Subject:
A step forward

Dear Colleague

As the dust settles after last week's announcement on the GP contract agreement for England in 2014-2015, I am writing to provide you with more information and context, while you are no doubt trying to digest the greatest set of contract changes since 2004. I hope this update will be of interest to GPs throughout the UK.

Our clear priority was to address the greatest concern expressed by grassroots GPs - the damaging impact of last year's sweeping imposed changes, exacerbating bureaucracy and box ticking medicine to unmanageable levels.

It's important to remember that this was a negotiation, in which no one side has things all their own way. Therefore this does not mean that we support every component within the agreement, and equally there are elements on which the government has had to concede. However taken as a package, GPC believes that this agreement is a definite step forward for general practice, and one on which we can build, and has also re-established the principle of the negotiating process.

We have successfully and significantly negotiated a reversal of most of last year's imposition, as well as removing a raft of unnecessary QOF indicators – a total of 341, and also ended three of the four imposed DESs, with most of the resources going into core GP budgets. This will provide practices with stability of funding, rather than these areas being subject to annual renegotiation. We have also stopped the second year's imposed increased threshold changes due to take effect in April 2014, which would have resulted in further work for GPs to achieve rising targets.

More time to care for patients
From next April, GPs will notice a marked reduction in QOF reminder alert messages on their computer screens as they see patients; no more GPPAQ questionnaires asking ill patients how many hours they cook or garden; GPs can be clinicians diagnosing depression rather than ticking the box for a bio-social assessment; the BP target of 140/90 encouraging over-medication has been dropped and returned to 150/90; no more repetitive intrusive annual questions on erectile dysfunction; the need to slavishly record a cholesterol test result within a 12 month timeframe has been removed - and these are just a few examples.
Download the full list .

These changes will make a tangible daily difference in GP surgeries, and will allow GPs to have more time to spend providing enhanced personalised care to patients with long-term conditions. It will also free up GP and nurse appointments that are currently used in chasing QOF targets, and will certainly reduce administrative time in call and recall of patients.

The new enhanced service to support a reduction in unplanned admissions is funded from the retirement of 100 QP points from QOF and the current risk profiling DES. As a result it will relieve practices from the bureaucracy and demands of the current QP domain, and instead resource practices to focus care on the needs of their most vulnerable patients.

Protecting your interests

However, there are elements of the contract that, like you, we have concerns about. In the context that the government could have implemented some of these changes anyway, our priority was to mitigate and ameliorate any adverse impact. For instance, the named GP for over 75s is not a 24-hour responsibility, and does not require a GP to be personally available at all times, nor responsible for the action of other professionals caring for a patient. There is no change to contractual hours, and in monitoring the quality of out of hours, practices are empowered to identify and report any problems in the system, including NHS 111 call handling.

Within the government's determination to remove seniority as part of ending age-related pay progression in the public sector, we have negotiated the retention of the entire seniority pool for funding general practice and thus enable that funding to be paid to GPs throughout their working years. And no GP in receipt of seniority will have any change for at least two years and those in receipt of seniority payments will have protection for six years in total.

No detail has been decided on publishing transparency of GP pay, although we have agreed to setting up a working group. Nevertheless we have been clear that GPs must not be treated differently from other healthcare professionals, and comparisons should be on a like for like basis, and only relate to the GP contract. In fact, the current published GP pay figures are already misleading, since they include non-NHS income, as well as a range of income from non-contractual activities such as GP education, CCG work, and dispensing.

We also have concerns which we know many commissioners share about the government's commitment to opening choice of patient registration beyond place of residence. This will not start in April 2014 but sometime later, and we have ensured the proposal is for national pilots, which will not be a contractual obligation, and they will remain voluntary.

We fully recognise that these contract changes are not in themselves a panacea and will not resolve the workload crisis in general practice, nor address the impoverished infrastructure of general practice from years of relative disinvestment. GPC will continue to robustly argue the case for general practice to be given the resources it needs, in responding to an increasingly demanding environment of changing demographics and more care being provided in the community. This investment strategy necessarily goes beyond the contract, in arguing for expanded premises, GPs and staff.

Full details of this and other changes are at **bma.org.uk/gpcontract** and do **read our new FAQs section**

If you wish any further clarification please email us on info.gpc@bma.org.uk .

With best wishes

Chaand Nagpaul

20 November 2013