

BBOLMC newsletter 20.03.08

Extended opening

Briefing from Laurence Buckman (GPC Chair): modified by BBOLMC

After the GPC poll result, the GPC has been trying to finalise details of the DES and negotiate out inflexibilities that they believe patients, practices and PCTs do not want. This has led to a frustrating delay in hearing the final details, with practices not knowing how to manage changes in income and workload.

It is looking extremely unlikely that any formal directions or SFE amendments will be in place for 1st April, as the GPC would have expected for a usual negotiation and contract change. This is in part because this is not a normal negotiation (GPC have not accepted that the DES is OK) and also because of the slip in timescales with the GPC poll. GPC has been able to get DH to go back on some of its more unwise ideas and threats and some matters remain fluid enough for GPC to have another go at further meetings.

There is not likely be anything significantly more or different to that which was included in the guidance of 6 March "*What the poll outcome means for your practice*" which set out the main components of the contract in each country.

[http://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDFgppolloutcome/\\$FILE/GPpolloutcome0308.pdf](http://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDFgppolloutcome/$FILE/GPpolloutcome0308.pdf)

This is essentially the DES specification as it stands and should be used as the basis for discussions locally.

There is essentially one fundamental outstanding issue which is whether practices who sign up for the DES will be signing away their flexibility to run in-hours appointments/consultation time as they wish (this originally stemmed from the January Britnell letter about an appointment audit). GPC has argued very strongly that any enhanced service should be completely separate from the core contract requirements and extended hours should not determine how a practice runs its service in-hours – and made it clear that losing the flexibility to offer in-hours services as the practice determines best for patients will deter many practices from signing up for the DES, and fossilise GP practice appointment arrangements not necessarily to the advantage of patients. If GPC cannot move forward with NHSE on this, BBOLMC will seek reassurance from local PCTs that the flexibility for practices to change the way consultations are offered in-hours will remain even if extended hours are offered.

There has been a further letter from Ben Dyson to SHAs last week – GPC had tried to influence the wording of this to little effect, although it is better than it was (it no longer talks of monitoring appointment times). It is interesting that Wales and Scotland do not wish to introduce such a monitoring mechanism but are happy to include words along the lines of 'there should no reduction in the level of in-hours service' - which is better.

Practices should be aware that the legal advice about not supplying the PCO with any appointment information until signed up to the DES remains. GPC is clarifying with the legal department what information would be reasonable to provide in the circumstances that a practice does sign up to the terms of the DES.

Negotiating a LES locally

BBOLMC is concerned that with the 1st April approaching there is no DES in place.

I have suggested to all 5 TV PCTs that the DES is likely to be so rigid that uptake will be low and they should develop a LES (the anticipated DES minus any predicted deal breakers) as being better for patients, practices and PCTs

Most PCTs have indicated they wish to work with the LMC and be flexible.

Recent news from the GPC (20.3.08) is that PCTs will be performance managed on the number of practices offering extended hours and not the number of practices taking up the DES

Routine pre booked or walk-in

Nationally, GPC has been informed all the way through the negotiations that extended opening was for routine pre-booked appointments, with no telephone calls coming through to the practice. The walk-in and home visits would remain the responsibility of the OOHs service.

A DOH letter sent to PCTs last week seems to have altered this situation, making the DES even less attractive. It stated that "the balance of routine pre-booked appointments and walk-in was for local determination".

This would totally change the service that would need to be offered and has not been negotiated. The BBOLMC view remains that the £2.95 should be for providing routine pre-booked appointments only.

Walk-ins are additional work, incurring cost, and add a degree of uncertainty which needs to be managed in a different way by practices. There is also a safety issue of early morning and late night working if we move from pre booked appointments to allowing walk-ins.

What should you do now.

Please start discussing internally what you might offer under a LES.

Do not rush into making any decisions: you need all the facts before you can realistically decide.

Make plans, based on the 30 min per 1000 patients, looking at what "realistic" flexibilities you need to deliver this service effectively. It is likely that PCTs will be flexible for larger practices and allow GPs to work concurrently.

BBOLMC would urge you to consider now what your practice population requires and what you can provide. I will keep you informed as facts emerge and PCTs are clearer on what they want to commission.

Judicial review and pensions

Pensions Judicial Review (extract from GPC newsletter)

The BMA was successful in this week's judicial review against the government's action in renegeing on its decision on how GPs pensions would be calculated from the years 2004 - 06. The judge was pretty clear about what he saw as the unlawful behaviour of the Departments and did a fairly thorough hatchet job on their arguments. As expected, they have asked for, and received, permission to apply for leave to appeal. That does not mean that they will be permitted to appeal (though I suspect they will get it) and it does not mean they will win as Richard Gordon, the GPC QC, demolished most of their positions and the judge did the rest. Furthermore, GPC has been awarded costs.

GPC is seeking further details from the Department of Health regarding how they will be proceeding to implement the JR decision and BBOLMC will keep practices updated on any developments. GPC predict that government will try to do something bad to subsequent pension years although they are not sure what that might be.

Model Contract and Variation Notice

The Department of Health has made some technical changes to the GMS Standard Contract which were agreed with the GPC and the NHS Confederation to bring them up to date with the updated Regulations.

The terms of that contract are now published and can be downloaded from the Department of Health website at the following link -

http://www.dh.gov.uk/en/Healthcare/Primarycare/Primarycarecontracting/GMS/DH_4125638

Paul Roblin

CEO

www.BBOLMC.co.uk