GPC
General Practitioners Committee

# Important Message from the Chairman of the General Practitioners Committee to GPs in England

**GP contract update 2: What will the contract changes mean for your workload?**

In my letter to GPs of 25 October I set out the raft of changes the government intends to impose from April 2013, following a consultation. In my last message I outlined the potential financial implications of the proposed QOF changes for the average practice. If the government's proposals are implemented as planned, practices will also face significant increases in their workload. This would place a further strain on GPs and their staff at a time when many are already struggling with the work shift into general practice and the increasing complexity and intensity of our surgeries. I understand the proposals will include:

**New work**

*New enhanced services being created using money previously paid to practices through the QOF organisational domain.* As most of the organisational work must continue, these new initiatives would be introduced without extra funding. I await details of these schemes. Early indications suggest major new work for dementia patients, risk profiling, on-line access for patients and self-monitoring for long term conditions.

**More box ticking**

*Implementing all the changes to QOF recommended by NICE.* I believe this will have considerable workload implications for GPs as well as access implications for patients. Changes may include proposals judged unworkable by GPC negotiators, including activity questionnaires for new hypertensives, measuring BP in 85% of 35 to 40 year olds and more difficult targets for blood pressure, inevitably promoting more polypharmacy and more frequent reviews.

The new QOF and enhanced services work will be theoretically optional, but I believe that, to try to maintain funding, many practices will feel compelled to take on this new work, despite being already stretched.

**Moving the goal posts**

*Increasing the thresholds in QOF to the upper quartile of average current achievement.* Variability in QOF achievement is mainly due to practice population characteristics or variable resources. The only way for most practices to increase achievement at the margins is to put disproportionate additional effort into pursuing these small increments.

*Reducing the time available to meet targets for certain QOF indicators.* For indicators where practices currently have 15 months they would from April have only 12. If reviews have to be done within the year, flexibility for GPs will be reduced, compressing appointment opportunities and piling QOF workload into a shorter timeframe.

Clearly the health departments want GPs to take on more work, although the BMA has repeatedly told them that GPs are already workload saturated. Further details of the government's plans are expected imminently. I will write to you again once I have received these. This will be followed by detailed analysis and guidance to help your practice navigate and cope with the changes. The GPC is planning UK-wide roadshows in the New Year and a survey of GPs to hear from you and inform our robust response to the government's consultation.

To keep abreast of what is happening visit the BMA website