

Briefing
December 2005

Investing in general practice – revisions to the GMS contract for 2006–07 in England, stage 1

Background

Agreement has been reached between the BMA and NHS Employers to develop the GMS national contract, following completion of the first part of a two-stage review. The changes will take effect from 1 April 2006.

The revisions will deliver improved services for patients through a contract that is fair to the profession and provides good value for public money.

This briefing summarises the key changes in stage one. Negotiations for stage two will follow publication of the Government's White Paper in England on care outside hospital, for implementation from 2007, when we know more about the implications for primary medical care and general practice.

Key elements of the agreement

The new GMS contract has already delivered improvements in the quality of patient care. The changes in stage 1 will build on this work, focusing on new health and service priorities to benefit patient care.

The key features include:

- No inflationary uplift across the contract for 2006–07.
- Strengthening and improving the Quality and Outcomes Framework to provide better value for money: 138 recycled points allocated to new clinical areas; 28 points will strengthen existing indicators; and higher qualifying thresholds for practices will clearly demonstrate value for money in quality patient care.
- New investment in enhanced services to support national priorities for patient services. For England, this includes practice-based commissioning, offering choice to patients and adopting Connecting for Health's IM&T programme. Details on country-specific Direct Enhanced

Services (DESS) for Scotland, Wales and Northern Ireland are being finalised.

- In England, a new access DES that absorbs the existing DES and current access points in QOF, and extends its scope.
- In England, a new independent patient experience survey will be developed that will trigger payments to general practice for access and choice.
- In England, £132m will be available for premises and IT.
- In England and Wales, a new system for paying dispensing doctors from 1 April 2006 that removes the link between pay and drug costs, and is now based on one fee per item. This is coupled with improvements to the system for reimbursing VAT, with new incentives for dispensing doctors to maintain and improve standards in dispensing medicine.
- Across the UK, some changes to childhood MMR payment weightings.
- No changes to the Carr Hill allocations formula for 2006–07. The current review of the formula will continue and the outcomes will be reflected in stage 2 of the review process.

In more detail

Quality and Outcomes Framework (QOF)

A total of 166 points is being reallocated to new or existing areas for 2006–07, resulting in a greater focus on:

- clinical areas, supported by robust evidence, which should have a direct impact on health outcomes for patients
- areas where we need more detailed information to tackle recognised health problems.

These changes recognise the growing importance and value of QOF, which rewards practices according to the quality standards they achieve, in driving improvements in the quality of patient care and innovation.

Nine new areas – totalling 138 points – are being introduced:

Dementia	20 points
Depression	33 points
Chronic kidney disease	27 points
Atrial fibrillation	30 points
Palliative care	6 points
Mental health (new)	9 points
Disease register:	
Obesity	8 points

Learning disability 4 points

Organisational indicator:
Recording patient ethnicity 1 point

A further 28 points are being reallocated to existing areas, with higher thresholds for existing indicators to encourage continuous improvement and to demonstrate value for money in quality patient care.

Fewer points are being allocated to holistic care, organisational indicators and a number of disease registers, recognising the shift to ongoing maintenance following initial work to set up the lists. The quality practice payment has been removed.

More detailed guidance on QOF areas and indicators for 2006–07 will be available in early 2006.

New patient experience survey (England only)

A new, independent national patient survey is being introduced to capture the public's experience of healthcare services, initially focusing on access and choice. The results will determine the level of practice awards for payments against the new DESs for access and choice (see below).

Alongside this survey, practices will still have the opportunity to carry out an in-house survey through QOF and will continue to take part in the primary care access survey.

Direct Enhanced Services (England)

Three new Directed Enhanced Services (DESs) and a revised access scheme are being introduced in England and are available to those practices that want to expand or enhance the range of services they offer.

Choice and booking

This DES will reimburse general practice for the additional workload in discussing all the choices on offer to patients in secondary care when they are referred for their first consultant outpatient appointment, as well as securing a booked appointment for them.

The award will be based on two parts:

- feedback from the new patient experience survey on whether patients recall a conversation about choices
- the percentage of patient consultant referrals that are made using the new booking arrangements.

This DES is worth 95p per registered patient for practices. The cost of this DES will be reviewed in 2007–08 when we better understand the workload.

Towards practice-based commissioning (PBC)

A one-year DES with a two-part payment, designed to encourage those practices that are not yet engaged in PBC.

- Practices will receive an award of 95p per registered patient to encourage their involvement in PBC, including recognition of practice staff time – particularly clinical – needed to invest in developing and continuing management of PBC in their practice. Practices are required to draft a plan with specific objectives focusing on, for example, demand and referral management. Payment will be awarded to practices following agreement of that plan with their PCOs.
- The second part enables PCTs to offer an award of approximately 95p per head of registered population if the practice delivers against their plan. This is paid as an alternative, not in addition to any savings made. It is assumed that full PBC will takeover after this first year.

Information management & technology (IM&T) adoption

A one-off DES that supports Connecting for Health's programme of IM&T reform and awards practices for adopting a number of systems and processes. These include the electronic prescription service, electronic transfer of GP records, choose and book, and the NHS care records service.

The timing for implementation (and one-off payments) will vary according to the national rollout of these systems.

The value of this DES is £70m.

Access (England)

A new DES worth £108m bringing together the 2005–06 access awards in QOF and the 24/48hrs DES. This now focuses on four key areas:

- the ability to consult with a GP within 48 hours
- the ability to book appointments in advance
- ease of telephone access
- ability to wait for a practitioner of preference (no time limit).

Awards will be based on two components:

- a firm commitment from practices to deliver on the first three access areas (48 hours, advance booking and telephone access) as well as continuing to participate in the existing primary care access survey (PCAS)
- results from the new patient experience survey on local access.

Childhood vaccination and immunisation (UK)

Improved weightings for the award under the current childhood MMR immunisation arrangements are as follows:

- Pentavalent vaccine – 50%
- Measles/mumps/rubella – 25%
- Meningitis C – 25%

Dispensing doctors (England and Wales)

A new 'fee per item' pay system is to be introduced from 1 April, which removes the link between pay and the cost of drugs and improvements to the system of reimbursement for VAT costs on drugs. This will ensure that the reimbursement for VAT incurred is equal to the actual amount of VAT paid.

The VAT changes only apply to dispensing GPs who will need to consider registering for VAT from 1 April 2006. HMRC will provide further details about the application process in early 2006. General guidance on registering and accounting for VAT is available on the HMRC website www.hmrc.gov.uk

The container cost allowance for dispensing doctors is being abolished.

Dispensing doctors will benefit from new proposals to maintain and improve standards in dispensing medicine, in line with standards for community pharmacists. Guidance will be published shortly on the need to avoid excessive or inappropriate prescribing.

Other changes

A number of technical changes have been agreed for implementation in 2006–07 that include:

- Normalisation – this will move to a national rebasing on a quarterly basis
- Gross investment guarantee – this will not be renewed for 2006–07 or beyond
- Maternity, paternity and adoption payments – in recognition of the importance of supporting general practice and the increase in locum fees, PCOs' discretionary limit will be increased from £978.91 per week to £1,500 per week from week three of leave.

Next steps

NHS Employers and the GPC will issue implementation guidance to PCTs and general practices in late January 2006. This will include more details about changes to QOF.

From mid February 2006, the NHS primary care contracting team will run a series of implementation events to support PCTs. More details will be on their website www.primarycarecontracting.nhs.uk next year.

More information

For ongoing updates, please visit NHS Employers website at www.nhsemployers.org

For details on implementation visit the NHS primary care contracting team website at www.primarycarecontracting.nhs.uk. If you would like further information or want to contact the primary care contracting team, please contact your regional adviser – details are at www.primarycarecontracting.nhs.uk/82.php

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