



Primary Care Contracting

Questions and Answers in relation to nGMS

General

If there are amendments to the regulations and directions for the new negotiated GMS contract, do PCT and contractors need to update and re-sign their contracts?

There are no changes to the GMS Regulations required by virtue of the 2006/07 agreement.

A revised Statement of Financial Entitlements (SFE) for 2006/07 will be published by the Department of Health to enact the appropriate payment changes for 1 April 2006 but these should not affect local GMS contracts providing PCTs have used the standard contract.

Contractors who are to participate in the new Directed Enhanced Services will require either a stand-alone contract or a variation to their main contract to reflect not only the requirements of the directions/specifications but also any elements that fall to be locally determined.

What are the effects of the new negotiations on PMS contracts?

PMS contracts are locally agreed and it is for PCTs to agree these with their PMS practices. However, whilst it has been the case up to now that PMS contracts reflect generally changes made in GMS, PCTs are advised to await separate guidance being prepared by the Department of Health on required changes for non-GMS contractors.

When will more information and guidance be available?

NHS Employers and GP Committee are planning to issue implementation guidance at the end of January 06. In parallel the Department of Health are publishing guidance on implications of the agreement for PCTs non-GMS contractors. GMS guidance will be available on NHS Employers and NHS Primary Care Contracting websites. In addition, NHS Primary Care Contracting will be holding a number of events around the country from mid February to provide an opportunity for PCTs to understand and discuss the implications of the contract agreement for 06/07.

What do I need to tell practices? Do we have to notify them of these changes?

GP Committee has written to all GPs advising them of the broad changes to the nGMS contract. You can also signpost your practices to the more detailed briefing from NHS Employers on [<http://www.nhsemployers.org/pay-conditions/pay-conditions-632.cfm>

Directed Enhanced Services

What are the enhanced services?

All four countries have agreed additional investment in new, country specific Directed Enhanced Services.

In England, they will focus on choice and booking, IM&T adoption, and towards practice-based commissioning. The current access DES – that comes to an end March 06 – will be replaced by a new one. This will give payments to practices for delivering access and choice, and will be directed by the results of a new patient experience survey that is currently under development.

In Scotland, Wales and Northern Ireland, local discussions are taking place to agree the detail of local DESs.

Can PCTs negotiate local amendments to the new DES, provided the objectives are met as a minimum?

The objectives set out in the DES are the minimum that a PCT is required to offer to their GMS practices. Requirements over and above this should be agreed through the Local Enhanced Service route.

How will PCTs monitor the new DESs? [ie determine what DES awards to pay to practices]

Details will be set out in implementation guidance that will be available at the end of January. Broadly, practice's achievement to determine levels of DES awards for access and choice will be determined through the new national patient experience survey (currently under development). Utilisation of choose and book will be determined through Connecting for Health's supra PCT systems. Practice-based Commissioning awards will be determined by PCTs themselves.

QOF

How will the QOF change?

From 2006 QOF is going to be worth 1000 points. The 50 access bonus points will form part of the access DES and will be measured outwith of QOF.

New clinical areas have been added in the following areas:

- Dementia
- Depression
- Atrial fibrillation
- Chronic kidney disease
- Palliative care
- Obesity
- Learning disabilities

New organisational areas have been included to support the ongoing work on notes summarisation and to encourage practices to collect ethnicity data on new registrants.

To provide the points to support these new areas we have agreed to the removal of some organisational indicators, the quality practice payment and a reduction to the holistic care payment. The organisational indicators which have been removed are those which the negotiators felt represented Good Medical Practice.

How did you select the new areas?

The negotiating parties agreed that 138 points would be removed from the current QOF and new clinical indicators would be introduced.

The decision was based on the following areas:

- o the quality, breadth and robustness of the evidence submitted
- o the impact and relevance of the initiatives for public health
- o the resources available to support the work
- o the capacity for GP IT systems to handle the data.

However, the decision not to include a clinical area in the QOF does not diminish the importance of the condition of the expectation that patients should receive appropriate care from the general practice.

Will the DH be releasing any additional funding to support QOF?

The QOF value will remain the same in 06/07 as for 05/06. PCTs have already been notified of their 06/07 allocations which includes, on average, a 9% uplift. There is no additional monies available for any part of the 06/07 contract.

What are the new indicators and how many points will be assigned to these?

The detail of the new indicators are available at <http://www.nhsemployers.org/pay-conditions/pay-conditions-656.cfm> on NHS Employers website.

The clinical areas which have been added are:

Dementia	20 points
Depression	33 points
Atrial fibrillation	30 points
Chronic Kidney disease	27 points
Palliative care	6 points
Obesity	8 points
Learning disabilities	4 points

There have also been changes to the organisational indicators.

How/When is QMAS going to be revised to take account of the changes to QOF?

Work has already begun on the necessary revisions to QMAS. It is expected that the revised QMAS will be operational by September 06.

Will PCTs be given any additional training on the changes to QOF?

NHS PCC is planning to hold local events around the country to present the changes to the contract for 06/07. More details will be available on this website shortly.

How will the QOF changes impact on visits – will PCTs have to visit each practice in the 2006 visit period?

As currently, it will be for PCTs to decide whether they need to visit each practice in 2006.

How will the new QOF indicators be monitored?

The new clinical areas areas will be monitored electronically in line with the current indicators.

How will the patient experience survey work? Will PCTs or practices be funded separately to manage this survey?

There are no changes to the way the QOF patient experience survey works.

A new national survey is being introduced in 06/07 to determine practices' achievement of the DESs for Access and Choice. This will be administered and managed on a national level with the results fed back to practices and PCTs. Therefore it should not require additional work at a PCT level.

How has efficiency been increased in the QOF, to release points haven't some areas just been removed, what will happen to these, can we still check they are being delivered?

The indicators which have been removed from the QOF are those which the negotiating parties agreed represented Good Medical Practice. As such these are issues which PCTs should consider when performing, for example, clinical governance visits.

If indicators in the QOF change will we be able to compare practice performance between years?

Not for that indicator. The clinical QOF indicators will change as the evidence underpinning them changes and what practices are expected to do or measure changes. The negotiating parties recognise that it would be inappropriate to attempt to compare changing indicators across years. To avoid this happening inadvertently it has been agreed that as indicators are amended they are renumbered and as indicators are removed then their number is not reallocated to a new indicator.

Will all dispensing practices need to register for VAT? How long will this process take?

A significant change in dispensing doctor arrangements is that relating to VAT. With effect from 1 April 2006, the Prescription and Prescribing Authority and DH will no longer reimburse Dispensing Practices for the equivalent VAT costs relating to the purchase of drugs. To receive such reimbursement, practices will be expected to register for VAT purposes with HM Revenue and Customs (HMRC).

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

What's happening about the formula?

The allocation formula is currently being reviewed and the results will be taken into account in stage two of the GMS contract review with a view to implementing in April 2007.

What changes have been made to the childhood immunisations weightings?

We have agreed to reduce the relative weight of the MMR vaccine to 25%, within the childhood immunisation target. This has been achieved through the inclusion of the meningitis C vaccine at a weight of 25%. Pentavalent will continue to be weighted at 50%.