2015/16 GP Contract - Key Contract Changes

Named GP for all patients
The named GP requirement will be extended to all patients. By 31 March 2016 all practices will need to include on their website reference to the fact that all patients (including children) have been allocated a named, accountable GP. This will be a contractual requirement and builds on the 2014/15 agreement to provide a named & accountable GP for over 75s.
Practices should inform patients at the first appropriate interaction with the practice that they have the option to have a named accountable GP. It is for the practice to decide when this is appropriate and there is no requirement to write to patients to inform them.
If a patient expresses a preference as to which GP they wish to be assigned, the practice must make reasonable effort to accommodate this request. The named GP can be a partner or salaried GP.
The named accountable GP's role will be to take responsibility for the co-ordination of all appropriate services required under the contract and ensure they are delivered to each of their patients where required (based on the clinical judgement of the named accountable GP).
For patients aged 75 and over, as required by the 2014/15 GMS contract agreement, the named accountable GP will:

- work with relevant associated health and social care professionals to deliver a multi-disciplinary care package that meets the needs of the patient
- ensure that these patients have access to a health check as set out in section 7.9 of the GMS Contract Regulations.

Patients' online access to medical records
Patient online access to their medical record will be widened in 2015/16, but some flexibility for practices in how this is implemented has been negotiated. In 2014/15, the GMS contract required practices to provide online access to summary information i.e. medications, allergies, adverse reactions and any other items of data agreed between the patient and practice.
In 2015/16, practices will be required to also offer online access to all detailed information, where requested by a patient, i.e. information that is held in a coded form within the patient's medical record. GP software will be configured to offer all coded data by default but GPs will have the option and configuration tools to withhold coded information where they judge it to be in the patient's interests or where there is reference to a third party.
Free text within the record can also be withheld and where free text is currently embedded within coded information, technical amendments will be made to GP software, through the GPSoC contract, to allow coded information to be separated from free text to allow GPs to withhold free text whilst still meeting the contractual obligation to provide coded information.
Systems will be put in place or updated through GP Systems of Choice (GPSoC) to ensure that the above is possible.

Online appointment booking
NHS Employers and the GPC have agreed that the contract will be amended to expand the number of appointments booked online and to ensure that there is appropriate availability of appointments for online booking.

Assurance of Out of Hours provision
From 1 April 2015, practices who have not opted out of providing out of hours care to provide information to the CCG to allow the CCG to ensure that the service provider is delivering its out of hours care in line with the National Quality Requirements.
In practice this means that the provider of the OOH service (rather than the practice, unless they are actually providing the service) should provide the same reporting to the CCG as other OOH providers.

QOF
Stability in the QOF has been negotiated, with no change to the size of QOF in 2015/16. The value of a QOF point will be adjusted in 2015/16 taking account of population growth and relative changes in practice list size for one year from 1 January 2014. There will be no changes to QOF thresholds in 2015/16. Discussions between GPC, NHS Employers and NHS England are ongoing about the possibility of minor changes within the existing QOF envelope.

Minor Surgery
The GPC will be working with NHS Employers and NHS England to establish a consistent set of standards which commissioners (area teams or CCGs on their behalf) will apply for the provision of enhanced minor surgery services.
This will ensure that area teams or CCGs cannot introduce their own additional requirements for the enhanced service as has been happening recently in some areas of England.

Armed forces
The GMS Regulations will be amended to allow for armed forces personnel within a specified cohort to be registered with a GP practice for longer than three months and up to a maximum of two years.
Defence Medical Services will retain responsibility for meeting occupational health needs, but the individual's primary care needs would be delivered through registration for NHS primary medical care services with a GP practice. These patients will need to have received the explicit authorisation of Defence Primary Health Care in order to register. A summary of the patient's medical records will need to be shared with the GP practice.
Any armed forces personnel registered with a GP practice under these amended arrangements will be funded as a fully registered patient during the time of their registration.

Maternity and paternity cover
Payments to cover maternity, paternity and adoption leave will no longer be discretionary, which will provide more financial certainty for both practices and the GPs engaged to provide this cover, and greater flexibility for practices.
All practices will be entitled to reimbursement of the cost of GP locum cover for maternity/ paternity/adoption leave of £1,113.74 for the first two weeks and £1,734.18 thereafter or the actual costs, whichever is the lower.
This reimbursement will cover both external locums and cover provided by existing GPs within the practice who do not already work full time.

Avoiding Unplanned Admissions
Changes have been made to the avoiding unplanned admissions (AUA) enhanced service to allow practices to focus their time on the patients this enhanced service is intended to help. The service will be extended for a further year from 1 April 2015, but with the following changes:

- The reporting template has been significantly cut to less than half its previous size with a simple self-declaration and recommendations to the CCG:
- Reporting will be reduced to bi-annual, on the 30 September 2015 and 31 March 2016 rather than the four reporting points for 2014/15
- There will be 3 rather than 5 payment components, with 46% in an initial payment, with two payments of 27% attached to the reporting dates
- Patients who have had a care plan produced, but have died or moved practices prior to the two reporting dates will still count towards in the two per cent reporting requirement
- the introduction of a patient survey (with national funding of £500k) subject to the outcome of a feasibility study
- patients on the register from the previous year will not require a new care plan, but will require at least one care review during the year.

These changes are set out in the updated service specification.

Patient participation
The patient participation enhanced service will cease on 31 March 2015 and the associated funding will be reinvested in global sum with no out of hours deduction being applied. This change follows feedback from practices that excessive monitoring and reporting has detracted from the purpose of patient participation.
From 1 April 2015, it will be a contractual requirement for all practices to have a patient participation group (PPG) and to make reasonable efforts for this to be representative of the practice population. Having a PPG is already the norm for most practices and is expected for CQC inspection. The practice must engage with the PPG including obtaining patient feedback and, where the practice and PPG agree, will act on suggestions for improvement. Practices

will be required to confirm through the e-declaration that they have fulfilled these requirements. The change will reduce practices' workload as reporting requirements will be withdrawn.
The practice PPG will need to enable the involvement of carers of registered patients but who themselves are not registered patients.

Alcohol enhanced service
The alcohol enhanced service will cease on 31 March 2015 and the associated funding will be reinvested in global sum with no out of hours deduction being applied.
From 1 April 2015 it will be a contractual requirement for all practices to identify newly registered patients aged 16 or over who are drinking alcohol at increased or higher risk levels. Once identified, practices will:

- provide advice, lifestyle counselling and offer to refer to specialist services as clinically appropriate
- assess and screen patients for anxiety and or depression and offer advice and treatment as clinically appropriate.

Practices will continue to code the information appropriately and NHS England will continue to extract data. These changes will reduce annual reporting, as funding will be embedded in core practice funding without having to be claimed by the practice.

Publication of GP earnings
It will be a contractual requirement for practices to publish on their practice websites by 31 March 2016 mean net earnings that relate to the GMS contract for GPs in their practice (contractor and salaried GPs) relating to 2014/15. There will be no requirement to publish individual named incomes.
This will include earnings from NHS England, CCGs and local authorities (for the provision of public health services) for the provision of GP services that relate to the contract or which have been nationally determined (i.e. those that would have previously been commissioned by PCTs following direction by NHS England or the Department of Health).
Costs relating to premises will not be included.
Alongside the mean figure, practices will publish the number of full and part time GPs associated with the published figure.
Earnings for General Dental Practitioners will be published to the same timetable.

Seniority
As part of the 2014/15 GMS contract agreement, NHS Employers and the GPC agreed that seniority payments will cease on 31 March 2020 and that there would be a 15% reduction in seniority payments year on year.
It was also agreed that from 1 April 2014 there would be no new entrants to the scheme. Those GPs in receipt of seniority payments on 31 March 2014 will continue to receive payments and progress as currently set out in the SFE during the phasing out process.
A retrospective mechanism for achieving the 15% reduction has now been agreed. Where the rate of retirement in one year does not amount to 15% of the total remaining seniority funding, the pot (and therefore seniority payments for those still in receipt) will be reduced by the remaining amount. Retrospective adjustments will be made to ensure that when this money is transferred into global sum, no money that would have been received by the profession is lost. All of the money that would have been paid in seniority will be received by the profession via core funding.
The agreed mechanism will mean that changes to seniority payment will commence part-way through 2015/16.

Other non-contract changes
GPC have also reached agreement on the following, which do not form part of contractual changes, but represent agreements between GPC and NHS England:

PMS reviews
GPC has been successful in securing a commitment from NHS England that all current PMS monies will be reinvested in general practice services, subsequent to PMS practice reviews. This is a significant agreement, given that there has always been the risk and concern of PMS monies being used for non-GP purposes.

GP premises
GPC have secured agreement with NHS England to establish a working group to explore a strategy for the development of GP premises and primary care estate. This has been a much neglected area since the 2004 contract, which has in effect fossilised the state of GP buildings for most practices.

Workforce
NHS England has agreed to work with GPC to explore timely solutions to workforce issues, specifically around:

- the retainer and returner scheme
- the flexible careers scheme
- recruitment problems that are affecting specific areas (e.g. remote and rural areas).

Promoting use of IT

- Improving the offer of electronic transmission of prescriptions – NHS Employers and GPC have agreed to promote that 60% of practices will be expected to be transmitting prescriptions electronically using EPS Release 2 by 31 March 2016.
- Offer patients secure electronic communication with practice - GPC and NHS England will jointly promote the use of new technology, where it would bring benefits to both GP practices and patients.
- Electronic referrals- to promote that 80% of elective referrals will be made electronically using the NHS E-referral system by 31 March 2016.
- Information governance – actively promote the completion of the HSCIC information governance toolkit including adherence to the requirements outlined within it.

It is recognised that to achieve this will require strong leadership and enablement by NHS England, CCGs, provider organisations and HSCIC.