

MUST READ!

North & South Essex Local Medical Committees Ltd



Volume 5 Issue 1 - Special Edition

January 2008

Special points of interest:

GMS Contract Negotiations 2008/9

Inside this issue:

Current Position 2

Government Imposition of Contract Changes 3

What happens next.. 4



GMS Contract Negotiations 2008/9

Message from the Chief Executive:-

Dear Colleagues,

There is currently a dispute between general practice and the Government, in the shape of the Department of Health (DH). The Prime Minister has promised that surgeries will open for extended hours, that is beyond the normal contracted hours of 8am to 6.30 pm, despite there being little evidence that this will greatly benefit patients. The BMA, via the GPC, was negotiating with NHS Employers on a package that should have allowed PCTs to commission this from volunteer practices at a reasonable cost. The DH has intervened and offered a rubbish deal which gives GPs more work for less resources. Naturally the GPC could not accept this offer. I am a member of GPC and know what happened and why.

TO SUMMARISE:

The Dispute:

Extended hours must be properly resourced and should meet identified patient needs. Many GPs are willing to provide a service under these circumstances and many

PCTs would commission from them. So why start a national argument over an issue which most of us feel can be resolved, and which most patients don't need?

The Background:

GP income has increased under new GMS, but the Treasury thinks it got it wrong and that primary care is costing too much. Gordon was Chancellor when the deal was struck. The good news is that resources have increased because GPs are providing a quality service, and Essex now has an adequate number of GPs. We were among the lowest doctored Counties in England a few years ago. In general, Essex man as represented by our local press is content that we now have more GPs providing a high quality service.

More worrying is the rush by the DH to introduce American style corporations into primary care. These would destroy continuity of care and remove the patient's advocate (the GP) from the NHS. They would also increase costs by referring more frequently and being more risk averse, so perhaps the Treasury plans to manoeuvre its way out of paying for the NHS in

its entirety. This is speculation on my part but I cant see any other logic behind the current policies of what pretends to be a Labour party. "Drive out proper GPs making them go private like the dentists. " Patients would then have the choice (a good word) of going private to the proper doctor, or lining up at the polyclinic to see a minimally trained technician with a care pathway or a questionnaire. The NHS would be at an end effectively, and GPs would get the blame.

GPC/LMC Stance:

National talks are ongoing and may resolve this issue. Should this not occur there will be pressure on practices from SHA and PCTs to accept a rubbish offer, or negotiate something locally. This would be a LES and it would be a terrible mistake. We are not engaging in any local talks at this time and advise everyone to be very careful when the PCT discusses this issue. Say no thanks and Phone the LMC!!

Patients:

No patients are directly affected by the current problems. The current DH offer would reduce

IMPORTANT - PLEASE CIRCULATE TO ALL DRs IN THE PRACTICE



"Write to your MP or local paper at every opportunity as letters from normal GPs count more than those from Unions."



GMS Contract Negotiations 2008/9 Cont'd...

resources for both Quality, and IT security. This is worrying. Should a sensible deal be struck, we will work to include patient groups in providing what people actually need, without exposing them or GP staff to unnecessary danger due to ill informed late night opening etc. The wider battle over continuity and advocacy in a changing health environment will be decided at the ballot box, if we allow patients to see what is happening.

GPs/Practices:

- ◆ Don't panic? This could run for some time.
- ◆ Don't be bullied or seduced into thinking you should do a deal?
- ◆ Inform LMC of any moves to put pressure on you over this issue.
- ◆ Remember unity is strength.
- ◆ Write to your MP or local paper at every opportunity as letters from normal GPs count more than those from Unions.

"DO NOT ENTER INTO ANY ONE TO ONE NEGOTIATION WITH YOUR PCT ON THIS ISSUE" The risks of divide and rule are massive, and it is essential that the issue is resolved at a national level.

Brian Balmer

Current Position

- ◆ G M S c o n t r a c t negotiations 2008/9 between the GPC and the NHS Employers (on behalf of the Government) have broken down.
- ◆ The Government has now commenced a thirteen week consultation period aimed at imposing contractual changes on GMS practices. Imposed changes would be effective from 1st April 2008.
- ◆ The final outcome, whether as a result of further negotiation or imposition by the Government, will affect all practices in Essex whether GMS or PMS.

The next three months may prove very difficult. The profession is facing a period of uncertainty and potential conflict. It is crucial that all GPs are fully informed about both the current position and the events leading up to it.

Summary of Negotiations to Date

Detailed negotiations have been ongoing with the NHS Employers since early October 2007. The GPC put forward the following proposals:-

- ◆ Funding from the DES for Access and Choose & Book as well as the £11m for the patient survey should be invested in

extended opening.

- ◆ Extended opening would be at a level of 20 minutes per 1000 patients, (15 minutes clinical and 5 minutes admin time).
- ◆ The areas of QOF that the Government no longer wanted to invest in (mainly managerial areas) amounting to 38.5 points would be reinvested in clinical areas which included osteoporosis, peripheral vascular disease and heart failure.
- ◆ There would be no increase in the thresholds within the QOF.
- ◆ The contract would increase in value by 1.5% (the recommended uplift for other parts of the NHS).

After taking further instructions from the Government, NHS Employers no longer felt able to proceed on this basis.

NHS Employers – Counter Proposals

(Imposition A)

In response, the GPC was presented with a counter proposal in the form of an ultimatum as follows:-

- ◆ £158 million of funding from the 2007/8 Access and Choice and Booking DESs (in England) would be reinvested in extended opening as a

Government—Imposition of Contract Changes

DES including £2.80 per patient per annum for providing extended access.

◇ 58.5 QOF points (38.5 from the holistic and organisation domains, plus 20 points from the patient experience domain) would be reallocated to support access arrangements.

◇ Extended opening would be for 30 minutes per week per 1,000 registered patients – this would need to be in blocks of one and a half hours after 6:30pm or for one hour prior to 8:00am or on Saturday morning and would depend on agreement between the practice and the PCO reflecting local patients' wishes. This would be provided through a nationally agreed Directed Enhanced Service (DES), and practice participation would be voluntary.

◇ Part of the funding available for access (35p per patient) would be dependent on the results of access questions contained in the QOF patient survey. This would include targets for 24/48 hours access and booking.

◇ There would be 1.5% uplift in the contract value, although it is unclear how this would be allocated and what

further practices would have to do to achieve this.

The GPC was informed that failure to accept the offer would result in the imposition of contract terms by Government which would be much worse. The GPC unanimously deemed the Government's contract proposals to be unacceptable. The GPC requested its Negotiators to try and gain further improvements in the flexibility and appropriateness of the arrangements.

Government – Imposition of Contract Changes

(Imposition B)

On the 21st December 2007 the Government commenced a thirteen week consultation period aimed at imposing contract changes on GMS practices. The imposed changes proposed are:-

◇ Extended opening funded via £158 million from the 2007/8 Access and Choice and Booking DESs but locally agreed arrangements.

◇ There would be 135 points permanently removed from QOF including clinical areas such as influenza vaccination and management areas such as computer security. The overall impact would be a QOF with only 865

points instead of the current 1,000.

◇ All lower QOF thresholds would be uniformly raised to 50%. The upper threshold would be raised to the national achieved average. In general, practices will lose money as the range gets narrower unless they are scoring above the higher threshold for that indicator.

◇ There will be no QOF achievement payment until the end of the first quarter.

◇ The funding, as described above, would be allocated to PCTs for them to agree contracts for extended opening with any practices – including those newly set up private APMS practices. Experience has shown that it is likely that only a proportion of the funding would end up with any general practices if allocated to PCTs.

◇ Practices faced with the loss of the funding currently within the Choice and Booking and Access DESs and the removal of 135 QOF points would lose in the region of £36,000 per 6,000 patient practice or approximately £12,000 per average full-time partner.



“The GPC was informed that failure to accept the offer would result in the imposition of contract terms by Government which would be much worse.”





5 Whitelands,
Terling Road,
Hatfield Peverel
CM3 2AG

Phone: 01245 383430
Fax: 01245 383439

Email: info@essexlmc.org.uk
Web: www.essexlmc.org.uk

North & South Essex Local Medical Committees
Limited
Registered Office: Unit 5, Whitelands, Terling
Road, Hatfield Peverel, CM3 2AG

Registered as a Company Limited by
Guarantee in England and Wales - Registered
Number 06398483

Further copies available
via www.essexlmc.org.uk



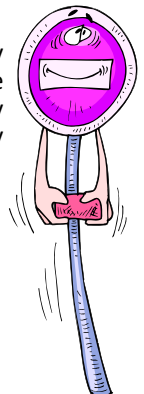
What Happens Next?

Points Worth Noting

- ◇ The Prime Minister has given an undertaking that GP surgeries in England will be open in the evenings and on Saturday mornings.
 - ◇ The Government's own survey showed that 84% of patients were happy with the current opening hours.
 - ◇ Only four in every hundred patients wanted extended opening hours in the evening and seven out of every hundred patients wanted Saturday surgeries.
 - ◇ GPs have hit 95% of all targets contained in the evidence based Quality and Outcomes Framework.
 - ◇ The GPC Negotiators have been:-
 - ⇒ Intent on reaching a deal that balances the competing demands of offering extended hours whilst preserving a good service to the large majority of patients who want to attend during normal hours.
 - ⇒ Determined to protect existing practice funding, ensure the safety of GPs and their patients and preserve a reasonable work/life balance for GPs and their staff.
 - ◇ Prior to DH intervention an outline of a UK agreement for practices to have the option to provide extended opening in the evening or at weekends had been the subject of detailed negotiations between the GPC and the NHS Employers.
 - ◇ Practices are not being provided with an additional £150 million for extended hours as per Government
- "spin" - £150 million is being taken away from practices who then have the opportunity of earning some of it back!
- ◇ The imposed changes proposed by the DH will result in a reduction in resources to support patient care of approximately £36,000 per average practice.
 - ◇ The Department of Health appears content to sacrifice an increase in high quality evidence based clinical care in exchange for not evidence based, politically motivated access targets that are not supported by the views of patients!

What Happens Next?

- ◇ Negotiations are ongoing. Imposition of contract changes can be halted at anytime during the next thirteen weeks if agreement is reached.
 - ◇ The GPC will be writing to all practices with a financial and political analysis of both the current offer and the imposition terms.
 - ◇ North and South Essex LMCs have arranged three evening meetings in late January/early February in order to update GPs and seek their views on the current position. More details about the meetings can be found on the LMC website, www.essexlmc.org.uk
 - ◇ Once the negotiation process is complete, the GPC will seek the opinion of every GP on the detail of the final proposal.
- ◇ Familiarise yourself with all the relevant documentation.
 - ◇ Don't panic! This could run for some time.
 - ◇ Don't be bullied or seduced into thinking you should do a deal!
 - ◇ Inform the LMC office of any moves to put pressure on you over this.
 - ◇ Write to your MP or local paper at every opportunity as letters from grass roots GPs carry more weight than those from Unions. The BMA has produced a Toolkit for GPs and LMCs to assist them in lobbying MPs. A copy is available on the LMC website, www.essexlmc.org.uk
 - ◇ Display the poster and patient newsletter produced by the BMA. (copies are available from the LMC office)
 - ◇ Use the LMC website as a first point of reference. It will be updated as soon as there is any further information.
 - ◇ Involve patient groups. Protect your role as patient advocate.
 - ◇ The risk of divide and rule is massive. It is essential that this issue is resolved at a national level. **DO NOT ENTER INTO ANY ONE TO ONE NEGOTIATIONS WITH YOUR PCT ON THIS ISSUE.**
 - ◇ Remember, Unity is Strength. If the DH can unilaterally change a nationally negotiated contractWHAT NEXT?!!



Advice to Practices

- ◇ Make every effort to attend one of the LMC meetings.