

## Important changes to the GP contract on 1 April 2015

Dear colleague,

As you know, the new GP contract changes take effect on 1 April 2015.

This year's changes are fewer than in previous years to aim to provide some stability, as well as having reduced areas of bureaucracy to increase core funding. I've highlighted some of the key changes below, which you should be aware of and implement in your practices. Please do also familiarise yourself with these changes to manage your workload effectively by visiting our [website](#).

**1. Core contract payments.** These payments will increase this year (global sum by 3 per cent) to reflect negotiated contract changes and the Government's acceptance of the Doctors and Dentists Review Body recommendation for contractor GPs. You can find details on our [website](#).

**2. Alcohol Directed Enhanced Service (DES). This has ceased,** and this resource has been put into core funding. Therefore staff do not need to record data for the purposes of claims, though they will need to continue to code information appropriately.

**3. Practice participation DES. This has ceased,** and the resource transferred into core funding. Practices have an obligation to have a PPG in place, but there are few prescriptive requirements and it will not require the previous reporting arrangements.

**4. Maternity and paternity cover. Payments to cover maternity, paternity and adoption leave are no longer discretionary.** All practices will be entitled to reimbursement of the cost of GP locum cover for maternity, paternity or adoption leave of £1,113.74 for the first two weeks and £1,734.18 thereafter for up to 20 weeks or the actual costs, whichever is the lower. This reimbursement will cover external locums and **for the first time will now also cover sessions provided by existing GPs** within the practice who do not already work full time. This is a **major improvement for practices**.

**5. Named GP for all patients.** This is a **far simpler process** than the provision of named GP to over 75-year-olds. There is no need to write to patients, or to contact them specifically for this purpose. Practices are free to determine how best to inform their patients. This could for example, happen at the first appropriate interaction with the practice. By 31 March 2016 practices will need to include on their website reference to the fact that all patients have been allocated a named GP.

**6. Changes to QOF.** There are **several positive changes to QOF** this year:

- the CKD clinical indicators have all ceased, except for the requirement to have a CKD register

- the CHD indicator for quadruple therapy has ceased
- increased weighting of points for doing dementia reviews
- the CHD AF indicator has been amended with increased weighting to measure use of warfarin to reflect current management guidelines

The **pound per point value of QOF will increase** this year to reflect population growth and relative changes in practice list size.

**7. Avoiding unplanned admissions enhanced service.** This enhanced service has been made **far simpler and shorter in terms of reporting requirements.**

- The reporting template is less than half the size of the 2014-15 version and focuses on self-declaration rather than the time-consuming collation of evidence
- The **reporting intervals have been reduced** to twice yearly in October 15 and April 2016. This will reduce the number of care plans required to be done over a year.
- **Care plans for patients who have died or moved out of the area can now count towards the practice total for the six month period**, practices should keep a record of this as it will need to be manually uploaded in the reporting for September and March.
- Patients on the current register will require one review in 2015/16 to qualify for payment
- Subject to the outcome of a feasibility study, practices may be required to survey patients on the case management register. In the event the survey does go ahead, additional funding will be available.

**8. Publication of GP net earnings.** By the end of March 2016 practices will need to publish on their website the mean earnings for all GPs in their practice relating to 2014/15 (total earnings divided by number of GPs). Guidance is available on our [website](#). Earnings are not attributed to named individuals.

**9. IT requirements.** There are a number of minimum IT requirements practices must fulfil with a defined timescale. Read about them [here](#). Practices have until 31 March 2016 to make available patient online record access. It is important that practice clinical system has the requisite functionality to meet the requirements of the GP contract. This is not yet in place, and we shall provide you with guidance when this has been achieved.

**10. Assurance of out of hours provision.** From 1 April, practices who have not opted out of providing out of hours care will be required to ensure that information is provided to the CCG to allow quality assurance. Your out of hours organisation should provide this information working with the CCG.

**11. Armed forces health requirements.** From 1 April, GMS regulations will allow for a serving member of the armed forces, who has received written authorisation, to register with a GP practice in the area they live or work for a period of up to two years.

**12. Changes to vaccinations and immunisations.** A number of changes have been agreed to the vaccination and immunisation programmes. You can find details on our [website](#).

With best wishes,

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