

To: PCT Chief Executives
PCT Chairs
PEC Chairs

30 January 2008

Dear Colleague

GMS 2008/09

(There is a lot of distortion and concealment in this letter)

I am writing on behalf of NHS Employers to outline to you the nature of the potential negotiated settlement on which the British Medical Association's General Practitioners Committee (GPC) will shortly poll GPs.

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The Negotiations

This year's negotiations have been challenging for both NHS Employers and the GPC. We have tried to agree a package of measures which improve patient care through GMS. Our guiding principles have been to secure a good deal for patients and the service, as well as ensuring value for money. We have focused on improving access to family doctors then why does Mark Britnell insist on extended hours being additional. This is extra capacity not better access, which would allow consultation time to be moved from in hours to outside core hours(8am to 6:30pm) since, through a broad range of contacts with patients and the public it has become apparent that this is a high priority.

In reaching our "bottom line offer", we have also held to principles already agreed with GPC (I do not believe this is true): that the contract should deliver annual efficiency in line with other public sector services, and that there should be continuous improvement in the quality of care.

The GPC has decided neither to reject nor accept our final offer but instead to poll the profession on their views. It will invite GPs to indicate whether they wish to accept the negotiated agreement discussed with NHS Employers.

NHS Employers' negotiators believe that our offer does meet our stated objectives in being better for patients, good value for the tax payers and fair to the profession. As such, we would hope that the deal is accepted by GPs.

It is fair to say that both sides have had to make concessions (I do not believe the NHSE has conceded anything) during negotiations. Early in our discussions NHS Employers and the GPC agreed to release 38.5 points from the QOF for recycling (this is solely a GPC concession). These are detailed in Annex A. As our discussions about access continued we agreed with GPC that the resource we had available from the current Access and Choice DESs was not sufficient to reward practices fairly for swift and convenient (48 hour and advance booking) access as well as extended opening (Only because the government and NHSE overvalues and overprices Extended Hours). As such, GPC agreed to release 20 points from the patient survey and NHS Employers offered the use of the 38.5 QOF points for access rather than expecting additional clinical areas (The GPC valued these clinical areas but the NHSE didn't. This is a hypocritical statement), allowing 58.5 points to be available for continuing to deliver good access. No clinical areas have been removed from QOF.

The Offer

There are three main elements to our offer:

- The recycling of the resource within the current Access and Choice DESs (which end in March 2008) to incentivise the provision of routine, pre-bookable care outside core hours. This equates to approximately £2.95 per patient. In return, practices would be expected to offer 30 minutes of surgery time per 1000 patients at times agreed with the PCT and in response to patients' wishes as evidenced in the GP Patient Survey. Additional times are expected to be delivered in blocks that are long enough to give significant options for patients outside normal working hours. It is expected that appointments will be offered in line with current practice in core hours does this mean practice front doors are open and the practice is available for emergency care?. We continue to work with the GPC on the exact detail of this new DES. NHSE haven't supplied the complete DES so how could GPC accept it or GPs vote yes. In fact the NHSE have changed the description of the DES every week to make it more onerous: first the ruling that there was to be no GP concurrence (two GPs working simultaneously for 1.5h only counts as 1.5h in total) then the Britnell letter on 31.1.08 about Extended Hours being additional to baseline In Hours
- The recycling of 58.5 QOF points to incentivise swift and convenient (48 hour and advanced booking) access. (Ok but don't then claim that QOF is evidence based clinical practice, or that NHSE wanted to fund new QOF clinical points) The reward will be based on patient satisfaction as measured by a new national patient survey, or through modified practice surveys.
- A 1.5 % National Investment Offer if the deal is accepted. This means that if the final pay uplift applied to the contract is less than 1.5% the balance will be made available for investment through GMS. (But not an uplift to Global Sum, just an unknown new DES with new work

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attached. This is not an inflationary pay rise, but pretends to be)

Decisions on how any balance would be used will be made after the independent Doctors and Dentists Review Body has made its recommendations. As you are doubtless aware, both NHS Employers and the GPC have submitted evidence to the Doctors and Dentists Review Body with regard to the uplift. We expect their recommendation in March.

Alternative Proposals

This is what will be imposed on practices if the offer is not accepted, so in reality it is a "Threat" You will be aware that the Department of Health is also consulting with the GPC on its proposals should a negotiated settlement not prove possible.

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The alternative proposals were outlined in a letter from the Director of Primary Care at the Department of Health to SHA Directors of Commissioning dated 21 December 2007. In short these proposals would include:

- Reinvesting the £158m resources available from the Access and Choice DESs in ways that support extended access for patients in evenings and at weekends.

(The next two bullet points are deliberately separated and vague. Add them up and you will see that a total of 135 QOF points will be removed compared to only 58.5 in the Offer. The NHSE has now conveniently discovered extra "out of date" QOF points.)

- Developing a new improved GP patient survey that will capture patient views on a wide range of aspects of GP services, which would prevent the need for local patient surveys. PCTs would reinvest over £80m (75 QOF points) to reward GP practices on the basis of levels of patient satisfaction, as measured by the new survey.
- PCTs and GP practices agreeing how to reinvest over £65m (60 QOF points) of indicators from the QOF that are considered to be out of date or duplicate other requirements.
- Uprating the current QOF threshold payments so that practices are rewarded for delivering continuous improvements in patient services.
(ie many QOF points will now be more difficult to get. Another punishment for not accepting the offer)

Next Steps

I am aware that the uncertainty around these two potential outcomes is difficult for everyone involved. Unfortunately we are unlikely to have the result of the GPC poll and hence any conclusion before early March.

However, the broad parameters for improving access to family doctors outside core hours will be similar whether through a nationally negotiated deal or whether determined locally. As such, I hope you are able to make progress

with your practices to put in place the arrangements which will be necessary under either scenario.

I do hope that you will find this letter helpful in understanding the current position on GMS (You may, but you are being given a distorted and incomplete picture) and in answering any queries that may arise from GPs during the poll process.

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Information on any developments with our negotiations and questions and answers on the proposals will be available on the NHS Employers website at <http://www.nhsemployers.org/pay-conditions/primary-886.cfm>.

Yours sincerely



Barbara Hakin
Chief Negotiator
NHS Employers

Annex A: List of indicators to be removed

The table below summarises the 38.5 points that will be removed in the event of a negotiated settlement.

Indicators	Indicator Description	Points
Holistic care		20
Information 3	The practice has arrangements for patients to speak to GPs and nurses on the telephone during the working day.	1
Information 7	Patients are able to access a receptionist via telephone and face to face in practice, for at least four hours over five days, Monday to Friday, except where agreed with the PCO.	1.5
Education 4	All new staff to receive induction training.	3
Management 4	The arrangements for instrument sterilisation comply with national guidelines as applicable to primary care.	1
Management 6	Person specifications and job descriptions are produced for all advertised vacancies.	2
Management 8	The practice has a policy to ensure the prevention of fraud and has defined levels of financial responsibility and accountability for staff undertaking financial transactions (accounts, payroll, drawings, payment of invoices, signing cheques, petty cash, pensions, superannuation etc.).	1
Medicine 7	Where the practice has responsibility for administering regular injectable neuroleptic medication, there is a system to identify and follow up patients who do not attend.	4
COPD 9 (remaining points)	COPD 9 will be replaced with a new indicator. The points allocation will decrease from 10 to 5.	5
TOTAL		38.5

In addition, 20 points will be released from the patient experience domain, bringing the total available for reinvestment to 58.5.