

Gateway Reference 02301

To: Area Team Directors,
Regional Heads of Primary
Care and Area Team Heads of
Primary Care

Commissioning Operations Directorate
NHS England
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29 September 2014

Dear Colleague

OUTCOME OF 2015/16 GMS CONTRACT NEGOTIATIONS AND REVISIONS TO PMS REVIEW FRAMEWORK

This letter confirms the outcome of the contract negotiations between NHS Employers (on behalf of NHS England) and the BMA's General Practitioners Committee (GPC) on amendments that will apply to GMS contractual arrangements in England from April 2015.

An agreement has been reached with GPC on changes to the GMS contract for 2015/16 which delivers on the public commitments made as part of last year's agreement and which also seeks to build on last year's extensive changes. It was recognised by both parties that the impact of some of the changes introduced last year remain to be fully evaluated before any further significant changes should be discussed. The agreement has been approved with Government.

As last year, we will now work with NHS Employers and GPC to develop more detailed guidance on all of the agreed changes. Amendments to contract Regulations, Directions and the Statement of Financial Entitlements (SFE) will be made in time for the changes to come into force on 1 April 2015.

The key changes that will be made are outlined in the attached Annex. It is suggested area teams discuss with clinical commissioning groups (CCGs) how these changes can support local strategic plans for strengthening the quality of general practice services and making more effective use of NHS resources and how the changes might need to be reflected in co-commissioning plans.

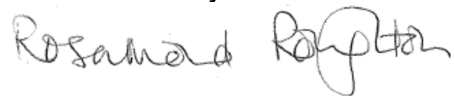
The NHS Employers contract website www.nhsemployers.org/gms provides details of the agreement www.nhsemployers.org/GMS201516 and we will be updating this and NHS England's dedicated GP contracts page <http://www.england.nhs.uk/ourwork/commissioning/gp-contract/> with details of the implementation guidance, links to supporting legislation and standard contract documentation in time for these new arrangements to take effect from April 2015.

We are also planning to update the framework for undertaking PMS reviews. The revised framework is intended to give greater consistency on the timescales for change and the redeployment of funds, with a guarantee that any funds freed up will be reinvested in general practice, within the current CCG locality. This will not apply retrospectively.

We will work closely with and keep area teams informed of the timetable for this.

Please ensure that this letter is distributed to all relevant people within your teams.

Yours sincerely

A handwritten signature in black ink that reads "Rosamond Roughton". The signature is written in a cursive style with a large, looped 'R' at the beginning.

Rosamond Roughton
Director of NHS Commissioning

2015/16 GMS CONTRACT

SUMMARY OF AGREED CHANGES

Transforming the quality of care

Named, accountable GP for all patients. Building on commitments to deliver more personalised care, it will be requirement, from 1 April 2015, for all patients (including children) to be allocated a named, accountable GP. The named accountable GP will take lead responsibility for the co-ordination of all appropriate services required under the contract and ensure they are delivered to each of their patients where required (based on the clinical judgement of the named accountable GP).

Practices will be required to inform patients of this offer at the first appropriate interaction and will make reasonable efforts to accommodate patient preferences. By 31 March 2016 all practices will publish on their website reference to the fact that all patients have a named GP.

Named accountable GP for people aged 75 and over is unchanged.

Quality and Outcomes Framework. (QOF) It has been agreed that there will be no reduction in the size of QOF in 2015/16 recognising that the impact of last year's changes remain to be evaluated. Clinical discussions between GPC, NHS Employers and NHS England will continue about what changes may be made within the current QOF. These discussions will conclude shortly and any changes will be highlighted in new QOF guidance.

We will adjust the QOF point value in 2015/16 taking account of population growth and relative changes in practice list size for one year from 1 January 2014.

The planned changes in thresholds in QOF from April 2015 will be deferred for a further year.

Supporting armed forces personnel. A specified cohort of wounded, injured or sick armed forces personnel will be able to access primary medical services for longer periods than current temporary registration arrangements allow. The contract will be amended to allow registration for up to a maximum of two years with global sum payments during that period. Registration will be subject to approval of Defence Medical Services and who will retain responsibility for meeting ongoing occupation health needs during that period and provide, as a minimum, a summary of the patient's medical records to the registering GP practice.

Assuring out of hours provision. From 1 April 2015, there will be a new contractual requirement for practices who have *not* opted out of providing out of hours care to ensure that they provide information to the CCG (to be set out by the CCG) to allow the CCG to ensure that they are delivering out of hours care in line with the National Quality Requirements (or any successor quality standards). This will ensure all patients can be assured all OOH providers are being assessed to the same standards on a consistent basis.

Empowering patients and the public

Access to medical record online. We have agreed to extend the scope (definition) of online access to medical records the GMS contract requires the practice to provide. From April 2015, practices will be required to also offer online access to all detailed information, i.e. information that is held in a coded form within the patient's medical record. GP software will be configured to offer all coded data by default but GPs will have the option and configuration tools to withhold coded information where they judge it to be in the patient's interests or where there is reference to a third party. Where free text is currently embedded within coded information, technical amendments will be made to GP software to allow coded information to be separated from free text to allow GPs to withhold free text whilst still meeting the new contractual obligation to provide coded information. These changes are agreed with the understanding that the GP Systems of Choice (GPSoC) programme will be the process by which the nationally approved and funded systems necessary to satisfy these requirements will be made available to practices by NHS England.

Online appointment booking. We have agreed that the GMS contract will be amended to expand the number of appointments patients can book online and to ensure that there is appropriate availability of appointments for online booking.

Other NHS IT. GPC have committed to actively promote the use of NHS IT services and will issue joint promotional guidance and good practice with NHS England, signalling a change in the way practices and NHS England do business on NHS IT issues. The following will be jointly promoted in guidance:

- ❖ Improving the offer of electronic transmission of prescriptions – encourage all prescriptions to be transmitted electronically using Electronic Prescription Services Release 2 unless the patient asks for a paper prescription or the necessary legislative or technical enablers are not in place. NHS Employers and the GPC have agreed that 60% of practices will be expected to be transmitting prescriptions electronically using EPS Release 2 by 31 March 2016.
- ❖ Offer patients secure electronic communication with practice - GP practices to promote and offer the facility for patients to receive consultations electronically, either by email, video consultation or other electronic means. GPC and NHS England will jointly promote the use of new technology, especially where it would bring benefits to both GP practices and patients.
- ❖ Referral management - GP practices to make referrals electronically, using the NHS E-Referrals system unless the secondary provider has not made slots available, there is a clinical imperative to refer to the provider, or patients have indicated their choice to be referred to that provider. It is agreed that 80% of elective referrals will be made electronically using the NHS E-referral system by 31 March 2016.
- ❖ Information governance – the parties will actively promote the completion of the Health and Social Care Information Centre information governance toolkit including adherence to the requirements outlined within it.

It is recognised that to achieve this will require the strong leadership and enablement by NHS England, CCGs, provider organisations and HSCIC.

Publication of GP Net Earnings. In line with commitments on transparency of GP earnings there will be a new contractual requirement for GP practices to publish the mean net earnings of GPs in their practice (to include contractor and salaried GPs) relating to 2014/15 financial year on their practice websites by 31 March 2016. Alongside the mean figure, practices will publish the number of full and part time GPs associated with the published figure. The figure will include earnings from NHS England, CCGs and local authorities for the provision of GP services that relate to the contract and which would have previously been commissioned by PCTs. Costs relating to premises will not be included. This is an interim solution until arrangements are finalised for publishing individual GP net earnings in 2016/17. This agreement is on the understanding Government and NHS England are committed to introducing transparency of earnings across all providers of NHS services. NHS England will be publishing the earnings for General Dental Practitioners to the same timetable as GPs.

Supporting the workforce

We have agreed to work with GPC to explore timely solutions to workforce issues, specifically around:

- ❖ the retainer and returner scheme
- ❖ the flexible careers scheme
- ❖ recruitment problems that are affecting specific areas (e.g. remote and rural areas).

We have agreed that all practices will be entitled to reimbursement of the actual cost of GP locum cover for maternity/ paternity/ adoption leave of £1,113.74 for the first two weeks and £1,734.18 thereafter (or the actual costs, whichever is the lower.) Such reimbursement is intended to cover both external locums and cover provided by existing GPs within the practice who do not already work full time.

Enhanced services

The Avoiding Unplanned Admissions: proactive case finding and patient review for vulnerable people enhanced service will be extended for a further year but with some modifications reflecting on a review of implementation to date.

- To reduce associated administration for area teams and practices the reporting processes will now run bi-annually (30 September 2015 and 31 March 2016 respectively) and the payment components revised accordingly from five to three components.
- Recognising the enhanced service targets those patients at highest risk and the sensitivity to achieving the two per cent register practices will be able include in their register patients those who have subsequently died or moved practices prior to the two reporting dates. This will be a manual local adjustment.

- This enhanced service will also now require at least one care review during the year for any patient on the register from the previous year.

Subject to a review of feasibility, this enhanced service may also be modified to include a patient survey.

The Patient Participation and Alcohol Reduction enhanced services will cease on 31 March 2015 since they are now embedded in general practice. These will be replaced with new contractual duties related to these areas from 1 April 2015 for all GP practices. The associated funding will be reinvested in global sum (with no out of ours deduction being applied).

The extended hours, dementia and learning disabilities enhanced services will be extended for a further year. The requirements and payment arrangements remain unchanged.

GPC and NHS Employers will work with NHS England to establish a consistent set of standards which commissioners (area teams or CCGs on their behalf) will apply for the provision of enhanced minor surgery services. This will ensure any variation in the qualifications expected of GP practices will be restricted to the scale and nature of the services to be provided rather than where they are commissioned from in England.

Funding

Seniority

Last year we agreed that seniority payments will cease on 31 March 2020 and that there would be a 15% reduction in seniority payments year on year. It was also agreed that from 1 April 2014 there would be no new entrants to the scheme.

A retrospective mechanism for achieving the 15% reduction has now been agreed. This mechanism will lead to changes to seniority payments part-way through 2015/16 and each year thereafter (and subsequent funding transferred in to global sum will also be made part-way through the year).

Out of Hours Deduction and MPIG

From 1 April 2015, correction factor funding moving into global sum will be reinvested with no out of hours deduction applying.

Reinvestment of Funds into Global Sum

The GMS proportion of funding being transferred into Global Sum as set in this letter (from MPIG, Seniority, Enhanced Services) will not lead to any change in the level of Correction Factor payments above and beyond the changes already set out in the Statement of Financial Entitlements. NHS Employers and GPC will work together with NHS England to determine the quantum to be transferred which relates to the GMS element of the funding released.

Annual contract uplift.

Decisions on the 2015/16 uplift to the GMS contract will be made following recommendations from the Doctors and Dentists Pay Review Body in February 2015.

Deprivation

We have agreed to review the Carr-Hill formula with a view to addressing deprivation.

Other commitments

We have agreed to have a broader strategic discussion about the primary care estate, especially to support the transfer of care into a community setting. It is expected that these discussions will start before the end of this year.

PMS and APMS contracts

Although the agreement applies only to GMS contracts NHS England is committed to an equitable approach in relation to commissioning and funding the services expected of all GP practices. Appropriate changes will be made to legislation and guidance will be issued to advise area teams on the specific changes to be reflected in PMS and APMS contracts.

We have also confirmed that any funding released from PMS reviews will be re-invested in primary medical care services.