

DELIVERING THE FUTURE: Responses to the Government's White Paper

5 February, 1997

1. Sources of information accessed:

- *Primary care : delivering the future*: the government's White Paper and its press release
- Journals taken by the King's Fund (handsearched) which have contained useful sources:
 - ♦ *BMJ* 4 January 1997
11 January 1997
 - ♦ *Health Service Journal* 2 January 1997
9 January 1997
 - ♦ *Nursing Management* Vol 3 No 8 January 1997
 - ♦ *Nursing Standard* Vol 11(13-15) 18 December 1996
Vol 11(16) 8 January 1997
 - ♦ *Nursing Times* Vol 92(51) 18 December 1996
Vol 93(1) 1 January 1997
 - ♦ *Pulse* 21/28 December 1996
4 January 1997
11 January 1997
- Databases:
 - ♦ King's Fund's Unicorn database

2. Information gleaned:

- Generally nurses and GPs have seen the White Paper as providing opportunities
- Some aspects, such as the permanency of the out-of-hours development fund have been wholeheartedly welcomed^{1,2}, while others (such as nurse prescribing, the extension of the NHS pension scheme, more teamworking and the improvements to the retainer scheme) have been welcomed but questioned in their practical implementation
- A political agenda has been attributed to the White Paper
- Concern has been voiced about the introduction of efficiency indicators
- The status of the MPC has been mentioned
- The introduction of more private investment into primary care has been welcomed by some (including commercial interests) and disliked by others
- The additional funds for R&D in primary care have been wholeheartedly welcomed and ideas put forward for the general way in which they could be spent

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3. The reactions in detail:

3.1 General reactions

A cautious welcome has been granted to *Primary care: delivering the future*, the second of the government's white papers following on from its Listening Exercise last year.

3.1.1 The Nursing Community

Many of the document's commentators are members of the nursing community who in general feel that they have been granted more opportunities for professional development in this White Paper than they were in the first one.

Linda Steele, writing in the *Nursing Standard* acknowledges this boost to nursing:

"[P]oliticians are finally giving the profession the respect it deserves."³

This sense that the nursing profession has won a victory is supported by Anne Gulland⁴ and Pat Cantrill, the latter of whom Steele quotes⁵. Cantrill however also urges her colleagues in the field not to sit on their newly won laurels but to take up the opportunities which are being offered to them. The changes to be brought about under the *NHS (Primary Care) Bill*, should it become enacted, are not viewed by the nursing community as good things simply to accept but as opportunities to be seized and developed. Cantrill recognises that this may not be easy; she identifies potential difficulties in being able to cast off traditional assumptions and to think freely.

This aspect of the White Paper's changes is that of which Stephen Dorrell seems most proud and which he is most keen to emphasise. Writing in *Pulse* he describes what he sees as the keystone of the proposals:

"More than ever before, GPs are being presented with great opportunities to shape and develop high-quality primary health care services."⁶

The professionals have echoed this view almost consistently. It is the one part of the White Paper which has affected all of them in some way and which they have all acknowledged.

3.1.2 The Media World

Despite the enthusiasm expressed by nursing commentators, the media in general have not shown much interest in this new white paper. The timing of its publication and its length may have been to blame for this. An editorial in the *Health Service Journal* explains that by the new year "several prominent commentators contacted by the *Journal* confessed that seasonal distractions had so far prevented them from digesting its 60 pages."⁷ The editorial goes on to suggest that another reason for a lack of enthusiasm in the professional commentators could be "a deep-rooted scepticism that the current government could or would be delivering any future at all."

Mark Crail further explains the lack of reaction to the document in the same issue of the *Health Service Journal*⁸. He states that the nation and the health service particularly is suffering from policy fatigue despite the fact that some of the proposals in *Delivering the Future* offer hints of a change in the relationship between GPs and the rest of the NHS which would be more fundamental than any put forward by any previous government.

3.1.3 The Medical Community

Crail spoke to a number of interested parties and again found a cautious welcome for the White Paper. John Chisholm, chairman of the GMSC, for example, welcomes the package of proposals but says that they will require greater investment and a "substantial GP pay award". *Pulse* further explains the GMSC's reaction⁹. Here, they are cited as welcoming the majority of the proposals but are concerned that the goodwill shown by the Department of Health could become undermined if the Review Body's next report fails to recommend a decent pay rise. They welcome in general the introduction of practice staff into the NHS pension scheme, the permanent status of the out-of-hours development fund and the improvements to the retainer scheme but are still concerned over the lack of extra funding for summative assessment and undergraduate education.

Many critics have responded in this way, giving qualified approval to the schemes. This is acknowledged by Stirling and Gould who describe Stephen Dorrell via the latest white paper as blending tighter value for money control with a range of "seasonal sweeteners"¹⁰. The Christmas gift image is used in several other places to describe *Delivering the Future*^{11,12}, implying the general acceptance in the profession of its contents.

Five individual reactions are recorded in the Christmas edition of *Pulse*¹³. Dr Andrew Willis, chairman of the National Association of Commissioning GPs is the only commentator in this small group who has voiced only negative thoughts. He is disappointed at the failure of the government to resource GP commissioning properly. The other four interviewees, Mike D'Souza (Association of Independent Multifunds), Greg Wilcox (National Association of Fundholding Practices), Tony Calland (GMSC fundholding sub-committee) and Derek Day (NAHAT) all have words of approval.

Some GPs are already committed to change and are simply deciding now how it should manifest itself. In Andover, a group of fundholding GPs is considering merging with a small local Community Trust¹⁴. Other Andover GPs are cited as having reservations about joining this scheme but have still said that they are in favour of incremental change and that they are considering not only the primary care agency proposed in the merger but also the possibilities of a multifund or a total purchasing model. It certainly seems that the majority of the professionals working in the field are enthusiastic about this latest primary care White Paper and want to exploit the opportunities it offers.

Not all of the senior academic commentators have accepted the new White Paper without questioning its implications, however; Chris Ham is quoted in *Pulse* as saying that professional isolation may be possible from the *NHS (Primary Care) Bill*¹⁵. He still maintains this despite the emphasis on teamworking in the latest White Paper. His reasons are that the introduction of competition into the primary care arena will make it more difficult for GPs to build a spirit of co-operation between themselves.

Others are also being cautious. In comparison with many of the GPs' enthusiastic reactions to *Delivering the Future*, Judy Gilley of the GMSC is still urging caution before entering into "fine print" discussions on new forms of delivering GMS. She is asking the GPs to wait before doing anything until they have received the further guidance that the GMSC is sending out¹⁶. One of the problems identified by the GMSC which must be resolved prior to the start of the pilots is in the need to agree changes to the regulations surrounding general practice. They are quoted in *Pulse* as saying that a huge number of adjustments to these regulations need to be agreed by the end of summer 1997 so that the changes can go ahead¹⁷.

Another stumbling point recognised by the GMSC is in the imbalance between the ideas proposed and the funds allocated to implement them. Ian Bogle has said:

"We must not be seduced by the wonderful promises because they can't all be developed with £100 million."¹⁸

Nonetheless, he is also pleased generally with the contents of *Delivering the Future* and the aims put forward, even if their execution will cost more than has been estimated:

"The White Paper contains most of what we have been campaigning for the last decade. I could have written most of it myself."¹⁹

The reasons for the approval accorded to the White Paper by the professions involved vary (NAHAT, for example, is quoted by John Warden as seeing the proposals as "a real step forward" in creating a primary care led NHS²⁰; whereas Christine Hancock applauds the intended changes because they constitute "a powerful endorsement of the skills that nurses possess."²¹) but in general the opportunities in the White Paper have been accepted and welcomed. Few gripes have been raised about things which have been omitted; however, some more important comments have been made concerning the practicalities of implementing the ideas.

3.2 Party politics

With the general election fast approaching, several commentators have implied that the publication of *Delivering the Future* has a hidden political agenda. Some have seen it as an "astute piece of pre-election party politics"²² designed to woo GPs by addressing some of their key concerns and promising them rosy opportunities in the future. It is also seen as an attempt to steal a march on health as an election issue by "rip[ping] the NHS rug out from under Labour's feet."²³

The National Association of Commissioning GPs concentrates not on what is included in the document, but on what has been omitted and attributes these omissions rather than the actual contents of the document to party politics²⁴. They view the absence of any proposals dealing with GP commissioning as being only "for party political reasons" and "against the interests of the NHS as a whole".

Others have viewed the timing of its publication as evidence of the government trying to release controversial ideas under the cover of the Christmas festivities:

"Publishing policy proposals in the week before Christmas is a well-tried and tested ruse, virtually guaranteeing minimum publicity and appraisal."²⁵

Nonetheless, this same commentator goes on to refer to the painstakingly consultative background of *Delivering the Future* which suggested that when the White Paper appeared it would not contain many surprises. This is so; however, some of the proposals it includes could be considered radical as the effects they will have will be far-reaching. The *Health Service Journal* includes the extension of the NHS pension scheme and the question of the role of the Medical Practices Committee as examples as these²⁶.

The Labour Party views the White Paper as a political document in a slightly different way. Chris Smith has been quoted as saying that it represents "nothing more than a bid for Tory

leadership" by Stephen Dorrell²⁷. He goes on to criticise the lack of exactness in the proposals it contains. Labour view the primary care proposals in general as being worded in a vague and woolly way. Chris Smith thinks that *Delivering the Future* should have been "clearer and bolder and bigger on specifics"²⁸. This opinion is echoed by Baroness Jay whose amendment to the primary care Bill to prevent the participation of private companies in the new primary care arrangements was recently narrowly defeated in the House of Lords²⁹. She is cited as saying that although the Bill was designed as an enabling piece of legislation its wording contains very few specifications about the nature of the pilot schemes proposed.

Mark Gould suggests that the Labour Party and the BMA will improve on this lack of precision in the White Paper later on when they will be able, they hope, to enlist the support of disaffected Tory MPs in order to effect changes to the proposals it contains³⁰. He also submits that the Labour Party will then use the debate caused by their objections to some of the changes to play up the threat of a privatised NHS as part of its election campaign. In this same article Tessa Jowell explains the four areas which Labour intends to attack and the amendments they would like to make:

- **Medical Practices Committee:** Labour would ensure they have a role in determining the pilot schemes under the terms of the Bill
- **Health Authorities:** Labour would allow them to employ GPs
- **Private companies:** Labour would remove the clause allowing the commercial sector to employ GPs
- **GMS:** Labour would ring-fence this

Delivering the Future and the *NHS (Primary Care) Bill* in general will undoubtedly be used for political purposes and possibly already have been; nonetheless, both the profession at large and Chris Smith himself³¹ have welcomed some of the changes currently being proposed. Although many interested parties recognise the political dimensions of the primary care changes, they also acknowledge the potential practical value of the proposed alterations to primary care.

3.3 Reactions to Specific Issues

3.3.1 Efficiency indicators

Some GPs are very concerned about this. Two London GPs, writing to the *BMJ*, express their anxiety over the practical aspects of the proposals in general. They see the suggested changes as "a threat to the survival of general practice, particularly in deprived inner city areas"³². Their biggest worry regards the introduction of performance monitoring and standard setting which could lead to a dearth of GPs in the inner cities. This fear of the classification of some GPs as "substandard" is supported by another letter-writer, this time writing to *Pulse*:

"No doubt this is really an attempt to rid the NHS of all those "substandard" GPs who just want to treat patients without any hassles."³³

Other worries about the proposed league tables relate to their entire existence. A *Pulse* editorial criticises their introduction, saying that quality in primary care cannot be quantified³⁴.

These worries may be a little premature, however, if the reassurances given to the GMSC by the Department of Health are anything to go by. The Department has told the GMSC that the efficiency to be measured will be at health authority level and concerns the use of NHS resources³⁵. They have been cited here as saying that they are not seeking to cascade this measurement down to practice level or to introduce performance indicators here. This could have a positive aspect as it could result in the health authorities giving better support to under-performing GPs.

3.3.2 Extension of the Pension Scheme

This is another of the eagerly awaited elements of the latest White Paper. Many commentators have welcomed its inclusion in *Delivering the Future*^{36,37,38,39,40,41}. The RCN and Unison are both recorded as valuing this⁴², as is the GMSC⁴³.

The only voices of dissatisfaction here come from Mark Crail⁴⁴ and Unison. Crail states that

"[E]ven after a delay of three years since ministers accepted in principle that practice staff should be able to join the NHS pension scheme, it looks as though many will be dissatisfied with the government's proposals."

To back this up he quotes Unison's national officer Roy Paterson who has said that he is disappointed that GPs will be able to prevent their staff from joining the scheme. Unison is quoted elsewhere as well, voicing their anger that the three year delay has taken place⁴⁵.

Despite these criticisms the extension of the pension scheme has been widely lauded.

3.3.3 Financial issues

As well as some general ongoing complaining about the need for more resources to fund the primary care initiatives⁴⁶, some other financial issues are causing concern within the professional press following on from *Delivering the Future*.

i) Weighted capitation

One of the financial aspects of the changes which has caused comment is the introduction of weighted capitation. An editorial in *Pulse* brings this to the attention of its readers by stating that this system will create winners and losers and claiming that some GPs could face clawbacks year on year until their budgets reach parity⁴⁷.

ii) Private Finance

The other major financial aspect of the White Paper which is attracting comment concerns the extension of the PFI scheme to primary care. This has received a mixed set of responses. Chris Smith has said that encouraging GPs to get "bogged down in the peculiar complexities" of the Private Finance Initiative would delay primary care development⁴⁸. Nonetheless, Stephen Dorrell would still like to see more private investment in GP premises via an extension of this scheme⁴⁹.

Those who oppose the idea are worried that the lack of clarity of the scheme could saddle GPs with big debts if they sign deals for which they will not get fully reimbursed under the cost-rent scheme^{50,51} or that the PFI will simply not give them as much as the cost-rent scheme did.

The chairman of the GMSC Practice Premises Task Group, Dr Michael Wilson, is one of these commentators. He is warning GPs to steer clear of the PFI as the detail is "not

sufficiently clear"⁵² and that "the straightforward cost-rent system was a better option."⁵³ He does however agree that something needs to be done to find a wider range and size of buildings to accommodate the medical workforce in a supersurgery.

This need is acknowledged elsewhere and is one of the main reasons for the support which the extension of the PFI to primary care has received in some quarters. Dr Tony Calland, chairman of the GMSC fundholding sub-committee welcomes the changes to the way in which premises will be financed. He says that:

"[t]o help development in primary care it is axiomatic that there is improvement in premises."⁵⁴

Dr Greg Wilcox, an executive member of the National Association of Fundholding Practices views more private investment in premises as another opportunity for GPs which they need to grasp⁵⁵.

The extension of the scheme has caused a little interest in the commercial world as well. *Pulse* records that Glaxo Wellcome and Hambros are investigating the possibility of becoming involved⁵⁶. Hambros, one of the UK's leading merchant banks, have said that while individual building schemes would not present a big enough return for them, they could envisage profits from bundling together a number of practice premises deals. Matthew Vickerstaffe, assistant director of Hambros' finance department, has said that primary care projects had previously been too small to attract the bank "[b]ut this legislation may allow deals to be packaged together. If that would allow bigger deals we may be more interested." The private companies are expressing interest in the scheme even if some of the GPs and their organisations are not entirely keen on the idea.

3.3.4 Medical Practices Committee

A few comments have been made about the MPC, regarding its past performance and its rather doubtful future.

Two commentators believe that *Delivering the Future* effectively concedes that the MPC, which was established to ensure a fair distribution of GPs, has failed largely because it has only a negative power to prevent doctors from setting up in over-provided areas^{57,58}. One of these commentators, Mark Crail, also cites Neil Goodwin, Chief Executive of Manchester Health Authority, who believes that the MPC is an anachronism, as it sits in London and takes decisions over general practice performed elsewhere with very little knowledge of local issues or problems. Despite these views of the MPC as nonsensical, the *Health Service Journal* editorial still accords controversial status to its possible removal⁵⁹.

3.3.5 Nurse prescribing

This has been welcomed, especially by the nursing community. *Nursing Management* describes the approval given to it by the nursing unions as a "cautious welcome"⁶⁰. Generally the nursing community supports the idea but several of its members have made other comments and criticisms concerning the way the project is being extended and the legal implications of doing so.

i) Another pilot

Pippa Gough, assistant policy director of the RCN is quoted as saying that she is disappointed that the extension of nurse prescribing would not apply immediately, especially considering that a nurse prescribing project has been piloted already:

"How much longer is the government going to go on calling them pilots, instead of recognising that this is a valuable, much needed mainstream service?"⁶¹

Anne Gulland calculates that there will have been a delay of two and a half years since the beginning of the nurse prescribing projects by the time that district nurses and health visitors will be given the right to prescribe⁶². Chris Smith, although welcoming nurse prescribing in general also believes that more could have been done in this area⁶³. He describes Stephen Dorrell as being "too timid" here. He gives manpower reasons for the need to speed up nurse prescribing:

"A recent report by Touche Ross⁶⁴ showed that 170,000 hours of GP time could be saved by going for a proper national nurse prescribing scheme, including psychiatric nurses and practice nurses."

The delay to the final implementation of the nurse prescribing project will mean that some aspects of nurse prescribing will be out of date by the time district nurses and health visitors come into the picture. Not least of these aspects is the nursing formulary which Pippa Gough describes as outdated and restricted⁶⁵. Christine Hancock supports this⁶⁶. She says that the list of items that nurses can prescribe covers a limited range of medicines most of which can be bought over the counter. Such a formulary does not make the most of nurse prescribing which should allow nurses to be more responsive to patients. Ann Keen, general secretary of the Community and District Nursing Association describes the nurse as "the key person in the primary care team", implying that he or she is a person for whom prescribing should make up part of their role⁶⁷. Pat Cantrill, assistant chief nursing officer at the Department of Health has promised a review of the nursing subsection of the British National Formulary but cannot say at this stage what the changes will be⁶⁸.

Pippa Gough states that she has not seen an evaluation yet of the 1994 nurse prescribing project⁶⁹ and yet the need for proper evaluation and then subsequent guidance is given by Stephen Dorrell as a reason for taking this length of time over the pilots:

"We have a commitment to put in place the necessary steps to make nurse prescribing a success...We have to make sure there is proper training, protocols and support for nurses."⁷⁰

The nurses would agree with this and certainly agree with nurse prescribing in general. They also would prefer however that the processes necessary to develop this training, the protocols and support could be performed a little more quickly.

ii) Legal implications of nurse prescribing

Several commentators have questioned the legal implications of the extension of the nurse prescribing scheme. The majority of them refer to Karen Jennings, Unison professional officer, who, while welcoming the extension, criticises the White Paper's failure to sort out problems faced by nurses who administer and supply medicines under group protocols^{71,72}. She says that there is a possibility that this could put them in breach of the Medicines Act. In another article Jennings says that she is not happy that nurses will have to wait a full year before the issue is clarified:

"The government has not said that in the intervening period it would not be in the public interest to prosecute a nurse for being in breach of the Medicines Act."⁷³

This issue is picked up by a *Nursing Times* editorial which states that "work still has to done to reassure nurses they will be working within the law"⁷⁴.

Despite these two issues of the delay to the extension of the full implementation of the scheme and the legal implications of the notion itself, all commentators who mentioned nurse prescribing were in favour of it and welcomed its inclusion in *Delivering the Future*.

3.3.6 Research and Development

As would be expected, the additional resources for research and development into primary care have been welcomed by the professional commentators.

Pat Cantrill, assistant chief nursing officer at the Department of Health, has suggested that this should involve nurses directly since one of the White Paper's aims is to encourage more primary care nurses to carry out research which would feed into evidence-based practice⁷⁵.

Dr John Swales, director of R&D at the Department of Health, has been quoted as being very happy about this increase in resources:

"We are delighted to set this new target and look forward to receiving bids from people able to do good primary care research."⁷⁶

Dr Mike D'Souza, chairman of the Association of Independent Multifunds, has also welcomed the increased commitment to R&D apparent in the boost in resources⁷⁷.

Louise McKee and Keren Williams interviewed some academics to find out their views on how the new funds should be spent⁷⁸. They discovered that two reports are due to be published this year on the future directions of R&D. They understand that these two reports will suggest that there should be less of a focus on clinical medicine and more on practice and academic infrastructure.

Dr Carthage Smith, senior Medical Council administrative officer, is involved in one of these reports and was one of McKee and Williams's interviewees. He has said that as well as steering research away from specific disease areas and towards neglected areas of practice, more research is needed on costs and outcomes. Professor David Mant, director of research and development in South and West region supports Smith's views⁷⁹. It appears that he is to be involved in the second report. Professor Roger Jones, professor of general practice at UMDS and a member of the working parties for both reports has also backed this up, emphasising the need for more funding in the academic sector:

"We would like the core funding of the whole structure of academic departments to be strengthened. This will help to guarantee job security so that long-term clinical research can be carried out."

The profession is fully committed to more R&D in primary care and have expressed their pleasure that the government has now also committed itself to an increase in this area.

3.3.7 Retainer Schemes

The retaineer scheme for nurses has been welcomed by the GMSC and others as something which will enable nurses to take a career break or work part time^{80,81,82}; however, it has been pointed out that there are valuable lessons to be learnt from the original GP scheme⁸³. In the GP scheme retaineers work for a maximum of two days a week and many criticise the poor pay and the poor opportunities for training. Ann Keen, general secretary of the Community and District Nursing Association, has said that "[w]hen a nurse leaves to have a family she is at the point when she has the most skill and knowledge but is then replaced with someone who has to be retrained."⁸⁴ Although the extension of this scheme to other healthcare

professionals has been approved, questions about the practicalities of the scheme and the training issues have been raised and are causing concern.

3.3.8 Teamworking

One of the main effects of the primary care proposals should be to lay a greater importance on the primary health care team as a whole⁸⁵. This is implicit in several of the initiatives, such as nurse prescribing, the new ways in which GPs and the other staff in a practice can organise their working and in the inclusion of practice staff in the pension scheme.

One commentator in particular however does not hold out much hope that this new teamworking will develop. In the *Nursing Standard*, Linda Steele asks whether these references to the importance of the primary health care team will mean much in practice⁸⁶. She claims that some critics have said that the focuses of the White Papers and the primary care Bill are all still on primary care as personal medical services to be delivered by GPs with the family doctor at the nub. To support this she cites the Royal College of Midwives who have accused the government of "proposing a GP-led health service not a public health-led service or a primary-led service". Pippa Gough of the RCN has a similar view and is also quoted by Steele. She says that the primary care proposals place "certain constraints on nurses wanting to deliver primary healthcare services in that the pilot schemes have to seek approval under the name of a medical practitioner or an NHS trust."

The notion of an empowered primary health care team is liked in general though. Mark Crail cites the Patients' Association who support the extension of the role of nurses in primary care⁸⁷. Christine Hancock goes along with the idea that to create this kind of a team and a primary-care-led NHS nurses must be given a central role:

"[I]f we are serious about building a primary-care-led NHS, we need to put nurses at its heart."⁸⁸

She explains this idea further by emphasising the improved service which would be received by patients living in areas with poorly developed general practice through better internal partnerships in the practice and teamworking. She also stresses the importance of nurses in the staff-patient relationship. She states that district nurses and health visitors have already demonstrated that they have access to people who do not register with a GP and who instead tend to leapfrog primary care and enter the NHS as costly acute admissions in Accident and Emergency departments. These people are often also the most vulnerable in society, many being mentally ill or homeless. As an example of how this contact with current non-users of primary care could be further developed, Hancock suggests that teams of nurses could contract with a health authority to provide 24-hour emergency mental health services, only referring to a psychiatrist when it was necessary and appropriate.

4. Conclusion

- *Primary care: delivering the future* has received a cautious welcome:
 - Generally nurses and GPs have seen the White Paper as providing opportunities for them
 - Some aspects, such as the permanency of the out-of-hours development fund have been wholeheartedly welcomed^{89,90}, while others have been welcomed but some aspects of their implementation questioned:
 - The extension of the NHS pension scheme has been welcomed but the ability of GPs to stop their practice staff from entering the scheme has been identified as a worry

- Nurse prescribing has been welcomed but the delay to full implementation and the potential legal risk involved have been mentioned as worrying aspects
- The improvements to the retainer scheme have been lauded but it has been pointed out that lessons should be learnt from the GP-only version
- The further emphasis on teamworking is liked but its practical development is questioned
- The timing of the publication of the White Paper has been questioned and it has been attributed some political significance in relation to the general election
- Concern has been voiced about the introduction of efficiency indicators; some of these worries seem to be inspired by panic rather than research or reflection
- The introduction of more private investment into primary care has been welcomed by some (including commercial interests) and disliked by others
- The additional funds for R&D in primary care have been wholeheartedly welcomed and ideas put forward for the general way in which they could be spent

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