



Customer *Insights*

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This month, Customer Insights profiles an experienced, but now part-time GP who works 50 hours a week. Dr Steve Head is a GP appraiser and Practice Lead on PBC. How has he responded to the dramatic changes in the NHS?

What is your title?

I'm a GP – full time equivalent – Senior Partner in an 11,500 patient practice in the North Midlands. I am also a GP appraiser and do some writing, mainly on prescribing issues. I am the Practice Lead on practice-based commissioning (PBC). Part-time? In your dreams! I work, allowing for all medically related activity, at least 50 hour per week.

What are the main objectives/responsibilities within your role? How has this role changed in the past few years?

I would like to feel, as always, it's about good clinical care. But so much change! The midwives have more or less taken over all aspects of maternity services. We stopped doing GP-managed home confinements in the 1970s. The Long Term Care Team (nurse-led) have taken many of the 'Frequent Flyers' – elderly people with poor prognosis and little benefit from admission – off us. When I entered GP we managed most CHD, including acute myocardial infarction, at home – at that time the evidence is they did better that way. Now all

that's changed with thrombolysis, PCTA etc. Generally there is far less emergency work – most gets done by the paramedics. But we do far more chronic disease management work, especially around diabetes, CHD and COPD.

What does a typical working week look like? With whom would you expect to liaise during a week?

I work in the Practice Monday, Wednesday and Friday. This is for clinical work – seeing patients – about 120 in an average week. Besides this, I will spend much time dealing with e-mails, performing appraisals, and meeting people regarding PBC. I have a major burden of paper work relating to clinical work and spend many hours signing scripts, screening lab results, completing forms and reading letters.

What are the major influences on the decisions you reach? How do you arrive at your priorities?

I spend much time on the Web and take many new ideas from

there. I am a member of Doctors.net.uk and do many education sessions and e-mail led learning sessions from them, including sponsored items from pharma. As a BMA member, I also use BMJ learning and other sources of e-learning. Increasingly, I toss out mail shots and free journals (the 'comics' to us in GP land) unread. But I read the BMJ and the RCGP Journal. And I avidly review the weekly summary of journal papers published on Doctors.net.

Who are the other influencers within your local healthcare economy with whom you liaise?

The PBC people from the PCT (though they seem famous for achieving nothing) and the 'Thought Police' i.e. PCT Prescribing Advisers. Since we became a single-handed cluster for PBC we seem to have less contact – perhaps they have forgotten us. Good! We looked at 'Scriptswitch' – a programme to generate saving through substitution of cheaper products – but so far have said no. I think our prescribing is really good already and we do well monitoring it ourselves, with many clinical audits etc to justify that claim.

How have the latest NHS reforms affected your work? Will they work?

They are an absolute nightmare! Out of hours is much worse than when us docs did it ourselves. Now patients get a twenty minute triage session on the phone from a nurse practitioner when in the old days we would have just seen them and sorted them in five minutes. The perverse financial advantages of the 2004 GP Contract mean it is now better for most practices to employ salaried doctors rather than take on a replacement/additional partner. This is ripping traditional general practice apart. There is a growing group of salaried doctors, effectively disenfranchised from the partnership model of general practice, who will happily jump ship and work for Tesco or any other private organisation that will pay them. This is NHS privatisation in waiting.

What contact do you have with people from pharmaceutical companies?

Not a lot. I occasionally see reps when I attend meetings (usually appraiser meetings) and we have

the occasional sponsored session for essentials like the annual BLS (basic life support) update. Most of my contact with the industry is through the Web – mainly Doctors.net. Of course the few that get in do very well. We've had one major pharma multinational doing our BLS course and, while the pickings may be thin, they occur with no competition from other companies. So we see that as a win-win.

How can the industry achieve greater access to people who perform your role? What kinds of information might they be able to provide you with, to help you within your role - particularly in light of current reform?

I assume most GPs do better than I when seeing reps. I am unusually old, grumpy and busy. I also suspect that the traditional friendly face

after morning surgery is wearing thin, as is the free lunch. But there is a role for more e-detailing and perhaps for better sponsored meetings. Most of the invites I get I receive with a moan and quickly flick in the bin. Maybe more working with PCTs on corporate learning needs identified through the appraisal process would help. And the industry loves its set-piece speakers. Most GPs (speaking from appraising many) prefer small group interactive work as a means of learning – pharma needs to move on and tap into this. More GPs these days are family-fied and don't want a formal presentation from an expert (most of today's GPs can read, I am led to believe) followed by a meal, when they want to be putting the kids to bed or snuffling up to their partner once they're settled off.

And when it comes to sponsorship, don't assume your educational

content has to support the product. GPs might want a session on managing drug abusers or conflicts within the practice (or whatever) – just do it – fund it, promote it, sort it – and let them get on with it – maybe with no facilitator or one of their choosing. You will get more brand loyalty and goodwill doing that than having the 'opinion leader' and meal (zzzz zzzz) for your lead product. You'll get more positive feelings this way – and that's what sells.

What would be your top five tips for medical sales professionals in how to improve relationships, and therefore productivity, with this group?

1) Use e-detailing. You need e-mail access to GPs for this – a priority for your company to deliver – or maybe an ABPI initiative. See what is on the web on the various sites

GPs access (including NHS and commercial sites) and follow those through.

2) Remember the free-lunch-and-lecture-led-evening-meeting-with-meal bunch of GPs are a dying breed

3) Don't assume you sponsor a meeting and the info is on your product. Giving people what they need will do more for your product than a dusty old presentation no one cares about.

4) GP appraisers (like me) may be a special group with influence on decision-making across the GP community. They may also be a useful source of ideas of what needs GPs out there perceive – Cultivate us!

5) Look at PBC structures – they are in danger of dogmatic behaviour over prescribing choices for their populations. Talk to them nicely and maybe offer some candy. Keep them sweet!



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