General Practitioners Committee

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2016 Roadshows

15 March, 2016

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Overview

- 2016/17 GP contract changes
- 2015/16 contract outstanding issues
- Carr-Hill formula review
- LMC Special Conference
- Rescue package – GPC solutions
- BMA campaign – Urgent Prescription for General Practice
- New models of care
- PMS reviews
- GPC review task group
- Questions/comments

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GP contract 2016/17

- Annual contract changes will not address the severe pressures in general practice
- Parallel discussions taking place with government on the wider issues
- Key GPC aims:
  - Expenses funded
  - Pay uplift
  - No addition to clinical workload

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Agreed joint work

- National approach to reducing bureaucracy and workload management
- National promotion of self-care and appropriate use of GP services
- Revised SFE provisions for sickness reimbursement
- Future approach to expenses

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GP contract 2016/17

Contract uplift & expenses

- **Investment of £220m** into the GMS/PMS contract for 2016/17 (more than double 2015/16 investment and seven times the 2014/15 investment)
- Following elements calculated and funded:
  - **Expenses** including rises to **CQC fees**, **Indemnity**, **National Insurance** and **Superannuation contributions**
  - Increase to V&I item of service fee from £7.64 to £9.80 (28% uplift)
  - Increased QOF point value (CPI adjustment)
  - Net pay uplift of 1% above expenses

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GP contract 2016/17

QOF & Enhanced Services

- No new clinical work
- No changes to QOF points, no increase in thresholds, no new indicators (all NICE recommendations rejected)
- CPI adjustment
- **Dementia enhanced service to end** with funding (£42 million) transferred to Global Sum
- Minor changes to AUA, all other ESs unchanged (including extended hours)
- **To explore ending QOF and AUA ES in 2017/18 negotiations**

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GP contract 2016/17

Other changes

- Vaccinations and Immunisations – item of service fee increase, minor changes to three programmes
- Access survey – availability of evening/weekend appointments (not restricted to practice appointments)

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Non contractual areas

- *Encouraging* uptake of IT
  - GP2GP transfers, EPS, e-referrals, validated apps, online clinical correspondence
- Allow GP2GP transfers **without** the paper printout
- Named GP data extraction fed back to practices for peer review
- Extraction of former QOF and ES data
- Access to healthcare (no detail yet)
  - European patients with EHIC, S1 and S2
  - self-declaration at registration
  - no direct charging of patients

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Non contractual areas
NHS England proposal - locum rates

- NHS England to set a maximum indicative rate (with regional variations) for locum doctor pay –**no detail**
- Practices asked how many times rate is exceeded per year in annual e-declaration
- Information could be used to calculate expenses in future

Indicative rate will not prevent locums and practices agreeing the appropriate rate for the work done – not a "cap"

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GP contract 2015/16 – March 2016 deadline

- Named accountable GP for all patients – website/practice leaflet
- Publication of GP net earnings
  - mean earnings for GPs in practice for 2014/15
  - earnings relating to the national contract
  - non-contract NHS earnings excluded
  - publish single figure on practice website for mean earnings and number of GPs full-time and number part-time
- Patient online access to detailed record

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NHS England Carr-Hill formula review

- Formula review work ongoing
- GPC represented on review group
- Implementation from April 2017?
- Separate but related work on funding options for practices with atypical populations
  - University practices
  - Very remote and rural practices
  - Practices with high number of non-English speaking patients

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LMC Special Conference 2016

- 15 minute consultations
- Separate contractual arrangements for care homes
- Increase practice funding from average of £141 to at least £200 per patient
- New models built on the independent contractor model
- Realistic proposals for an effective peer led quality assurance scheme for General Practice instead of CQC
- Fully funded expenses
- Crown indemnity

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LMC Special Conference

That conference instructs GPC that should negotiations with government for a rescue package for general practice not be concluded successfully within 6 months of the end of this conference:

(i) actions that GPs can undertake without breaching their contracts must be identified to the profession

(ii) a ballot of GPs should be considered regarding what work/ services must cease to reduce the workload to ensure safe and sustainable care for patients

(iii) the GPC should canvass GPs on their willingness to submit undated resignations.

Rescue package – GPC solutions

Responsive, Safe and Sustainable: Towards a new future for general practice, 2015

Quality First: Managing workload to deliver safe patient care, 2015

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Rescue package – GPC solutions

- Sustained and significant funding investment
- More GPs, nurses, clinicians and support staff
- Good quality practice management
- Longer consultation times
- Building teams around the practice
- Investment for working at scale
- Premises and IT development
- Investment in urgent care OOH before routine Sat/Sun service

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Rescue package – GPC solutions

- Promotion of General Practice- NHS culture change
- Retain essentials of general practice
- Core and separate national GMS contract
- Independent contractor status
- Diverse working aspirations of GP workforce; good employed, freelance and portfolio opportunities, career progression
- Working together to be “both big and small”
- Collaborative clinically led community service provision

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GPC solutions: Managing workload – Quality First

- Quality and safety overriding priority
- GPs and practices taking control to manage workload
- Template letters to push back unresourced shifted work
- List management
- New ways of working, use of skill-mix, IT,
- Patient empowerment/self care/signposting
- Working collaboratively to manage workload and demand
- Role of LMC and CCGs –coordinated local strategies

Making time in general practice, Oct 2015

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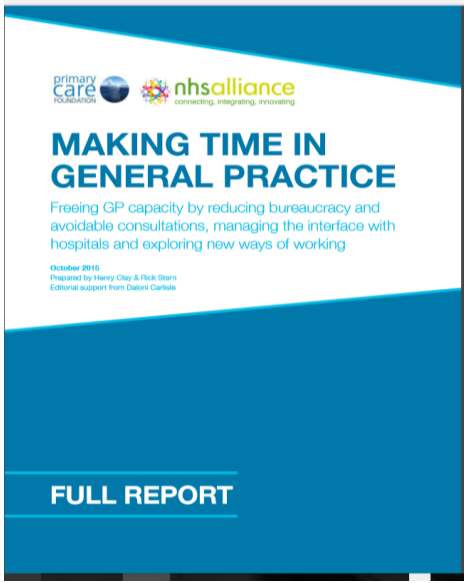

- 1 in 4 GP appointments avoidable
- 4.5% GP appointments to rebook hospital appointments;
- 15m wasted appointments annually
- GPC/NHS England/LMC workshops – ‘Releasing capacity in general practice’
- National strategies to stop unfunded/inappropriate workload shift
- Stop “pointless referrals from hospitals back to GPs” - Jeremy Hunt

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Urgent Prescription for General Practice

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Urgent Prescription for General Practice

Highlighting the challenges facing general practice and offering solutions to government

£1.80 (Ch. Islands £2.20)
Wednesday 20.01.16
Published in London
and Manchester
theguardian.com

theguardian

Thousands of GPs 'plan to quit'

Denis Campbell
Health policy editor

The NHS has the most stressed GPs by western standards, as a result of relentless workloads, endless bureaucracy and the shortest amount of time spent with patients, new research by the world's most influential health thinktank reveals.

Stress levels are so acute among British GPs that almost 30% plan to quit in the next five years, in a move that would make it even harder for patients to get an appointment promptly. The growing pressures on NHS family doctors are so intense that more than 20% have become ill in the past year, according to the findings from the authoritative Washington-based Commonwealth Fund.

Just under six in 10 GPs (59%) find their work stressful, with 39% of these saying it is very stressful and 20% extremely stressful, which is higher than any other leading western nation in the three-yearly study. Researchers surveyed 11,547 GPs in 11 countries, including France, Germany and the United States.

"These worrying findings reveal t

every year until 2020-21. That should boost their budget from £7.3bn to £9.2bn.

"General practice is the jewel in the crown of the NHS and central to the future of the health service," Hunt said, adding that he was determined to ease growing pressures on the profession.

Researchers at the Commonwealth Fund found that family doctors in Britain spent less time with their patients than

Strike averted

Junior doctors call off planned walkout

The second planned strike by junior doctors, set for next week, has been suspended, although a settlement to the long-running dispute could still be some way off.

The doctors' main union, the BMA, said the 48-hour walkout due to start next Tuesday at 8am had been called off in an effort to reach a deal. Talks are due to resume on Thursday.

anywhere else. In all, 92% of the 1,001 GPs surveyed in Britain said they spent less than 15 minutes talking to patients; internationally just 27% of GPs spent less than 15 minutes with each patient.

These short consultations are GPs' single biggest source of stress and discontent, the study found. What one expert called the "relentless appointment treadmill" of brief consultations is fuelling family doctors' deep dissatisfaction with their jobs. Just 26% of GPs feel they have enough time with patients while the international average is more than double that at 59%.

Many surgeries operate a 10-minute rule, which can leave both doctors and patients feeling frustrated that they have not had enough time to discuss medical concerns properly. GPs fear that such short face-to-face meetings mean they could miss vital symptoms, misdiagnose an illness or not have enough time to investigate an ailment properly.

The findings have raised fresh doubts about the government's pledge to tackle the already chronic shortage of GPs in many parts of England by boosting the

'It is the patients who decide whether or not it is urgent'

Zoe Williams

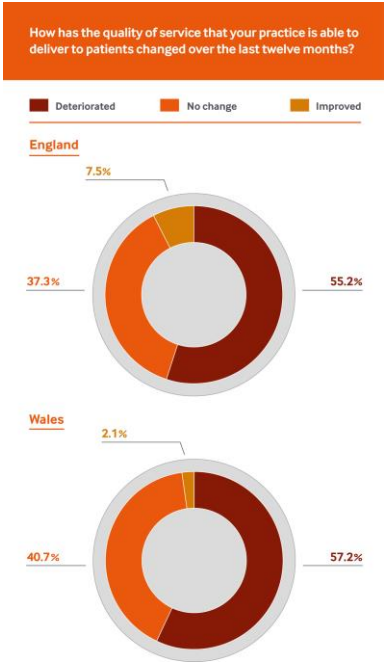
"In Dr Myers' day it was a lot more NHS-ish," says Geoff, 69, recalling Haxby and Wigginton surgery's GP when he first became a patient in 1975. That was long before it was one of 10 practices in the Haxby group and occupied these functional, austerity premises.

GP army. They work with other "like-minded" surgeries, as Dr David Hayward, senior partner, puts it. This may not sound particularly novel or political, but Dr Fiona Scott, in one of the Hull surgeries, says briskly: "When we arrived in Hull, nobody talked to anyone." Her colleague Dr Laura Balouch, adds, ruefully: "There's still a lot of one-man bands in Hull". Many of the Haxby GPs have acted on the clinical commissioning group (CCG) boards - which under Andrew Lansley's reforms were meant to have GPs at their heart. Every doctor I met had stood down, citing time pressures when asked about it, in a resolute "that's all I want to say on the matter" tone of voice.

The real innovation - the bit that

Urgent Prescription for General Practice

Heatmaps and infographics produced from survey of over 3,000 practices



Urgent Prescription for General Practice

Resource pack sent to all practices

Encourage GPs and patients to use it

Urgent prescription for general practice: contacting your local paper

The recent survey of practices across England and Wales reflects the challenges faced by general practice, from managing workload to recruiting new GPs and other staff. The BMA is producing heatmaps to show the areas which are hardest hit around:

- Practice workload
- Quality of service practices are able to deliver to patients
- Demand for appointments
- Long-term vacancies
- Finding locum cover
- Retirement from general practice
- Financial viability of the practice

By displaying a poster in the waiting room or encouraging your patients to complete the Prescription Postcards, you are already raising awareness of these challenges locally. You can also raise the issue with your local newspaper through the letters page, which in turn may encourage them to look at the local challenges facing general practice in more detail.

Working at scale and new models of care

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- Bottom up development of GP networks, federations
- New models of care developing fast – Multispecialty Community Providers (MCPs), Primary and Acute Care Systems, Accountable Care Organisations
- Implications for GP contracts
- Government commitment to voluntary alternative GP contract by April 2017
- GPC representation on the MCP contract advisory group
- Need to retain G/PMS core contract as foundation for MCPs
- Increasing local determination of GP workload and income

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Developing models

Practices working collaboratively as network provider/federation	Devo-Manc and others	Development of MCPs providing primary and community care
Super-practices - c.50 in England with 30,000+ patients	Acute Trusts running or contracting with GP practices	PACS/ACO development

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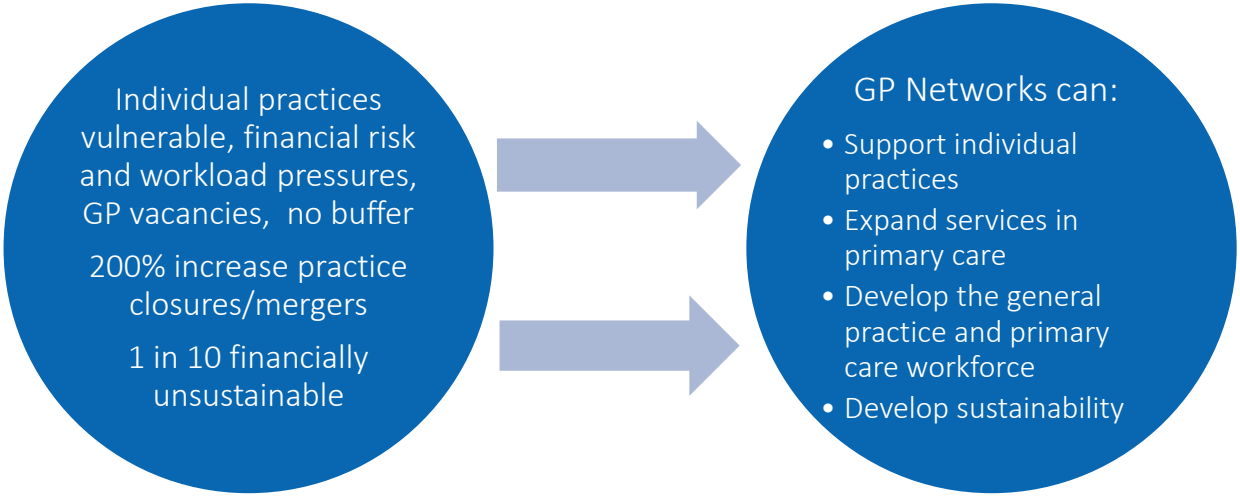
GP pressures- how working at scale can help



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PMS reviews

- Part of equitable practice funding agenda
- Reviews underway, with most now completed
- LMCs should be involved, and ensure **all** premium monies reinvested in GP practices
- Cases where national principles have not been followed should be sent to BMA
- Help us to identify practices that are prepared to be used in national publicity and campaigns

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GPC review task group

- Improving engagement and synergy between GPC and LMCs
- Recognises increasing local/regional working
- Optimising structures and functions
- Value for money for levy payers
- Review of GPC/GPDF/LMC Conference
- Consultation exercise
- Conclusions to be shared by summer