

8 January 2014

Agenda Item: 12

REPORT OF THE HEALTH & WELLBEING BOARD GP LEAD FOR RUSHCLIFFE CLINICAL COMMISSIONING GROUP

SUMMARY OF THE 2014/15 GENERAL MEDICAL SERVICES CONTRACT NEGOTIATIONS

Purpose of the Report

1. This report outlines the key changes to the GMS (General Medical Services) contract in England for 2014/15.

Information and Advice

2. The GMS contract applies to all general practitioners in England and governs the quality and payments for primary care GP services. The contract is periodically reviewed and negotiations on the proposed latest changes have been agreed between NHS Employers, on behalf of NHS England, and the General Practitioners Committee (GPC) of the BMA (British Medical Association.)
3. **Appendix One** describes the key changes to the contract, which includes the following:
 - a. 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
 - b. Changes in the operation of QOF (Quality and Outcome Framework) for GPs. The QOF monitors and rewards GP practices for quality services.
 - c. Cessation of seniority payments by 31 March 2020
 - d. Introduction of a named GP for patients aged 75 years and over to promote more personalised care
 - e. Reporting of quality concerns for GP out of hours services
 - f. Publication of GP earnings
 - g. Introduction of a contractual requirement to undertake the Friends and Family Test from December 2014
 - h. Introduction of choice for patients on which GP practice they are registered with.
 - i. Ensuing access to a practice clinician following assessment
 - j. Changes to patient and information services, such as access to information, booking & prescriptions on line, use of NHS number and updating summary care records daily
 - k. The extension of enhanced services for patient participation, extended hours access, and dementia, alcohol and learning disabilities.

4. The aims of the changes are to provide more proactive care for people with more complex health needs, empower patients and the public, give parity of esteem to physical and mental health, promote more consistently high standards of quality and reduce inequalities, in support of NHS England's emerging strategic objectives for primary care.
5. The Department of Health is preparing the necessary amendments to legislation and, when finalised, these will be published on the NHS England website.
6. Further information is available from the NHS Employers website:
www.nhsemployers.org/gms

Statutory and Policy Implications

7. This report has been compiled after consideration of implications in respect of finance, equal opportunities, human resources, crime and disorder, human rights, the safeguarding of children, sustainability and the environment and those using the service and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

RECOMMENDATION/S

- 1) The Health & Wellbeing Board is asked to note the content of the report.

Dr Jeremy Griffiths

Health & Wellbeing Board GP lead, Rushcliffe Clinical Commissioning Group

For any enquiries about this report please contact:

Dr Jeremy Griffiths

Constitutional Comments

8. This report is for noting so does not need a legal comment.

Financial Comments

9. There are no direct financial implications arising from this report.

Background Papers

None

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

Electoral Division(s) and Member(s) Affected

All