

## Non-fundholding commissioning groups

Sir,

I was interested to receive my copy of the Royal College of General Practitioners *Members' reference book 1994* which contained an article on fundholding.<sup>1</sup> However, I was disappointed that there was no article on non-fundholding commissioning groups which many of us believe to be the right way forward for general practice participation in purchasing.

Protagonists of fundholding present the benefits as if they are specific to fundholding. The very reason that fundholding appears to have worked is that fundholders have been given opportunities denied to non-fundholding general practitioners. Together with extra money, political will, and careful selection of practices fundholding has been bound to work. Non-fundholding commissioning groups can have as much, if not more, benefit to patients if only they are given the same incentives and opportunities.

It is true perhaps that fundholding has set in motion the process of getting general practitioners more involved in purchasing. But was this really the strategic objective of the early fundholders, or did they just seize the fundholding carrot offered by the government without a thought as to how it might affect general practice as a whole? I am sure most general practitioner colleagues acted for the benefit of their patients, but would it not have been more sensible to pilot the scheme, or better still, to have said no to the government and devised as a profession a scheme which involves all general practitioners and confers benefits on all patients? Certainly this option would have been more difficult, but the best solution is rarely the easiest. I regret having to disagree with colleagues on such a fundamental issue, but while the banner of fundholding continues to be waved in such prominent places as the RCGP *Members' reference book 1994*, it is vital that a very different view held by many other general practitioners is also put forward.

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### Reference

1. Maisey T. Fundholding in general practice. In: Royal College of General Practitioners. *Members' reference book 1994*. London: Sabrecrown, 1994.

## Teaching GPs about management

Sir,

Preparation of doctors for their role as managers is frequently a subject of criticism. In their editorial, Fairhurst and colleagues emphasize how few newly trained general practitioners possess the understanding and skills needed to accomplish successfully the growing number of management tasks (January *Journal*, p.2).

Developed by Bill Styles (regional adviser in general practice) and Sally Hargreaves (Kensington and Chelsea and Westminster Family Health Services Authority medical adviser) an innovative idea which attempts to address this problem is now in its third year at the Kensington and Chelsea and Westminster Health Commissioning Agency, London.

For one year a general practitioner who has recently completed vocational training but has not entered full-time general practice has the opportunity to learn about public health medicine and the organization and management of the National Health Service, emphasizing the application of these in general practice. In a supported environment, the post holder is actively involved in all aspects of health care provision and is encouraged to solve problems independently while developing new skills.

Practical experience of needs assessment, strategic planning of services and their evaluation enable the post holder to appreciate individual and population health needs, and the importance of health promotion and disease prevention. Working with other professionals from health care and non-health care backgrounds allows a shared understanding of the challenges faced by each and thus helps to eliminate the mistrust which all too commonly has been allowed to build up.

Many of the skills needed for general practice, for example clinical audit, management of other professionals (including delegation) and being able to say 'no', and an understanding of the business and financial aspects of practice are acquired through the day to day situations experienced. The continuation of sessions in general practice during this time allows lessons and skills learned to be consolidated and allows an extension of the arguably too-short training year.

With current emphasis on the developing public health role of general practitioners and the growing need for them to understand and play a major part in health services management, this innovative post successfully addresses the old and

new needs of the modern general practitioner.

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## Royal Medical Benevolent Fund

Sir,

I am sure your readers would be upset to realize how many of their colleagues have fallen on hard times, affecting both themselves and their dependants. This is usually related to ill-health or social problems which can occur early in their career. The Royal Medical Benevolent Fund, which is the oldest and largest independent medical charity, was formed to help any such member of the profession. As will be seen in the leaflet being mailed with this issue of the *Journal*, the charity does this in a variety of ways both financial and giving expert advice, while if someone needs long-term support this is maintained and colleagues are not abandoned after a single grant. Calls on the fund have increased year by year, fourfold in the last 10 years. This is because chronic illness is more expertly treated, we live longer and medical families are not immune from the social consequences of the instability of the marriage contract. There was a deficit of income over expenditure of £200 000 last year. Thus the fund faces a stark choice unless it gets more financial support, either we eat into the capital and the fund disappears or we cut down on the support to your colleagues in need.

It seems only right that the profession helps its own and we cannot expect the general public to be the major supporter of this charity. To date support by the profession has been relatively sparse (less than 10%) and contributions relatively low (£13 per year). I am sure this is because many of the profession are not aware of the fund's activities and need. Although in the past the suggested annual support was low, £5-10 per year, this was before inflation in more recent years and is now sadly inadequate.

Please be generous and support your colleagues in distress and return the enclosed form with a generous gift.

ANTHONY DAWSON

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