

Summary of 2014/15 GMS Contract negotiations

This note sets out a summary of the key changes to the GMS (General Medical Services) contract in England for 2014/15. These changes have been agreed between NHS Employers, on behalf of NHS England, and the General Practitioners Committee (GPC) of the BMA. More details can be found at www.nhsemployers.org/gms

Avoiding unplanned admissions and proactive case management

The introduction of a new enhanced service for 2014/15 for one year to put in place arrangements that improve services for patients with complex health and care needs, who may be at high risk of unplanned admission to hospital. In particular, the aim is to:

- case manage vulnerable patients (both those with physical and mental health conditions) proactively through developing, sharing and regularly reviewing personalised care plans, including identifying a named accountable GP and care coordinator
- provide timely telephone access, via ex-directory or bypass number, to relevant clinicians and providers to support decisions relating to hospital transfers or admissions, in order to reduce avoidable hospital admissions or A&E attendances
- improve access to telephone or, where required, consultation appointments for patients identified in this service
- work with hospitals to review and improve discharge processes, sharing relevant information and whole system commissioning action points to help inform commissioning decisions.
- undertake internal reviews of unplanned admissions/readmissions.

The Enhanced Service will be funded using the funding from the QP scheme in QOF (100 points) and the funding from the Risk Profiling Enhanced Service (£42m).

QOF

It has been agreed that 341 points from QOF be retired. 238 of these points will be reinvested into core funding of General Practice. The remaining 103 points will be reinvested elsewhere in the contract with 100 points used to fund the new Enhanced Service (ES) for Avoiding Unplanned

Admissions and Proactive Case Management and 3 points to fund improvements in the Learning Disabilities Enhanced Service.

It has been agreed that the planned changes in thresholds in QOF from April 2014 will be deferred for a year.

The retirement of indicators from QOF will reduce bureaucracy, allow GPs and practice staff more time to focus on the needs of individual patients and avoid unnecessary annual recall and testing of patients. GPs will use their professional judgement and continue to treat patients in accordance with best practice guidelines.

Seniority

It has been agreed that seniority payments will cease on 31 March 2020. In the meantime, those in receipt of payments on 31 March 2014 will continue to receive payments and progress as currently but there will be no new entrants from 1 April 2014. It is intended that there will be a 15% reduction in spend each year. Any money released will be reinvested into core funding.

Other changes

Named GP for patients aged 75 and over – as part of the commitment to more personalised care for more patients with long term conditions all patients aged 75 and over will have a named accountable GP.

Quality of out of hours services – practices who have opted out of Out of Hours services will have to monitor the quality of those services and report any concerns they may have.

Publication of GP earnings – All practices will publish GP NHS net earnings in 2015/2016.

Friends and Family Test – it will be a contractual requirement for practices to undertake the Friends and Family Test from December 2014.

Choice of GP practice – from October 2014, all GP practices will be able to register patients from outside their traditional practice boundary areas without any obligation to provide home visits for such patients. NHS England will be responsible for arranging in-hours urgent medical care when needed at or near home for patients who register with a practice away from home.

Patients needing access to a practice clinician after assessment – where a patient has been assessed as needing contact with a practice clinician, the practice will ensure that when the patient contacts the practice, a practice clinician will agree appropriate next steps having regard to the patient's condition and circumstances.

CQC inspections – when the CQC's new inspection arrangements are introduced, practices will be required to display the inspection outcome in their waiting room(s) and on the practice website.

Deprivation – work is continuing to strengthen the weighting of Deprivation in the GP funding formula to be implemented from April 2015.

Patients and information - During 2014/15 all practices will:

- Use the NHS Number in all clinical correspondence
- Provide the ability for all patients to book appointments online

- Allow all patients to order repeat prescriptions online
- Update the Summary Care Record daily
- Transfer patient records using the “GP2GP” facility
- Allow patients to access online the data contained in their Summary Care Record.

Enhanced Services

- The **Patient Participation** scheme will continue for another year with the requirement to carry out a local survey removed due to the introduction of the Friends and Family Test.
- The **Extended Hours Access** scheme is extended for another year with a number of flexibilities included to allow practices to work together to provide the most appropriate service for their patients.
- The **Dementia, Alcohol and Learning Disabilities** will be extended for a further year with some changes made.

It has been agreed that the Patient Online (£24m) and Remote Care Monitoring (£12m) Enhanced Services will cease on 31 March 2014 and the associated funding reinvested into core funding.

GP pay and expenses – the GPC and NHS England will separately submit evidence to the Doctors’ and Dentists’ Review Body (DDRB) in relation to the 2014/15 uplift to the GMS Contract. The Government will consider the DDRB recommendations before making a final decision.