



GP GMS Contract & Drugs

Dr Chris Ford
London Regional Lead



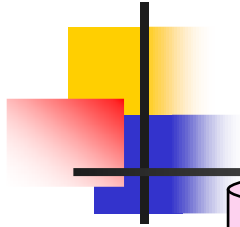
Aims of Contract

- A better working life
- Extra funding into GP
- To pay GPs fairly for what they do
- Improve recruitment and retention



What different?

- Spells what need to do and pay for it
- Practice-based contract
- Funding based on needs of patient, not number of doctors
- Paid for delivering quality
- Freedom to staff and structure as wants



Enhanced Services

Additional Services

Essential Services



Essential services

- Every practice to provide
- Day-to-day work of GP
- Looking after episodes of illness
- General management of chronic disease
- Non-specialist care of patients who are terminally ill



Additional Services

- Cervical screening
- Contraceptive services
- Vaccinations & immunisations (non-target)
- Childhood vaccinations & immunisations
- Maternity services (excluding intra-partum)
- Child health surveillance
- Limited minor surgery procedures



Enhanced Services

- Directed: must be provided by PCT for all patients but no practice right to provide, nor can they be made to do so. PCT will contract with whom feels most appropriate
- National: These do not have to be commissioned by PCT. They will only be commissioned in line with local needs and priorities
- Local: Any other enhanced services commissioned by PCT will fall into this category – include local development schemes and other local initiatives



Enhanced Services

- Directed: Advanced access, childhood imms, flu jabs, minor surgery, note summarisation, violent patients
- National: **ALCOHOL**, anti-coagulation, coil fittings, depression, **DRUG MISUSE**, immediate response, homeless, confinement, minor injuries, sexual health, MS
- Local: **DRUG MISUSE**, HIV counselling, confinement, sexual health



GP Summit consensus statement

- Future commissioning of primary care services aim to increase the quantity and quality of PC provision
 - Such an increase should not de-stabilise of current local drug treatment provision either through disinvestment in primary or secondary care services
 - Primary and secondary care should work together in collaborative partnerships within integrated pathways
 - The terms of reference of shared care monitoring groups should be reviewed
- C Commissioners should be free to commission shared care services for drug users under a locally enhanced service (LES) contract



GP Summit consensus statement

- GPs should not treat drug users in isolation. Where GPSI(s) are providing drug services under a nationally enhanced service (NES) contract there should be adequate drug link/liaison worker support
- Ongoing treatment provision should be underpinned by ongoing education, training, supervision and appraisal to ensure improving quality
- nGMS contract implementation should compliment rather than disrupt MoC implementation.
- Payment should be linked to level and quality of treatment activity
- Drug treatment services in primary care should be underpinned by robust service level agreements



Potential Benefits

- Will ensure that practitioners will adhere to national and/or local service level agreements
- Only suitably trained and committed GPs and other clinicians will be involved in delivering care to drug users
- Will reduce the numbers of GPs providing care that falls outside national guidelines (e.g. low dose methadone, tablets, injectables)
- Will ease the development of GPwSI and specialist general practitioners
- Will increase the drive towards Supplementary nurse prescribing
- 1. May improve the role of pharmacy practitioners in the delivery of drug misuse services



Potential Risks

- Significant increase in costs for PCTs such that they will not commission primary care services for drug users at all.
- Reduction in the number of GPs willing to become engaged in the care of drug users as PCTs will not be able to resource the fees suggested by negotiators
- Disincentive for PCTs to fund the retainer for practices only seeing small numbers of drug users hence reversing the current policy of increasing the number of GPs involved.



Potential Risks

- Increase the possibility of PCTs commissioning GPs to provide care to large numbers of drug users, hence risking the 'ghettoisation' of drug users into a few services rather than normalising the care of drug users into mainstream general practice.
- Fragmentation of care for drug users, with aspects of 'core' being undertaken by one practice/practitioner and aspects of 'enhanced' by another
- Confusion between 'detoxification' and 'maintenance' treatment for drug users
- Not enough GPs willing to undertake work with drug users and nGMS provides easy route out of this work



Ways forward?



Ways forward

- Ensure no loss of service
- Ensure robust SLA for shared care scheme under LES
- Where no shared care scheme write under LES
- Only encourage / support NES if no other services, fits into SCS