

# Commissioning — a postal questionnaire survey of the opinions of GPs and public health physicians in Wales

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## SUMMARY

*A survey of general practitioners (GPs) and public health physicians (PHPs) in Wales was carried out to establish opinions on a range of matters concerning health care commissioning. Eighty-eight GPs and 46 PHPs were posted questionnaires, with responses received from 56 GPs and 40 PHPs. The results showed good support for the separation of the purchasing and providing roles of health management but little for the internal market or fundholding.*

*Keywords: health management; commissioning; survey.*

## Introduction

THE National Health Service (NHS) and Community Care Act 1990,<sup>1</sup> with the separation of the purchasing and providing roles of health management, established the concept of health care commissioning — the process of prioritizing health care purchasing by analysing health need, evaluating health services, and consulting with interested parties to achieve objectives that maximize the health of the population.

A range of different models of commissioning/purchasing (including fundholding) developed prior to the present move to a primary care-led service, but the difficulties inherent in assessing the impact of any form of commissioning, given our inability to accurately define both need and appropriate service provision,<sup>2-4</sup> suggest that effective analysis of the various commissioning models is at least a generation away.

We report the results of a postal questionnaire survey of general practitioners (GPs) and public health physicians (PHPs), seeking to establish opinions on a range of commissioning matters.

## Method

Questionnaires were posted to all consultant PHPs and a one in 20 systematic sample of GPs during June–August 1997. Non-responders received a second questionnaire five weeks later. Overall response rate was 72% (96 out of 133), with replies from 64% (56 out of 88) of GPs and 87% (40 out of 46) of PHPs.

A range of general practices was represented, with 59% (33 out of 56) fundholding; 39% (22 out of 56) training practices; 54% (30 out of 56) having between three and five partners; and 45% (25 out of 56) working in mixed (non-urban, non-rural) locations.

Of the PHPs, 75% (30 out of 40) worked within health authorities, with the remainder working in Trusts, academic posts, or the Welsh Office. There was a similar age distribution in both professions.

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The study population reported that a wide range of commissioning methods, with varying degrees of informal and formal GP involvement, was in use within Wales.

## Results

Table 1 summarizes responders' views on the pre-1998 commissioning system, showing good support for the purchaser/provider split but little for the internal health market. Majorities favoured health authorities having a 'supervisory role' in the management of hospital Trusts, including the illustrative example of having a representative on consultant appointment panels. Fundholding had little support among PHPs, no support at all from non-fundholding GPs and only 57% (19 out of 33) support among GP fundholders themselves. Sixty-seven per cent (22 out of 33) of fundholders, and 77% (74 out of 96) of the total surveyed, considered that fundholding causes inequity.

Large majorities — 70% (28 out of 40) of PHPs and 55% (31 out of 56) of GPs — thought that the commissioning process to date had been of limited effectiveness and relevance. Twenty-five per cent (14 out of 56) of GPs were undecided.

Of those with personal experience of the commissioning of health care services (PHPs = 29, GPs = 9), satisfaction with the process was low (PHPs 21% [six out of 29], GPs 44% [four out of nine]).

Eighty-nine per cent (50 out of 56) of GPs felt that their opinions should be sought when decisions are made on what services should be purchased for their patients. Of these, 20% (10 out of 50) wanted formal involvement in commissioning, with 76% (38 out of 50) preferring the setting up of local arrangements where views can be expressed to others having direct commissioning roles.

There was an understanding of the influence of population size and cost of service in commissioning (Table 2), with large majorities opting for health authority commissioning of tertiary services. A majority of GPs — 70% (39 out of 56) — would like to see the management of health visitors and district nurses incorporated into general practice.

All but one of the responders thought it important or very important for GPs and PHPs to develop improved cooperation and team working in order to take full advantage of the commissioning process, and 53% (51 out of 96) of the whole group expressed a desire to participate in training and education sessions to develop commissioning skills.

## Discussion

There is good support for the purchaser/provider split but little for the internal market or fundholding. Most GPs and PHPs surveyed thought that the commissioning process had been of limited effectiveness, but there is a widespread interest in commissioning matters and a desire to 'participate'. Locality commissioning is well supported, but it was believed that tertiary-services commissioning should remain at health authority level. A large majority of GPs would prefer the incorporation of district nursing and health visiting management into general practice,

**Table 1.** Views on the pre-1998 commissioning system. (GP: *n* = 56; PHP: *n* = 40.)

	Group	Yes	No	Undecided
Do you support the purchaser/provider split?	PHP	24 (60%)	11 (27%)	5 (13%)
	GP	27 (48%)	17 (30%)	12 (21%)
Do you support the internal market within the NHS?	PHP	4 (10%)	30 (75%)	6 (15%)
	GP	9 (16%)	38 (68%)	9 (16%)
Should the HA have a supervisory role within hospital Trusts?	PHP	26 (65%)	10 (25%)	4 (10%)
	GP	34 (61%)	14 (25%)	8 (14%)
Should the HA have a representative on consultant appointment panels?	PHP	25 (63%)	12 (30%)	3 (8%)
	GP	31 (55%)	19 (34%)	6 (11%)
Do you support the concept of fundholding?	PHP	6 (15%)	27 (68%)	7 (18%)
	GP	19 (34%)	27 (48%)	10 (18%)

**Table 2.** Perceived 'best location' of commissioning decision. (GP: *n* = 56; PHP: *n* = 40.)

Type of service being commissioned	Group	GP practice 'level'	Local commissioning group 'level'	HA 'level'
Community based, frequently used, less expensive; e.g. physiotherapy, counselling	PHP	10 (25%)	25 (63%)	2 (5%)
	GP	30 (54%)	23 (41%)	1 (2%)
DGH based; e.g. general surgery and medicine, ophthalmology etc.	PHP	3 (8%)	18 (45%)	13 (33%)
	GP	10 (18%)	37 (66%)	8 (14%)
Tertiary services, less common, perhaps expensive; e.g. cardiac and neurosurgery, IVF etc.	PHP	0	3 (8%)	33 (83%)
	GP	5 (9%)	14 (25%)	35 (63%)

and nearly all thought that GPs and PHPs should develop improved team-working. There is support for a close collaborative relationship between contractor and provider Trust, and the majority would like to see health authority representation on hospital consultant appointment panels.

## References

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