

NHS Employer Press release: Agreement reached on changes to the national GMS contract

20 Dec 2005

Changes to the national General Medical Services (GMS) contract announced today will be better for patients, fair to the profession and secure good value for tax payers' money.

Agreement has been reached between the BMA and NHS Employers to develop the GMS national contract for 2006/07.

The agreement includes:

- Changing the way practices are rewarded for improved patient access including advanced booking, telephone access as well as being able to consult a GP within 48 hours.
- £200 million for premises and IT in England
- Additional clinical areas in the Quality and Outcomes Framework within the current funding envelope
- Investment in additional patient services in primary care. In England this will include choice and booking and new services delivered through practice based commissioning

There will be no increase in funding for cost of living or inflation to GP practices in 2006/7.

Primary care organisations have already been notified of their funding allocation for 2006/7 (as determined in the last comprehensive spending review) out of which the costs of this deal will be met. Measures will be put in place to ensure that GPs will be rewarded depending on how they perform in meeting their targets. These measures will include a new independent patient experience survey.

Dr Barbara Hakin, chair of NHS Employers negotiating team said:

"We set out to agree changes to the GMS contract which were better for patients, fair to the profession and secured good value for tax payers' money. I believe we have achieved a deal which reflects all three objectives.

"Our agreement invests in the development and improvement of patient services in primary care. The agreement will also drive improvements so that patients get better access to GPs' surgeries.

"This was a complex deal to negotiate, but we have worked in partnership with the GPC to deliver contract revisions which reflect the increasing role of primary care in the health agenda."

The Quality and Outcomes Framework (QOF), which directly links GP income to patient care, has been reframed and strengthened to provide better quality care and will now cover new clinical areas in heart disease, kidney disease, mental health, palliative care, obesity and learning disabilities. Pounds per point in the QOF will remain unchanged.

The changes represent the first phase of the review of the contract. The second phase is set to begin early next year following publication of the White Paper on care outside hospital when the implications for primary care and general practice will be clearer. It will include the outcome of the current review on the allocation formula.

Implementation of this stage of the agreement will take effect from 1 April 2006.

Details of the agreement on additional services for Scotland, Wales and Northern Ireland are still being finalised.

Notes for editors

1. The new GMS contract was introduced in April 2004.
2. A commitment was made to review the GMS contract from April 2006 onwards within the original GMS negotiations.
3. The GMS contract is the route through which the bulk of the £8 billion primary care funding is delivered. The total NHS spend for 2005/6 is £76.4 billion.
4. The average uplift to the unified allocation for PCTs in England in 2006/7 is 9%.
5. Further information on NHS Employers is available at www.nhsemployers.org

