

**GMS 2017/18**

**NHS England (North Midlands)**

# 2017/8 contract changes

National investment in the contract for 2017/18 of £238.7m including:

- A pay uplift of 1%, expenses uplift of 1.4%
- A revised national GMS price of £85.35
- Changes in the value of QOF point to £171.20
- No change to number of QOF points, indicators or thresholds

# National investments

- NHS Digital Workforce Census (£1.5 million)
- Transfer of patient records (£2 million)
- Overseas visitors (£5 million)
- Pensions administration levy (est. £3.8 million)
- Transfer of patient records (£2 million) – review
- Care Quality Commission (CQC) costs (est £22.5 million)
- Indemnity fee increases (£30 million)
- Business Improvement District levies (est £1 million)

# DES 2017/18

- **Learning Disabilities** payments increase from £116 to £140 per health check
- **Extended Hours Access** new conditions will be introduced from 1 October 2017 - regularly close for a half day (weekly) will not ordinarily qualify
- The Avoiding Unplanned Admissions (**AUA**) enhanced service is discontinued

# Frailty - 1 July 2017

- Use an appropriate tool e.g. Electronic Frailty Index (eFI) to identify patients aged 65+ who are living with moderate and severe frailty
- severe frailty: clinical review - annual medication review – 12 month fall - interventions
- Promote enriched Summary Care Record (SCR)

## Data collections:

- recorded with a diagnosis of moderate frailty
  - with severe frailty
  - with severe frailty with an annual medication review
  - with severe frailty who are recorded as having had a fall in the preceding twelve months
  - severely frail, who provided explicit consent to activate their enriched SCR.
- Further guidance will be circulated to all practices – read codes in:  
**TECHNICAL REQUIREMENTS FOR 2017/18 GMS CONTRACT CHANGES**  
Access at: <http://www.nhsemployers.org/gms201718>

# Vaccinations and Immunisations (1)

## Changed programmes:

### Childhood seasonal influenza

- 4yr olds transferring to schools programme – no requirement to use CHIS

### Men ACWY

- reduction in the upper age limit from 'up to 26th birthday' to 'up to 25th birthday' (Green Book)

### Seasonal influenza

- inclusion of morbidly obese patients as an at-risk cohort
- Contractual requirement to record all influenza vaccinations on ImmForm

### Pertussis - pregnant women

- eligibility of patients for vaccination from 20 weeks to 16 weeks

### Shingles (catch-up)

- eligibility to the date the patient turns 78 rather than on 1 September

### Shingles (routine)

- eligibility to the date the patient turns 70 rather than on 1 September.

# Vaccinations and Immunisation (2)

## Unchanged:

- hepatitis B (newborn babies)
- HPV for adolescent girls
- measles mumps and rubella (aged 16 and over)
- meningococcal B
- pneumococcal polysaccharide
- rotavirus

## Claims within 6 months of administration, in line with SFE for:

- PCV/Hib/MenC:
- Rotavirus:
- MMR:
- Shingles

Claims within 6 months of administration, in line with the service specification for Seasonal Flu & Pneumococcal.

# Overseas Visitors

Contract change to help identify European Economic Area (EEA) patients who may be subject to the NHS (Charges to Overseas Visitors) Regulations 2015.

- provide all new patients with a revised GMS1 form
- Identifying patients who hold a non-UK issued EHIC or S1 form
- manually record in the patient's medical record
- send the form and supplementary questions via email or post:
  - NHS Digital (for non-UK issued EHIC cards)
  - or the Overseas Healthcare Team (for S1 forms)



# Contractual changes – 1 July 2017

## Registration of prisoners

- allow prisoners to register before they leave prison
- timely transfer of clinical information from prison to practice - medication history and substance misuse management plans

## Data collection

- National Diabetes Audit, NHS Digital Workforce Census
- Activity no longer incentivised through QOF (INLIQ) and retired Enhanced Services

# GMS Core funding (1)

## Uplifted for 2017/18

A summary of the recent changes to the GMS Global Sum price per weighted registered patient:

Year	Core GMS price
2013/14	£66.25
2014/15	£73.56
2015/16	£75.77 & £76.51
2016/17	£80.59
2017/18	£85.35

The average practice list size has risen:

**7,460** as at 1 Jan 2016  **7,732** at 1 January 2017 (3.65%)

MPIG and PMS Premium erosion continue until 2021

# GMS Core funding (2)

April 2017:

The increase from £80.59 (2016/17) to £85.35 of £4.76 is derived from:

- £1.06 is inflationary uplift
- £2.69 is the reinvestment into the global sum of the monies from the withdrawn **directed enhanced services** (Avoiding Unplanned Admissions)
- 48p is the reinvestment of **MPIG**
- 31p is reinvestment of seniority
- 21p is other elements paid through global sum includes - Transfer of records, NHS Digital Workforce Census, overseas visitors, pensions administration levy

# PMS funding

April 2017:

Nottinghamshire County practices:

- the 'cap' increases to £91.37 calculated on a practice **raw** list.

Nottingham City practices:

- the 'cap' increases to £101.37 calculated on a **weighted** list size

# Sickness absence

- Sickness absence is two or more weeks (qualifying period) for each period of absence
- Eligibility extended to include external locums **or** existing GPs working less than full time
- Sickness - increase in maximum amount payable from £1,131.74 to **£1,734.18 per week**
- Payment will be lower of actual / invoiced costs and max amount
- Sickness leave payments will no longer:
  - be made on a pro-rata basis
  - no longer be discretionary within the Regulations
- 26 weeks + 50% payment for further 26 weeks
- Only covers core hours (8am to 6.30pm)

Contact [dngp.nhse@nhs.net](mailto:dngp.nhse@nhs.net) for application form (LOC1)

# Parental absence

- Main child care provider - £1,131.74 for the first two weeks to £1,734.18 per week up to 26 weeks
- Not main child care provider - £1,131.74 for two weeks
- Eligibility extended to include external locums **or** existing GPs working less than full time
- Payment will be lower of actual / invoiced costs and max amount
- Leave payments will no longer:
  - be made on a pro-rata basis
  - no longer be discretionary within the Regulations
- Only covers core hours (8am to 6.30pm)

Contact [dngp.nhse@nhs.net](mailto:dngp.nhse@nhs.net) for application form (LOC1)

# Supplementary funding

- **CQC Fees Reimbursement Scheme – claim require**

Total amount of CQC registration fees payable with invoice or other suitable evidence of payment to finance reimbursable claim email:

[ENGLAND.derbyshirenottinghamshire-gpfinance@nhs.net](mailto:ENGLAND.derbyshirenottinghamshire-gpfinance@nhs.net)

- **Indemnity Fees**

£0.516 x Number of Patients (raw) as at 31 Dec 2016



Appropriate proportion of personal payments with regard to proportion relating to primary care

# GP Retention Scheme

**Seriously considering leaving or has left general practice**

## **Evidence?**

- Proof from appraisal
- Accessing or intention to take pension payment
- Statement of intent to leave / letter of resignation

## **Practice support**

- must be able to demonstrate can meet the educational needs
- understand the ethos of educational supervision

## **Finance:**

Annual professional expenses supplement range: £1000 - £4000

Practice payment of £76.92 per clinical session (max 4 pw)

Contact [HEE East Midlands](#) - 0115 823 3399



# GMS Digital

- Compliance with the **ten new data security standards** in the National Data Guardian Security Review.
- **Information Governance toolkit** including attainment of **level 2 accreditation** and familiarisation with the July 2016 Information Governance Alliance guidance.
- An increased uptake of **electronic repeat prescriptions to 25%** with reference to co-ordination with community pharmacy.
- An increased uptake of **electronic referrals to 90%** - where enabled by secondary care.
- Continued uptake of electronic repeat dispensing with reference to CCG use of medicines management and co-ordination with community pharmacy.
- Uptake of **patient use of one or more online service to 20%** including where possible, apps to access those services and increased access to clinical correspondence online.
- Better sharing of data and patient records at local level, between practices and between primary and secondary care.

# The future...

- **QOF working group after April 2017**

Next Steps on 5YFV – ‘wide agreement QOF has run its course’

*“...seek to develop and agree with relevant stakeholders a successor to QOF, which would allow the reinvestment of £700 million a year into improved patient access, professionally-led quality improvement, greater population health management, and patients’ supported self- management, to reduce avoidable demand in secondary care.”*

- **GMS Global Sum – formula change**

Negotiations on amending the formula – implementation from 1 April 2018 at the earliest.

- **National programme of self-care**

Discussions in the coming months on a national programme of self-care and appropriate use of general practice services and information sharing between practices.

# Time to change contracts?

- PMS practices - take time to understand and plan for when PMS Premium will be eroded / negative premium
- MPIG and PMS Premium - payments will be equalised by 2021
- Three months notice to return to GMS
- New NHS England model GMS contract utilised
- Payment date change
- Local factors – e.g. childhood vaccination lower/higher payments
- Salaried GP – contracts of employment
- Eligibility to hold a GMS contract will be checked – PMS is a wider pool
- PMS contract with individuals vs GMS contract with partnership
- Seek own independent advice (LMC / legal / financial)

# Provider changes:

Change	NHS England	PCSE
New Partner	✓	✓
Partner leaving /retirement	✓	✓
Partner 24 hours retirement	✓	✓
Salaried GPs		✓
GPR		✓

## Contract Variation applications:

- must be received 28 days before effective
- signed by all partners
- include effective date

**GPR:** ensure all performer details including national insurance numbers are included on relevant forms – payments will be delayed if all information is not included

# CQC – Registration changes

- All providers are required to inform CQC if there is a change to registration. This includes submitting the relevant notifications and applications when a partner leaves or joins a partnership
- Where there is a change to legal entity, the appropriate applications must be made to the CQC; failure to ensure the appropriate applications are submitted and accepted could result in services being unregistered. This may mean providers are in breach of GMS/PMS/APMS contract.
- Examples include:
  - Single-handed GP practice has changed to a partnership
  - Partnership of 2 or more GPs has changed to a single-handed practice
  - Single-handed GP has been replaced by another single-handed GP
  - Existing legal entity becomes a company whether limited or guarantee or otherwise
- Changes to registered manager: need to notify CQC of any changes
- Senior Partner or registered manager absence: There is a requirement to notify CQC if there is a absence for 28 days or more; providers will need to appoint a deputy for this period of time

# Web Resources

## **GMS contract & DES information:**

<http://www.nhsemployers.org/gms201718>

## **NHS England Policies & model contracts:**

<https://www.england.nhs.uk/medical/>

<https://www.england.nhs.uk/gp/gpfv/investment/gp-contract/>

## **GMS Digital**

<https://digital.nhs.uk/information-governance-alliance>

## **GP Retention Scheme**

<https://www.england.nhs.uk/gp/gpfv/workforce/retained-doctors/>

# General Practice Contracting Team

Team email address: [dngp.nhse@nhs.net](mailto:dngp.nhse@nhs.net)

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