility for their prescribing decisions

	Health Authority/ Health Board (N=162)	England (N=17,891)	Overall (N=23,031)
Agree strongly	58.6%	57.5%	56.7%
Agree	37.0%	40.5%	41.2%
Disagree	1.2%	0.7%	0.7%
Disagree strongly	0.0%	0.2%	0.2%
No strong view	3.1%	1.1%	1.2%



**51. Please give your views on the following statements: ...Cont.**

**The Governments plans for the NHS: ...Cont.**

**I welcome the proposals to extend prescribing by nurses**

	<b>Health Authority/ Health Board (N=160)</b>	<b>England (N=17,883)</b>	<b>Overall (N=23,016)</b>
Agree strongly	24.4%	18.0%	17.6%
Agree	51.3%	57.5%	57.8%
Disagree	11.9%	10.9%	11.0%
Disagree strongly	2.5%	2.9%	2.9%
No strong view	10.0%	10.7%	10.8%

**I welcome the proposals to introduce prescribing by pharmacists and other healthcare professionals**

	<b>Health Authority/ Health Board (N=162)</b>	<b>England (N=17,862)</b>	<b>Overall (N=22,981)</b>
Agree strongly	23.5%	15.5%	15.2%
Agree	46.3%	47.8%	48.5%
Disagree	14.2%	17.6%	17.3%
Disagree strongly	2.5%	6.0%	5.8%
No strong view	13.6%	13.1%	13.1%

**Access to improved child care arrangements should be provided for GPs**

	<b>Health Authority/ Health Board (N=160)</b>	<b>England (N=17,869)</b>	<b>Overall (N=22,996)</b>
Agree strongly	30.0%	27.8%	26.9%
Agree	45.6%	45.2%	45.5%
Disagree	5.6%	6.6%	6.7%
Disagree strongly	0.0%	1.7%	1.7%
No strong view	18.8%	18.7%	19.1%

**Improved child care arrangements will lead to a significant increase in the numbers of NHS GPs**

	<b>Health Authority/ Health Board (N=161)</b>	<b>England (N=17,848)</b>	<b>Overall (N=22,960)</b>
Agree strongly	17.4%	14.3%	13.9%
Agree	27.3%	31.0%	30.8%
Disagree	23.0%	23.7%	23.8%
Disagree strongly	3.1%	4.0%	4.1%
No strong view	29.2%	26.9%	27.4%



## EDUCATION AND QUALITY

52. Please give your views on the following statements:

**All GP registrars should spend eighteen months in general practice**

	Health Authority/ Health Board (N=162)	England (N=18,008)	Overall (N=23,189)
Agree strongly	16.7%	19.4%	20.1%
Agree	34.0%	31.2%	31.9%
Disagree	28.4%	30.1%	29.0%
Disagree strongly	1.9%	2.6%	2.5%
No strong view	19.1%	16.7%	16.6%

**The total period of GP vocational training should be lengthened beyond three years**

	Health Authority/ Health Board (N=163)	England (N=17,993)	Overall (N=23,175)
Agree strongly	9.8%	9.8%	10.3%
Agree	22.7%	19.1%	20.1%
Disagree	47.9%	51.7%	50.5%
Disagree strongly	5.5%	6.5%	6.3%
No strong view	14.1%	12.9%	12.9%

**The period of GP vocational training should be based on the learning needs of the individual doctor**

	Health Authority/ Health Board (N=162)	England (N=17,990)	Overall (N=23,172)
Agree strongly	11.1%	11.9%	11.8%
Agree	57.4%	56.5%	56.6%
Disagree	21.6%	18.8%	18.7%
Disagree strongly	0.6%	1.7%	1.7%
No strong view	9.3%	11.1%	11.2%

**A lengthened period of GP vocational training would increase the status of the specialty of general practice**

	Health Authority/ Health Board (N=162)	England (N=17,981)	Overall (N=23,162)
Agree strongly	8.0%	8.0%	8.4%
Agree	32.7%	23.3%	23.9%
Disagree	35.8%	44.5%	43.6%
Disagree strongly	1.9%	6.7%	6.6%
No strong view	21.6%	17.4%	17.4%



53. The GMC's professionally led quality assurance system, revalidation, is to be introduced soon. Meanwhile, clinical governance has been introduced, and regular appraisal is being introduced as a contractual obligation for all doctors working in the NHS. All these systems require adequate resources, in terms of the time required for clinical governance and by those being assessed and carrying out the assessments, training and resources for appraisers and assessors, and the funding of any necessary retraining and additional support needed by some doctors. Please give your views on the following statements:

**Clinical governance will lead to general improvement in patient care in general practice**

	Health Authority/ Health Board (N=163)	England (N=17,988)	Overall (N=23,171)
Agree strongly	6.7%	5.4%	5.0%
Agree	53.4%	51.7%	50.5%
Disagree	18.4%	24.5%	25.5%
Disagree strongly	4.3%	5.2%	5.3%
No strong view	17.2%	13.3%	13.7%

**Clinical governance will improve patient care in the practices of doctors who give cause for concern**

	Health Authority/ Health Board (N=163)	England (N=17,966)	Overall (N=23,141)
Agree strongly	8.0%	5.3%	5.0%
Agree	58.3%	52.3%	52.1%
Disagree	11.7%	23.3%	23.5%
Disagree strongly	3.1%	3.6%	3.8%
No strong view	19.0%	15.5%	15.6%

**Clinical governance will not work properly unless it is fully resourced**

	Health Authority/ Health Board (N=163)	England (N=17,990)	Overall (N=23,168)
Agree strongly	55.2%	59.6%	59.1%
Agree	39.9%	37.9%	38.3%
Disagree	0.6%	0.5%	0.6%
Disagree strongly	0.0%	0.1%	0.1%
No strong view	4.3%	1.8%	2.0%

53. The GMC's professionally led quality assurance system, revalidation, is to be introduced soon. Meanwhile, clinical governance has been introduced, and regular appraisal is being introduced as a contractual obligation for all doctors working in the NHS. All these systems require adequate resources, in terms of the time required for clinical governance and by those being assessed and carrying out the assessments, training and resources for appraisers and assessors, and the funding of any necessary retraining and additional support needed by some doctors. Please give your views on the following statements: ...Cont.

**I am committed to the concept of clinical governance**

	<b>Health Authority/ Health Board (N=161)</b>	<b>England (N=17,962)</b>	<b>Overall (N=23,128)</b>
Agree strongly	19.9%	16.2%	15.3%
Agree	53.4%	48.4%	48.2%
Disagree	8.7%	13.9%	14.2%
Disagree strongly	1.9%	4.3%	4.5%
No strong view	16.1%	17.2%	17.8%

**The introduction of clinical governance will make some doctors retire early from general practice**

	<b>Health Authority/ Health Board (N=163)</b>	<b>England (N=17,980)</b>	<b>Overall (N=23,154)</b>
Agree strongly	15.3%	22.6%	22.8%
Agree	55.8%	54.0%	54.4%
Disagree	9.8%	8.3%	8.1%
Disagree strongly	0.6%	0.3%	0.3%
No strong view	18.4%	14.7%	14.5%

**Appraisal will lead to general improvement in patient care in general practice**

	<b>Health Authority/ Health Board (N=162)</b>	<b>England (N=17,949)</b>	<b>Overall (N=23,119)</b>
Agree strongly	4.3%	2.9%	2.8%
Agree	36.4%	35.3%	35.4%
Disagree	35.8%	38.6%	38.4%
Disagree strongly	3.7%	6.2%	6.2%
No strong view	19.8%	17.0%	17.2%

53. The GMC's professionally led quality assurance system, revalidation, is to be introduced soon. Meanwhile, clinical governance has been introduced, and regular appraisal is being introduced as a contractual obligation for all doctors working in the NHS. All these systems require adequate resources, in terms of the time required for clinical governance and by those being assessed and carrying out the assessments, training and resources for appraisers and assessors, and the funding of any necessary retraining and additional support needed by some doctors. Please give your views on the following statements: ...Cont.

**Appraisal will improve patient care in the practices of doctors who give cause for concern**

	<b>Health Authority/ Health Board (N=161)</b>	<b>England (N=17,915)</b>	<b>Overall (N=23,078)</b>
Agree strongly	6.8%	4.9%	4.9%
Agree	57.1%	54.5%	54.4%
Disagree	19.3%	21.0%	21.1%
Disagree strongly	1.2%	3.6%	3.6%
No strong view	15.5%	16.0%	16.0%

**Appraisal will not work properly unless it is fully resourced**

	<b>Health Authority/ Health Board (N=161)</b>	<b>England (N=17,964)</b>	<b>Overall (N=23,136)</b>
Agree strongly	52.2%	62.8%	62.1%
Agree	43.5%	34.9%	35.4%
Disagree	0.6%	0.5%	0.5%
Disagree strongly	0.0%	0.1%	0.1%
No strong view	3.7%	1.7%	1.9%

**I am committed to the concept of appraisal**

	<b>Health Authority/ Health Board (N=161)</b>	<b>England (N=17,909)</b>	<b>Overall (N=23,057)</b>
Agree strongly	14.9%	13.0%	12.5%
Agree	56.5%	46.2%	46.4%
Disagree	11.8%	17.9%	17.9%
Disagree strongly	2.5%	4.9%	4.9%
No strong view	14.3%	18.1%	18.4%

- 53. The GMC's professionally led quality assurance system, revalidation, is to be introduced soon. Meanwhile, clinical governance has been introduced, and regular appraisal is being introduced as a contractual obligation for all doctors working in the NHS. All these systems require adequate resources, in terms of the time required for clinical governance and by those being assessed and carrying out the assessments, training and resources for appraisers and assessors, and the funding of any necessary retraining and additional support needed by some doctors. Please give your views on the following statements: ...Cont.**

**The introduction of appraisal will make some doctors retire early from general practice**

	<b>Health Authority/ Health Board (N=162)</b>	<b>England (N=17,949)</b>	<b>Overall (N=23,119)</b>
Agree strongly	21.6%	30.2%	30.0%
Agree	62.3%	53.0%	53.3%
Disagree	4.3%	5.5%	5.5%
Disagree strongly	0.0%	0.3%	0.3%
No strong view	11.7%	11.0%	11.0%

**The introduction of appraisal will help to enhance public trust in doctors**

	<b>Health Authority/ Health Board (N=162)</b>	<b>England (N=17,937)</b>	<b>Overall (N=23,092)</b>
Agree strongly	8.0%	6.5%	6.3%
Agree	51.2%	44.9%	44.9%
Disagree	18.5%	27.5%	27.5%
Disagree strongly	3.7%	4.5%	4.5%
No strong view	18.5%	16.7%	16.8%

**The introduction of appraisal will do little to protect the public**

	<b>Health Authority/ Health Board (N=162)</b>	<b>England (N=17,921)</b>	<b>Overall (N=23,078)</b>
Agree strongly	9.9%	12.7%	12.5%
Agree	40.1%	41.5%	41.1%
Disagree	30.2%	28.0%	28.3%
Disagree strongly	1.9%	2.4%	2.4%
No strong view	17.9%	15.4%	15.6%

53. The GMC's professionally led quality assurance system, revalidation, is to be introduced soon. Meanwhile, clinical governance has been introduced, and regular appraisal is being introduced as a contractual obligation for all doctors working in the NHS. All these systems require adequate resources, in terms of the time required for clinical governance and by those being assessed and carrying out the assessments, training and resources for appraisers and assessors, and the funding of any necessary retraining and additional support needed by some doctors. Please give your views on the following statements: ...Cont.

**Revalidation will lead to general improvement in patient care in general practice**

	<b>Health Authority/ Health Board (N=161)</b>	<b>England (N=17,917)</b>	<b>Overall (N=23,077)</b>
Agree strongly	3.1%	2.3%	2.3%
Agree	35.4%	29.7%	30.0%
Disagree	38.5%	42.9%	42.6%
Disagree strongly	5.6%	7.9%	7.9%
No strong view	17.4%	17.1%	17.2%

**Revalidation will improve patient care in the practices of doctors who give cause for concern**

	<b>Health Authority/ Health Board (N=160)</b>	<b>England (N=17,905)</b>	<b>Overall (N=23,071)</b>
Agree strongly	6.9%	4.5%	4.5%
Agree	59.4%	53.4%	53.1%
Disagree	20.0%	23.0%	23.1%
Disagree strongly	3.8%	4.1%	4.2%
No strong view	10.0%	14.9%	15.2%

**Revalidation will not work properly unless it is fully resourced**

	<b>Health Authority/ Health Board (N=161)</b>	<b>England (N=17,949)</b>	<b>Overall (N=23,120)</b>
Agree strongly	57.8%	64.5%	63.7%
Agree	38.5%	32.8%	33.4%
Disagree	0.6%	0.5%	0.5%
Disagree strongly	0.0%	0.1%	0.1%
No strong view	3.1%	2.0%	2.1%

53. The GMC's professionally led quality assurance system, revalidation, is to be introduced soon. Meanwhile, clinical governance has been introduced, and regular appraisal is being introduced as a contractual obligation for all doctors working in the NHS. All these systems require adequate resources, in terms of the time required for clinical governance and by those being assessed and carrying out the assessments, training and resources for appraisers and assessors, and the funding of any necessary retraining and additional support needed by some doctors. Please give your views on the following statements: ...Cont.

**I am committed to the concept of revalidation**

	Health Authority/ Health Board (N=159)	England (N=17,872)	Overall (N=23,025)
Agree strongly	13.8%	10.6%	10.2%
Agree	50.9%	39.3%	39.8%
Disagree	12.6%	23.0%	22.7%
Disagree strongly	2.5%	6.4%	6.5%
No strong view	20.1%	20.7%	20.8%

**The introduction of revalidation will make some doctors retire early from general practice**

	Health Authority/ Health Board (N=161)	England (N=17,931)	Overall (N=23,104)
Agree strongly	26.7%	35.2%	34.8%
Agree	58.4%	51.9%	52.1%
Disagree	2.5%	3.4%	3.6%
Disagree strongly	0.6%	0.2%	0.2%
No strong view	11.8%	9.3%	9.3%

**The introduction of revalidation will help to enhance public trust in doctors**

	Health Authority/ Health Board (N=161)	England (N=17,932)	Overall (N=23,095)
Agree strongly	5.6%	6.0%	5.7%
Agree	55.9%	46.1%	45.9%
Disagree	16.8%	26.0%	26.3%
Disagree strongly	5.6%	5.6%	5.6%
No strong view	16.1%	16.2%	16.4%

**The introduction of revalidation will do little to protect the public**

	Health Authority/ Health Board (N=161)	England (N=17,902)	Overall (N=23,059)
Agree strongly	12.4%	12.0%	12.0%
Agree	32.9%	40.6%	40.1%

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Disagree	31.7%	28.3%	28.7%
Disagree strongly	1.9%	2.5%	2.5%
No strong view	21.1%	16.6%	16.8%

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## THE CURRENT STATE OF THE NHS

54. Finally, please give your views on the following statements:

**On average, the care patients receive in general practice is better than it was five years ago**

	Health Authority/ Health Board (N=161)	England (N=18,054)	Overall (N=23,243)
Agree strongly	9.3%	9.3%	9.3%
Agree	50.9%	44.9%	44.1%
Disagree	21.1%	27.5%	27.7%
Disagree strongly	5.0%	7.0%	7.5%
No strong view	13.7%	11.3%	11.5%

**On average, the care patients receive in hospital is better than it was five years ago**

	Health Authority/ Health Board (N=160)	England (N=18,064)	Overall (N=23,269)
Agree strongly	0.6%	1.4%	1.4%
Agree	14.4%	12.7%	12.2%
Disagree	53.1%	48.6%	48.4%
Disagree strongly	21.9%	28.4%	29.5%
No strong view	10.0%	8.9%	8.6%

**The NHS should remain a comprehensive service**

	Health Authority/ Health Board (N=161)	England (N=18,017)	Overall (N=23,201)
Agree strongly	21.1%	24.3%	24.4%
Agree	50.9%	41.8%	42.2%
Disagree	19.3%	22.8%	22.5%
Disagree strongly	5.6%	6.2%	5.9%
No strong view	3.1%	4.9%	4.9%

**The NHS can no longer remain a comprehensive service, even with significant additional resources**

	Health Authority/ Health Board (N=157)	England (N=17,906)	Overall (N=23,040)
Agree strongly	15.3%	16.9%	16.5%
Agree	31.8%	31.2%	31.0%
Disagree	40.1%	38.0%	38.3%
Disagree strongly	3.8%	6.5%	6.7%
No strong view	8.9%	7.5%	7.5%



**54. Finally, please give your views on the following statements: ...Cont.**

**All people currently entitled to NHS care should continue to be entitled whatever their income**

	<b>Health Authority/ Health Board (N=159)</b>	<b>England (N=18,001)</b>	<b>Overall (N=23,173)</b>
Agree strongly	20.1%	25.5%	25.5%
Agree	56.6%	47.6%	48.0%
Disagree	15.7%	17.6%	17.4%
Disagree strongly	3.8%	4.3%	4.1%
No strong view	3.8%	4.9%	5.0%

**The NHS should remain free at the point of use**

	<b>Health Authority/ Health Board (N=161)</b>	<b>England (N=18,038)</b>	<b>Overall (N=23,222)</b>
Agree strongly	20.5%	21.1%	21.1%
Agree	46.0%	35.6%	36.1%
Disagree	19.9%	27.9%	27.6%
Disagree strongly	8.1%	7.9%	7.7%
No strong view	5.6%	7.5%	7.5%

**The bulk of NHS funding should come from taxation rather than alternative methods such as insurance**

	<b>Health Authority/ Health Board (N=159)</b>	<b>England (N=18,037)</b>	<b>Overall (N=23,217)</b>
Agree strongly	16.4%	19.7%	19.9%
Agree	40.9%	36.3%	36.9%
Disagree	23.9%	24.6%	24.3%
Disagree strongly	6.3%	6.5%	6.2%
No strong view	12.6%	12.9%	12.7%

**A continuing public debate should be held about what treatments the NHS will and will not provide**

	<b>Health Authority/ Health Board (N=161)</b>	<b>England (N=18,028)</b>	<b>Overall (N=23,202)</b>
Agree strongly	31.7%	34.6%	33.7%
Agree	57.1%	54.6%	55.1%
Disagree	5.0%	5.7%	5.9%
Disagree strongly	0.6%	1.2%	1.3%
No strong view	5.6%	3.8%	4.0%

**54. Finally, please give your views on the following statements: ...Cont.**

**All patients should pay fees for consulting a GP**

	<b>Health Authority/ Health Board (N=159)</b>	<b>England (N=18,030)</b>	<b>Overall (N=23,206)</b>
Agree strongly	9.4%	9.7%	9.2%
Agree	17.6%	15.3%	15.1%
Disagree	46.5%	46.6%	47.4%
Disagree strongly	17.0%	18.1%	17.9%
No strong view	9.4%	10.3%	10.3%

**All patients apart from those in exempt groups, such as those on low incomes, should pay fees for consulting a GP**

	<b>Health Authority/ Health Board (N=159)</b>	<b>England (N=17,951)</b>	<b>Overall (N=23,113)</b>
Agree strongly	6.9%	8.6%	8.1%
Agree	20.8%	21.1%	21.0%
Disagree	42.1%	41.8%	42.5%
Disagree strongly	19.5%	17.6%	17.6%
No strong view	10.7%	10.9%	10.8%

**The great majority of general practice should continue to be provided in the NHS**

	<b>Health Authority/ Health Board (N=159)</b>	<b>England (N=18,047)</b>	<b>Overall (N=23,230)</b>
Agree strongly	31.4%	33.1%	32.8%
Agree	55.3%	53.1%	53.9%
Disagree	8.2%	7.4%	7.1%
Disagree strongly	1.3%	2.0%	1.9%
No strong view	3.8%	4.4%	4.3%

**There should be a substantial expansion of private general practice**

	<b>Health Authority/ Health Board (N=161)</b>	<b>England (N=18,041)</b>	<b>Overall (N=23,226)</b>
Agree strongly	6.8%	8.1%	7.7%
Agree	16.8%	16.8%	16.6%
Disagree	36.6%	38.7%	39.0%
Disagree strongly	21.7%	22.5%	22.7%
No strong view	18.0%	14.0%	14.0%

**54. Finally, please give your views on the following statements: ...Cont.**

**If the pay, conditions of service and workload were otherwise broadly comparable, I would prefer to work as a doctor in the NHS rather than the private sector**

	<b>Health Authority/ Health Board (N=161)</b>	<b>England (N=18,075)</b>	<b>Overall (N=23,269)</b>
Agree strongly	49.1%	48.4%	48.2%
Agree	33.5%	38.2%	38.7%
Disagree	6.8%	4.9%	4.8%
Disagree strongly	3.1%	2.8%	2.6%
No strong view	7.5%	5.8%	5.7%