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Briefing on 2016/17 Contract changes

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Contract Uplift and Expenses

NHS Employers and the British Medical Association’s General Practitioners Committee (GPC) announced changes to the GMS contract in England for 2016/17 on 19 February 2016.

The GPC has negotiated an investment of £220 million into the GP Contract for 2016/17, representing an approximately 3.2% overall uplift, the largest for some years. This includes an absolute 1% increase in contract value, but, additionally, contributions towards the rising costs of medical indemnity, national insurance and superannuation, CQC fees, and utility and other costs. The 1% uplift will be subject to the current 5.34% OOHS deduction, but the monies supporting expenses reimbursements and the retired Dementia DES will not.

Vaccinations and Immunisations

The current item of service fee paid for all immunisations and vaccinations will rise from £7.64 to £9.80, an increase of 28%.

All other immunisation programmes remain the same, except:

The catch-up element of the Meningococcal B programme, and the delivery of paracetamol, are being withdrawn;

The infant dose of MenC will be withdrawn from the Childhood Immunisation Programme from April 2016;

The Men ACWY programme is to be extended to allow for the opportunistic vaccination of non-fresher 19-25 year olds.

QOF (Quality and Outcomes Framework)

There are no changes at all to QOF in terms of indicators or thresholds for 2016/17. The QOF point value in 2016/17 will be £165.18. This is not a real uplift because it is offset by the increase in the Contractor Population Index (CPI) as a result of population growth and average practice list size.

DES (Direct Enhanced Services)

The Dementia DES will end in March 2016 and the associated funding (approximately £42 million) will be transferred to the Global Sum (and GSE) without the out-of-hours deduction being applied.

Dementia diagnosis rates will continue to be monitored, as this remains an important political and health priority within England.

All other DESs, including the Extended Hours DES, will continue for a further year with no change in specification or funding.

This includes the Avoiding Unplanned Admissions (AUA) DES, about which there are considerable concerns over the bureaucratic burden it represents, together with its usefulness. Although GPC would have liked to negotiate the end of this DES for 2016/17, and was unsuccessful in this, there is a commitment to discuss this outcome with NHS Employers for 2017/18.

Access Survey

General Practices will have to provide six monthly data on the availability for their registered patients of routine evening and weekend GP appointments locally. This will include appointments available at sites other than the practice itself, and there is no requirement for practices to offer such appointments unless via other contractual means, such as the Extended Hours DES. The exact form of this data return is to be agreed. This constitutes the only new workload for practices within the 2016/17 agreement.

PMS Practices

As in previous years, although these national negotiations technically relate to the GMS Contract, NHS England is committed to an equal uplift to the PMS Contract baseline (Global Sum Equivalent) and that the implementation of the QOF, DES, and other contract changes via the Statement of Financial Entitlement (SFE) will also apply to PMS contractors.

NHS England and GPC have agreed the following will be aspired to or discussed during 2016/17.

Information Technology:

There is a tranche of non-contractual commitments in relation to the GP Systems of Choice (GPSoC) process under which primary care IT is delivered:

GP2GP compliant practices should continue to use this process. NHS England has agreed to amend the GMS Regulations so that NHS England's permission to not print out records, in the context of a successful GP2GP record transfer, is no longer required;

To aim for at least 80% of repeat prescriptions to be transmitted electronically by EPS Release 2 by March 2017;
To aim for at least 10% of registered patients to be using one or more on-line services by March 2017;
From April 2016, GP practices will be required to be able to receive all discharge summaries and subsequent post-event messages electronically (sadly there is no contractual commitment to the quality of the content of these);
NHS England and GPC will jointly develop a template data-sharing agreement, to facilitate local information sharing between agencies/providers;
NHS England and GPC will consider ways in which GP practices can be resourced to offer patients the opportunity to add additional information to their Summary Care Record (SCR);
Practices will receive guidance on signposting the availability of apps approved through GPSoC to all patients to book on-line appointments, order repeat prescriptions, and access their GP record;
Practices will be encouraged to provide patients with on-line access to clinical correspondence, such as discharge summaries, outpatient letters and referral letters, if clinically appropriate;
Practices will also be encouraged to use electronic referrals, with 80% of referrals made through the NHS e-Referral Service by 31 March 2017;
NHS England and GPC will promote the completion of the Health and Social Care Information Centre (HSCIC) information governance toolkit.

Named GP
NHS England wish to discuss how meaningful and appropriate data relating to the named accountable GP can be made available at a practice level via automatic extraction.
Extraction of former QOF and Enhanced Services data
As QOF indicators (and Direct Enhanced Services) have been retired, there has been pressure on practices to continue to allow extraction of such data under the HSCIC Indicators no longer in QOF (INLIQ) service. The 2016/17 agreement encourages practices to make this data available.
Locum GP Indicative Rates
In keeping with NHS England's efforts to reduce secondary care agency costs for locums, NHS England will set 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 facilitate annual recording of the number of instances where a practice pays a locum doctor more than the maximum indicative rate.
Access to Healthcare
NHS England and the Department of Health apparently wish to develop arrangements for identifying patients who have an European Health Insurance Card (EHIC) and S1 and S2 forms, the latter relate to EU arrangements for pensioners and EEA residents respectively. It is unclear how this scheme will operate, but clearly the GPC will work to avoid this process being an unresourced administrative burden for practices. These proposals should be seen in the context of the current DH consultations on charges for overseas visitors and migrants to access primary care services.
What next?
With its minimum disruption and increased price, the 2016/17 GP Contract Agreement, is a small step in the right direction. It is clearly not a solution to the challenges facing general practice and it is not designed to be.
Both the Department of Health and NHS England have promised further supportive change this year. There is a commitment to a national strategy to reduce bureaucracy and manage demand on GP services.
It is likely that during 2016/17 an 'alternative GP Contract' will be negotiated ending QOF and the AUA DES. However, any contractual offer is likely to "sit above" the current National GMS Contract.
But don’t forget…………….
On the issue of contracts: a reminder of other April 2016 contractual deadlines from last year:
Patient Online
We must remind practices that they are expected to allow patients access to their coded data within the GP record by 31 March 2016. This is a contractual requirement and builds on patient access to the summary record which was switched on last year.
Please note that you are only expected to offer this service to patients who request it and only if your practice clinical system supplier provides access. EMIS and TPP functionality is available now, Vision have stated that functionality will be available from late February. See our guidance in our December 2015 LMC newsletter and our March 2016 LMC newsletter.
Declaration of average earnings
It is a contract requirement for practices to publish average GP earnings relating to the 2014/15 financial year (this includes GP partners, salaried GPs, and contractors) on your practice website by 31 March 2016. See our guidance on: https://www.lmc.org.uk/article.php?group_id=13224
Accountable GP
By the end of March 2016, the practice must confirm on their website that every patient has a named GP. If a practice already operates a personal list and patients are familiar with having a personal GP, there is no need to inform patients again. However, it will still be necessary to ensure that confirmation is provided on the website. Practices are required to use the new code 'Informing patient of named accountable general practitioner’.
There is no requirement to write to any patients regarding their named GP, but practices are required to inform patients of their named GP at the next

appropriate interaction. Practices can decide what is appropriate, in line with the 2014-2015 contract changes. However, it should be noted that patients aged 75 years or over must still be notified by the most appropriate means either by letter or the next routine consultation.

We have produced a practical poster which can be displayed in your waiting room to advise patients. You can download it here.

Acknowledgement:

This briefing was written by Dr Julie Sharman using information from Dr Julius Parker, CEO of Surrey and Sussex LMCs.