Annex C – Actions to be taken following introduction of 2017/18 GMS Contract

Avoiding Unplanned Admissions DES (AUA)

The AUA DES has now been discontinued (and £156.7 million added to the global sum).

From 1 July 2017 practices will use an appropriate tool to identify patients aged 65 and over who are living with moderate and severe frailty. For those patients identified as living with severe frailty, the practice will deliver a clinical review providing an annual medication review and where clinically appropriate discuss whether the patient has fallen in the last 12 months and provide any other clinically relevant interventions. In addition, where a patient does not already have an enriched Summary Care Record (SCR) the practice will promote this seeking informed patient consent to activate the enriched SCR.

Practices need to prepare for the new requirement from 1 July. Further guidance from GPC and NHS England will be available shortly.

CQC fees

We have secured, for the first time, full reimbursement of practices' total CQC fees. This funding will not be added into global sum, and will therefore not be weighted with the Carr-Hill formula. A system of direct reimbursement will be introduced whereby practices will submit their paid invoices to NHS England or their CCG (under delegated commissioning) and will receive full reimbursement of their actual costs.

ACTION: Once you have paid your CQC fees, proof of payment will need to be submitted to your local NHS England team or CCG in areas of level 2 delegated commissioning. Full details of the process will be provided to local areas shortly.

Indemnity costs

We have agreed £30m to cover the rises this year in indemnity insurance costs. This has been based on figures received from medical indemnity organisations, to cover GMS work. This will be paid to practices on a per patient basis, set out under the Statement of Financial Entitlements (SFE), and will not be weighted as a result of the Carr-Hill formula.

ACTION: These payments will be made to practices on the condition that, where principal and salaried GPs are paying for part or all of their indemnity costs, the practice will reimburse to them, from the payment received, an appropriate proportion of the amount which the GP has paid for their cover. The reimbursement amount should be based on the proportion of GMS services which the GP is providing for the practice.

Locum GPs will need to ensure that their invoices/agreements with practices are uplifted appropriately to take account of this business expense if they have not already done so.

See our indemnity payment briefing for further details.

Sickness cover reimbursement for GPs

From 1 April 2017, sickness cover reimbursement will no longer be a discretionary payment, but a practice entitlement. The qualifying criteria based on list size, which often prevents a practice from being able to claim a payment to cover locum costs, has been removed. Payments will be made after 2 weeks of a GP being absent from the practice due to sick leave.

ACTION: Guidance and FAQs will be produced shortly. There is no action for practices to take unless they are in the position of having to notify NHS England of an absent GP due to sick leave. Practices may wish to review their locum insurance policies in light of these changes.

Maternity cover reimbursement

From 1 April 2017, maternity payments will not be subject to a pro-rata application and that in order to secure the payment practices will need only to submit an invoice and either the full amount or maximum payable will be paid.

ACTION: No change to current process - practices to continue to submit invoices to their CCG or NHS England area team for maternity cover payments.

Learning Disabilities DES

NHS England will invest more in the Learning Disabilities DES to support an increase uptake in the number of medicals done, with the sum paid per health check uplifted from £116 to £140. NHS England has also developed a voluntary template, which is available for practices to use should they choose to do so, but there is no obligation to use this.

No action to take

Expenses and pay uplift

We have agreed an increase in expenses that should deliver a pay uplift of 1%, which will be added to global sum. There will also be an uplift of £3.8 million to recognise increased superannuation costs of 0.08% as a result of changes to the NHS pension scheme to take effect in April 2017.

Agreement has also been reached for eligible practices to be reimbursed for all costs relating to levies incurred as a result of being in a Business Improvement District. The reimbursement is to be made via the Premises Costs Directions.

No action to take Workforce census

We have agreed that from 1 July 2017 completion of the workforce census will be a contractual requirement for every practice. This is something that most practices are already doing, and which was already a requirement on practices. As a result, £1.5 million will be added to global sum to recognise the workload involved.

GPC has raised concerns regarding the changes to information needed to capture data on locums, and as a result the current process will continue. Once a simplified mechanism for the effective capture of locum data has been developed, guidance materials will be issued.

ACTION: From 1 July, all practices will need to ensure that they have added the necessary information for their practice to allow extraction of the Workforce Minimum Dataset.

Quality and Outcomes Framework (QOF)

There will be no changes to the indicators in QOF or the total number of points.

No action required

Core opening hours and Extended Hours DES

We have committed to working with NHS England to ensure locally responsive, safe and appropriate access to general practice for all patients in England during contracted hours, with a particular focus on the minority of practices which currently close for a half day on a weekly basis. Local Medical Committees should be integral partners in working with local commissioners in ensuring practices are fulfilling their contractual requirements.

New conditions will be introduced from October 2017 which will mean that practices who regularly close for a half day, on a weekly basis, will not ordinarily qualify to deliver the Extended Hours DES.
Action: Where practices wish to continue providing the DES, those practices which regularly close for a half day on a weekly basis will need to discuss with their local NHS England team or CCG the reasoning for this and where necessary make alternative arrangements

Access to healthcare

We have agreed with NHS Employers contractual changes that will help to identify patients with a non-UK issued EHIC (European Health Insurance Card or S1 form or who may be subject to the NHS (Charges to Overseas Visitors) Regulations 2015. New recurrent investment of £5 million will be added to global sum to support any associated administrative workload.

Once available, practices will use a revised GMS1 form for new patient registrations. This will require patients to self-declare that they hold either a non-UK issued EHIC or a S1 form.

No action required at present. The new GMS1 form and copies of the patient leaflet will be provided to practices once available, and supporting guidance will be published (the new GMS1 form has been introduced).

National diabetes audit (NDA)

From 1 July 2017 all practices will be contractually required to allow collection of data relating to the NDA.

No action required at present – guidance will be published on steps which practices will need to take.

Data collection

Most practices are already enabling the extraction of data collection for a selection of agreed indicators no longer in QOF (INLIQ) and retired ESs. From July 2017 this will become a contractual requirement for all practices. This data will not be used for performance management processes and practices should not be focusing on recording data on indicators that are not in QOF unless it is clinically appropriate to do so.

No action required at present – guidance will be published on steps which practices will need to take, which will include enabling access to this data.

Registration of prisoners

From 1 July 2017 prisoners will be able to register with a practice before they leave prison. The intention is for the timely transfer of clinical information, with an emphasis on medication history and substance misuse management plans.

No action required at present – further guidance will be published shortly.

Vaccinations and Immunisations

We have agreed to the following vaccination and immunisation programme changes from 1 April 2017:

- Childhood seasonal influenza – the removal of four year olds from enhanced service patient cohort (transferring to schools programme) and the removal of the requirement to use Child Health Information Systems (CHIS).
- Seasonal influenza – the inclusion of morbidly obese patients as an at-risk cohort and a reminder for practices that it is a contractual requirement to record all influenza vaccinations on ImmForm. Funding to cover this new cohort will be from Section 7A. £6.2m has been added to the contract to cover this expansion of the target group.
- Pertussis or pregnant women – a reduction in the eligibility of patients for vaccination from 20 weeks to 16 weeks.
- MenACWY programmes– a reduction in the upper age limit from ‘up to 26th birthday’ to ‘up to 25th birthday’ (in line with the Green Book).
- Shingles (routine) – a change in patient eligibility to the date the patient turns 70 rather than on 1 September.
- Shingles (catch-up) – a change in patient eligibility to the date the patient turns 78 rather than on 1 September.

The following programmes have been agreed to roll-over unchanged:

- Hepatitis B (newborn babies).
- HPV for adolescent girls.
- Measles mumps and rubella (aged 16 and over).
- Meningococcal B.
- Pneumococcal polysaccharide.
- Rotavirus.

ACTION: Practices will need to ensure that the above changes are reflected in their vaccinations and immunisations processes.

GP retention scheme

A new scheme has been agreed to replace the existing retention scheme. You can read the joint BMA, RCGP, HEE and NHS England guidance on the scheme here [LINK WHEN LIVE].

No action required.

It is very important that your practice now makes the appropriate changes which are outlined above to ensure that you are working appropriately and realising the benefits which have been negotiated through these contract changes.

GPC will continue to monitor the implementation of the contract, and keep you advised of the changes which you need to make, and will also keep you regularly updated on the progress of our talks with NHSE and the Department of Health to address the wider crisis in general practice.