

FEBRUARY 2016

SUMMARY OF 2016/17 GMS CONTRACT NEGOTIATIONS

This note sets out a summary of the key changes to the General Medical Service (GMS) contract in England for 2016/17. These changes have been agreed between NHS Employers, on behalf of NHS England and the British Medical Association's General Practitioners Committee (GPC).

Contract uplift and expenses

New investment into the GMS and PMS contracts for 2016/17 totals £220 million and includes:

- a pay uplift of one per cent
- an increase in the item of service fee for vaccination and immunisations to £9.80
- an increase in the value of a Quality and Outcomes Framework (QOF) point taking account of population growth and relative changes in practice list size
- funding to cover expenses relating to additional Care Quality Commission costs and other increased business expenses


Agreement has also been reached on undertaking work in 2016/17 that seeks to determine an agreed methodology for expenses, which all parties might use in the future.

Data collection

NHS Employers and GPC have agreed a new contractual requirement for practices to record data on the availability of evening and weekend opening for routine appointments. This data will be collected every six months until 2020/21. Further details will be made available in due course.

All parties are committed to ensuring the highest quality of care for patients, supported with relevant information. During 2016/17, NHS England will discuss with GPC how appropriate and meaningful data relating to a patient's named accountable GP can be made available at practice level for use internally by practices, for peer review and quality improvement. This will be particularly relevant for patients being case managed and also those aged 75 and over. It is recognised that there are a number of system issues to overcome before this can be implemented.

Practices will continue to undertake work and code activity as clinically appropriate in relation to those indicators no longer in QOF and ESs and are encouraged to facilitate data collection. Periodically, NHS England will collect anonymised data from practices' clinical systems, which will provide statistical information, be processed for audit and publication and will help inform commissioners and practices. It is not intended for performance management purposes.



QOF

For 2016/17, NHS Employers and GPC have agreed that there will be no changes to the number of QOF points available, the clinical or public health domains or QOF thresholds. The Contractor Population Index (CPI) will be adjusted to reflect the changes in list size and growth in the overall registered population for one year, from 1 January 2015 to 1 January 2016.

The adjustment to CPI will inform an increase to the value of a QOF point for 2016/17.

The national average list size as of 1 January 2016 is 7,460 and the value of a QOF point for 2016/17 will be £165.18.

NHS Employers and GPC have agreed to explore during the 2017/18 negotiations, amongst other possibilities, the ending of QOF.

Vaccination and immunisations

All V&I programmes will continue in 2016/17 unchanged with the exception of:

- the removal of the infant dose of meningococcal C vaccination
- minor changes to the meningococcal B vaccination programme to withdraw the catch-up element of the programme and the delivery of paracetamol
- minor changes to meningococcal ACWY 18 years vaccination programme to allow for the opportunistic vaccination of 19-25 year old non-freshers who self-present for vaccination

Enhanced Services (ES)

NHS Employers and GPC have agreed to continue the Extended Hours and Learning Disabilities ESs for a further year. No changes have been made to these services.

The Dementia ES will cease on 31 March 2016 and the resources (£42 million) will be transferred into global sum with no out-of-hours deduction applied.

The Avoiding Unplanned Admissions ES will continue for a further year. The guidance will be updated to clarify that the timeframe for care plan reviews is 12 months from the date of the previous care plan.

Patient online access

A number of changes to patient online access and information technology have been agreed. These changes are non-contractual, except where specific changes to the GMS Regulations are set out below to support the use of the Electronic Prescription Services (EPS), the Summary Care Record (SCR) and GP2GP. They focus on using digital technology to provide more efficient services underpinning general practice, and greater flexibility and choice for patients and practices.

The GP Systems of Choice (GPSoC) programme is the process by which the nationally approved and funded systems necessary to provide the patient online facilities as described below will be made available to practices by NHS England.

Electronic prescriptions

Building on the 2015/16 agreement, practices will be encouraged to transmit prescriptions electronically using EPS Release 2, unless the patient asks for a paper prescription or the necessary legislative or technical enablers are not in place. It was agreed to aim for at least 80 per cent of repeat prescriptions to be transmitted electronically using EPS Release 2 by 31 March 2017. This will apply to repeat prescriptions only.

Electronic referrals

Building on the 2015/16 agreement, practices will be encouraged to make referrals electronically using the NHS e-Referral Service. It has been agreed to aim for at least 80percent of elective referrals to be made electronically using the NHS e-Referral Service by 31 March 2017, unless the secondary provider has not made slots available on the system, there is a clinical need to refer to a provider who does not publish services on the system or patients have indicated their choice to be referred to a provider that does not publish services on the system.

Summary Care Record

NHS England and GPC will jointly consider ways in which practices can be resourced to offer patients the opportunity to add additional information to their Summary Care Record (SCR). It is recognised that particular groups of patients, for example those likely to present in unplanned, urgent or emergency care, may benefit from the availability of additional information within the SCR. It is agreed that practices will require additional support to undertake this work, in recognition of the additional workload.

GP2GP

GP2GP compliant practices will continue to utilise the GP2GP facility for the transfer of all patient records between practices, when a patient registers or de-registers (not for temporary registration). The GMS Regulations will be amended so that GP practices are no longer required to seek permission from NHS England not to print out the electronic record, where patient records successfully transfer to a new practice using GP2GP v2.2 or its successors.

Access to online services

Practices will aim for at least ten per cent of registered patients to be using one or more online services by 31 March 2017.

Apps for patients to access services

Practices will receive guidance on signposting the availability of apps to patients to allow them to book online appointments, order repeat prescriptions and access their GP medical record. Apps will be clinically and technically validated through the GPSoC programme during 2016/17 before being made available to patients. Technical support for patients using the apps will be provided by the app suppliers.

Online access to clinical correspondence

Practices will provide patients with online access to clinical correspondence such as discharge summaries, outpatient appointment letters, and referral letters unless it may cause harm to the patient or contains references to third parties. Practices will have the facility to make available online only those letters received from a chosen prospective date, which will be no later than March 2017.

Information sharing agreements between practices

NHS England and GPC will jointly develop a national template data sharing agreement, to facilitate information sharing between practices locally for direct care purposes. This will allow formal sharing agreements to be put place where practices choose to work collaboratively in providing care.

Shared discharge summaries and event posting

To support the increased use of interoperable records, the NHS Standard Contract requires providers to send their discharge summaries electronically to practices from 1 October 2015. From April 2016, practices will be required to receive all discharge summaries and subsequent post-event messages electronically.

Cyber security

Building on the 2015/16 agreement, NHS England and GPC will continue to promote the completion of the Health and Social Care Information Centre (HSCIC) information governance toolkit, including adherence to the requirements outlined within it. Practices will also continue under the GMS Regulations to nominate a person with responsibility for practices and procedures relating to the confidentiality of personal data.

Access to healthcare

The Department of Health, NHS England and GPC will develop arrangements for identifying patients with a European Health Insurance Card (EHIC), S¹ or S² form. This will be done at the point of registration, through patient self-declaration and the details will be recorded. Discussions will consider how to address any additional workload for practices. The aim is for this to be implemented in December 2016.

Locum rates

NHS England propose setting a maximum indicative rate based on a set of rates (which may have some degree of regional variation) for locum doctors' pay. NHS England will amend the electronic declaration system to include recording on the number of instances where a practice pays a locum doctor more than the maximum indicative rate.

Further work

NHS England and GPC will take forward discussions in the coming months on a national approach to reducing bureaucracy and workload management in general practice, a national promotion of self-care and appropriate use of general practice services and SFE arrangements for sickness payments. Following the Prime Minister's announcement about plans for an alternative contract, we have agreed that NHS England will make it clear that the GMS contract will remain available to those practices who wish to continue with it for the foreseeable future.

References

1. The S1 is a European healthcare entitlement form for state pensioners living in a different European country to where their pension is paid. The S1 certificate of entitlement allows state pensioners access to the healthcare system in the European country where they have chosen to retire, and for that country to reclaim costs.
2. The S2 form is a mechanism that entitles patients to state-funded pre-authorised treatment in another EEA country or Switzerland, with the treatment being provided under the same conditions of care and payment as for residents of that country



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.

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