BMJ 2016;352:i1334 doi: 10.1136/bmj.i1334 (Published 8 March 2016)

LETTERS

TACKLING THE CRISIS IN GENERAL PRACTICE

Crisis in general practice: the problem of "independent" contractor status

Naureen Bhatti *general practitioner*[1], Azeem Majeed *professor of primary care*[2]

[1]Limehouse Practice, London E14 8HQ, UK; [2]Imperial College London, London W6 8RP, UK

Roland and Everington rightly highlight the crisis in general practice and the need for greater investment.[1] However, there is a third elephant in the room: continued support for "independent" contractor status.

There is inequity of current funding models, with three different contracts delivering variable and inequitable reimbursement based neither on measured workload nor on population need. The average annual payment to general practices of £136 per patient masks huge variation: APMS (Alternative Provider Medical Services) practices received £193, compared with £141 for PMS (Personal Medical Services) and £131 for GMS (General Medical Services) practices.[2]

Furthermore, mixing funding for patient services with funding for GP remuneration can lead to government reluctance to invest more in primary care for fear that money intended for service improvement will end up boosting GPs' incomes. As practices close, it becomes clear that an individual practice is too small a unit to carry the risk of unpredictable financial burdens such as maternity or sick leave. Ultimately, patients suffer, particularly in inner city or rural practices that receive little financial allowance for deprivation within current funding arrangements, and it is unlikely that a new "fairer funding formula" will rectify this.

The knock-on effects of the funding shortfall in these struggling practices are seen in the difficulties they have in recruiting GPs.[3] Young doctors want clear job plans, career progression, time for management and clinical leadership, and guaranteed employment rights. These aspirations can be made real only by developing NHS primary care provider organisations that employ GPs and practice staff on mandatory NHS contracts.[4] We need to act before NHS general practice becomes non-viable.

Competing interests: None declared.

Full response at: http://www.bmj.com/content/352/bmj.i942/rr-8.

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naureen.bhatti@nhs.net

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