

An Outline of General Practice and The 2014 Contract Changes.

General practice has always been at the core of primary care in the NHS since its establishment in 1948. The architects of the NHS had envisaged GPs to play a central role in co-ordinating integrated care and delivering the values upon which the NHS was built. General practice has faced many challenges over the years and has evolved with time, yet UK general practice is still regarded as one of the highest quality, cost effective systems in the world. As general practice is being navigated through yet another change, the evolution should be carried through its strengths.¹

All UK residents are advised to register with a local GP practice. The practices have contracts to provide the range of primary care services to those on their lists. As many patients register for long periods of time, often in families through generations with the same practice, there is an inherent continuity of care. It provides the GP with an opportunity to get to know a family and see children grow in to adulthood and even old age, whilst serving their needs at each point of their lives. In such a way, medical situations can be supplemented with social context with knowledge of personal preferences and personalities. GPs are vital in co-ordinating services for patients requiring long term care as they are the centre through which multiple health and social care professionals can interact. GPs are generally regarded as highly respected members of society. They are the first port of call for patients seeking medical and social care advice. The fact that they have held on to the 'independent contractor' status, although historically seen to be a hindrance to the integrated healthcare ideal, enables GPs to advocate on behalf of the needs of their patients. Being an independent contractor, practices have a degree of flexibility and freedom to implement creative solutions to meet the demands of their patients, in particular with IT services, commissioning and collaborative care. The expert generalist nature of GPs allows them to provide holistic care through meeting physical, mental and psychosocial needs connecting patients with specialist support when appropriate. In addition, preventative measures such as influenza immunisations, screening and child health monitoring have been successfully delivered by GPs.^{1,2}

General practice is under a considerable amount of pressure. It has been found that GPs have the lowest level of job satisfaction since the changes made to the GP contract in 2004. There has been a huge increase in workload without the appropriate increase in resources. Over 300 million consultations take place each year and the average consultation time seems to be increasing as the complexity of patient needs increases. The strain placed on the workforce has a negative impact on morale with insufficient capacity to meet patient needs. The UK population is growing, more and more babies are being born each year and the ageing population is also increasing. Older people often have a long term health condition, if not many. The number of people with multiple long-term conditions is set to almost double over the next decade. A huge blow to the current system of primary care has been the Health and Social Care Act of 2012 which radically reformed the NHS. This reform was rushed and the resulting Area Teams have been found to not be equipped to support practices and build productive relationships within the new system. Clinical Commissioning Groups are vital in the provision of secondary care. Although, GPs are encouraged to be involved within the CCGs, the reality of over-saturated workloads makes it difficult for them to participate.

The Act also has opened up the channels for private and charitable organisations which will promote competition and commissioners can now tender services.^{2,3,4,6}

As a result of negotiations between the BMA General Practitioners Committee and the NHS Employers (NHS England), changes to the GMS contract were agreed upon and were set to take effect in April 2014. The new contract has been intended to provide greater support for those with complex health needs, empower patients and promote high quality of care.⁵

- For patients aged 75 and over, a named GP must be accountable at all times. This allows for a commitment to personalised care for long term care patients.
- Out-of-hours services are to be monitored in terms of quality and integration with emphasis on better sharing of patient records.
- A new enhanced service to reduce the avoidable unplanned admissions of patients with complex care needs. Through this service, the quality and productivity section the Quality and Outcomes Framework (QOF) will be removed to fund the new enhanced service. This will enable GP practices to improve availability utilising telephone consultations for all patients at risk of unplanned hospital admission. It will also provide easy access to clinicians and providers to help support decisions for transfer and admission. Risk profiling is to be carried out more regularly to identify patients with complex needs who would potentially benefit from proactive care. The proactive care and support can also be achieved by regular review and sharing of personalised care plans by ensuring the involvement of named accountable GP.
- QOF has undergone a significant reform. It has been reduced by 341 points which has redirected funding into the new enhanced services system. QOF is to have stronger focus on holistic needs of patients with multiple care needs. The released funds can be re-invested into the global sum payments.
- Remote care monitoring and QOF threshold increases have been abandoned allowing more funds to be recycled back into the global sum.
- To empower patients and the public, GP practices will be allowed to register patients from outside their previously held boundaries. This will enable the public to choose the GP most suited to their specific needs. This raises the challenge of home visits which are to be coordinated by Area Teams when urgent medical care is required. Opening hours are also set to be extended.
- Online services are to be improved and promoted. GPs must offer patients the choice to book appointments online, as well as ordering repeat prescriptions and gain access to medical records.
- Through better feedback, the patient participation enhanced service aims to promote innovation on seeking insight from patients.
- There will be a contractual requirement for greater transparency in earnings through publishing data on net earnings. There is also a greater emphasis on fairer funding. With a re-evaluation of the Carr-Hill formula by which funding is allocated to deprived areas. Recent debate into the integrity and reliability of the formula has led to collaboration between NHS Employers and the GPC to work to update the classification of deprivation factors.

- The seniority pay scheme is to be gradually phased out over a six year period. Funds released from this scheme will be reinvested in to the global sum.
- The minimum practice income guarantee (MPIG) is to be phased out over the next seven years. The funding will be recycled into the global sum and funding is to be fairer in reflecting the numbers of patients served by each practice and health needs of those patients. There are a number of outlier practices who will be negatively impacted as a consequence.
- Provisions have been set to improve quality of care for patients with dementia, learning disabilities and those suffering with alcohol abuse.
- Changes have been made in information sharing. The NHS number must be included in all clinical correspondence. In addition, an automated update of the summary care record and use of the GP2GP service is planned to be fully implemented by 2015.

General practice will always be at the core of the NHS, being the pathway for the public to access advice and service for health and social care. With the increasing financial pressures, as well as changes in demographics and expectations from the public, there must be radical changes made. These changes must be focused around providing the highest quality of care and being proactive in meeting the needs of the patients. The solutions to the ever demanding challenges faced by GPs must be consistent with the values in which the strength of the UK health system is based and globally admired.

References:

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