

## **The GP contract**

*(Blog Dr David Jenner, NHS Alliance General Practice Network lead)*

It's the first day in February, the nights are drawing out and we are two months away from the birth of CCGs, which at this time last year were top of the Health Agenda, with the passage of the Health and Social Care Bill reaching its climax.

However, this year, the talk in GP circles has moved away from CCGs and now focuses on the GP contract imposition and its implication for the very survival of general practice.

Of course, this as yet is not a done deal but there is simply no sign of the BMA and NHS Employers or Ministers getting back in a room to negotiate, without both blaming each other for breaking off the negotiations. Whilst this happens, a formal consultation program around the contract is running, and draws to a close before the end of this month - leaving very little time for any changes before the April 1st start of the contract.

How did we get here? It amazes me that either the BMA or the Government feel this situation is in any way going to benefit patients, so hopefully the message from frontline GPs will be to do as the Scots and Welsh have done and get back into a room and make sense out of the current nonsense.

The UK wide GP contract is now a distant memory, with different political landscapes and priorities, so let's challenge the English BMA and Government to find a compromise that leaves both feeling they have got something out of the negotiation.

Yes, the country is facing challenging times, but the threatened imposed contract would appear to set general practices a much stiffer efficiency target than the 4% the rest of the NHS is facing - indeed the Secretary of State admitted GP practices were seeing 3.7% more activity at last year's NHS Alliance Conference.

With 15% of QOF also becoming core contract policed by the CQC, and having to be re-earned through a series of DESs that are weakly evidenced at best, I estimate general practice is being asked to deliver at least twice the efficiency savings of other parts of the NHS, whilst being asked to do more and more, including commissioning the vast majority of health services through CCGs.

So, with medical accountants advising a 10% reduction in drawings, increased pension contributions, ever dwindling limits on tax free pension contributions, introduction of the CQC, revalidation going live and enforced membership of CCGs, there would appear to be a perfect storm brewing for GP recruitment and retention. Oh, and add in a move to four year training for GPs, and very soon I fear we will face a pre-2003 scenario again of a crisis in the GP workforce.

General Practice is at capacity now, much more will break it.

Could this be the plan? Or is it just the unforeseen consequences of a series of policies that have not really been thought through?

I'm really not sure!

NHS Alliance is now launching its General Practice network to support all in practices to survive and steer the way through this storm, keeping our patients as safe and well treated as we can in the process.

We have submitted our feedback to the consultation on the contract and will continue to do so - leave your feedback here ..... and we will present that in further submissions.

So far some of our key points have been:

- Ensure all read codes, business rules and guidance are in place by the 1<sup>st</sup> April 2013 (unlikely) or consider staging the imposition of some QOF changes until these are ready (eg, start October rather than April)
- Consult widely on any changes to allocation formula for redistribution of funds before imposing this (note the NHSCB chose not to implement the new funding formula for CCG allocations)
- GP Practices are being asked to do much more for the same or less than other parts of the NHS, and effectively cash limited whilst others (eg, hospitals) are on “pay as you go” PbR contracts.

Each week we hope to update you with what is happening and what it might mean for everyone in practices, with some practical tips for managing QOF and other issues, and in time feedback from those practices who are the first to receive visits from the CQC.

Next week the blog's focus on the NHS will move to quality, as the Francis Report into Mid Staffs Hospital is published on Tuesday, and will most likely send shock waves throughout the NHS and media.

*(The views in this blog are those of Dr David Jenner in his NHS Alliance role and not necessarily those of his practice or CCG)*