

The Practice of GPs charging retainers to care homes

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.

Background

In 2008, Care England sent a callout to providers for information on the retainers that they pay to secure the service of their local GP. The report that followed, entitled *Can We Afford the Doctor?*, revealed that not only is the practice of the payment of retainers ubiquitous across the sector, but in the majority of instances, the care homes that pay retainer fees are only receiving basic services.

This is interesting when one considers that in 2004, in response to the Health Select Committee's recommendation that 'the practice of the payment of retainer fees is abolished', the Department of Health stated that:

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.

In other words, the then Government argued that there is a distinction between the services that everyone eligible to receive NHS care has a right to receive and which should be free at the point of use, and the additional services that are not essential but would help improve the standard of care for those living in care homes and could be charged (however, the extent of such fees must still be determined following a proper discussion with the care home and in the context of a national framework). *Can we Afford the Doctor?* demonstrated that although this distinction existed in theory, it simply did not exist in practice and providers were being charged for the provision of basic services by their GPs.

Figures obtained from the survey carried out, revealed that the retainer fees charged to care homes for basic services were as high as £24,000 per year. In addition, there was a huge disparity across the care homes that paid retainers in terms of the fees they paid, with little variation regarding the service that they received. Consequently, the level of retainer fees appeared to be calculated on a largely arbitrary basis.

Why act now?

Following the work that has been done in relation to this issue by SCIE, NHS England, and Monitor (links and summaries included at the bottom of this document) over the course of this year, we felt that this would be a good time to re-assess the situation and to see whether there have been any changes regarding this practice since 2008.

Further to this, we contacted all care homes that are members of Care England, in November, in order to gauge their opinion of the current situation. The findings of that survey are detailed below.

Findings of 2013 survey

The findings of the survey that we sent out indicate that GPs continue to charge retainer fees for basic services. Out of the 34 care homes that responded, 30 pay a retainer to secure the services of a GP practice. Of these 30, only two defined the service that they receive from their local practice as being enhanced. One care provider surveyed, stated that the retainer fees that their homes pay for a basic service, fall between £1000 and £2400 per month, and one of their retained GPs even insists that the paying home use their GP surgery pharmacy as a condition of their service.

Furthermore, many of the care homes surveyed worry that if they did not pay this money, the implications would be too disastrous to consider. Below is a selection of their responses concerning possible consequences of not paying a retainer fee:

- *'Yes [the fee] is essential, the repercussions might be that our very frail and vulnerable residents would not get the care that they routinely and urgently require'*
- *'If we did not pay the retainer the in house GP service would be withdrawn, all residents (other than totally immobile residents or those in emergency situations) would need to go to the surgery, and we have been told that the MAR sheet system would not continue and residents would merely have to use a repeat prescription system (as do the general public). With [a large number of] residents this would be an impossibility to administer'.*
- *'The implications would be potentially catastrophic for some residents and would place additional pressure on local hospitals'.*

This is made all the more worse when one considers that although the care homes that pay GPs a retainer do so because they believe that they have no choice in the matter, they on the whole, simultaneously believe that such a fee guarantees no improvement in the quality of service provided.

One provider which has multiple homes stated that:

We do get good, responsive and regular visits from our 'retained' GPs but at the two homes where we pay no retainer, the service is equally good.

Another argued that even though they pay a retainer, 'homes that do not pay a retainer get the same service'.

This combined with the fact that the fees vary to such an extent, means that one can only assume that retainer fees are calculated on a purely arbitrary basis. Moreover, if retainer fees are not required in certain areas such as Leicestershire – yet the system still functions perfectly well – it cannot be reasonably argued that such fees are essential, meaning that GPs cannot portray them as such when liaising with care homes.

Conclusions and Recommendations

Care England feel that at a time when local authorities' budgets are being cut to the extent that they can no longer afford to pay providers the true cost of care, it is unfair to ask these providers who are already seeing their funding cut, to pay a retainer fee for services that their residents should receive free of charge. We therefore make the following recommendations:

Recommendation 1: Specifically state in the 2015/16 GP Contract, which services GPs have a right to charge for and which should be free at the point of use. This information could also be added as an amendment to the NHS Constitution to prevent any future ambiguity between enhanced and basic services.

Recommendation 2: Ensure that the Chief Inspectors of both Adult Social Care and General Practice at the CQC prioritise the insertion of a set of metrics into the regulatory framework that can effectively monitor the practice of GPs in this regard.

Recommendation 3: To reflect changing health need, NHS England should review what constitutes an 'enhanced service' offered by a GP to a care home, on an annual basis and give guidance on how a fair fee for those services should be calculated.

Links to relevant publications

SCIE – *GP Services for Older People: A Guide for Care Home Managers*.

<http://www.scie.org.uk/publications/guides/guide52/files/guide52.pdf>

This report is written primarily as a guide for managers and senior staff at care homes on how to create an environment in which the work of the care home staff can complement that of the GP in order to provide an improved service for the resident. SCIE raise similar concerns to those detailed in this document and say that GPs should only charge residents if they are providing them with an enhanced service. A case study in the report, relays the experience of one person working at a care home, who said that they 'have to fight every time [they] go to register a patient' with a GP.

In addition to this, both Monitor and NHS England will be publishing reports that relate to this issue in the near future.

Author: *Jamie Balbes, Policy Officer, Care England*