

Report - 13th October 2009

President's address - Dr Damian Pathy

Tuesday 13th October 2009

New GP contract

Healthy patients or wealthy doctors?

New GP contract was introduced in April 2004 and since then there has been a large amount media publicity regarding the contract but mainly concerning GP pay.

Prior to introduction of the contract there was widespread low morale in general practice. A BMA survey of 42,000 GPs 48% indicated their intention to retire before the age of 60. The new Labour government also wanted to change the contract to address issues such as GP access and health inequalities.

These factors drove the introduction of a contract, which saw a sudden rise in investment in general practice. A 34% increase in Wales (a sum of £110m) between 2004 and 2007. Despite this increase, total funding for general practice in Wales (including out of hours costs) works out at £145 per patient per year!!

Widespread media headlines subsequently suggesting patients and NHS as a whole suffering as a results of overpaid GP earning in excess of £250,000/year. Reality is that the average income for a GP in Wales is £93,366 /year a figure that has fallen in the previous 2 years and is significantly and increasingly less than the income in England.

Part of the work that has resulted in increased funding for GPs is the Quality Outcomes Framework (QOF) which in Wales costs £62m to fund. This is a voluntary financial reward system that measures achievement against a wide range of quality indicators.

Two studies were reviewed BMJ 2008 Ashworth et al & The Lancet 2008 Doran et al. These studies looked at data from practices covering in excess of 48 million patients. The results showed that over the 3 years following the introduction of the New GP contract there was a significant improvement in recording of BP as a whole and in the percentage of patients with chronic diseases reaching target BP. Most strikingly there was a significant narrowing of the differences in achievement between differing areas of social deprivation over the 3 years.

Two further studies were reviewed BMJ 2009 Calvert et al & NEJM 2009 Campbell et al. These studies noted improvements in quality of care in primary care prior to introduction of GP contract and looked to see if there were significant difference as a result of the introduction of pay for performance. One study showed a significant improvement was detected for diabetes and asthma care following introduction of pay for performance. The other study showed significant correlation in one area of diabetes care. Bottom line is that there is evidence that patients health has improved but it is very difficult to show conclusively that this is due to the introduction of the new GP contract as we have no control groups.

Summary: As a result of the introduction of the new GP contract I have tried to argue

that we have well paid doctors providing improved, socially more equitable healthcare with improved patient health.