

Contract 2008/09: What the poll outcome means for your practice

March 2008

The outcome of the GPC poll on contractual options for 2008/09 was what we expected; GPs have voted overwhelmingly to protect quality care and selected the less worse of two highly unsatisfactory options (option A). However, GPs have overwhelmingly stated their opposition to the terms of the government offer, and have sent a strong message to government to work with GPC to achieve any further improvements or flexibilities to option A, particularly if it wishes GPs to take up the extended access DES, and wishes to involve GPs in the future initiatives for the NHS.

GPs have also expressed deep unhappiness with the government's method of negotiation and have stated a lack of confidence in the government's handling of the NHS, as well as overwhelmingly opposing policy to expand commercial provision of NHS general practice. The GPC urges government to heed these messages if it wishes to engage GPs at large with its health policy rather than to alienate them. The GPC will use the strength of feeling shown in this poll to put pressure on the government to modify their plans for the future of the NHS and to encourage them to work sensibly with us to improve patient services in the future. The GPC will also continue its campaign to support and develop modern general practice to protect not only existing GP providers but also the personal, list-based system of general practice that is so valued by the vast majority of patients. Further information will be provided on this in due course.

The GPC will now work towards the practical implementation of this government-imposed package. This will include trying to make extended hours surgeries work locally for those practices that wish to offer this service. Further guidance will be issued once details are clarified but, in the meantime, this document highlights the key contractual changes that GMS and, in all likelihood, PMS practices will see implemented for 2008/09.

1. 2008/09 Directed Enhanced Services

England: An extended access DES will be put into operation, which remains voluntary for practices. Whilst the GPC remains concerned about some aspects of this DES, we have managed to secure some improvements that allow for increased flexibilities to meet the needs of patients locally better, since the NHS Employers' offer was first made. Once final documentation has been signed off with NHS Employers, further details will be issued. Below is a summary of the agreement. We do not expect the details to change significantly from this:

- Practice participation in the extended opening DES is voluntary
- PCTs and practices will work together to meet patient's needs
- Practices will receive £2.95 per registered patient for participating in the DES
- The DES is for 30 minutes per week per 1000 registered patients of consultation time delivered by a GP outside core hours
- Consultation time will match patients' preferences, agreed with the PCT, and based on the results of the GP patient survey or better local survey information. Where local survey information is not available, priority will be given to Saturday morning opening until such information is available
- Consultation time will be offered in blocks of 1.5 hours after 6.30pm or on Saturday morning. PCTs can agree one hour prior to 8.00am as part of these extended hours
- Practices will be expected to offer this additional consultation time by offering normally between 6-7 consultations per 1.5 hours

- The significant majority of the extended access time would be delivered through pre-booked GP consultations, other than in exceptional circumstances and with PCT agreement
- The requirements of the DES are unlikely to be met by concurrent appointments other than in circumstances as agreed by the PCT (such as large practices)
- The core hours for services provided under the GMS contract will remain unchanged and the provision of out-of-hours care would remain the responsibility of PCTs
- Payment would be on a quarterly basis in arrears, practice list size will normally be calculated on 1 April and in calculating the amount of additional consultation time, PCTs and practices should round up to the nearest quarter of an hour
- Extended hours for GP consultations should be regarded as supplementary to services provided within core hours. If a practice currently closes for part of a day then this does not have to be made up before extended hours can commence.
- Practices already providing routine appointments for GP consultations outside core hours will be able to count these GP consultations towards the DES.

Where there is an existing scheme already agreed between practices, the PCT and practice will need to consider if the local arrangements should continue or be replaced by the DES.

Scotland: The extended access DES in Scotland will vary in some aspects which will reflect local circumstances better although the precise details are still subject to discussion. In Scotland there will be an initial discussion between the contractor and the PCO on what is the most appropriate response to local needs. This will determine the balance between weekday morning, evening and Saturday morning opening. Where GP practices have reached local agreements that core hours end at 6pm, extended hours will run from 6pm and not from 6.30pm

Northern Ireland: Extended access is not a priority in Northern Ireland and will not be introduced.

Wales: The money from the current Access DES will be used to support new Ministerial priorities. Details are under development with GPC Wales.

2. Contract uplift

This will be dependent on any recommendation from the Doctors' and Dentists' Review Body and subsequent implementation by the Department of Health. If the final pay uplift applied to the contract funding streams is less than 1.5% the balance will be made available for investment through a DES (not in Northern Ireland). If this is the case it is likely to involve increased work for practices although the GPC will try and negotiate something as reasonable as possible.

3. QOF changes

58.5 QOF points (38.5 from the holistic and organisation domains, plus 20 points from the patient experience domain) will be reallocated to support current access arrangements in a new QOF area relating to access. These 58.5 QOF points will be dependent on the results of access questions contained in the QOF patient survey, or a new national survey – the methodology is yet to be determined. This will include targets for 24/48 hours access and advanced booking.

There will also be a small number of evidence based changes introduced as recommended by the expert panel. This should not adversely impact on GP workload. We will publish these as soon as final agreement on the whole package has been confirmed.

4. Future of 2007/08 DESs

England: The Choice and Booking and Access DESs will come to an end. The IM&T DES was agreed as a DES in which payments to practices would be made on a one-off basis. The agreement was that the payment should be made when practices complied with the DES specification. Since this relies on national roll-out of some IM&T programmes, the original agreement was that payment could be made during 2006/07 or 2007/08. It is anticipated that practices who complete the work after the 2007/08 deadline should still receive payment on a one-off basis.

Scotland: The 2007/08 access DES will be converted, with additional funding, into an extended access DES

Northern Ireland: The present Access DES worth £4million will continue but will be rewarded via 58.5 QOF points as in the rest of the UK. The Long Term Condition DES worth £4million will also continue. NIGPC and DHSSPS are continuing negotiations to address problems practices have had with this DES. A new clinical DES worth £2.7million will be offered and NIGPC and DHSSPS are working towards an agreement on this.

Wales: The 2007/08 Access DES will end and the funding will be directed to new Ministerial priorities in discussion with GPC Wales.

5. Moving forward – implementing contract 2008/09

This information is for immediate use although further guidance will be issued once details of changes to the QOF and the final DES are confirmed.

If practices wish to consider providing the DESs on offer in any country, the GPC strongly advises that practices work with LMCs and their PCOs to implement it. In England, practices and LMCs should use the flexibilities within the DES and/or encourage their PCO to commission a LES to address remaining concerns about safety and quality of the consultations – for example concurrent doctor time and funding for nurses to be present too. Practices should also discuss with their practice teams how this can be implemented to meet the needs not only of their patients, but also of those GPs and practice staff who may, as a result, be asked to work extended hours.

Practices are reminded that funding for offering the extended access DES (in England) is not new funding. It is money recycled from the 2007/08 Choice and Booking and Access DESs. As with any DES, practices will wish to consider their costs and expenses before deciding whether or not to participate. Practices in Scotland are likely to receive some additional funding for providing their enhanced services, although should also consider the financial impact on their practice. Funding in Wales will be equivalent to the 3 part Access DES from 2007/8 and will also not represent new money.

The GPC fully accepts that there may be practices who do not wish to provide this DES, and practices for which there is insignificant patient demand for this service. Where the DES is not taken up, the funding remains with the PCT and so practices may wish to work with PCTs to make alternative use of this funding for G/PMS practices by developing locally enhanced services that provide better for the needs of their patients.