Londonwide LMCs
The professional voice of London general practice

2017/18 GP contract

The key elements of the new contract agreement are as follows, full details can be found on the BMA website:
Direct Enhanced Services
The Avoiding Unplanned Admissions (AUA) DES is ceasing from 31st March 2017 and the funding associated with this, £156.7 million is being transferred to the Global Sum.
Further guidance will be issued, but from 1 July 2017 GP practices will be asked to identify those patients over 65 who have either moderate or severe frailty, using an appropriate clinical tool. Of those patients with severe frailty, which in an average practice will be a significantly smaller percentage than the AUA’s 2% cohort, an automatic data extraction will identify coded information on:

the number of patients recorded with a diagnosis of severe frailty,
the number of such patients who have had an annual medication review,
the number of such patients recorded as having had a fall in the previous year,
the number of such patients who have consented to activate their enriched Summary Care Record (SCR), which practices will be asked to promote amongst this cohort, and
and the number of patients with a diagnosis of moderate frailty.

It is important to note there are no additional reports to create or submit, and no claims to make, in relation to the identification and management of such patients, and there are no threshold expectations in terms of the extracted data.
There are no changes to other current DES specifications, which will roll over into 2017/18. There is a change in practice eligibility for the Extended Hours DES from 1 October 2017 (see below). The payment for the Learning Disability DES health check will rise from £116 to £140.
QOF
There will be no changes to QOF indicators or thresholds, or to the total number of points
(559) for 2017/18. The Contractor Population Index (CPI) will be adjusted to take into account the increase in the overall population in England and average practice list size, thereby resulting in an increase in the value of the QOF point.
Expenses outside of the Global Sum
Two key expenses reimbursements have been agreed:

CQC Fees: Practices will receive full reimbursement of their 2017/18 CQC fees on submission of a paid invoice to NHS England or local CCG. This will be a direct reimbursement and paid outside of the Global Sum.
Indemnity Costs: For 2017/18 all practices will receive an unweighted capitation based reimbursement (that is, outside the Carr-Hill Formula) of the average rise this year of indemnity insurance costs. This is estimated at £30 million across England. This will be paid regardless of the indemnity fee payment arrangements currently existing within practices. It is not a direct reimbursement, and thus will not adjust for individual based variation in indemnity costs. This reimbursement is practice based, though paid outside of the Global Sum.

Global Sum
The Global Sum will be adjusted to include the following expenses reimbursements:

£2 million to support practices in relation to workload associated with the transport and labelling of patient records.
£3.8 million to reimburse practices' expenses associated with the 0.08% increase in NHS pension costs from April2017.
£1.5 million to reimburse practices for completing the annual workload census, which was in fact being undertaken by most practices but which will now be mandatory.
£5 million to reimburse for administrative expenses associated with the 'Access to Healthcare' changes noted below.

The final change in the Global Sum is from £80.59 to £85.35, an increase of £4.76.

SFE Sickness and Maternity Reimbursement

Sickness cover reimbursement: From April 2017 payment of sickness reimbursement is no longer discretionary, the qualifying eligibility relating to list size ceases, and existing GPs within a practice, who are currently working less than full-time are able to 'step-up' temporarily, rather than there being a requirement to engage an external locum. The maximum amount payable is rising to £1,734.18 per week, the same as for maternity reimbursement, with payment being made following two weeks of sick leave.

There are no medical exclusion criteria that apply to this scheme so as well as improving the scheme, all these changes should reduce the costs of both individual and practice sickness insurance policy costs.

Maternity cover reimbursement: Following the enhancements to the scheme in 2015/16, the pro-rata element has now been removed and NHS England has agreed this will be generally applicable and the SFE Statement of Financial Entitlements will be amended.

Extended Hours DES and core opening hours

NHS England has decided that practices that recurrently close for a half-day during the week should not ordinarily be eligible for payments to increase the number of appointments made under the Extended Hours DES. This criterion will be introduced on 1 October 2017. It will not apply to closing for staff training or local educational events (for example organised by CCGs). In normal circumstances, it does not apply to branch surgeries if a main site is open and accessible.

There are three main issues for practices who currently close regularly for a half-day each week to consider:

Whether they would prefer to open in order to retain eligibility for the Extended Hours DES; there is no requirement to offer the DES, and individual practice circumstances may mean that not continuing the Extended Hours service is the best option.

however, there is a facility within the DES to offer this jointly across one or more practices; for some practices this may be an option worth considering.

the guidance uses the term "ordinarily" as there may be circumstances, in which small rural or isolated practices, or practices with an unusual demographic, where the Extended Hours DES may continue to be appropriately offered despite a weekly half-day closure.

The delayed implementation until 1 October 2017 is to allow such practices to decide what to do; your LMC should be consulted by commissioners, either CCG or NHS England.

Access to healthcare

The GMS1 new registration form is to be revised to allow patients to self-declare if they do not hold a non-UK issued EHIC or an S1 form. NHS England will provide practices with hard copy leaflets which explain the entitlement rules for overseas patients accessing NHS services in England. Practices should manually record the same information in the patients' medical record and then either email or post a copy of the completed GMS1 forms to NHS England. These are the only administrative requirements for practices. GP system suppliers are being asked to develop an automated process as soon as possible, and then an alternative data collection process can be agreed.

Pre-release registration of prisoners

From 1 July 2017, there will be a change in the Regulations to allow prisoners to register at an appropriate practice prior to their release from prison, to facilitate a timelier transfer of information from prison to GP practices.

Data collection

National Diabetes Audit (NDA): Most practices already participate in this but from July 2017 the relevant data extraction will be contractually required.

Vaccinations and immunisation

There are several detailed changes to the current schedules:

Childhood seasonal influenza; four year olds are being transferred to the schools’ programme.

Seasonal influenza; the morbidly obese are being included as an at-risk cohort, with £6.2 million being made available to fund this programme extension.

Pertussis in pregnant women; eligibility will be reduced from 20 to 16 weeks.

MenACWY programme; a reduction in eligibility from "up to 26th birthday" to "up to 25th birthday”.

Shingles (routine) a change in eligibility from 1 September of the relevant year to age 70

Shingles (catch up) a change in eligibility from 1 September of the relevant year to age 78

The following programmes are unchanged:

Hepatitis B (New born)

HPV (girls)

MMR 16 years and over

Meningococcal B

Pneumococcal

GP Retention Scheme

There are significant changes being agreed to the GP retainer scheme, however, those retainers on the 2016 Scheme will remain on this until 30 June 2019, when they will default to the revised scheme.

Non-contractual IT

The contract agreement states a number of arrangements will be promoted. Many of these develop 2015/16 priorities and include:

Aim to increase current uptake of electronic repeat prescriptions to 25%.

Aim to increase uptake of electronic referrals to 90% where this is enabled by secondary care.

Aim to increase patient use of on-line services to 20%.

Thanks to Surrey and Sussex LMCs for allowing us to borrow from their summary of the new contract.