



Standard General Medical Services Contract Variation Notice 2017

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Standard General Medical Services Contract Variation Notice – 2017

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Description This document gives notice under paragraph 104(2) of Schedule 6 to the National Health Service (General Medical Services Contracts) Regulations 2004 (S.I. 2004/291) that the terms of the general medical services contract are varied as set out in the document.

Cross Reference

Superseded Docs N/A
(if applicable)

Action Required Area teams to update local contracts where they have not used the new standard contract.

Timing / Deadlines
(if applicable)

Contact Details for further information NHS England GP Contracts Team
Quarry House
Leeds
LS2 7UE
england.gpcontracts@nhs.net

<https://www.england.nhs.uk/gp/gpfpv/investment/gp-contract/>

Document Status

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Standard General Medical Services Contract Variation Notice – 2017

The text of the Standard General Medical Services Variation Notice 2017 has been prepared by the Strategy and Innovation Directorate, NHS England and has been approved by the British Medical Association. It is prepared on the basis that the numbering adopted in the signed contract follows that used in the model Standard General Medical Services Contract dated July 2017.

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We request you to acknowledge receipt of this notice by signing and returning the enclosed duplicate of it.

Dated:

Signed:

on behalf of NHS England

Print name:

Wording of Variations

Part 1

1. The following amendments are made to **clause 1.1**:

1.1. Immediately after **the definition of "default contract"**, the following new definition is inserted:

"the detained estate healthcare service" means the healthcare service commissioned by the Board in respect of persons who are detained in prison or in other secure accommodation by virtue of regulations made under section 3B(1)(c) of the 2006 Act;¹

1.2. Immediately after **the definition of "GP2GP"**, the following new definition is inserted:

"Health and Social Care Information Centre" means a body corporate established under section 252(1) of the Health and Social Care Act 2012 which is also known as NHS Digital.

1.3. Immediately after **the definition of "minor surgery"**, the following new definition is inserted:

"National Diabetes Audit" means the Board's clinical priority programme on diabetes which measures the effectiveness of diabetes healthcare provided against clinical guidelines and quality standards issued by the National Institute for Health and Care Excellence (NICE) in England and Wales).

1.4. Immediately **after the definition of "NHS Contract"**, the following new definition is inserted:

¹ Regulation 10 of the National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012 (S.I. 2012/2996) and amended by S.I. 2013/261 and S.I. 2014/452.

"NHS Digital Workforce Census" means the successor to the GP Workforce Census undertaken by the Health and Social Care Information Centre annually.

1.5. Immediately after **the definition of "Scheduled drug"**, the following new definition is inserted:

"the scheduled release date" means the date on which the person making an application under clause 13.5B.2.3 is due to be released from detention in prison.

Parts 2 to 6

No variations.

Part 7 Level of Skill

2. After clause 7.7A the following new clause and subheading is inserted:

"7.7AA Patients living with frailty

7.7AA.1 The Contractor must take steps to identify any registered patient aged 65 years and over who is living with moderate to severe frailty.

7.7AA.2 The Contractor must comply with the requirements of clause 7.7AA.1 by using the Electronic Frailty Index² or any other appropriate assessment tool.

7.7AA.3 Where the Contractor identifies a patient aged 65 or over who is living with severe frailty, the Contractor must:

7.7AA.3.1 undertake a clinical review in respect of the patient which includes:

² Information about the Electronic Frailty Index is available in guidance published by the Board entitled "Supporting Routine Frailty Identification through the GP Contract 2017/18". This guidance is available at: <https://www.england.nhs.uk/publication/supporting-routine-frailty-identification-and-frailty-through-the-gp-contract-20172018/> or from NHS England, PO Box 16738, Redditch, B97 7PT.

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- (a) an annual review of the patient's medication; and
- (b) where appropriate, a discussion with the patient about whether the patient has fallen in the last 12 months,

7.7AA.3.2 provide the patient with any other clinically appropriate interventions; and

7.7AA.3.3 where the patient does not have an enriched Summary Care Record³, advise the patient about the benefits of having an enriched Summary Care Record and activate that record at the patient's request.

7.7AA.4 The Contractor must, using codes agreed by the Board for the purpose, record in the patient's Summary Care Record any appropriate information relating to clinical interventions provided to a patient under this clause."

Parts 8 to 12

No Variations

Part 13 Patients

3. After clause 13.5A the following new clause and subheading is inserted:

"13.5B Inclusion in list of patients: detained persons

13.5B.1 The Contractor must, if the Contractor's list of patients is open, include a person to whom clause 13.5B.2 applies (a "detained person") in that list and clause 13.14.1(c) does not apply in respect of a detained person who is included in the Contractor's list of patients by virtue of this clause.

13.5B.2 This clause applies to a person who:

³ Guidance about enriching a patient's Summary Care Record with additional information published by the Health and Social Care Information Centre is available at: <http://webarchive.nationalarchives.gov.uk/20160921135209/http://systems.digital.nhs.uk/scr/additional/patientconsent.pdf> or from NHS Digital, 4 Trevelyan Square, Boar Lane, Leeds LS1 6AA.

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- 13.5B.2.1 is serving a term of imprisonment of more than two years, or more than one term of imprisonment totalling, in the aggregate, more than two years;
- 13.5B.2.2 is not registered as a patient with a provider of primary medical services; and
- 13.5B.2.3 makes an application under this clause in accordance with clause 13.5B.3 to be included in the Contractor's list of patients by virtue of either clause 13.5B.1 or clause 13.5B.6 before the scheduled release date.
- 3.5B.3 An application under clause 13.5B.2.3 may be made during the period commencing one month prior to the scheduled release date and ending 2 hours prior to that date.
- 13.5B.4 Subject to clauses 13.5B.5 and 13.5B.6, the Contractor may only refuse an application under clause 13.5B.2.3 if the Contractor has reasonable grounds for doing so which do not relate to the applicant's age, appearance, disability or medical condition, gender or gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion or belief, sexual orientation or social class.
- 13.5B.5 The reasonable grounds referred to in clause 13.5B.4 may include the ground that the applicant will not, on or after the scheduled release date, live in the Contractor's practice area or does not intend to live in that area.
- 13.5B.6 Where the Contractor's list of patients is closed, the Contractor may, by virtue of this clause, accept an application under clause 13.5B.3.2 if the applicant is an immediate family member of a registered patient.
- 13.5B.7 Where the Contractor accepts an application from a person under clause 13.5B.2.3 for inclusion in the Contractor's list of patients, the Contractor:

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- 13.5B.7.1 must give notice in writing to the provider of the detained estate healthcare service or to the Board of that acceptance as soon as possible, and
- 13.5B.7.2 is not required to provide primary medical services to that person until after the scheduled release date.
- 13.5B.8 The Board must, on receipt of a notice given under clause 13.5B.7.1:
- 13.5B.8.1 include the applicant in the Contractor's list of patients from the date notified to the Board the provider of the detained estate healthcare service; and
- 13.5B.8.2 give notice in writing to the provider of the detained estate healthcare service of that acceptance.
- 13.5B.9 Where the Contractor refuses an application made under clause 13.5B.2.3, the Contractor must give notice in writing of that refusal, and the reasons for it, to the provider of the detained estate healthcare service or to the Board before the end of the period of 14 days beginning with the date of the Contractor's decision to refuse.
- 13.5B.10 The Contractor must:
- 13.5B.10.1 keep a written record of:
- (a) the refusal of any application under clause 13.5B.2.3; and
(b) the reasons for that refusal; and
- 13.5B.10.2 make such records available to the Board on request."

Parts 14 to 15

No variations

Part 16 Records, Information, Notification and Rights of Entry

4. After clause 16.8B the following new clauses and subheading are inserted:

"16.8C National Diabetes Audit

16.8C.1 The Contractor must record any data required by the Board for the purposes of the National Diabetes Audit in accordance with clause 16.8C.2.

16.8C.2 The data referred to in clause 16.8C.1 must be appropriately coded by the Contractor and uploaded onto the Contractor's computerised clinical systems in line with the requirements of guidance published by NHS Employers for these purposes⁴.

16.8C.3 The Contractor must ensure that the coded data is uploaded onto its computerised clinical systems and available for collection by the Health and Social Care Information Centre at such intervals during each financial year as are notified to the Contractor by NHS Digital."

"16.8D Information relating to indicators no longer in the Quality and Outcomes Framework⁵

⁴ See section 2 of the guidance entitled "2017/18 General Medical Services (GMS) Contract" published by NHS Employers which is available at [http://www.nhsemployers.org/gms201718U_or_from NHS Employers, 2 Brewery Wharf, Kendall Street, Leeds, LS10 1JR](http://www.nhsemployers.org/gms201718U_or_from_NHS_Employers_2_Brewery_Wharf_Kendall_Street_Leeds_LS10_1JR).

⁵ The Quality and Outcomes Framework (QOF) is provided for in Section 4 and Annex D of the General Medical Services Statement of Financial Entitlements Direction 2013 which were signed on 27th March 2013 (as amended). Participation by contractors in the QOF is voluntary. However, contractors which participate in the QOF are required to accomplish the specified tasks or achieve the specified outcomes which are included in the QOF as "indicators" in return for payments which are measured against their achievements in respect of particular indicators. The General Medical Services Statement of Financial Entitlements 2013 is available at: <https://www.gov.uk/government/publications/nhs-primary-medical-services-directions-2013>. Hard copies may be obtained by post from the General Practice Team, Quarry House, Quarry Hill, Leeds LS2 7UE.

16.8D.1 The Contractor must allow the extraction from the Contractor's computerised clinical systems by the Health and Social Care Information Centre specified in the table set out at Schedule 4 to this Contract relating to clinical indicators which are no longer in the Quality Outcomes Framework at such intervals during each financial year as are notified to the Contractor by NHS Digital."

"16.8E Information relating to alcohol related risk reduction and dementia diagnosis and treatment

16.8E.1 The Contractor must allow the extraction by the Health and Social Care Information Centre of the information⁶ specified in:

16.8E.1.1 clause 16.8E.2 in relation to alcohol related risk reduction; and

16.8E.1.2 clause 16.8E.3 in relation to dementia diagnosis and treatment;

from the record that the Contractor is required to keep in respect of each registered patient under regulation 67 of the Regulations by such means, and at such intervals during each financial year, as are notified to the Contractor by the Health and Social Care Information Centre.

16.8E.2 The information specified in this clause is information required in connection with the requirements under clause 7.7A.

16.8E.3 The information specified in this clause is information relating to any clinical interventions provided by the Contractor in the preceding 12 months in respect of a patient who is suffering from, or who is at risk of suffering from, dementia.

⁶ See section 4 of the guidance entitled "2017/18 General Medical Services (GMS) Contract" published by NHS Employers which is available at <http://www.nhsemployers.org/gms201718> or from NHS Employers, 2 Brewery Wharf, Kendall Street, Leeds, LS10 1JR.

16.8F NHS Digital Workforce Census

- 16.8F.1 The Contractor must record and submit any data required by the Health and Social Care Information Centre for the purposes of the NHS Digital Workforce Census (known as the "Workforce Minimum Data Set") in accordance with clause 16.8F.2.
- 16.8F.2 The data referred to in clause 16.8F.1 must be appropriately coded by the Contractor in line with agreed standards set out in guidance published by NHS Employers⁷ and must be submitted to the Health and Social Care Information Centre by using the workforce module on the Primary Care Web Tool which is a facility provided by the Board to the Contractor for this purpose.⁸
- 16.8F.3 The Contractor must ensure that the coded data is available for collection by the Health and Social Care Information Centre at such intervals during each financial year as are notified to the Contractor by Health and Social Care Information Centre."

"16.8G Information relating to overseas visitors

16.8G.1 The Contractor must:

- 16.8G.1.1 record the information specified in clause 16.8G.2 relating to overseas visitors, where that information has been provided to it by a newly registered patient on a form supplied to the Contractor by the Board for this purpose; and

⁷ See section 2 of the guidance entitled "2017/18 General Medical Services (GMS) Contract" published by NHS Employers which is available at <http://www.nhsemployers.org/gms201718> or from NHS Employers, 2 Brewery Wharf, Kendall Street, Leeds, LS10 1JR.

⁸ The Primary Care Web Tool facility is the approved webtool made available by the Board to contractors for the purposes of submitting data online. Further information regarding the collection and recording of data by contractors for the purposes of the NHS Digital Workforce Survey is available at <http://content.digital.nhs.uk/wMDS> or from NHS Digital, 1 Trevelyan Square, Boars Lane, Leeds, LS1 6AE.

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16.8G.1.2 where applicable, in the case of a patient, record the fact that the patient is the holder of a European Health Insurance Card or S1 Healthcare Certificate⁹ which has not been issued to or in respect of the patient in the United Kingdom,

in the medical record that the Contractor is required to keep under regulation 67 of the Regulations in respect of the patient.

16.8G.2 The information specified in this clause is:

16.8G.2.1 in the case of a patient who holds a European Health Insurance Card which has not been issued to the patient by the United Kingdom, the information contained on that card in respect of the patient; and

16.8G.2.2 in the case of a patient who holds a Provisional Replacement Certificate¹⁰ issued in respect of the patient's European Health Insurance Card, the information contained on that certificate in respect of the patient.

16.8G.3 The information referred to in clause 16.8G.2 must be submitted by the Contractor to NHS Digital:

16.8G.3.1 electronically at NHSDIGITAL-EHIC@nhs.net; or

16.8G.3.2 by post in hard copy form to EHIC, PDS NBO, NHS Digital, Smedley Hydro, Trafalgar Road, Southport, Merseyside PR8 2HH.

⁹ An S1 Healthcare Certificate is issued to those who are posted abroad and who pay National Insurance Contributions in the United Kingdom or to people in receipt of UK exportable benefits (e.g. retirement pensions). Further information is available at: https://contactcentreservices.nhsbsa.nhs.uk/selfnhsukokb/AskUs_EHIC/template.do?name=S1+form+-+what+is+this+and+=how+do+I+obtain+one%253F&id=16477 or from NHS BSA, Stella House, Goldcrest Way, Newbury Riverside, Newcastle Upon Tyne, NE15 8NY.

¹⁰ Further information about Provisional Replacement Certificates is available at: <http://www.nhs.uk/NHSEngland/Healthcareabroad/EHIC/Pages/about-the-ehic.aspx> or from NHS England, PO Box 16738, Redditch, B97 7PT.

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16.8G.4 Where the patient is a holder of a S1 Healthcare Certificate, the Contractor must send that certificate, or a copy of that certificate, to the Department for Work and Pensions:

16.8G.4.1 electronically at NHSDIGITAL-EHIC@nhs.net; or

16.8G.4.2 by post in hard copy form to the Overseas Healthcare Team, Durham House, Washington, Tyne and Wear, NE38 7SF.

Parts 17 to 28

No Variations

Schedules 1 to 3

No Variations

Schedule 4

5. At Schedule 4, "Reserved" is replaced by "Quality and Outcomes Framework-Indicators no longer in the Quality and Outcomes Framework" and the following table is inserted:

Indicator ID	Indicator Description
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Clinical domain

CHD003	The percentage of patients with coronary heart disease whose last measured total cholesterol (measured in the preceding 12 months) is 5mmo/l or less
CKD002	The percentage of patients in the CKD register in whom the last blood pressure reading (measured in the preceding 12 months) is 140/85 mmHg or less
CKD004	The percentage of patients in the CKD register whose notes have a record of a urine albumin:creatinine ratio (or protein:creatinine ratio)

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test in the preceding 12 months

NM84	The percentage of patients on the CKD register with hypertension and proteinuria who are currently treated with renin-angiotensin system antagonists
DEP001	The percentage of patients aged 18 or over with a new diagnosis of depression in the preceding 1st April to 31st March, who have had a bio-psychosocial assessment by the point of diagnosis. The completion of the assessment is to be recorded on the same day as the diagnosis is recorded.
DM005	The percentage of patients with diabetes, on the register, who have a record of an albumin:creatinine ratio test in the preceding 12 months
DM011	The percentage of patients with diabetes, on the register, who have a record of retinal screening in the preceding 12 months
DM016	The percentage of male patients with diabetes, on the register, who have a record of erectile dysfunction with a record of advice and assessment of contributory factors and treatment options in the preceding 12 months
EP002	The percentage of patients aged 18 or over on drug treatment for epilepsy who have been seizure free for the last 12 months recorded in the preceding 12 months
EP003	The percentage of women aged 18 or over and who have not attained the age of 55 who are taking antiepileptic who have a record of information and counselling about contraception, conception and pregnancy in the preceding 12 months
HYP003	The percentage of patients aged 79 or under with hypertension in whom the last blood pressure reading (measured in the preceding 9 months) is 140/90mmHg or less
HYP004	The percentage of patients with hypertension aged 16 or over and who have not attained the age of 75 in whom there is an assessment of physical activity, using, GPPAQ, in the preceding 12 months
HYP005	The percentage of patients with hypertension aged 16 or over and who have not attained the age of 75 who score 'less than active' on GPPAQ in the preceding 12 months, who also have a record of a brief intervention in the preceding 12 months
LD002	The percentage of patients in the learning disability register with Down's Syndrome aged 18 or over who have a record of blood TSH

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in the preceding 12 months (excluding those who are on the thyroid disease register)

- MH004 The percentage of patients aged 40 or over with schizophrenia, bipolar affective disorder and other psychoses who have a record of total cholesterol:hdl ratio in the preceding 12 months
- MH005 The percentage of patients aged 40 or over with schizophrenia, bipolar affective disorder and other psychoses who have a record of blood glucose or HbA1c in the preceding 12 months
- MH006 The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of BMI in the preceding 12 months
- PAD003 The percentage of patients with peripheral arterial disease in whom the last measured total cholesterol (measured in the preceding 12 months) is 5 mmol/l or less
- RA003 The percentage of patients with rheumatoid arthritis aged 30 or over and who have not attained the age of 85 who have had a cardiovascular risk assessment using a CVD risk assessment tool adjusted for RA in the preceding 12 months
- RA004 The percentage of patients aged 50 or over and who have not attained the age of 91 with rheumatoid arthritis who have had an assessment of fracture risk using a risk assessment tool adjusted for RA in the preceding 24 months
- STIA004 The percentage of patients with stroke or TIA who have a record of total cholesterol in the preceding 12 months
- STIA005 The percentage of patients with a stroke shown to be non-haemorrhagic, or a history of TIA whose last measured total cholesterol (measured in the preceding 12 months) is 5 mmol/l or less
- THY001 The contractor establishes and maintains a register of patients with hypothyroidism who are currently treated with levothyroxine
- THY002 The percentage of patients with hypothyroidism, on the register, with thyroid function tests recorded in the preceding 12 months
- Public Health Domain
- CVD-PP002 The percentage of patients diagnosed with hypertension (diagnosed after on or after 1st April 2009) who are given lifestyle advice in the

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preceding 12 months for smoking cessation, safe alcohol consumption and healthy diet

CON002

The percentage of women, on the register, prescribed an oral or patch contraception method in the preceding 12 months who have also received information from the contractor about long acting reversible methods of contraception in the preceding 12 months

SMOK001

The percentage of patients aged 15 or over whose roles record smoking status in the preceding 24 months.

Schedules 5 to 7

No variations

I/We [] acknowledge receipt of the notice of variation dated [] of which the above is a duplicate. I/We acknowledge that this notice will take effect from [].

Signed:

[on behalf of]:

Print name:

Date: