The new GMS contract explained

Focus on…

Out of hours

This guidance note has been produced by the General Practitioners Committee to help GPs and Local Medical Committees with the out-of-hours arrangements under the new GMS contract, and is one of a series of guidance notes on the new contract. The guidance will be updated as progress is made throughout the implementation discussions and negotiations. We would advise all GPs to read the contract document and supporting documentation, available on the BMA website at www.bma.org.uk. The GPC has produced a list of frequently asked questions and answers which can also be found at the website address.

Although there may be some differences in process in each of the four countries of the UK, the principles of this guidance apply to all.

Definition of out of hours

The out-of-hours period is from 6.30pm to 8.00am on weekdays, the whole of weekends, Bank Holidays and public holidays. [paragraph 2.18 contract document]

Transfer of responsibility

- Out of hours will be the responsibility of the individual GP until April 2004
- Between 1 April 2004 and 31 December 2004, practices can opt-out of out-of-hours where this is part of the PCO strategy.
- From 31 December 2004, PCOs will take full responsibility for making sure there is effective out-of-hours provision:

  "PCOs will be required to have a contingency plan in place which can be put into immediate operation should an out-of-hours provider fail. The default option will lie with the PCOs, not practices as is currently the case." [Paragraph 2.22 contract documentation]

  The PCO will not be able to transfer the out-of-hours responsibility back to GPs who have opted out, if the PCO has any problems providing or commissioning the services.

Opting out of out of hours

- Practices that do not want to have responsibility for out-of-hours, can opt out of providing the service from 31 December 2004 (or before 31 December if the PCO has put arrangements to allow this). The PCO will not have a veto on this. If you want to opt out from 31 December 2004, you can do this without the approval of the PCO. The only exception to this is those practices in very remote or isolated areas (see below).
- Practices currently providing out-of-hours services can continue providing those services if they want to provide them.
- PCOs will be able to consider a range of alternative providers for out of hours:

"PCOs will be able to consider a range of alternative provision for out of hours, for example, NHS Direct/24, NHS walk-in centres where available, GP co-operatives, partnerships between practices, paramedics, GPs and primary care nurses in A&E departments, community nursing teams and commercial deputising services." [paragraph 2.21 contract document]

- Accreditation standards will be developed and will be mandatory once in place. The ability to continue providing services will be dependent on meeting these standards. This work will be part of the implementation negotiations and further information and guidance will be produced. Individual GP practices and informal rotas of practices in England currently do not need to be accredited against the Carson requirements.

- Any practice that opts out of out of hours will not automatically be entitled to provide the service if they want to move back at a later date. Practices that opt out or new practices that want to provide out-of-hours services "will be considered alongside other potential providers" [paragraph 2.19 contract document]. All potential providers will have to show that they meet the accreditation standards.

- Opting out will not be possible on an individual doctor basis. As we move to a practice-based contract, the opt-out will be on a practice basis only. How a practice makes that decision will be subject to the arrangements in their partnership agreement.

- The new arrangements for out of hours won't prevent practices being able to offer surgeries or consultations during the out-of-hours period, nor would it prevent PCOs commissioning an out-of-hours service with longer hours of operation:

    - PCOs can pay for this as an enhanced service at the request of the practice
    - where the PCO asks the practice to open at any time during the out-of-hours period, the PCO must pay for this as an enhanced service
    - where the PCO does not agree to pay for this as an enhanced service, it will be paid for out of the practice's global sum.

The cost of opting out

The global sum calculation includes the cost of providing out-of-hours services.

Where a practice opts out, a UK-wide sum per practice as been agreed for 2004/05. This sum will be subject to the practice weighted population formula for each practice and works out at 6% of the global sum, or on average £6000 per doctor in a practice with an average weighted population. [paragraph 2.25 contract document]

The following calculation might help explain this:

Registered list X £/patient X Carr-Hill index X 6% = cost of opt-out

This amount was negotiated to provide a realistic opportunity for those practices that want to opt out, and to allow those that chose not to opt out, not to lose out compared to their current earnings.

The money 'released' by those practices that opt out will be available to the PCO to provide out-of-hours services. The Out-of-Hours Development Fund will continue to be available to PCOs.

PMS practices are also entitled to opt out of out of hours. We understand that the same arrangements that apply to GMS practices will apply to PMS and that the calculation of the cost of

opt-out will be on the same basis. All PMS practices should be given a Carr-Hill index in order that they can make this calculation.

Those who can't opt out

Practices in particularly remote and isolated areas may not be able to opt out of the provision of out of hours. This should only happen in exceptional circumstances and it is anticipated that very few practices will be unable to opt out. The categorisation of practices that fall into this group can only be determined locally. This should be done by agreement between the LMC and the PCO.

Practices in remote and isolated areas should discuss their options with their LMC and PCO, before giving any indication to the PCO about whether they intend to opt out.

Practices that cannot opt out "will be supported by the Out-of-Hours Development Fund" [para 4.23 (iii) contract documentation].

Paragraph 48 of the contract supporting information for Scotland sets out the arrangements that will apply to those few practices in the most isolated areas of Scotland, where after local determination and any appeal process, the opt out is not possible:

- the retention of the out-of-hours abatement
- payment of the weighted capitation share of the Out-of-Hours Development Fund and any increased investment by the NHS Boards for providing out-of-hours services
- an additional payment to cover any differential between the total of thse and the locally determined premium payable to salaried GMS practitioners for providing out-of-hours services

The supporting documentation for Scotland can be found on the BMA website at bma.org.uk/ap.nsf/Content/Investment

Practices and LMCs

We recognise that many LMCs will already have begun work on out of hours in preparation for the new contract. Some suggestions are set out here.

- PCOs will be responsible for planning provision of an effective out-of-hours service and should be considering this now. We suggest that practices consider now whether they want to continue to provide out-of-hours services or whether they want to opt out, and should give the PCO an indication as soon as possible about whether they are considering opting out. A final notice does not have to be given at this stage. There is no deadline but the earlier the PCO has an indication about what provision will be needed in their areas the better they will be able to plan ahead

- We have suggested that LMCs survey practices asking them whether they will be providing enhanced services. The same survey could cover whether practices plan to opt out of out of hours

- Fewer practices will be providing out-of-hours services in the new contract world. This is an opportunity for PCOs and for co-ops to review and consider the services they are providing and planning new ways of providing these services. Examples of innovative out-of-hours schemes are attached at annex 1. These can also be found in the contract supporting documentation

- LMCs could consider now working with the PCO to ensure that any service commissioned by the PCO will be of equal or improved standard to current out-of-hours services, and

comprehensive enough to prevent increasing amounts of work cascading back to practices in hours

- LMCs could also consider what advice they can give to the PCO to commission the services, looking at earlier implementation times, and considering add-on services covering half days, protected learning time and home visiting services.

Annex 1

Innovative out-of-hours schemes

The following innovative out-of-hours schemes have been identified by NHS Confederation members and considered during the new GMS contract negotiations.

Exemplar 1

- Large co-op (500 GPs) incorporating visiting service, five primary care centres
- Integration between NHS Direct and co-op. All A&E calls intercepted and routed as appropriate
- In A&E department nurses triage patients in waiting area where there are also phone boxes for patients to speak to NHS Direct.

Exemplar 2

- Aim is to provide patients with the same experience whether accessing emergency care in person or by telephone
- Partnership between co-op, NHS Direct, PCT, A&E, acute trust, out-of-hours co-op, community pharmacists, mental health and social services
- A&E streamline patients into minor illness, minor injury and majors
- Minor injury seen by senior house officers
- Minor illness seen by nurse practitioners or GPs
- Skill mix being implemented (injury/illness)
- GPs contracted so their indemnity remains with MDOs
- Running since April 2002, and currently under evaluation

Exemplar 3

Model tested with a number of GPs – largely supportive but questions raised in relation to terminal care and out-of-hours cover for community hospitals.

Level 1

- Home visits by GPs would cease between 7pm and 8am
- An experienced doctor would be present in two centres within the PCT area
- These doctors would have admission rights to the hospitals, on-call diagnostic imaging and emergency pathology facilities
- These doctors would assume responsibility for the inpatients of the hospital

Level 2

Three paramedics in three ambulance vehicles on the road in radio contact with medical centres and ambulance control for:

- Urgent home assessments
- Transportation to medical centres if necessary
- Initiation of front line treatment e.g. pain control, catheterisation etc.

Level 3

Nursing and social care staff (numbers required are not yet clear) on the road in radio contact with medical centre, paramedical service and ambulance control for:

- pallative care
- general nursing interventions to sustain people at home
- social care interventions to sustain people at home
- to remain if required in people's homes and throughout the night for crisis management.

Exemplar 4

- Integration of local co-operative and the nurse led walk-in centre onto one site by April 2003
- Service development consistent with the Carson vision, phased implementation due to some current issues
  connecting to NHS Direct
- Will provide base for evening and night community nursing and paramedic support team
- In the interim GPs are being resourced to cover the 'red eye' shift – there are proposals for nurses working
  initially in parallel with the out-of-hours doctors to determine if a nurse led service is viable
- Additional nursing required has been identified in the Access & Capacity return.

Exemplar 5

- Trust provides call answering & referral, organisation of GP out-of-hours bases and provision of vehicles,
  drivers and communications to local co-ops
- A variety of commercial deputising, self-funding and 'paying' GP co-operatives currently exist in the area
- All are under pressure with fewer GPs willing to participate in out-of-hours work
- In 2000, a community paramedic was based in a GP surgery in a very rural area – resulting in improved
  ambulance response times. GPs have integrated the paramedic into their work
- The paramedic now does emergency house calls, takes bloods and performs ECGs, assists practice nurses
  and responds to 999 calls
- In 2001, 29 additional paramedics were based in GP practices in community roles. They refer suitable 999
  cases back to practice team, resulting in increased ambulance performance. They are being used to ease
  some aspects of GP and primary care workload
- The Trust is working with the Workforce Confederation to extend higher education programmes for paramedics to develop primary care emergency practitioners and thus be able to undertake more of the
  role of the out-of-hours GP.

Exemplar 6

The emerging vision is to develop a high quality, integrated, multi-agency, multi-disciplinary, urgent out-of-hours service with single call access. Key features of this service are perceived to be:

- An integrated urgent care service operating from a single set of premises, incorporating out-of-hours
  nursing services, GP out-of-hours services and accident and emergency care
- A multi-disciplinary approach to triage, assessment and treatment which is nurse led, with streaming to
  appropriate health and social care professionals
- Joint development of the role of nurse practitioners across A&E and primary care
- A satellite nurse led out-of-hours service, with appropriate links to the core out-of-hours centre in terms of
  transport and back up from medical staff

- Strong links with intermediate care services and social care services, and the ability to access these as and when required
- Primary care practitioners to have access to investigations out of hours
- Integrated information systems to facilitate communication and transfer of data between agencies
- A seamless care pathway for people accessing services
- Single telephone access to out-of-hours health and social care services

The PCT is currently in the process of consulting with local stakeholders including patients and service users to develop the model further. Work is currently underway to analyse the activity in and case mix of current out-of-hours services to establish a baseline against which appropriate future service provision can be planned and the new model of care evaluated.

If you wish to find out more about any of the above exemplars, please contact gmscontract@nhsconfed.org for more details.