



## 2016/17 contract changes reminder

This page is a reminder the headline changes to the 2016/17 GP contract. A longer briefing was circulated in March before the contract came into effect, if you would like a more detailed summary.

### Contract Uplift and Expenses

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 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The catch-up element of the Meningococcal B programme and the delivery of paracetamol are being withdrawn.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 Men. C will be withdrawn from the Childhood Immunisation Programme from April 2016.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

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; it simply takes into account the changes in Contractor Population Index (CPI) as a result of the growth in average practice list size and also the overall population.

### Direct Enhanced Services

The Dementia Direct Enhanced Services (DES) will end on March 2016 and the associated funding (approximately £42 million) will be transferred to 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 will continue, including the Extended Hours DES for a further year, with no change in specification or funding.

This includes the AUA (Avoiding Unplanned Admissions) 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

Each practice will have to provide six monthly data on the local availability of routine evening and weekend GP appointments for their registered patients. 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.

### Extraction of Former QOF and Enhanced Services data

As QOF indicators (and DESs) 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.