

March 2016

PSNC Briefing 020/16: Changes to the GMS contract in 2016/17

This briefing sets out a summary of the key changes to the General Medical Services (GMS) contract in England for 2016/17, which may be of relevance to community pharmacy teams. These changes have been agreed between NHS Employers, on behalf of NHS England and the British Medical Association's General Practitioners Committee (GPC).

Contract uplift and expenses

New investment into the GMS and Personal Medical Services contracts for 2016/17 has been agreed (£220 million) and it will be delivered by:

- a pay uplift of 1%;
- an increase in the item of service fee for vaccination and immunisations to £9.80;
- an increase in the value of a Quality and Outcomes Framework (QOF) point taking account of population growth and relative changes in practice list size; and
- funding to cover expenses relating to additional Care Quality Commission costs and other increased business expenses.

Data collection

NHS Employers and GPC have agreed a new contractual requirement for practices to record data on the availability of evening and weekend opening for routine appointments. This data will be collected every six months until 2020/21.

QOF

For 2016/17, NHS Employers and GPC have agreed that there will be no changes to the number of QOF points available, the clinical or public health domains or QOF thresholds. NHS Employers and GPC have also agreed to explore during the 2017/18 negotiations, amongst other possibilities, the ending of QOF.

Patient online access

A number of changes to patient online access and information technology have been agreed. These changes are non-contractual, except where specific changes to the GMS Regulations as set out below to support the use of the Electronic Prescription Services (EPS), the Summary Care Record (SCR) and the GP2GP facility (used to transfer patient records between GP practices). They focus on using digital technology to provide more efficient services underpinning general practice, and greater flexibility and choice for patients and practices.

The online patient facilities described below will be implemented for GP practices via NHS England's GP Systems of Choice (GPSoc) programme.

Electronic prescriptions

Building on the 2015/16 agreement, practices will be encouraged to transmit prescriptions electronically using EPS Release 2, unless the patient asks for a paper prescription or the necessary legislative or technical enablers are not in place. It was agreed to aim for at least 80% of repeat prescriptions to be transmitted electronically using EPS Release 2 by 31st March 2017. This will apply to repeat prescriptions only.

Electronic referrals

Building on the 2015/16 agreement, practices will be encouraged to make referrals electronically using the NHS e-Referral Service. It has been agreed to aim for at least 80% of elective referrals to hospitals to be made electronically using the NHS e-Referral Service by 31st March 2017, unless the secondary provider has not made slots available on the system, there is a clinical need to refer to a provider who does not publish services on the system or patients have indicated their choice to be referred to a provider that does not publish services on the system.

SCR

NHS England and GPC will jointly consider ways in which practices can be resourced to offer patients the opportunity to have additional information added to their SCR. It is recognised that particular groups of patients, for example, those likely to present in unplanned, urgent or emergency care, may benefit from the availability of additional information within the SCR.

Access to online services

Practices will aim for at least 10% of registered patients to be using one or more online services by 31st March 2017.

Apps for patients to access services

Practices will receive guidance on signposting the availability of apps to patients to allow them to book online appointments, order repeat prescriptions and access their GP medical record. Apps will be clinically and technically validated through the GPSoc programme during 2016/17 before being made available to patients. Technical support for patients using the apps will be provided by the app suppliers.

Online access to clinical correspondence

Practices will provide patients with online access to clinical correspondence such as discharge summaries, outpatient appointment letters, and referral letters unless it may cause harm to the patient or contains references to third parties. Practices will have the facility to make available online only those letters received from a chosen prospective date, which will be no later than March 2017.

Information sharing agreements between practices

NHS England and GPC will jointly develop a national template data sharing agreement, to facilitate information sharing between practices locally for direct care purposes. This will allow formal sharing agreements to be put in place where practices choose to work collaboratively in providing care.

Shared discharge summaries and post-event messages

To support the increased use of interoperable records, the NHS Standard Contract requires providers to send their discharge summaries electronically to practices from 1 October 2015. From April 2016, practices will be required to receive all discharge summaries and subsequent post-event messages electronically.

Further work

NHS England and GPC will take forward discussions in the coming months on a national approach to reducing bureaucracy and workload management in general practice, the national promotion of self-care and appropriate use of general practice services and Statement of Financial Entitlements arrangements for sickness payments.

If you have queries on this PSNC Briefing or you require more information please contact [Zainab Al-Kharsan, Service Development Pharmacist](#).

Appendix 1: Changes to the GMS contract in 2015/16

In late September 2014 NHS Employers and the General Practitioners Committee of the BMA announced changes to the GMS contract in England for 2015/16. GPC and NHS England will separately submit evidence to the Doctors' and Dentists' Review Body (DDRB) in relation to the 2015/16 funding uplift to the GMS Contract. The Government will consider the DDRB recommendations before making a final decision.

The changes include the following:

- A named, accountable GP for all patients who will take lead responsibility for the co-ordination of all appropriate services;
- Publication of GP net earnings – practices will publish average net earnings (to include contractor and salaried GPs) relating to 2014/15, as well as the number of full and part time GPs associated with the published figure;
- A further commitment to expand and improve the provision of online services for patients, including extending online access to medical records and the availability of online appointments;
- Changes to the Quality and Outcomes Framework (QOF): adjustment of the points value for 2015/16 taking account of population growth and relative changes in practice list size;
- The avoiding unplanned admissions Enhanced service (also known as the Proactive Care Programme) will be extended for a further year, with changes including revisions to the reporting process and changes to the payment structure;
- The patient participation enhanced service will end and associated funding will be reinvested into the global sum. From 1 April 2015, it will be a contractual requirement for all practices to have a patient participation group (PPG);
- The alcohol Enhanced service will end and associated funding will be reinvested into the global sum. 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;
- There will be a 15% reduction in the total seniority payments as agreed in 2014/15;
- Assurance on out of hours provision has been agreed to ensure that all service providers are delivering out of hours care in line with the National Quality Requirements (or any successor quality standards);
- NHS England and GPC will work together on workforce issues including recruitment problems in specific areas;
- GPC, NHS Employers and NHS England will have a broader strategic discussion about the primary care estate, especially to support the transfer of care into a community setting;
- NHS England and GPC will re-examine the [Carr-Hill formula](#) with the aim of adapting the formula to better reflect deprivation; and
- NHS England has agreed that any funding released from PMS reviews will be invested in primary medical care services.