

FAO GP Partners

Primary Care Strategy and NHS Contracts and PCS Service Management Team

NHS England and NHS Improvement,
Skipton House,
80 London Road,
London,
SE1 6LH

ENGLAND.SMTinfo@nhs.net

16 September 2020

Dear GPs,

New GP Payment System

We are writing to update you on the upcoming changes to the way GP practice payments will be generated. These changes should not affect the payment values for the majority of practices.

Practice payments are currently calculated by a system called the National Health Application and Infrastructure Service (NHAIS). This system is at the end of its working life and needs to be replaced. We have, therefore, commissioned a replacement system to calculate practice payments, including Global Sum (GSUM), vaccinations and immunisations payments.

The new payments system will go live in October. The system change is being overseen by a project board which includes representatives from the British Medical Association (BMA).

The new system will calculate payments using patient demographic data provided by the Personal Demographics Service (PDS, often referred to as the Spine) rather than NHAIS. PDS has been updated to include the registered addresses for patients that practices hold and these addresses will still be used to calculate payments. The new system will also feed the registered population data used in, for example, QOF calculations.

Moving to PDS as a single national source of patient demographic information is necessary as NHAIS reaches the end of its life, and also provides the opportunity to improve the quality of patient data. The available evidence suggests that the quality of the data in PDS is better than NHAIS since it is updated more frequently by a wider range of sources.

Over the last 18 months we have been working with the BMA and Primary Care Support England (PCSE) to understand and mitigate any impact of the changes on GP practice payments. Detailed analysis has been undertaken to understand whether switching from NHAIS to PDS would result in any differences to practice payments due to data differences, bearing in mind the improved data quality offered by PDS.

The vast majority of practices will see no material difference in payment amounts after the switch to the new system.

However, we have identified a small number of practices who appear to be more affected by the change. These practices have been approached by PCSE offering them the opportunity to undertake a patient list reconciliation. This will identify and rectify any differences between NHAIS and PDS and ensure that their payments are accurate.


If your GP practice is contacted by PCSE we would encourage you to take up this offer of list reconciliation to ensure your payments are correctly calculated in the new system. Your commissioner may also be in contact with you about this list reconciliation.

As practices will be already doing, it remains important registered lists are kept up to date and we are grateful for practice participation in list cleansing exercises.

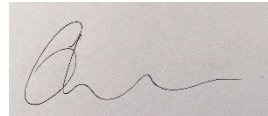
PCSE will continue to keep practices updated on the transition to the new payments system and requirements.

If you have any queries, please contact ENGLAND.SMTinfo@nhs.net.

Yours sincerely,

A handwritten signature in blue ink that reads "Ed Waller". The signature is written in a cursive style with a large initial "E".

Ed Waller
Director Primary Care Strategy
and NHS Contracts
NHS England and NHS Improvement

A handwritten signature in black ink that reads "Gus Williamson". The signature is written in a cursive style with a large initial "G".

Gus Williamson
Director of PCS
NHS England and NHS Improvement