

## COLLABORATIVE FEES

The collaborative arrangements encompass medical services provided by Local Health Boards (through GPs) to local authorities to enable local authorities to carry out their responsibilities in the fields of education, social services and public health. The collaborative arrangements are not part of the GP contract. Their statutory basis is however set out in the NHS act 2006 (part 3). Examples of work done by GPs under collaborative arrangements include housing reports, certificates produced in relation to parking permits for disabled patients and attendance at case conferences and other meetings arranged by social services but also includes Section 12 examinations and reports (Fees for these are however agreed centrally). In many areas the collaborative arrangements cover most of the work commissioned by local authorities in the fields of education, social services and public health.

Until 2005/06, (with the exception of 1996/97) the rates for work under collaborative arrangements were set by the DDRB and issued via an NHS circular. For many years the GPC argued that these fees were too low and did not reflect the true cost to the practice of performing this work, but, in the main, GPs completed the Medical Reports and received payment according to the fees list when the reports were submitted. Since April 2006, however, the DDRB has advised doctors to set their own fees for work performed under collaborative arrangements. It is important to note that it is for individual GPs and their practices to decide whether or not to continue carrying out this work based on the rates published for 2005/06 or whether to set their own/practice fees. Should a practice decide to decline work it has previously provided under collaborative arrangements, it should give an appropriate notice period (usually three months) to relevant contracting bodies (Local authorities and their LHB). It is the BMA's opinion that practices have no obligation to accept collaborative fee rates unilaterally issued by LHBs.

The Office of Fair Trading has ruled that the setting of Collaborative Fees by professional bodies or groups is anti-competitive and issued a warning to the BMA that if they continued to do so, they would be liable to a seizure of up to 10% of their assets. As a result, the suggested fees list has been withdrawn and will not be reissued. Further, the OFT ruled that Local Medical Committees in this context are Trade Bodies and so must not set fees or negotiate fees on behalf of constituents.

Following this ruling, the BMA issued guidance to GPs in its document "*Safeguarding patient services, maintaining cost-effectiveness*" that included advice on Collaborative Fees as follows:

### ***Setting fee rates under the collaborative arrangements***

*As a general rule, if a doctor no longer wants to undertake the work under the collaborative arrangements based on the 2005/06 rates, the doctor may withdraw from any existing arrangements by giving reasonable written notice. The BMA believes that three months' notice would be reasonable. [Caution should be exercised prior to turning down collaborative arrangement work since there may be ethical considerations as well as the need to maintain the doctor-patient relationship.]*

*GPs who wish to change their fees for collaborative work should notify their PCO in writing that, as there is no longer a DDRB recommended fee, any request for collaborative work received after a set date will be charged at their own fee rate (the BMA recommends that a notice period of at least three months be set). In setting the appropriate fee, GPs will need to ensure that their remuneration levels and overheads are charged on a time basis. Fee levels must be reasonable, transparent and subject to scrutiny where necessary. It is important to note that Competition legislation and the Office of Fair Trading prohibit the BMA, or local medical committees (LMCs) from advising on or negotiating collectively such fees.*

*Individual practices are free to advertise their rates in publicly accessible locations such as the internet but under no circumstances should practices discuss their fees with one another as otherwise it would be extremely difficult to rebut any charge of cartel creation. The penalties for such activities are very severe indeed and would bankrupt many practices, possibly also leading to imprisonment of the perpetrators.*

Interestingly, Local Authorities as public bodies are able to set the fees that they will offer and this is not seen to be anti-competitive. Practices are not however obliged to accept these fees and can set their own fees for the work covered by Collaborative Fees with their LHB / Local Authority, and failure to agree a fee may mean that the GP fails to agree to do the work. The reality is that many Local Authorities have refused to engage in any fee negotiations with practices and have been offering fees that were negotiated over 4 years ago (before the OFT ruling).

This has created real difficulties for GPs in the case of child protection / safeguarding children in that the GP is expected to take time out of GMS work to provide reports to their Local Authority or to attend case conferences whilst being denied adequate remuneration to carry out this professional work.

The situation has now deteriorated further in that recent reports from LMCs across Wales suggest that Local Authorities are now refusing to pay any fees for GPs to attend case conferences in the case of child protection.

Many GPs have now adopted the position whereby they provide a brief factual report for the Local Authority or the case conference, whilst refusing to provide a more detailed report where the GP's involvement is not critical to the decision re the safety and well-being of the child.

### **Summary**

- Following the ruling of the OFT on setting of fees by professional bodies, the list of fees for reports and services under Collaborative Arrangements has been withdrawn.
- The BMA has issued guidance to GPs as to how they may wish to go about negotiating fees for this work
- Local Authorities and LHBs have, in the main, refused to enter into negotiations with individual practices over fees for reports and services under Collaborative Arrangements and many LAs/LHBs have continued to offer fees from the last list that was published, although some have provided modest increases (e.g. one LHB has advised practices that Collaborative Fees have been increased by 2.5% backdated to 01 October 2007)
- More recently, LMCs across Wales are reporting that many Local Authorities are now refusing to offer any fees to GPs in the case of reports and attendance at case conferences in relation to child protection / safeguarding children.

### **The Way Forward**

A solution or solutions are required over the issue of collaborative fees if patients are not to be inconvenienced by delays in applications for entitlements and services while GPs attempt to negotiate fees for the work involved with Local Authorities

In the view of GPC Wales the only solutions are:

- Local Authorities / LHBs enter into meaningful negotiations with individual practices over collaborative Fees
- Local Authorities set up private schemes that will be used to assess applications for patients for Blue Badges, Bus Passes and similar entitlements. (This has been introduced in some areas but the LA has then removed the work from all Practices including the ones who had continued to provide the service on the basis that it could not manage two different schemes.)

The ongoing failure to find a solution to Collaborative Fees is creating animosity between GPs and Local Authorities and patients are at risk because of the view taken by Local Authorities on Collaborative Fees. GPC Wales looks to the Welsh Assembly Government to assist in resolving the issues to ensure that the patient is provided with their entitlements and services and the GP is remunerated at reasonable professional rates for the non-GMS work involved.

**GPC Wales**

**26 July 2010**

**NB: Appendix 1 (attached)** gives examples of other areas of non-GMS work that is generated by public (and private bodies), most of which it is inadequately remunerated or not remunerated at all despite the Collaborative Arrangements for Local Authority work. This, in turn, can result in Practices having difficulties in meeting Access targets.

## Appendix 1

### REQUESTS FOR MEDICAL CERTIFICATES & REPORTS BY PUBLIC & PRIVATE BODIES

Many patients make or try to make appointments to see a GP when they are ill or believe that they are ill. Practices make many appointments available every day to facilitate this. So why are there complaints?

One problem is the number of GP appointments that are taken up for issues that are not NHS matters. There are many examples of appointments that are made by patients for non-NHS matters because they are advised to do so by public bodies and large companies who are using NHS GPs as a way of authorising or refusing services.

There are many examples from the everyday practice of GPs and here are a few examples:

**Local Government** – by far the greatest source of requests for a form / certificate / letter to access services or gain exemption from:

- Exemption from Council Tax because of Mental Incapacity
- Parking – Blue badge
- Parking for relatives in restricted areas
- Collection of dustbin from the rear of the property
- Confirmation that a child is fit to appear on the stage
- Confirmation that a patient is fit to use a gym / undertake physical exercise

**Public Utilities** – another source of requests

- Welsh Water Assist Tariff – for patients with Eczema or Psoriasis

**Police**

- Recording of injuries following an assault for evidential purposes

**The Courts / Solicitors**

- Certificate to confirm “Unfit to appear in court”
- Requests for information via the patient to confirm injuries for compensation claims

**The Probation Service**

- Unfit to undertake “Community Service / Community Punishment”
- Unfit to attend a Probation Service appointment

**Private Companies**

- Confirmation that a patient is fit to use a gym / undertake physical exercise
- Confirmation that a patient is fit to undertake a slimming course
- Confirmation that a patient is fit to travel on holiday

These are just a few examples of non-NHS work that may prevent NHS patients accessing their GP for General Medical Services.