

## Important Message to all GPs in England on changes to the GP contract for 2017/18, from the Chair of the GPC, Dr Chaand Nagpaul

Dear Colleague,

I am writing to let you know that the BMA GPs committee (GPC) England has concluded negotiations and reached agreement with NHS Employers on changes to the GP contract for 2017/18.

In line with policy from the 2016 LMC conference, the views of GPs including through our [survey of the profession](#), our aim in these contract negotiations has been to:

- provide stability to GMS/PMS contracts where possible
- secure much needed funding to address GP practice expenses and increase core resources
- tackle unnecessary bureaucratic workload, which takes vital time away from clinical care for our patients.

We have fought hard for changes which we believe offer significant improvements to the contract and will benefit and better support GPs and practice teams

While we welcome the positives secured in this agreement, the crisis facing general practice cannot be solved by such contractual revisions alone, and which is largely a result of wider pressures *outside* our contract - with soaring demand, a critical shortage of GPs, inadequate NHS funding, excessive regulatory and bureaucratic burdens, and unresourced and inappropriate workload shift.

We have therefore been in parallel discussions with NHS England and the Department of Health on tackling these wider issues, through ensuring that NHS England honours its commitments in the [General Practice Forward View](#), as well as those we are taking forward through our [Urgent Prescription](#).

## GMS contract changes for 2017/18

GPC England has overwhelmingly voted to accept the negotiated contract changes for 2017/18. A summary of the main agreed changes are as follows (for further details please visit our GP contract web page).

### Avoiding Unplanned Admissions (AUA) directed enhanced service

We have negotiated that the **AUA DES will be discontinued on 31 March 2017** and that **£156.7 million will be added to the global sum**. There will instead be a focus in the contract on managing patients identified as living with severe frailty, and will rely on clinical judgement. This money will be in practices' core budgets – **there are no claim forms or reports to complete**.

### CQC fees

We have secured, for the first time, **full reimbursement of practices' total CQC fees**. Although the GP Forward View suggested compensating practices for future CQC fee increases, we have gone further and negotiated that the **entire** CQC practice fee will be reimbursed for 2017-18. This means that CQCs recently announced exorbitant fees rises will not impact on practices, since the total CQC cost will be paid for by NHS England

### Indemnity fee rises

We have also secured **£30m to cover the rises this year in indemnity cover costs** relating to GMS services, and has been based on information provided by medical defence organisations. This will be paid to practices on a per patient basis, and will **not** be weighted. As this funding will be paid direct to practices, GPC is clear that GP partners should ensure that the appropriate amount of funding reaches their salaried GP colleagues. Locum GPs will need to ensure that their invoices/agreements with practices are uplifted appropriately to take account of this business expense if not doing so already.

### Expenses and pay uplift

We have agreed funding of expenses that should deliver a **pay uplift of 1%**, to be added to global sum. This includes £2m recurrently to account for increased practice workload relating to records transfer by **primary care support services provided by Capita**; £3.8 million to recognise **increased superannuation costs of 0.08%** as a result of changes to the NHS pension scheme from April 2017 and £1.5m to pay for completion of the **workforce census**, which most practices are already doing with no recompense, and which will now form part of the contract

### Sickness reimbursement

We have negotiated significant important improvements to **GP sickness cover reimbursement**. This will no longer be a discretionary payment, but a practice entitlement. The qualifying criteria based on list size, which often prevents a practice from being able to claim a payment to cover locum costs, has been removed. Payments will be made after 2 weeks of a GP being absent from the practice due to sick leave. As part of our agreement, existing GPs within the practice can now be used to cover sickness, mirroring existing maternity cover arrangements. The amount payable for sickness cover has also been uplifted to £1734.18 per week in line with current maternity cover arrangements. This reimbursement should reduce out of pocket locum expenses and the level of locum insurance cover needed, as well as enable practices to offer better sickness absence terms to salaried GPs.

**Maternity payments** will no longer be subject to a pro-rata reimbursement. In order to secure the payment, practices will need only to submit an invoice and either the full amount or maximum payable will be paid

#### **Learning disabilities DES**

We have negotiated that the sum paid per health check in the Learning Disabilities DES will increase from **£116 to £140**. This better recognises the work involved and will hopefully facilitate an increased uptake in the number of medicals done.

#### **Extended hours DES**

Following the publication of the recent National Audit Office report, NHS England made clear its intention to address instances where practices are closing for half-days on a weekly basis and are also being paid under the Extended Hours DES to offer additional appointments. New conditions will therefore be introduced which will mean that practices who regularly close for a half day, on a weekly basis, will not ordinarily qualify to deliver the ES (there are provision for exceptions such as some branch sites). We have secured that **no changes will be made to the qualifying criteria of the DES until October 2017** to allow any affected practices time to make appropriate arrangements.

#### **Access to healthcare**

As part of the agreement last year to take this work forward, we have now agreed with NHS Employers contractual changes that help to identify patients with a non-UK issued EHC (European Health Insurance Card) or S1 form. This is for the purposes to assist the NHS reclaiming fees for hospital treatment from the country of origin with which the UK has reciprocal arrangements - **patients themselves will not be charged. £5 million will be added to global sum recurrently** to support any associated administrative workload. New patients will be asked to **self-declare** whether they hold either a non-UK issued EHC or a S1 form on a revised GMS1 form, and this information will be recorded in the patient's medical record, and a copy of the form and supplementary questions for such patients will be sent to NHS Digital.

**GP retainer scheme.** We have negotiated significant improvements to the GP retainer scheme. A new scheme has been agreed to replace the existing one with greater funding, and with a number of key changes.

Other changes in the contract agreement for 2017-18 can be found on the BMA website:

- NDA (national diabetes audit) data extraction
- Data collection of retired QOF indicators and enhanced services
- Registration of prisoners
- Vaccinations and immunisations
- QOF (Quality and Outcomes Framework)
- GMS digital (these are non-contractual)

#### **Further work**

GPC and NHS England have committed to take forward discussions in the coming months on a national programme of self-care and appropriate use of GP services and information sharing between practices.

**Next steps**

We believe that these contract changes deliver tangible improvements in a number of vital areas that will benefit practices from greater core resources, reimbursement of expenses and a reduction in bureaucratic workload. We are now working on detailed guidance with NHS Employers, to provide more detail about some of these areas.

As stated earlier, GPC is fully aware that the above agreement will not in itself solve the wider pressures faced by general practice. Having concluded these negotiated changes, GPC will focus on securing from NHS England the delivery of the commitments in the [General Practice Forward View as well as in our Urgent Prescription proposals](#) – to help stabilise general practice, as well as ensuring its sustainability to meet future demands.

With best wishes

A handwritten signature in black ink, appearing to read 'Chaand Nagpaul', written in a cursive style.

**Dr Chaand Nagpaul**  
BMA GPs committee, chair