

**Gateway Reference 04839**

To: Directors of Commissioning  
Regional Heads of Primary Care and  
Heads of Primary Care  
Accountable Officers (CCGs with full  
delegated authority)

Medical Directorate  
Quarry House  
Quarry Hill  
Leeds  
LS2 7UE

19<sup>th</sup> February 2016

Dear Colleague,

**Outcome of 2016/17 GMS Contract Negotiations**

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 1 April 2016.

An agreement has been reached with GPC on changes to the GMS contract for 2016/17 which delivers on the public commitments made as part of the Five Year Forward View to make significant investment in primary care, building on last year's extensive changes. The agreement has been approved across Government. We know that locally you will want to consider how the contract will aid you in your joint endeavour to improve primary care services, for practitioners and patients alike.

We are working with others across the health service to tackle the issues that GP practices are telling us are causing them concern, and will soon announce more details on a range of initiatives to support GPs in delivering a high-quality service for patients.

As last year, we will now work with NHS Employers and GPC to develop more detailed guidance on all of the agreed changes which are provided in the attached annex.

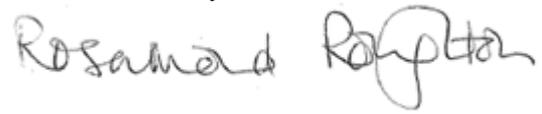
The [NHS Employers website](#) provides details of the agreement and we will be updating this and [NHS England's dedicated GP contracts page](#) with details of the implementation guidance, links to supporting legislation and standard contract documentation in time for these new arrangements to take effect from 1 April 2016. Given the timing of this announcement we will however be implementing the changes to the Regulations by July 2016.

I would be grateful if you can ensure that this letter is shared with all relevant people

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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, prominent 'R' at the beginning.

Rosamond Roughton  
Director of NHS Commissioning

Annex

## Key Changes to GMS Contract for 2016/17

### 1. Contract Uplift and Expenses

We have agreed an investment of £220 million in the contract for 2016/17. This investment is to uplift the contract and to take into account increasing expenses, covering:

- a pay uplift of 1 percent
- an increase in the item of service fee for vaccinations and immunisations to £9.80
- changes in the value of a QOF point as a result of a Contractor Population Index (CPI) adjustment,
- funding to cover increased business expenses (including additional Care Quality Commission costs)

### 2. Quality and Outcomes Framework (QOF)

There will be no change to the number of QOF points available or the clinical or public health domains, as well as no changes to QOF thresholds. However, 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

### 3. Enhanced Services

We have agreed to end the directed enhanced service on dementia at 31 March 2016. It is felt that clinical guidelines and current QOF indicators for dementia are sufficient to ensure appropriate care for patients. The £42 million funding for this service will be transferred into global sum, with no out of hours deduction applied.

The Avoiding Unplanned Admissions Directed Enhanced Service (DES) will continue for a further year with minor changes to clarify the timeframe for care plan reviews.

All other enhanced services will continue unchanged for a further year.

### 4. Vaccinations and Immunisations

All programmes are to continue in 2016/17 with the exception of changes to meningococcal B, meningococcal C and meningococcal ACWY. These changes are as follows:

- For meningococcal B, we have agreed to withdraw the catch-up element of the programme which comes to an end from April 2016, as well as to withdraw the delivery of paracetamol as this will no longer be centrally supplied.
- We have agreed to implement the JCVI (Joint Committee of Vaccination and Immunisations) recommendation to remove the infant dose of MenC from the Childhood Immunisation Programme from April 2016.
- We have agreed to extend the MenACWY 18 years programme to

allow opportunistic vaccination of 19-25 year olds.

## 5. Patient Online Services

- **Electronic prescriptions:**  
GP 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. We have agreed to aim for at least 80 percent of repeat prescriptions to be transmitted electronically by 31 March 2017.
- **Electronic referrals:**  
GP practices will be encouraged to make referrals electronically using the NHS e-Referral Service. We have agreed to aim for at least 80 percent of elective referrals to be made electronically by 31 March 2017.
- **Summary Care Record:**  
NHS England and GPC will jointly consider ways in which GP practices can be resourced to offer patients the opportunity to add additional information to their summary care record (SCR). Separately, the GMS regulations will be amended to say SCR will be enabled on an 'ongoing' rather than 'daily' basis.
- **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.
- **Access to online services:**  
NHS Employers and GPC have agreed to aim for at least 10% of registered patients to be using one or more online services by 31 March 2017.
- **Apps for patients to access services**  
GP 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 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 in using the Apps will be provided by the App suppliers.
- **Online access to clinical correspondence:**  
GP practices will provide patients with online access to clinical correspondence such as discharge summaries, outpatient appointment letters, and referral letters unless specific requirements of the Data Protection Act 1998 apply to restrict this. Hospitals and other

secondary care providers will be expected to copy patients into correspondence as standard, and patients should be enabled to have dialogue with the provider as the primary route to discuss such correspondence. GP 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 GP practices from 1 October 2015. From April 2016, GP practices will be required to receive all discharge summaries and subsequent post-event messages, electronically.
- Cyber security:  
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. GP 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.

## **6. Data Collection**

- Named GP:  
NHS England will discuss with GPC during 2016/17 how appropriate and meaningful data relating to the named accountable GP can be made available at practice level through automatic extraction. This will be particularly relevant for patients being case managed and also those aged 75 and over. The data would be shared internally within practices and used for peer review and quality improvement. It is recognised that there are a number of system issues to overcome before this can be implemented.
- Access survey:  
GP practices will be contractually required to record data on patient access to GP services and allow it to be extracted or manually reported. The data required and the form in which it is to be collected will be discussed between GPC and NHS England. It will be used to inform NHS England of the availability of evening and weekend opening for routine appointments and is to be collected until 2020/21. The data will be collected every six months. This data collection will go through the appropriate corporate governance channels once details

have been firmed up.

#### **7. Locum GPs**

In line with other areas of healthcare, where the use of agency staff attracts high fees, 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.

#### **8. Access to Healthcare**

GPC agree to work with DH and NHS England to develop arrangements for identifying patients with European Health Insurance Card (EHIC) and S1 and S2, through patient self-declaration at the point of registration and recording their details with the aim of implementation in December 2016. Discussions will consider how to address any additional workload for GP practices.

#### **9. Further Work**

NHS England and GPC have committed to 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 GP services, SFE arrangements for sickness payments and approach to expenses. On expenses, we have also agreed to undertake work in 2016/17 that seeks to determine an agreed methodology that all parties might use. Following the Prime Minister's announcement about plans for an alternative contract, we are clear that the GMS contract will remain available to those practices who wish to continue with it for the foreseeable future.

**Other formats of this document are available on request. Please send your request to [england.gpcontracts@nhs.net](mailto:england.gpcontracts@nhs.net)**