THE NEW GP CONTRACT

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The new GP (general practitioner) contract has just been accepted for implementation across the UK after a ballot of all GPs and GP registrars.

After nearly two years of intense negotiations between the British Medical Association and the NHS Confederation a contract has been produced which has the ability radically to change the way GPs work and to improve their working lives.

The new contract was designed to provide demonstrable benefits to GPs, other primary care professionals, the NHS and, most importantly, to patients.

FUNDING

The government is committed to increase funding on primary care from £6.1 billion this year to £8 billion by 2005.

At present a practice receives funding according to the number of GPs within it and also by means of fees and allowances. This is unfair if a practice finds it difficult to recruit a doctor, starving it of much-needed resources.

The new contract will pay a practice according to the number of patients on their lists, thus reflecting the workload of a practice much better than at present. Resources will be allocated to practices through three main funding streams:

- the global sum – guaranteed payment to cover practice running costs
- quality rewards – to reward practices according to the quality standards they achieve
- enhanced services payments – available to practices that opt to undertake these services.

Additional funding streams will also be available to practices to cover investment in IT and premises, and to reward long-serving GPs through seniority pay.

MANAGING WORKLOAD

The contract will divide primary care services into three categories:

- essential services – covering the management of patients with treatable illnesses, care of the terminally ill and care for patients with chronic diseases
- additional services – covers six areas (Figure 1). All practices are expected to provide these services, which will be funded through the global sum, but may opt out in exceptional circumstances

- enhanced services – these can be essential or additional services delivered to a higher specified standard ie extended minor surgery. It can also include areas such as care of the homeless, drug misusers or violent patients.

cervical screening contraceptive services vaccinations and immunisations child health surveillance maternity services minor surgery procedures

Figure 1 Additional services

PAYMENT FOR QUALITY CARE

Many practices have been providing high quality care to their patients over many years for no extra financial benefit. In fact, many practices have improved the care to their patients by funding it out of their own pockets – GPs are self-employed independent contractors to the NHS.

The new GP contract finally rewards practices for the high quality care their patients receive. A new system of funding will come about that rewards practices through a points-based system whereby a practice that meets certain quality-based criteria will receive extra funding for their practice. These will be based on clinical conditions (coronary heart disease, stroke/TIAs, hypertension, diabetes, COPD, epilepsy, hypothyroidism, cancer, mental health and asthma), organisational standards within the practice and also patients' experience of the practice. All the criteria are evidence-based.

WORKING LIVES

Many GPs are fed up with the ever-increasing demands placed upon them without the commitment of extra resources. For years GPs have had extra initiatives and targets to reach, leading to GPs calling their current contract the 'John Wayne contract' – a GP's gotta do what a GP's gotta do! Increasingly GPs want to spend more time developing other clinical interests or spend more time with their family and they should be allowed to do so. The new contract will allow greater flexibility in a GP's working life.

OUT OF HOURS WORK

Arguably one of the most fundamental changes within the new contract is the ability of GPs to opt out of their out-of-hours work. Currently GPs are responsible for their patients 24 hours a day and many use cooperatives or deputising services to ensure that the burden of this work is not intolerable.

The new contract, however, will make GPs responsible for

their patients' care from 8.00am to 6.30pm Monday to Friday. All other times must have suitable cover provided by the local Primary Care Organisation (PCO).

PCOs will be responsible for providing emergency primary medical services to their population out of hours and will be responsible for:

- ensuring 24-hour care is available to all patients
- ensuring that care is delivered to specific quality standards
- developing integrated emergency care services
- integrating services with NHS Direct.

GPs will not be expected to be available 'just in case' the new system does not work or if it requires extra manpower. The new contract truly means that GPs are not expected to be available 24 hours a day for their patients.

It is therefore vital that early planning for this starts now as many GPs are expected to opt out and it will be effective from December 2004.

There will need to be a review of how out-of-hours care is delivered, greater use of skill mix between professionals and adequate remuneration for GPs willing to work these shifts.

PENSIONS

The new contract offers a major improvement to a GP's pension in the coming years. If a GP were to wait a further three years before retiring he could see a significant increase in his or her pension. Figure 2 shows an example:

Sample pensions for different ages							
Average doctor starting work in the NHS at age 24 with less than 10 years' hospital experience earning £69,000 p.a.							
Age	Uprated lifetime earnings	Uprated lifetime earnings	Acturial reduction for early retirement	Pension at	Lump Sum	Pension at	Lump Sum
	31.3.2003	31.3.2006		31.3.2003	31.3.2003	31.3.2006	31.3.2006
55	2,139,000	3,306,894	0.75	22,460	77,620	34,722	120,001
60	2,484,000	3,840,264	1	34,776	104,328	53,764	161,291
63	2,790,000	4,313,340	1	39,060	117,180	60,387	181,160

Figure 2 Sample pensions

A NEW WAY FORWARD

For GPs the new contract will be radically different to the old 'red book' system. The aim of the contract is to give GPs more control over their working lives and over the way they run their practice.

There are many issues to resolve and some areas of concern for many GPs during the implementation phase. There needs to be more work on the allocation formula that works out how much funding a practice receives to ensure it is fair and equitable. Primary Care Trusts need to work collaboratively with GPs and Local Medical Committees on the implementation of the new contract in order that it can proceed smoothly and effectively. Primary and secondary care need to work more closely with each other so that the service to patients is better than it is now and communication between the hospitals and general practice more effective.

There is a great deal of extra work to be done in the next 18 months and it will certainly be an interesting time.

Declaration of interest: elected member of the BMA General Practitioners' Committee