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key 2017/18 GMS contract changes in England

The headline increase in total GMS contract spending for 2017/18 in England is £238.7 million and this is supposed to allow for increasing practice expenses, including a staff pay uplift of 1% and an increase in general practice expenses of 1.4%.

£1.5 million has been added to the Global Sum total funding to cover expenses in relation to the submission of data for the NHS Digital Workforce Census, with £5 million being added to cover the costs of the contractual changes in relation to the determination of non qualifying overseas patient visitors. There has also been an estimated £3.8 million in pensions administration levy costs factored into the Global Sum increase.

The Avoiding Unplanned Admissions directed enhanced service (DES) ceased from April 2017 and the £156.7 million 2016/17 budget for this has been transferred to the Global Sum for 2017/18. The 2017/18 Learning Disabilities DES has been increased from £116 to £140 per health check. Extended Hours Access was due to continue unchanged until 30 September 2017 and thereafter new conditions are due to be introduced meaning that GP practices who regularly close for half a day on a weekly basis may cease to qualify for the Extended Hours Access DES funding.

Payments for indemnity costs will be made for 2017/18 based on registered patients at 51.6p per patient. Quality and Outcomes Framework (QOF) income per point will increase, while the number of total points available will remain unchanged. The GP retention scheme has been changed for 2017/18 with an additional £1 million of funding being made available. However, the qualifying criteria has been tightened up for joiners of the new GP retention scheme, being primarily aimed at those GPs who are seriously considering leaving general practice.

Guidelines have been updated for NHS GP parental and sickness leave so that the cover can be provided by external locums or by part time GPs already working at the practice as either partners or salaried GPs. The maximum reimbursement receivable has increased to £1,734.18 per week and further details of the changes can be found here: http://bit.ly/2y98FFV

Care Quality Commission (CQC) fees are due to be reimbursed to GP practices directly for 2017/18 on the presentation of the CQC invoices to the local NHS administrators, at an estimated total cost of £22.5 million.

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more GPs choosing locum work over salary or partnership

The 2017 edition of GPOnline and Medeconomics' annual survey of locums has revealed that an increasing number of GPs are choosing to work as locums rather than as salaried GPs or partners.

Results of the 745 locums who were questioned for the 2017 survey are:

- Around one in five (22%) had been working as a salaried GP or partner twelve months earlier. In contrast, just one in six locums questioned for the 2016 survey had been working as a salaried GP or partner in 2015.
- Almost seven in ten locums questioned in 2017 said locum work was 'their main role', compared to 65% of survey respondents in 2016 and 50% of respondents in 2015.
- Almost six in ten (57%) locums questioned in 2017 said demand for their services had increased over the previous twelve months and 39% said demand was about the same. Just 4% of respondents said demand had fallen.

The 2017 survey also revealed the factors that are driving GPs from permanent positions to locum work. These include stress, poor levels of pay, long hours and bureaucracy. Working as a locum, according to respondents, provides a better work/life balance, more control over workload and less paperwork.

The average hourly and daily rates charged by locums who took part in the 2017 survey were higher than the average rates charged by locums in 2016. However, around two in every three locums questioned in 2017 had not changed their rates in the previous twelve months and 3% had lowered their rates. Many of the locums who had increased their rates blamed their decision to do so on the rising cost of obtaining professional indemnity insurance cover. Several respondents to the survey were planning to increase their rates in 2017/18 for the same reason.

Read more about the research at: http://bit.ly/2xzD3d9 And: http://bit.ly/2vFzVv4

GPs and practice managers uncertain about financial future

A report from Future Focused Finance has suggested that most GPs and practice managers are uncertain about the financial outlook of their practice over the next two years. The report, 'The Financial Challenges Facing General Practice', is based on a survey of 356 GPs and practice managers, carried out between November 2016 and February 2017.

More than four in ten survey respondents (42%) said they were 'not at all confident' about their practice's financial outlook over the next two to three years and 45% said they had 'some concern' about this issue. When asked for the reasons behind this uncertainty, 94% of respondents answered 'the ability to meet existing or growing demand within current core funding' and 92% cited increases in other obligatory costs, such as medical indemnity insurance fees.

The report also revealed widespread doubt among GPs and practice managers about the long term future of their practice. Just 17% of survey respondents believed their practice will exist in its current form in five years' time. Around 42% of respondents expect the practice to be part of a GP federation by 2021/22 and 14% expect it to be part of an integrated primary and community care system. In addition, 11% of respondents believe their practice will no longer exist in five years' time and their services will be provided by another organisation.

According to the report's conclusion, NHS England, Clinical Commissioning Groups and local medical committees have a vital role in 'facilitating change and ensuring that general practice has the capacity, knowledge and tools to ensure decisions about service change and expansion are soundly based'. The conclusion also sets out several recommendations for healthcare commissions and support organisations, such as helping GP practices with the strategic planning that is necessary when joining forces with other practices.

The report can be downloaded from: http://bit.ly/2iHsXmR

in brief...

Four in ten GPs planning to leave NHS

Almost four in ten GPs are planning to leave the NHS within five years, according to a report by the Royal College of GPs (RCGP). The report has also revealed that the majority of GPs do not believe the Department of Health (DH) will meet its pledge to grow the number of family doctors by 5,000. In response to the findings, the RCGP has warned that general practice "could reach breaking point" unless the DH takes immediate action to increase the number of GPs, as well as address the concerns of current GPs to stop them leaving the NHS. In particular, it calls for measures to tackle rising workloads and the financial pressures facing practices. http://bit.ly/2vLM0hr

NHS England rejects lifelong GP contracts

Almost all new GP practices have been issued time-limited APMS contracts since NHS England was established in April 2013, a freedom of information request by Pulse has revealed. Overall, 242 APMS contracts were awarded to new practices between 2013 and 2017 compared with just one unlimited PMS contract. According to Pulse, the time-limited nature of APMS contracts, which are usually issued for five years, is putting the long-term stability of general practice at risk. In comparison, GMS and PMS contracts are awarded in perpetuity and thereby provide more certainty for practices and GPs. Dr Richard Vautrey, acting chair of the General Practitioners Committee, said regional managers at NHS England *"default to the APMS route because of their fear of protracted legal action from those who say issuing a GMS contract is anti-competitive."* http://bit.ly/2tFVkHe

Dentists urged to review indemnity cover

The British Dental Association (BDA) is urging dental professionals to check the small print on their indemnity insurance cover. In particular, dentists should review the conditions and restrictions included in their cover, as well as any expectations placed on them by their insurer. The warning follows a recent case where the General Dental Council declared that a dentist's policy contained exclusions that meant the cover did not meet the regulator's 'Standards for the Dental Team'. Peter Ward, Chief Executive of the BDA, said: *"At a time when fees are rising, many may be searching for a better deal. But a cheaper option with holes in it is not a real option when your professional registration is at risk if it goes wrong."* http://bit.ly/2vHxAPT

Improving regulation in the dental profession

The Regulation of Dental Services Programme Board (RDSPB) is calling for greater engagement and collaboration between regulators, dental professionals and wider stakeholders to improve the regulation of the profession. In the 'Working Together, Delivering Change' report, the RDSPB sets out seven key areas for change and action. These include clarifying the roles and responsibilities of regulators, developing a joined-up approach for the regulation of dental services, quality improvement and improved communication with providers and patients. The RDSPB was set up in 2015 to bring together regulatory bodies including the Care Quality Commission and General Dental Council to reduce the regulatory burden on dental professionals. http://bit.ly/2t7n6YT

Patients' control of records undermined

The BMA Medical Ethics Committee (MEC) has warned that the Department of Health's (DH) plans to remove a patient's right to stop their medical records being shared with NHS Digital will undermine patient trust in how their personal data is used. Under the plans, 'type-1 opt outs', which allow a patient to object formally to data that identifies them being shared with NHS Digital, will be abolished. John Chisholm, chair of the BMA MEC, said: *"Doctors have serious concerns about the removal of patients' right to opt out of having their details sent from their GP surgery to NHS Digital, without first putting in place the necessary protections and guarantees."* http://bit.ly/2xOMXXu

CQC streamlines approach to regulation

The Care Quality Commission (CQC) has set out its plans to cut the number of key lines of enquiry it uses to inspect and assess GP practices in England. There are currently 27 key lines of enquiry that are used by the CQC to assess a practice before and during an inspection. In June 2017, the regulator also consulted on its proposals to simplify and strengthen the regulation of health and social care in England. Under the proposals, the CQC will take a risk-based and collaborative approach to inspections. For example, good and outstanding GP practices will be inspected less often if they submit data annually to the CQC. The measures are expected to be introduced from October 2017. http://bit.ly/2xP4ONY

hundreds of GP practices close, merge, or taken over under NHS England

GPonline analysis of the latest figures from NHS Digital has high-lighted the extent of GP practice mergers and closures since NHS England became operational in April 2013. Overall, 750 (or 9%) of GP practices treating more than 2.7 million patients across England either closed, merged or were taken over between April 2013 and July 2017.

The NHS North region recorded the largest fall in GP practice numbers, with 223 practice closures and mergers. Across the country, the spread of practice closures and mergers is quite even with 11% recorded in the NHS South region, followed by the North and London regions (9%) and the Midlands and East region (8%). In addition, 29 Clinical Commissioning Groups (CCGs) have had more than a quarter of their practices affected, while some smaller CCGs such as NHS Bassetlaw have seen more than half of their practices close or merge.

The figures have also revealed that GP practices that receive less funding and have smaller patient lists are more likely to close or merge. According to GP leaders, rising workloads, a shortage of GPs and a drop in practice funding are responsible for the record number of practice closures.

Dr Vautrey, acting chair of the General Practitioners Committee, said: *"Closures have often come as a direct result of unsustainable financial pressures that individual practices have found themselves under. All practices are underfunded, and smaller ones are most vulnerable and this is often why they have closed."*

In response to GPonline's analysis, an NHS England spokesperson said: *"GP income varies greatly depending on the number of patients, their health needs and the services the practices provide but, as part of our plans to improve GP services, many practices are choosing to merge in order to offer patients a much greater range of services."*

Read more about the figures at: http://bit.ly/2vH75KJ And: http://bit.ly/2vMv1vi

dental practice valuations continue to fall

The latest goodwill survey for dental practices has revealed that practice valuations continued to fall sharply from January to April 2017. Valuations for practices reached 135% goodwill as a percentage of fee income in April 2017, down from 151% in January 2017. However, goodwill as a percentage of fee income for deals actually completed rose to 137%, up from 116% in the previous quarter.

In addition, goodwill as a percentage of fee income for valuations and deals actually completed are now at their closest in almost two years, with goodwill for completed deals just 2% higher than goodwill for valuations. In comparison, goodwill as a percentage of fee income for valuations was a record 41% higher than goodwill for deals completed in October 2016. The convergence of goodwill for valuations and deals completed suggests that prices in the practice market are still rising, but at a slower rate. Overall, goodwill as a percentage of fee income for completed deals went up by 18% in the 12 months to April 2017 and practice valuations recorded an 11% rise in goodwill over the same period. However, this is still significantly lower than in October 2016 when goodwill for practice valuations stood at a peak of 163%.

The survey has also indicated that NHS dental practices are outperforming private practices in relation to the value of completed deals. NHS practices sold at an average of 165% goodwill as a percentage of fee income in the four months to April 2017. This is in comparison with the all-practice average of 137% goodwill.

Read more about the survey at: http://bit.ly/2iIJ3Nc

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