



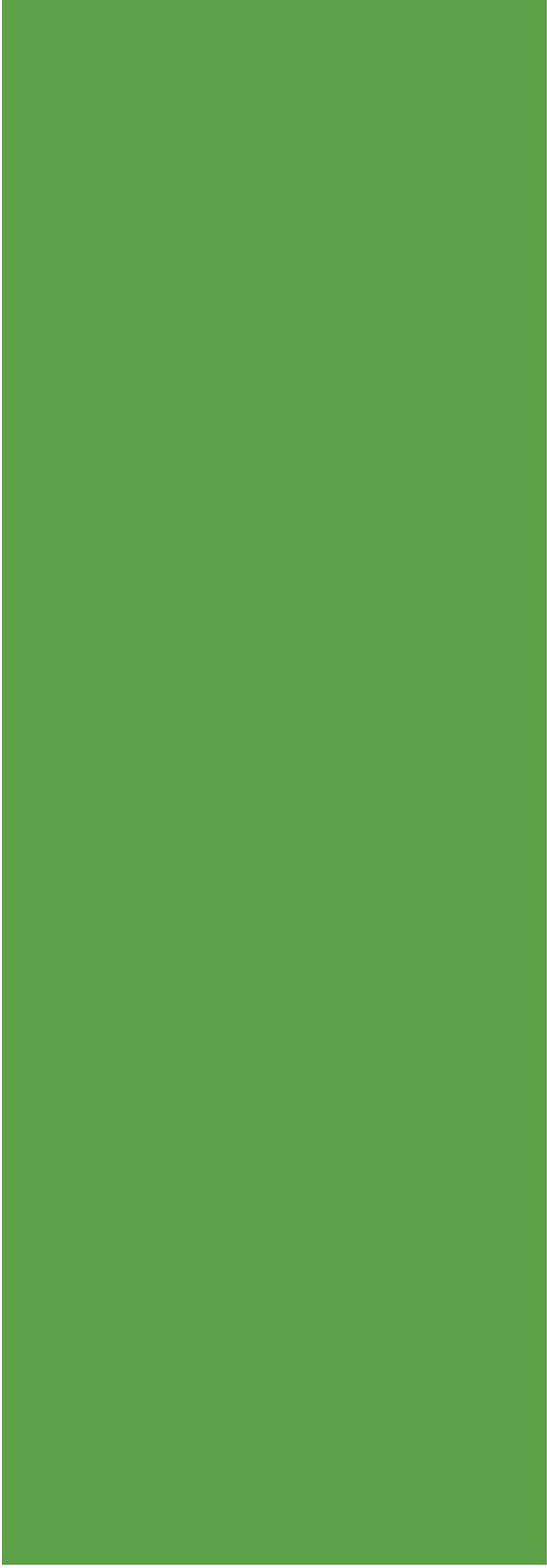
Can We Afford the Doctor?

GP Retainers and Care Homes



English
Community Care
Association

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September 2008

'We recommend that the practice of the payment of retainer fees is abolished, as every patient registered with the GP should have a right to a service from the GP without the payment of additional retainer fees.'

House of Commons Health Committee: Elder Abuse,
Second Report of Session 2003-04 vol 1 (2004), p.52



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1 Introduction

English Community Care Association (ECCA), a registered charity, is the leading representative body for independent care homes and speaks with a unified voice both for its members and the whole community care sector.

Working on behalf of small, medium and large providers, our aim is to promote high standards of health and social care in the independent sector and create an environment in which care homes can deliver the high quality care that communities require and deserve.

Our membership includes organisations of varying types and sizes, amongst them single care homes, small local groups, national providers and not-for-profit voluntary organisations and associations. Between them they provide a variety of services for older people and those with long term conditions, learning disabilities or mental health problems.



2 Background

General Practitioners (GPs) are often paid retainers to provide additional services to the management of care homes. However, ECCA has long been aware that many GP practices request fees simply to secure NHS medical care for the residents of care homes.

The Report of the Health Select Committee Inquiry into elder abuse, published in 2004, expressed concern at this practice. In its conclusion the Committee stated:

'Such fees are paid so that residential homes are assured of a service by the local GP. We recommend that the practice of the payment of retainer fees is abolished, as every patient registered with the GP should have a right to a service from the GP without the payment of additional retainer fees.'

House of Commons Health Committee:
Elder Abuse, Second Report of Session
200304 Vol 1 (2004), p.52

In its response to the Health Select Committee report, the Government sought to make a distinction between the right of an individual to freely access NHS services through a GP, and any business arrangement that may exist between a home and a GP who is retained to assist in 'management' activities:

'Everyone who is eligible to receive NHS care is entitled to be registered with a GP if they so choose. This right applies equally to those who live in their own homes and those who live in sheltered accommodation or in care homes.'

'Under the new General Medical Services contracts, resources are allocated to practices according to patient needs, taking account of age and morbidity among other factors. In addition, allocations are weighted to

take account of the needs of patients in residential care...

'... However, where the management of a care home that provides nursing care requires the professional services of a doctor or other health care professional to assist in the management of their business, the Government believes that it is reasonable for the business to bear that cost.'

The Government's response to the recommendations and conclusions of The Health Select Committee's Inquiry into Elder Abuse, p. 26, 2004
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4084493

3 Call for clarity

There is a real lack of clarity and consistency as to exactly what services GP practices can charge care homes for and how much these services should cost.

This paper aims to:

- Illustrate with examples the wide variation in care homes' experiences of retainers and GP services, and the cost of such retainers, thereby highlighting the lack of clarity and consistency in the system.
- Raise awareness of the fact that GP retainers are most often paid by care providers just to secure GP appointments for care home residents in the home, rather than for specialist or 'enhanced' management advice.
- Lobby the British Medical Association, Department of Health, PCTs, and GP practices to ensure that they are aware that care home providers should be enabled to access free NHS care for their residents.



4 Variability in services and fees

ECCA recently surveyed its members to find out more about how the practice of paying GP retainers affects their service and the most common theme that arose from feedback was the wide variation in terms of the levels of services that care providers receive, and the level of fees that they pay for such services.

4.1 Services

The vast majority of ECCA members who responded to ECCA's 'callout' for information on GP retainers reported that where they are paying such fees, the payment was made simply in order to secure the commitment of the GP to visit residents in the care home setting.

Many members also informed us that they paid the retainer fees in order to ensure that residents could all be signed up to one GP practice instead of several, as this made GP appointments

administration a lot easier for the provider. Some ECCA members stated that this is particularly important in large conurbations with variable standards of general practice. Being able to secure the services of a high quality GP with whom care home staff can develop an ongoing professional relationship can be of value. However, members who expressed that this was a benefit of GP retainers also said they believed this service should be available on the NHS, free of charge.

Another common perceived 'benefit' of retainers is that care homes can receive planned visits from GPs on specified days. However, as one member noted, this seems to be more beneficial for the GP as it is an effective way for them to organise their own diary/time management. On a more positive note, some members argued that sometimes paying a GP retainer acts as a guarantee that the practice provides at least one if not two visits a week to a care home to see residents on their books.

CASE STUDY

One large care group informed ECCA that approximately 12% of its care homes currently pay GP retainers ranging from £897 per annum to £24,000 per annum, with the median being around £7,000 per annum.

Through a number of its contracts the care group has an obligation to ensure the provision of GP services for residents, as these have traditionally been difficult to obtain through the normal access routes. In most locations the care group has traditionally paid a fee per resident to a single practice.

In recent years, despite growing fee levels it has become harder for the care group to interest GP practices in providing services, and those that are prepared to have negotiated even higher fees. The group has found that PCTs have generally avoided involvement in ensuring access to GP services, thus the group has been forced to pay some very large retainers, particularly in West London. They report that the quality of service is variable.

88% of the same group's homes do not pay a GP retainer and are not aware of any detriment or service failure as a result of this.

Even when retainers are being paid just to secure NHS care, ECCA members reported variable levels of service. Examples of poor service included visit dates changing at late notice, hurried appointments, and letters from hospitals not being actioned until three or four weeks after a consultant appointment (including changes of medication going unactioned for unacceptable periods). At a more extreme end, one member informed us that they had been sent an invoice by a GP practice, to whom they were already paying a retainer, for night visits for certification of deaths.

4.2 Fees

Based on feedback from ECCA members, it appears that fees for GP retainers are calculated in a largely arbitrary manner and there does not appear to be any standardised approach to costings and definitions of services.

Retainer fees are almost always sought by the GP practice concerned; it is not standard practice for care homes to procure retainer services through a tendering process.

Some ECCA members are happy with the level of services they are receiving by paying retainer fees, but the following examples should illustrate just how much money they have to pay to secure basic NHS services for their residents and also further demonstrate the seemingly unquestioned variability in fee levels:

- A care home pays a monthly retainer to two GP practices. The retainers ensure regular weekly visits and emergency call out when required. The home pays £335 to each practice monthly.
 - A 80 bed care home pays £24,000 per annum for bi-weekly GP visits to residents.
 - A 72 bed care home pays £1,260 per month for GP services (£15,120 per year).
- A care group reported to ECCA that two of their homes pay GP retainers of £646 per annum and £1,900 per annum respectively. The different figures do not reflect different levels of service and thus provide a good example of how retainer fee levels seem to be randomly decided upon.



5 Enhanced services

As the Government noted in its response to the 2004 Health Select Committee report, the payment of GP retainers is not unreasonable if GP practices provide management support and 'enhanced' services to care homes.

ECCA's survey found that where there was a good understanding and clear definitions of what 'enhanced' services consist of, care providers are willing to pay GP retainers, and the following bullet points demonstrate examples of good practice in the payment of retainers:

5.1 Enhanced GP services

- *'At each of the homes the doctors do provide an enhanced service, holding 'surgeries' and attending regular clinic type meetings in addition to general medical duties.'*
- *'Some retainer arrangements can ensure that the GP will guarantee to take on new residents and provide temporary cover for out-of-area short- stay residents.'*
- One member's PCT is going to pay additional funds for a GP to provide services to a new nursing home: *'The retainer will cost approximately £12-£15k, but there is a clear specification of the services the GP will be expected to provide, specifically around reducing inappropriate admissions to hospital.'*
- *'We have an agreement in place to pay for services outside GMS with our GPs which equates to over £62k for our 61 beds across the Community Hospital and Nursing Home for this year. These we feel are significant sums but the service we receive is very good with 4 hours*

at the home a week and 18 hours at the hospital.'

- *'We have 2 GPs. One is paid £15k per annum, the other £24k per year. They are contracted to provide us with a service 24/7 as required, either from their practice or via the out of hours service. They both visit at least twice a week, if not more frequently, to review patients and are responsible for clerking in any new admissions. They provide us with all the prescriptions for the residents, and are involved in several meetings, for example, Medicines Management meetings with the local PCT and the Medical Advisory Committee.'*

Unfortunately, however, many ECCA members, who are currently paying GP retainers for 'enhanced' services, reported that the fees they pay do not reflect the services they are supposed to be receiving.

5.2 Basic GP services

- *'Care homes who pay retainers often do not receive any management support through retainer contracts beyond the support a GP would be expected to give to the main carers of any patient registered on his/her list.'*
- *'Many GP Practices argue that retainers cover services beyond those normally provided, e.g. visiting residents in a care home instead of requiring staff to bring them to the surgery, giving flu vaccinations at the home, giving advice to staff on the treatment of individual residents.'*
- *'There is no simple central record of related costs, and services provided appear to vary widely. Routine visits to homes appear to be the main benefit.'*

6 Hobson's choice

Many ECCA members reported that they felt they had no choice but to pay GP retainers:

- ECCA has had feedback from several members whose Practices have refused to retain any of its patients after the care home declined to pay a retainer.
- Another ECCA member contested the right of a GP practice providing care to its residents to charge an annual retainer of £2,500 for 25 residents. In the end, faced with the threat to remove all of the residents from their list, the care home was compelled to accept the retainer charge.
- *'I would not wish to end this practice and return to struggling to get GPs to take on older people in nursing homes.'*
- *'The alternative is to have several different GP practices coming into the home which would be a logistical nightmare and I would have to employ someone to drive to various practices with specimens etc.'*



7 No need for retainers?

While it is the case that many ECCA members felt compelled to pay GP retainers, some reported that they were receiving good or excellent services from their GP Practices free of charge:

- *'Both of our care homes use local GPs without retainer charges. In one home we have one specific GP for all residents, and in the other home a selection of three GPs are used.'*
- *'We pay our GPs nothing! However, we help them hit their targets with weights, blood pressures etc. We do get an excellent service from them. [They] mostly [carry out] home visits as our clients are 95% wheelchair users. We have rarely taken them down for an appointment. We do however do a lot of telephone consultation.'*
- *'It seems that no-one is paying this in Leicestershire. I know the PCT really frowns upon this, so perhaps that is why. GPs would normally visit residents in the home. The position of the PCT is that this is within the GP's contract with the National Health Service. The point I would make is that the GP would have far more home visits if all of the people in our care were being supported in their own homes.'*

8 Conclusion

It is clear that the practice of paying retainer fees to GP Practices is a widely misunderstood and misinterpreted subject. The purpose of this paper is to:

- Evidence the lack of consistency and clarity about what GP services justify the payment of retainer fees, and how much such services should cost.
- Expose the fact that many GP Practices are charging retainer fees for services which should be free of charge for residents.

As far as ECCA is aware, there are no standard contracts in place for GP retainers. Receipt of payment for essential level primary care services to patients registered with a Practice is illegal and the retained services are supposed to relate to additional non GMS services. However, as this paper has demonstrated, retainer fees are often predominately paid for GMS services.

As one care group paying large sums of money for GP retainers in several of its homes reported, *'if the NHS entitlement elements are stripped out [of the retainer package] it is questionable whether the other discretionary services are cost effective'*.

Many care homes reported that they have been compelled to pay retainers because GPs have been refusing to accept new registrations. In this situation the care home has to apply to the PCT for a GP to be assigned to residents, often resulting in several practices visiting a care home.

This is not an efficient use of GP time and does nothing to help to build a relationship between the home and the GP, particularly where this means

that several different nurses also have to visit the home.

One member reported that they had had discussions with their PCT about this issue, and that at one time, the PCT were thinking of assigning a Practice to each care home. However, nothing ever came of these discussions.

'Residents in nursing homes are entitled to all GMS services and I find this frustrating. Older people in care homes are seen as second class citizens'

9 Recommendations

ECCA believes that all citizens who are entitled to receive NHS care should be enabled to do so and care providers should not have to pay for services which their residents are entitled to free of charge.

With this in mind, ECCA recommends the following:

- It is reasonable for care providers to pay GP retainers fees for 'enhanced' and management GP services, but there must be clarity and consistency in defining such services.
- A standard specification and contract should be prepared in order to identify the services required beyond those of the entitlement of residents to NHS services free at the point of delivery.
- The contract should specify how much services cost and how calculations are arrived at.

- Most importantly, **consideration should be given to further exploration of the value of paying retainers at all, considering the NHS White Paper's intention of improving primary care access for care home residents:**

'To ensure that the NHS value of equal access for all is a reality, we must also do more to improve access and build up capacity in poorly served areas... Particular groups of people, such as care home residents, people with learning disabilities, and people who are homeless or living in temporary accommodation, often have great difficulty in finding a GP at all.'

Our Health, Our Care, Our Say, 2006, p.58,
[http://www.dh.gov.uk/en/
Publicationsandstatistics/Publications/
PublicationsPolicyAndGuidance/DH_4127453](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4127453)

ECCA hopes that the British Medical Association, Department of Health, PCTs, and GP practices will engage in a meaningful dialogue with us and our members to review the issue of GP retainers, and to work in partnership to achieve the aims of the White Paper in promoting equal access to primary care services for frail and vulnerable residents in care homes.





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