General Practitioners Committee

2015 roadshows
Overview

- 2015/16 contract changes
- Managing workload
- Current GPC work
- Changing landscape
- Sessional GPs
- Other issues
- No More Games campaign
- Upcoming election
- Questions
2015/16 contract changes
changes to the SFE (1)

- Global sum uplift
  - DDRB
  - MPIG transfer
  - DES reinvestment
  - Seniority
  - No OOH deductions

- Maternity, paternity and adoption leave
  - reimbursement extended to include internal cover
2015/16 contract changes
changes to the SFE (2)

- Seniority being phased out
  - Payments will cease on 31 March 2020
  - Annual reduction of payments year on year – attrition and annual reduction to the seniority payment scales
    - 15% reduction each year from 2013/14
    - Balance removed in final year
  - Simultaneous transfer into core funding
  - In-year adjustment to global sum October 2015
2015/16 contract changes
Contractual requirements (1)

- Publication of GP mean net earnings
  - practices must publish on website mean figure for all GPs and number of full and part time GPs
  - guidance includes dataset for calculation of contractor income

- Named accountable GP for all patients

- Assurance of out of hours provision
2015/16 contract changes
Contractual requirements (2)

- Online services and information technology
  - consider whether to expand the proportion of online appointments
  - patient online access to the detailed information from record
    - not free-text data
  - Use GP Systems of Choice approved systems
  - See GPC Focus on the new IT requirements on website
2015/16 contract changes
Avoiding unplanned admissions enhanced service

• Simplified, shorter reporting template
• Self declaration on access
• Two reporting points - September and April
• 46% of money paid upfront + 2 payments of 27%
• Patients who die/move will count towards the 2%
• Possible annual survey
  • materials supplied & £500k admin costs
2015/16 contract changes - Enhanced services

- Patient participation ES to end
  - funding into Global Sum
  - contract will require practice PPG – but no reporting requirements

- Alcohol DES to end
  - funding into Global Sum
  - registration form for new patients to identify alcohol excess and take appropriate action

- Extended hours, dementia and learning disabilities DES extended for a further year

- Consistent set of standards for minor surgery DES
2015/16 contract changes
- QOF

- Remains 559 points and thresholds unchanged
- CKD domain: all indicators ceased except register - 26 points
- CHD 6 (quadruple Rx post MI) to cease - 10 points
- 24 points transferred to DEM2 (face to face care plan in preceding 12/12)
- 12 points transferred to amended AF indicators to reflect new anticoagulation workload
- CPI changes funded
2015/16 contract changes

• Armed forces patient registration
  • Authorised by Defence Medical Services
  • Patients requiring cancer treatment, women on maternity leave etc
  • Register for up to 2 years
  • Funded as fully registered patient

• Vaccinations and Immunisations
  • HPV booster
  • MenC booster
Other contract issues

Reprieve funding for practices under threat from MPIG changes
• GPC working with NHS England to make eligibility and calculations used more transparent

PMS reviews
• PMS funding retained for GP services in CCG
• Move to weighted capitation for PMS baseline
• Let your LMC know what is happening
• LMCs to keep GPC informed

Formula review
• Agreement to re-examine Carr-Hill formula
Other issues (2)

Out of area registration
• GPC guidance on website
• We advise you not to register out of area patients yet

Premises cost directions
• Negotiations advanced and should soon be finalised

Standard lease agreement
• Being negotiated with NHS Property Services (NHSPS) and Community Health Partnerships (CHP)
• Practices in NHSPS/CHP properties should not sign anything unless fully checked by a lawyer

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CQC

- GPC opposed to ratings and intelligent monitoring

- 80% of practices rated “good” or “outstanding”

- Consultation on display of ratings

- GPC represented on CQC advisory and liaison groups

- Updated guidance on preparing for inspection available at www.bma.org.uk
Managing workload

Our recent publication offers a range of suggestions to help manage workload

What to do now

• Read the guidance and discuss as a practice team
• Implement strategies – use templates
• Involve other local practices and work together to support each other
• Discuss with your LMC how to tailor a local approach to support all local practices
• Use your entitlement as a CCG member practice to influence your CCG
• Involve your patients

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Figure 6  
**Change in consultation rates for GPs, nurses and home visits in Northern Ireland by year**

Hospital workload has not increased at the same rate as general practice.
Current GPC work
- Future of general practice

• Consultative events with GPs, including event for newly qualified and sessional GPs

• Patient events

• Survey of all GPs in UK
  • Covers both current state of general practice and future
  • Over 40% response rate
  • Full results due in coming weeks

• Further post-election work planned based on results of consultation
Changing landscape - Co-commissioning

From April CCGs will have the opportunity to
• directly commission primary medical services and
• performance manage practices (but not individuals)

Co-commissioning models:
• Model 1: Greater involvement
• Model 2: Joint commissioning with NHS England
• Model 3: Delegated responsibility
• CCGs were also given the option of not applying

GPC co-commissioning guidance www.bma.org.uk
Changing landscape
- New care models

Five Year Forward View published October 2014

- Radical change needed in prevention and public health
- Emphasis on self-care and greater patient control of care
- More integrated care through new care models including
  - Multispecialty Community Providers (MCPs)
  - Primary and Acute Care Systems (PACS)

Vanguard sites for new (integrated) care models

- Applications submitted
- Successful models likely to be replicated elsewhere
Changing landscape
- GP networks

- Many GP networks already up and running

- Strongly consider forming networks if you haven’t already

- BMA currently setting up network database and network support

- Guidance on networks at www.bma.org.uk
Changing landscape
- ‘New deal for general practice’

Premises funding

- £1b agreed, £250m each year over four years
- Application process for first round of investment now closed
- GPC lobbied NHS England on process – part of contract agreement
- Pushing for more funding and further initiatives
- Producing advice for LMCs & practices
Changing landscape
- ‘New deal for general practice’

Workforce 10 point plan

• Collaboration between NHS England, Health Education England, GPC and RCGP
• “recruit, retain, return”
• Only a first step
• Plans for national returner scheme part of negotiated contract agreement
• Workforce issues not just about GPs – increase whole practice teams
Sessional GPs

Most of the items already discussed affect sessional GPs

Salaried GP Handbook
• being updated for publication later this year

Monthly e-newsletter

Representation
• sessional GPs should have the opportunity to be involved in LMCs, CCGs and networks
BMA No More Games campaign

• Major campaign calling on all political parties to stop playing games with the NHS
• Calls for open and honest debate on future of NHS
• Add your voice and find out more at bma.org.uk/nomoregames
Upcoming election

GP numbers / funding
• Two main parties pledging more GPs and increased funding for general practice

Access
• Conservatives pledged 7-day GP access by 2020
• Labour pledged GP appointment within 48 hours

Role of market
• Labour pledge to repeal HSCA, NHS preferred provider
• Conservatives continued market based system

Integration
• Two main parties focussed on greater integration
GPC-LMC-GPDF project

• Examining the future especially how GPC and LMCs work together

• Discussions at LMC Secretaries Conference and GPC

• Workshop including LMC and GPC representatives

• Conclusions to be shared in next few months
Questions and discussion