



Implementing the 2021/22 GP Contract Changes to Personal Medical Services and Alternative Provider Medical Services contracts

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Changes to Personal Medical Services and Alternative Provider Medical Services

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1. Introduction

NHS England is committed to an equitable and consistent approach to funding the core services expected of all GP practices.

Following the changes agreed to the General Medical Services (GMS) contract for 2021/22, this document sets out the approach to the funding changes that NHS England will apply to Personal Medical Services (PMS) and Alternative Provider Medical Services (APMS) contracts.

Commissioners will update local PMS and APMS contracts as soon as possible, applying the funding changes identified in this guidance with effect from 1 April 2021.

The arrangements set out here are without prejudice to any potential changes to the premium element of PMS or APMS funding as a result of local reviews and renegotiations.

Correspondence containing specific pieces of guidance was issued prior to this document being prepared, as below:

- a) 21 January 2021: [Supporting General Practice in 2021/22](#)

2. Delivering a common increase to core funding

2.1 Increases to GMS global sum

2.1.1 Global sum funding and uplift

New investment paid via global sum for 2021/22 totals a net £201m and includes:

- £174m for uplifts to pay, staff and other expenses; and
- £27m for the reinvestment of seniority payments.

The implementation of phasing out of seniority payments began in October 2015 and continued through to March 2020, with a reduction in payments and reinvestment into core funding each year.

The reinvestment of Seniority payments into global sum payments completes in 2021/22, which is the final year.

The final year of reinvestment of MPIG payments into global sum payments was 2020/21, and so this is no longer included as a separately identified funding line.

The net effect is that:

- Global sum payment per weighted patient increases from £93.46 to £96.78; and
- GMS OOH deduction changes from 4.77 percent in 2020/21 to 4.75 percent in 2021/22.

In addition, there has been an increase in the value of a Quality and Outcomes Framework (QOF) point from £194.83 to £201.16, resulting from the updated Contractor Population Index (CPI).

These revised values take effect from 1 April 2021 as detailed in the Statement of Financial Entitlements (SFE).

A ready-reckoner has been developed, which GMS practices can use as a rough guide to estimate the change in their funding as a result of the contractual changes in 2021/22 and can be found [here](#). The ready-reckoner is **indicative only** and does not constitute financial advice to practices. Nor does it reflect any national modelling for assessing practice-level impacts of contract changes.

2.2 Increase to PMS and APMS contracts

To deliver an equitable and consistent approach to uplifting PMS and APMS

contracts, commissioners (CCGs under delegation agreement) will apply increases for those GMS changes that also impact on these arrangements for PMS and APMS contracts that are equivalent to the value of the increases in the GMS price per weighted patient. (Except where local agreements with contractors set out a different approach to secure equitable funding).

In summary, GP practices will see changes in core funding as set out in table 1.

Table 1

	GMS	PMS	APMS
	£/weighted patient	£/weighted patient	£/weighted patient
Seniority reinvestment	A [£0.45]	A [£0.45]	-
Inflation and other changes - net uplift	B [£2.87]	B [£2.87]	B [£2.87]
Total uplift (D)	A+B [£3.32]	A+B [£3.32]	B [£2.87]

Commissioners will need to apply the tariff(s) identified in table 1 above to calculate the increases due to individual PMS and APMS practices.

Calculating the increase due will require the appropriate tariff(s) to be multiplied by the weighted list size of the practice (or raw list if the local contractual agreement requires). Typically, this will be the list size at the beginning of the quarter prior to the commencement of the financial year e.g. 1 January 2021 (unless the contractual agreement specifies otherwise).

Inflationary and other changes – net uplift (B) is the GMS price increase per weighted patient resulting from the uplift on pay, along with an appropriate uplift to expenses. That leads to a GMS contract uplift of 3.5 per cent. Commissioners will apply the corresponding appropriate uplift to PMS and APMS practices as shown in the total uplift row (D) in table 1 above.

2.3 Out of Hours (OOH) ‘opt out’ deduction

Under the five-year framework for GP contract reform, where MPIG funds are reinvested in GMS global sum, this will be done without any OOH deduction.

NHS England will achieve this by reducing the percentage value of the OOH deduction for opted-out GMS practices to a level that discounts the reinvestment of funding.

As the recycling of MPIG with no OOH deduction is a redistribution of existing GMS funds, the resulting decrease in the OOH deduction does not need to be reflected in the equivalent OOH deduction made to PMS or APMS practices.

Where no OOH deduction is made in PMS or APMS contracts (i.e. OOH opt out never featured in the contract or was permanently removed) no further action is required. Where there is an agreed deduction, this should be consistent with the revised GMS OOH deduction.

The cash value of the PMS OOH deduction per weighted patient for 2021/22 is therefore also £4.59. The PMS percentage reduction is determined by applying the GMS OOH cash deduction to the PMS price per weighted patient (which is GMS global sum price per weighted patient less cumulative MPIG reinvestment = £96.78 minus £3.38, giving £93.40). So, £4.59 gives a reduction of 4.91% from £93.40.

Commissioners will apply the OOH deduction of £4.59 per weighted patient to the weighted list size (unless the contractual agreement provides for raw list size) of the PMS or APMS practice to calculate the value of the OOH opt out deduction.

2.4 Other funding changes

The funding/payment changes below also apply in 2021/22 following changes to the GMS SFE and commissioners will need to replicate the terms set out in the SFE in PMS and APMS contracts as appropriate:

- **Quality and Outcomes Framework** – as set out above, the pound per point value increases from £194.83 to £201.16 as a result of the Contractor Population Index (CPI) adjustment; and

Commissioners should refer to the main implementation guidance for details on changes to enhanced services and other services in 2021/22 and will be available on the [GP contract](#) pages of the NHS England website by the end of March.

2.5 The Network Contract DES

By 2023/24, up to £2.355 billion would flow nationally through the Network Contract DES - or £1.9 million per average network. The updated Network Contract DES specification provides full details and will begin on 1 April 2021. The table below sets out the payments that will relate to this DES for 2021/22.

Payment Details	Amount	Contract types	Allocations	Payment made to	Payment timings
1. Core PCN funding	£1.50 per registered patient* per year (equating to £0.125 per patient per month)	GMS, PMS and APMS	CCG core allocations	Network's nominated account	Monthly by the last day of the month in which the payment applies and taking into account local payment arrangements.
2. Clinical Director contribution (population-based payments)	£0.736 per registered patient* (equating to £0.061 per patient per month)	GMS, PMS and APMS	Primary Care Medical allocations	Network's nominated account	Monthly by the last day of the month in which the payment applies and taking into account local payment arrangements.
3. Staff reimbursements for the reimbursable roles set out in guidance	Actual costs to the maximum amounts per the Five-Year Framework Agreement, paid from April 2021 or following employment.	GMS, PMS and APMS	Primary Care Medical allocations	Network's nominated account	Monthly in arrears by the last day of the month following the month in which the payment relates and taking into account local payment arrangements. Payment claimable following start of employment.
4. Extended hours access	£1.44 per registered patient	GMS, PMS and APMS	Primary Care Medical allocations	Network's nominated account	Monthly by the last day of the month in which the payment applies and taking into account local payment arrangements.

5. Care home premium	£120 per bed per year (equating to £10 per bed per month).	GMS, PMS and APMS	PMC allocations	Network's nominated account	Monthly by the last day of the month in which the payment applies and taking into account local payment arrangements.
6. Investment and Impact Fund (IIF)	Amount payable dependant on achievement.	GMS, PMS and APMS	PMC allocations	Network's nominated account	The details on how the IIF operates and associated payments can be found in Section 10.6 and Annexes C and D of the Network Contract DES Specification and the separate IIF guidance ¹ . This will be updated on the conclusion of discussions expected by summer 2021.

*based on patient numbers at 1st January immediately preceding the financial year.

**as per local payment arrangements (to account for where CCGs/Regions do not have a payment run on the last day of the month)

Note

All costs – for practices including the Network Contract DES (apart from the £1.50 per head Core PCN funding) will be payable from CCG Primary Care Medical allocations. The £1.50 per head is from CCG core allocations.

¹ <https://www.england.nhs.uk/publication/investment-and-impact-fund-2020-21/>

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