

Doctors and Dentist Review Body Practice Income Flows for 2009/10

Background

The government has announced that it has accepted in full the recommendations of the Doctors and Dentist Review Body (DDRB) report 2009. (DH Gateway Ref: 11615)

1. National mandatory implications for PCT's

- a) Gross GMS contract payments will be increased by an average 2.29% in order to allow an average increase in GMS practitioners' net income of 1.5% after allowing for movement in their expenses.
- b) Under the formula agreed the Gross 2.29% increase will be differentially applied as follows:
- c) Every GMS practice will receive a national minimum uplift of 0.70% to their Global Sum Equivalent (GSE) (i.e. global sum payments including protected income levels under MPIG).
- d) The global sum rate per weighted patient will increase from £56.20 in 2008/09 to £63.21 in 2009/10 an increase of 12.5% however in order to reduce the reliance on MPIG any increase in a practitioners global sum will be matched by a corresponding reduction in their protected income (in so far as the national minimum uplift of 0.70% to GSE is achieved) until it is eradicated.
- e) For some practices this will result in the complete elimination of their protected income and an overall increase in their GSE in excess of the 0.70% national minimum uplift. This variable impact will be replicated to different degrees for practices within PCT's nationally.
- f) The value of Quality and Outcome Framework points will increase by 1.74% from £124.60 in 2008/09 to £126.77 in 2009/10.
- g) Directed Enhanced Services payments will be increased by 1.74%.

2. Local discretionary implications for PCTs

Enhanced Services

- a) It is for PCT's to consider the implications of the DDRB recommendation for the National and Local Enhanced Services they commission however in principle the Department of Health would expect PCTs to honour the spirit of the negotiated agreement and increase contract prices by 1.74%.

PMS Practices

- b) Whilst the DDRB award applies to GMS practices an equitable approach to PMS and APMS contracts should be considered by the PCT and the Department of Health have suggested the following guidance.
- c) PMS practices have baseline funding based upon historic GMS income for essential and additional services that is equivalent to the GMS GSE. If the income of a PMS practice as at 1 April 2009 is more than £63.21 per weighted patient (i.e. the number of registered patients adjusted by the Carr-Hill formula), it is receiving more income than it would do under the Global Sum formula in GMS so would receive no more than a 0.70% increase.
- d) The income for PMS practices is usually more than £63.21 per weighted patient.

APMS Practices

Existing contractual arrangements cover the implications of the DDRB award and ensure equitable treatment of providers.

Oxfordshire PCT
27th April 2009