

FEBRUARY 2017

SUMMARY OF 2017/18 GENERAL MEDICAL SERVICES CONTRACT NEGOTIATIONS

This note sets out a summary of the key changes to the General Medical Services (GMS) contract in England for 2017/18. These changes have been agreed between NHS Employers, on behalf of NHS England and the General Practitioners Committees (GPC) of the British Medical Association.

Contract uplift and expenses

The contract for 2017/18 will see an investment of some £238.7 million. This includes:

- A pay uplift of one per cent and general expenses uplift of 1.4 per cent.
- A change in the value of a Quality and Outcomes Framework (QOF) point as a result of a Contractor Population Index (CPI) adjustment. There will be no changes this year to the number of QOF points, indicators or thresholds.
- An increase in the payment for Learning Disabilities Health Check Scheme.
- Changes to the GP Retention Scheme with an additional £1 million investment.
- Funding to cover expenses relating to submission of data for the NHS Digital Workforce Census (£1.5 million), contractual changes relating to overseas visitors (£5 million) and pensions administration levy (estimated £3.8 million). This funding will be added to the global sum allocation without the out-of-hours (OOH) deduction applied.
- A recurrent payment of £2 million for workload related to transfer of patient records. This figure will be reviewed from time to time with regards to workload issues. It will be added to the global sum allocation without the OOH deduction applied.
- Estimated costs to support changes to payment arrangements for parental leave and sickness absence.
- Funding to cover expenses relating to Care Quality Commission (CQC) costs (estimated £22.5 million), indemnity fee increases (£30 million) and Business Improvement District (BID) levies (estimated £1 million). CQC and BID levy costs will be reimbursed directly and indemnity costs will be reimbursed based on practice list size.

Enhanced services

Avoiding unplanned admissions

The Avoiding Unplanned Admissions Directed Enhanced Service (DES) will be discontinued as of 31 March 2017. The 2016/17 spend of £156.7 million will be transferred into global sum, without the OOH deduction applied, and used to support work on frailty (see below).

Learning disabilities

The payment for the Learning Disabilities Health Check Scheme will increase from £116 to £140 per health check. A new health check template has been developed by NHS England for practice use if they so choose. All other requirements of the DES remain unchanged.

Extended Hours Access

The Extended Hours Access DES will continue unchanged until 30 September 2017.

New conditions will be introduced from 1 October 2017 which will mean that practices who regularly close for a half day, on a weekly basis, will not ordinarily qualify for the DES. This change is to support the joint commitment to ensure locally responsive, safe and appropriate access to general practice for all patients in England during contracted hours. Local Medical Committees should be integral partners in working with local commissioners in ensuring practices are fulfilling their contractual requirements.

Identification and management of patients with frailty

From 1 July 2017 at the earliest, practices will use an appropriate tool eg Electronic Frailty Index (eFI) to identify patients aged 65 and over who are living with moderate and severe frailty. For those patients identified as living with severe frailty, the practice will deliver a clinical review providing an annual medication review and where clinically appropriate discuss whether the patient has fallen in the last 12 months and provide any other clinically relevant interventions. In addition, where a patient does not already have an enriched Summary Care Record (SCR) the practice will promote this, seeking informed patient consent to activate the enriched SCR.

Practices will code clinical interventions for this group appropriately. Data will be collected on the number of patients:

- recorded with a diagnosis of moderate frailty
- with severe frailty
- with severe frailty with an annual medication review
- with severe frailty who are recorded as having had a fall in the preceding twelve months
- severely frail, who provided explicit consent to activate their enriched SCR.

NHS England will use this information to understand the nature of the interventions made and the prevalence of frailty by degree among practice populations and nationally. This data will not be used for performance management purposes.

Data collection

From 1 July 2017 at the earliest, practices will be contractually required to allow collection of data related to the National Diabetes Audit, the NHS Digital Workforce Census and for a selection of activity no longer incentivised through QOF (INLIQ) and retired ESs¹.

¹ NHS Employers. QOF 2017/18. www.nhsemployers.org/qof1718

Registration of prisoners

A contractual change will be introduced from 1 July 2017, at the earliest, to allow prisoners to register with a practice before they leave prison. The agreement includes the timely transfer of clinical information from the prison to the practice, with an emphasis on medication history and substance misuse management plans, to enable better care when a new patient first presents at the practice.

Access to healthcare

NHS Employers and GPC have agreed contractual changes that help to identify European Economic Area (EEA) patients who may be subject to the NHS (Charges to Overseas Visitors) Regulations 2015.

Practices will be required to provide all new patients with a revised GMS1 form, which includes supplementary questions to determine a patient's eligibility to healthcare. For those patients who self-declare that they hold either a non-UK issued European Health Insurance Card (EHIC) or a S1 form, the practice will be required to manually record that the patient holds either a non-UK issued EHIC or a S1 form in the patient's medical record and then send the form and supplementary questions to NHS Digital (for non-UK issued EHIC cards) or the Overseas Healthcare Team (for S1 forms) via email or post. The Department of Health has agreed to provide practices with hardcopy patient leaflets, which will explain the rules and entitlements for overseas patients accessing the NHS in England.

Agreement has also been reached for NHS England and GPC to work with GP system suppliers to put in place an automated process, as soon as possible. This would include discussions on development of systems to support collection of GP appointment data for these patients.

Once the technical solution to automatically collect this data is in place, we have agreed that further discussions on implementing the system to support collection of the data will take place.

New recurrent investment of £5 million will be added to global sum allocation, without the OOH deduction applied, to support this requirement.

GP retention scheme

A new GP retention scheme has been agreed which is open to all GPs who are seriously considering leaving or have left general practice due to personal reasons, approaching retirement or who require greater flexibility. It is intended as an incentive for both the GP and practice to enable the GP to remain in clinical practice, working up to a maximum four sessions per week. It builds on the previous scheme by providing an increased payment to practices and more flexibility and clarity for GPs.

Key changes are as follows:

- In 2016, under an interim scheme, the practice payment rose from £59.18 to £76.92 per session, an increase of approximately 30 per cent. NHS England will fund the 2017 scheme wholly from within the primary care allocation budget and the practice payment and professional expenses supplement will remain the same as the 2016 scheme. The practice payment is to be used by the practice as an incentive to provide flexibility for the retained GP and should be used towards the retained GP's salary, to cover human resources administration costs and to provide funding to cover any educational support required from the practice, including course fees where relevant.



- A professional expenses supplement will be payable to the GP via the practice (on a sliding scale) and is to go towards the costs of the GP's indemnity cover, professional expenses and Continuing Professional Development (CPD) needs.
- A strong element of the future scheme is around education and CPD. The retained GP would be entitled to the pro rata full time equivalent of CPD as set out within the salaried model contract. The CPD aspects would be based on the needs of the individual, as established at their appraisal and in discussion with the educational supervisor.
- GPs can be on the scheme for a period of up to five years. In exceptional circumstances an extension can be made for up to a further 24 months.

Any retainers on the 2016 Retained Doctors Scheme will continue under these arrangements until 30 June 2019 after which time they will default to the new scheme.

Retainees who have been accepted on to the Retained Doctor Scheme 2016 (where the application form has been approved by the NHS England DCO) but who are not in post before 31 March 2017, will be accepted onto the GP Retention scheme without the need to re-apply.

Sickness leave reimbursement

The following changes will be applicable as from 1 April 2017, with all other requirements remaining unchanged:

- Cover may be provided by external locums or existing GPs already working in the practice but who do not work full time.
- An increase in the maximum amount payable from £1,131.74 to £1,734.18 per week.
- Payments will no longer be discretionary. The qualifying criteria for reimbursement will commence when the absence is two or more weeks (as opposed to previous arrangements which is linked to patient numbers and the period of absence).
- Sickness leave payments will not be made on a pro-rata basis and will be the lower of actual or invoiced costs up to the maximum amounts as set out in the Statement of Financial Entitlements (SFE).

Parental leave reimbursement

Parental leave payments will not be made on a pro-rata basis and will be the lower of actual or invoiced costs up to the maximum amounts as set out in the SFE. All other requirements will remain unchanged

Vaccination and immunisations

Changes include:

- Childhood seasonal influenza – the removal of four year olds from enhanced service patient cohort (transferring to schools programme) and the removal of the requirement to use Child Health Information Systems (CHIS).
- MenACWY programmes² – a reduction in the upper age limit from 'up to 26th birthday' to 'up to 25th birthday' (in line with the Green Book).
- Seasonal influenza – the inclusion of morbidly obese patients as an at-risk cohort and a reminder for practices that it is a contractual requirement to record all influenza vaccinations on ImmForm. Funding to cover this new cohort will be from Section 7A.

² Three affected programmes - MenACWY for patients aged 18 year on 31 August 2017, MenACWY freshers and meningococcal completing dose (was previously meningococcal booster)

- Pertussis or pregnant women – a reduction in the eligibility of patients for vaccination from 20 weeks to 16 weeks.
- Shingles (catch-up) – a change in patient eligibility to the date the patient turns 78 rather than on 1 September.

All other programmes remain unchanged. For a full list³ please see NHS Employers website.

BID levies

Eligible practices will be reimbursed for costs relating to BID levies. The reimbursement is to be made by the NHS England local team or fully delegated CCG, as appropriate, via the Premises Costs Directions.

GMS Digital

NHS England and GPC have agreed to build on the work of recent years to develop high quality secure electronic systems and pro-actively encourage patients and practices to use them. The changes that we have agreed for 2017/18 will be taken forward through non-contractual working arrangements which we will jointly promote in guidance.

These include:

- Practice compliance with the ten new data security standards in the National Data Guardian Security Review.
- Practice completion of the NHS Digital Information Governance toolkit including attainment of level 2 accreditation and familiarisation with the July 2016 Information Governance Alliance guidance.
- An increased uptake of electronic repeat prescriptions to 25 per cent with reference to co-ordination with community pharmacy.
- An increased uptake of electronic referrals to 90 per cent where this is enabled by secondary care.
- Continued uptake of electronic repeat dispensing with reference to CCG use of medicines management and co-ordination with community pharmacy.
- Uptake of patient use of one or more online service to 20 per cent including where possible, apps to access those services and increased access to clinical correspondence online.
- Better sharing of data and patient records at local level, between practices and between primary and secondary care.

Further work

NHS Employers and GPC have agreed that a working group will be set up to immediately follow these negotiations to discuss the future of QOF after April 2017.

NHS Employers and GPC have also agreed to begin negotiations on amending the formula that underpins core funding of General Medical Services. Any changes will be effective from 1 April 2018 at the earliest.

NHS England and GPC have committed to take forward discussions in the coming months on a national programme of self-care and appropriate use of general practice services and information sharing between practices.

³ NHS Employers. V&I. www.nhsemployers.org/vi17/18

NHS Employers

The NHS Employers organisation is the voice of employers in the NHS, supporting them to put patients first. Our vision is to be the authoritative voice of workforce leaders, experts in HR, negotiating fairly to get the best deal for patients.

We help employers make sense of current and emerging healthcare issues to ensure that their voice is front and centre of health policy and practice. We keep them up to date with the latest workforce thinking and expert opinion, providing practical advice and information, and generating opportunities to network and share knowledge and best practice.

We work with employers in the NHS to reflect their views and act on their behalf in four priority areas:

- pay and negotiations
- recruitment and planning the workforce
- healthy and productive workplaces
- employment policy and practice.

The NHS Employers organisation is part of the NHS Confederation.

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