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GPs to face tougher tests on surgery
08 February 2007

The government is to publish national standards for minor surgery carried out in primary care.

Department of Health director of primary care Dr David Colin-Thome made the commitment as he published a report setting out the 'case for change' in the way services are provided. He said the scheme would see GPs who carried out surgery being mentored and assessed by consultants.

Dr Colin-Thome said: 'In March we will launch a much tougher accreditation process where evidence of skills and practical work and an accredited assessment by a consultant will be included.

'They will be audited locally and a consultant will be a mentor to that GP. Some consultants don't like the model; others do and we have their support. We have well over 15,000 GPs who have a special interest and they will get better support.'

During the event, Dr Colin-Thome and health secretary Patricia Hewitt defended the role the GP contract's quality and outcomes framework had played in improving the quality of services.

The report, one of a series on the case for changing the way services are run, says a guarantee of quality will be at the heart of future services and that the quality and outcomes framework goes some way to representing this guarantee.

Ms Hewitt also said she did not plan to cap QOF payments, though she acknowledged the government was looking at the relative ratio of profits to income.

Keeping it Personal details how care should be shifted to the community, using policies like practice-based commissioning.

Dr Colin-Thome insisted the shift could be funded 'with existing resources. If we don't have as many follow-ups at hospitals, if we have shorter waiting times and less admission to hospitals, more money can be used in primary care.

'We will have to reconfigure hospitals but we don't want to destabilise them. The discussion is about pacing rather than whether it will happen.'

His report states that the six-week post-surgery check-up does not need to be carried out by a consultant in most cases.

He said: 'We still want hospital doctors to see patients who need to be seen but 31 per cent of follow-up care can be done in primary care.

'A lot of follow-up care is duplicated in primary care - we want to stop this duplication but we have never wanted to stop follow-ups.'