



APMS Tenders and the Future of General Practice

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As GP trainees our curriculum puts an emphasis on acquiring valuable skills in communication, and managing clinical complexities. Once we complete our training schemes, and venture into the complex world of General Practice, we may face challenges that our training did not prepare us for.

Traditionally, GP trainees would complete their training and aim to become partners in a GP Practice, or alternatively, bid for open lists in order to set up their own practices. With the recent advent of salaried GP positions, some GPs are resisting partnership positions and opting for alternative positions within a General Practice. Regardless of the position, it is inevitable that at some point the GP will recognize that General Practice involves complex contracts with Primary Care Trusts (PCTs), which to some degree dictate how we can deliver our services to our local populations. With this article we hope to introduce you to some of these concepts.

BACKGROUND

Since April 2004, four forms of contract have been available to enable PCTs to commission primary medical services for their populations. Overall, these routes give PCTs flexibility to:

- improve capacity
- ease workload on overburdened practices
- address need in areas of historic under-provision
- improve access
- provide services for a specific population
- develop innovative approaches to service delivery

The four forms of contract are:

GENERAL MEDICAL SERVICES (NGMS-INTRODUCED IN 2004 AND REVISED IN 2006)

The GMS contract is a nationally negotiated contract, which allows for flexible working in primary care and practices can offer a selection of enhanced services for patients.

PERSONAL MEDICAL SERVICES (PMS) – WHICH INCLUDES SPECIALIST PMS (SPMS),

PMS agreements are locally negotiated and have the ability to introduce local flexibilities not available under the GMS contract. PMS practices are also able to provide enhanced services.

PRIMARY CARE TRUST-LED MEDICAL SERVICES (PCTMS), AND ALTERNATIVE PROVIDER MEDICAL SERVICES (APMS).

PCTs may commission APMS to provide essential services, additional

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services, including where GMS/PMS practices opt-out, enhanced services and out-of-hours services. APMS may be used where specific needs arise, such as through practice vacancies, or in areas with rapidly expanding populations where extra capacity is needed. It also opens up the provision of essential services to providers other than GMS and PMS practices, although it may initially be used for additional, enhanced and out of hours services.

CONSIDERING BIDDING FOR A PRACTICE?

Primary Care Trusts throughout the country are currently allowing bids for new APMS contracts, which would provide new practices, walk in centres, and GP-led Urgent Care Centres. As the number of existing partnerships begins to dwindle, the current model of bidding for APMS contracts may be a way into partnerships in the future.

The bidding process is a new concept for many GPs, and a process which our current VTS training model does not always prepare us for; instead it is moreover a lesson in learning by osmosis from senior colleagues who have gone through the process.

The current stages of the bidding process are outlined below. It should be remembered that often this can often be a costly procedure, often running into the tens of thousands of pounds.

1. Advertisement released for the new bid
2. Invitations for an expression of interest
3. Completion of the PQQ (Pre-Qualification Questionnaire)

This questionnaire is designed to secure the necessary reassurances about the capacity, capability and eligibility of potential bidders to provide the primary medical care services requirements of the Scheme.

This is a large document (approximately 30 pages) with very specific requirements, and often, private companies are being asked to assist in its completion.

4. ITT- Invitation To Tender
If successful at the PQQ stage, a cohort of bidders are invited to proceed to the ITT stage. Private companies are again being asked to assist in the

completion of this process, with the associated fees.

5. Contract Award

If successful at the ITT stage, and following PCT Board approvals, the recommended Bidder may enter into the contract.

Interestingly, with the increase in competition for bidding for practices (from GPs and private corporations) it has been noted that although GPs make up more than half of the bidders for APMS contracts, GPs were awarded a contract or preferred bidder status in only 9% of tenders – with victory in the other 91% of cases for private firms. Further investigation into this has revealed that GPs appear to be falling primarily at the ITT process.

CONCLUSIONS

General Practice is changing, and the options available to GPs in training are changing also. With an increase in the number of APMS contracts, it is envisaged that there would be an increase in the number of salaried positions available. As a result, it is likely that there would be a decrease in the number of traditional partnerships available within the APMS practices. It must also be remembered that private corporations are also able to bid for APMS contracts, which may in turn influence the salaries offered to Doctors working within the new practices, with a subsequent knock on effect to other General Practices.

GP trainees should be encouraged to go beyond the remit of the current curriculum guidance and get involved bidding processes, if possible. This experience would be vital in procuring bids, and securing the future of General Practice.

REFERENCE

LMC: www.lmc.org.uk

Pulse: <http://www.pulsetoday.co.uk/story.asp?storycode=4116973>