

Chair of Public Accounts Committee

06 March 2025

Dear Mr McCrossan,

Many thanks for the opportunity to provide evidence to the committee last week on GP access. As a follow up to our briefing and oral evidence I wanted to further highlight the need to clarify aspects of costs to run salaried practices compared to independent contractor practices and importantly the service delivery and access for patients.

You will be aware that we do not have access to data on Trust run practices and we spoke about that last week. There is evidence that CIC run practices (salaried model) cost more to run in line with the evidence from elsewhere across the UK when delivering across the GMS contract.

We think that it is important to compare "like with like" when it comes to delivery of services and of course access for patients across all practices.

When Trusts run practices there will be direct staff costs that are straightforward to quantify. However, there may be indirect costs that are more difficult to quantify such as management costs relating to substantive trust employees who may spend some of their time managing these practices as well as costs relating to seconding other trust staff such as pharmacists, nurses, physio's etc to work in these practices, not forgetting of course indemnity costs that are covered by the Trust but that other practices and GPs need to meet themselves.

When it comes to access, do patients at these practices have similar access to services available through a standard GMS contract or is what is

available, reduced due to constraints e.g. on recruitment, locum availability and cost?

It is also important to consider clarity on whether patients at these practices have access to enhanced services available to other patients such as vaccinations, smears, chronic disease management etc

When the question was asked last week regarding whether we felt the model of independent contractor was the right one, we unanimously agreed with that.

It is however important that measurements and comparisons are made regarding value for money across all models albeit remaining cognisant of the precarious situation that occurs when a contract is handed back and the resulting responsibility placed on SPPG to ensure patients have access to a GP when a contractor cannot be secured.

I would be happy to discuss this further should you need.

Kind regards

Dr Ursula Mason
Chair of Royal College of GPs Northern Ireland