



Londonwide LMCs

The professional voice of London general practice

What does the new GP Contract for 2014-2015 mean for Sessional GPs?

The GPC has negotiated and agreed a new contract package for 2014-15. The terms of this contract obviously don't just affect contractors, but impact upon how all GPs will work. So how will these changes affect workload and what sessional GPs are expected to do in their clinical sessions? Some of the key points of the new deal include changes to QOF, the introduction of avoiding unplanned admissions enhanced service, a named GP for patients 75 years and older and OOHs quality monitoring. QOF238 QOF points have been removed and transferred into the GP practice core budget. Most of the imposed changes to QOF from last year have been reversed. QP points have been removed.

The key point to this part of the package is a reduction in bureaucracy and the removal of some of the points that are not clinically appropriate; so you should notice a reduction in screen alerts and the amount of box ticking to be done. In brief - QOF indicators have been removed in:

Hypertension GPPAQ survey & intervention 140/90 target but 150/90 remains. Annual cholesterol checks for CHD, PAD Stroke/TIA, mental health stays for diabetes.

Diabetes ED questions Albumin/creatinine screening test Retinal screening Dietary review

AF% with CHAD score

Thyroid Whole domain removed

Depression Bio-psychological assessment removed Depression review increased to 8 weeks

Mental Health HDL/Cholesterol & glucose annual checks BMI

Others removed Epilepsy Rheumatoid Arthritis Public Health QP domain Patient experience/length of consultation

Other Important Changes:

Three of last years imposed Directed Enhanced Services (DES) have ended (current patient online and remote care monitoring plus risk profiling has ended but dementia continues) and the resources go back into GP core budget.

Introduction of 'avoiding unplanned admissions' enhanced service.

Requirement for a named GP for patients over 75, and the monitoring of OOH care.

Changes to IT including extension to online access for appointments and prescriptions.

Gradual phasing out of seniority payments.

Of the other changes that will directly impact upon the way you work, the most immediate will be:

'Avoiding unplanned admissions' enhanced service

The requirement for a 'named GP for patients 75 and older'

OOHs quality monitoring.

The last two will become a contractual requirement. The 'avoiding unplanned admission' enhanced service

This requires the practice to risk profile and identify vulnerable adults, 2% of the practice population, and some high-risk children and the list will be known as the case management register. Care plans for all on the care register are to include a named accountable GP, a care co-ordinator (any person in the multidisciplinary team) as the main point of contact and responsible for delivery of the care plan, plus a review of any hospital admission/discharge.

This enhanced service will impact on the way sessional GPs work by ensuring that there has to be timely access for A&E, ambulance and care and nursing homes, (so that there are informed decisions made about possible admissions or patient transfers). You will need to understand the arrangements within the practice for the ex-directory number to A&E clinicians, ambulance etc., plus have ease of access to the personalised care plan for these patients. This will also be important if you are involved in same day telephone consultation access for these patients with urgent needs.

A named GP for patients 75 and older

This will take the lead responsibility for ensuring that all appropriate services required are being delivered to these patients. However the contract remains with the practice, not the named GP, and this does not prevent patients seeing any GP or nurse in the practice. Therefore, all GPs who work in a practice will need to be aware of what arrangements a practice may have in place to work with other health and social care professionals for delivering appropriate patient services, and the interface with the accountable GP in the practice. Out of Hours Those GPs/practices that have opted out of OOHs will be required to monitor the quality of care provided OOHs. In doing so, practices will need to take into account national quality standards, including any patient feedback such as complaints, and any resulting concerns are then to be reported to NHS England. Not only is there a requirement placed upon the practice to review the details of the OOHs consultations but, and this is where sessional GPs may become involved, there is also a requirement to respond to requests for information from OOHs providers, and on the same working day. You will therefore need to understand what OOHs providers are available for the practice that you are working in and what systems the practice has in place for safe and effective transmission of patient data.

This summary attempts to highlight the further information that you will need as a sessional GP working in a practice once these contract changes come into place. Obviously there are other contract changes and for further details on IT changes, directed enhanced service and the family friendly test as well as seniority and choice of GP practice please see this detailed update on our website.

Written and compiled by Dr Victoria Weeks, Medical Director at Londonwide LMCs and Chair of the BMA's Sessional GP subcommittee. Last updated on 11 December 2013.