AGM & Annual Conference 2019

Lynne Abbess
Joint Chair

Then & Now

THEN = 1980!

REINVENTING THE WHEEL!

THEN

Department for Health and Social Services (DHSS).

1968 - 1988

NOW

Department of Health and Social Care (DHSC) 2018

[Via:

- The Department of Health (1988); and
- The Department of Social Security (1988); and
- The Department of Work and Pensions (2001)].

THE PRACTICE

QUALIFICATION TO BE A GP

THEN

- No formal training requirement;
- Any qualified doctor could set up shop as a GP.

NOW

- 3 years “Post-Graduation” Training;
- NHS Providers List (in addition to registration with the GMC).

EMPLOYMENT STATUS

THEN

- Every practising GP had to be self employed to qualify for remuneration.

NOW

- A reducing number of self employed Partners;
- An increasing number of GPs employed by Practices and other Primary Care Providers, e.g. NHS Trusts, ICPs etc.
- Locums – fill up to 25% of shifts.

IMPACT OF STRUCTURE

THEN

- Multiple singlehanded/small partnerships;
- “Commitment” across the board;
- Flatline structure;
- More expensive to operate?

NOW

- Fewer Practices (reducing by 300 less per year);
- But increasingly large Practices (233 of 20K+ patients - 3.4%);
- Lower partner/higher staff ratio - pyramid structure;
- Enthusiasm to commit?
- Less expensive to operate?

"CONTRACTUAL" ARRANGMENTS

THEN

- No formal Contract between the NHS and the GP;
- Each individual GP operated under "terms of service";
- Each GP held a list of registered patients.

NOW

- Formal Contract between the NHS and the Practice (not the individual GP): GMS/PMS/APMS etc. etc.
- Patients are registered with the Practice rather than with the individual GP.

REMUNERATION

THEN

- Each GP Principal claimed remuneration through the Statement of Fees & Allowances (the “Red Book”);
- Capitation only one part of the formula.

NOW

- Remuneration paid to the Practice through the Contract;
- Largely Capitation based.

QUALITY CONTROL

THEN

- GMC Regulation only – based upon the individual GP as a doctor;
- Negligence claims.

NOW – PLUS:

- The Providers List;
- CQC;
- QoF;
- The Contract;
- Multiple other contractual relationships.

AVAILABILITY OF GP APPOINTMENTS

THEN

- No appointment systems;
- 56m registered patients;
- Ratio of 1 GP to 2,200 patients.

NOW

- QoF “requirement” to operate Appointments System;
- 60m registered patients;
- Ratio of 1 GP to 1,700 patients (2018);
- Current 2019 ratio?
  - GP retirements;
  - Impact of the Pensions’ Cap.

PRIMARY CARE PREMISES

QUALITY CONTROL

THEN

- There was very little!
- Generally non specialist premises:
  - GP's own home;
  - converted house;
  - a very few purpose built centres centred around general practice.

NOW

- Construction: extensive quality control, producing centres which are able to provide high quality clinical care across the wider primary care arena;
- Maintenance: through the lease.

OTHER CONTROLS

THEN

- Limited restrictions under the Red Book re room sizes etc.;
- DV approval of level of notional rent; (relatively little rent reimbursement);
- No NHS control over other aspects.

NOW

- Extensive NHS control over the requirement for the facility, its location, VFM and CCG budget affordability.

PREMISES' REMUNERATION

THEN

- Paragraph 51 of the (NHS) Red Book;
- Rent Reimbursement "ringfenced".

NOW

- Premises Costs Directions;
- Rent reimbursement forms part of the generic NHS budget and is no longer ringfenced.

FINANCE

THEN

- General Practice Finance Corporation (GPFC);
- Government owned; (subsequently sold to Norwich Union, now Aviva);
- NHS paid rent reimbursement equal to mortgage payment direct to GPFC.

NOW

- Aviva is backing out of lending to GPs;
- Multiple other lenders competing for business;
- Proposal for the NHS to pay NHSPS rent reimbursement direct; (£576m total arrears – March 2019).

INVESTMENT MARKET

THEN

- Primary Care Estate held in the hands of the NHS (DHA owned health centres) and individual GPs.

NOW

- GP ownership – approx. 50% of the Estate;
- NHSPS – 18% (£3.8B) of the Estate;
- LIFT/CHP;
- Investment Companies/3PDs.

THAT WAS THEN & NOW

BUT WHAT DOES THE FUTURE HOLD?

CHALLENGES

- Increasing and aging population;
- GP retirements:
  - Partners: 791 GPs (3.6%) / 1,000 FTE GPs (2.2%) retired in the 12 months to June 2019;
  - Salaried: 600 FTE GP retirements in the same period;
- GPs working reduced hours:
  - Pension cap;
  - Pressure/pursuing other options.

INCREASING INCORPORATION/FRAGMENTATION OF THE PROVISION OF PRIMARY CARE

- Super-Partnerships (LLPs?);
- Federations/Alliances/GPPOs;
- Primary Care Networks (PCNs);
- Integrated Care Providers (ICPs).

N.B. CONSIDER THE EFFECT UPON THEIR USE OF THE PRIMARY CARE ESTATE

SOLUTIONS?

- £4.5B extra funding per annum by 2023/24;
- Promised Pensions' cap solution;
- Pledges to train/recruit 5,000+ more GPs;
- Increasing digitalisation of the service; (although only 1% of consultations currently take place remotely).

BUT THIS COULD ALL CHANGE AS A RESULT OF THE FORTHCOMING ELECTION!