

# General Practice: Finance Matters

October | 2018



## Mid Year Update: 2018/19 GMS Contract

NHS England is fully supportive of the General Practice Forward View which will see investment in General Practice grow to £12 billion by the year 2020/21.

### Real Term Investment

Since the appointment of NHS England as commissioners of General Practice, investment has increased from £8.460 billion in 2012/13 to £10.204 billion in 2016/17, a rise of 20.6%.

The 2018/19 GMS contract, published in March 2018, declared a further investment of £256.3 million for 2018/19, an overall contract uplift of 3.4%. As a result of this investment, the global sum per weighted patient rose from £85.35 in 2017/18 to £87.92 in 2018/19.

Investment for 2018/19 included:

- A pay uplift of 1%
- Payments to cover indemnity inflation costs
- Payments to cover non-recurrent implementation costs of implementing Electronic Referrals System
- Increase in QOF point to £179.26, reflecting change in Contractor Population Index [CPI]
- Increase in selected 'Items of Service' fees to £10.06 from £9.80
- Costs and other increased business expenses.

In July 2018 the Government announced a 2% pay award for GPs and practice staff to be backdated to 1 April 2018. As 1% had already been included within the contract uplift, a further investment of 1.2% was required equating to an additional uplift of £1.04. This further investment saw the global sum per weighted patient increase from £87.92 to £88.96.

To deliver an equitable and consistent approach to uplifting the PMS and APMS contracts, the same increases apply as those of the GMS contract with the exception of specific items lying out-with these respective contracts.

	GMS	PMS	APMS
MPIG Reinvestment	£0.41	-	-
Seniority	£0.41	£0.41	-
Inflation Uplift	£1.75	£1.75	£1.75
Pay Award [from Aug 2018]	£1.04	£1.04	£1.04
<b>Total Uplift</b>	<b>£3.61</b>	<b>£3.20</b>	<b>£2.79</b>

Many of the contractual requirements and amendments to the Statement of Financial Entitlement [SFE] came into force from 1 April 2018, however, the late publication of the contract meant that an implementation date of 1 April 2018 was not practical for all elements of the contract. Consequently, the implementation date for a cohort of 2018/19 contractual changes, was deferred to October 2018.

The contractual changes which came into effect from 1 October 2018 include:

- NHS e-Referral Service [e-RS]
- Electronic Prescription Service [EPS] phase 4
- OOH Key Performance Indicators [KPIs]
- Minor changes to violent patient arrangements
- A requirement that practices which have not achieved a minimum of 10% of patients registered for online services will work with NHS England to help them achieve greater use of the online service

Further details relating to the implementation of these contractual requirements can be found at :  
<http://www.nhsemployers.org/-/media/Employers/Documents/Primary-care-contracts/V->

## What might the next chapter for the GP Contract hold?

As the NHS celebrates its 70th birthday, ways to reform the GP contract are being reviewed with an aim of providing a stronger and more sustainable general practice for patients as part of the new NHS Long Term Plan.

The changes to the current GP contract, which was agreed nearly 15 years ago, are being looked at to meet the changing needs of a growing and ageing population alongside the increased use of 'local' digital services .

Plans under review include an assessment of the partnership model, reform of the Quality and Outcomes Framework [QOF] which provides payments for achieving outcomes that reflect high quality care in general practice, changes to the Carr-Hill funding formula which governs practice funding, a review of premises [and respective regulations] and an assessment of how general practice payments might change to fairly support the rollout of digital technology across the country.

A 'digital first' primary care model would provide an initial patient healthcare contact via a digital channel rather than the traditional GP appointment and may result in a reduction in GP funding by some 20%.

Further information and proposals on how 'the digital revolution may impact GP payments' and the 'reform of the QOF' can be found via the following links:

[https://www.engage.england.nhs.uk/survey/digital-first-primary-care/user\\_uploads/digital-first-access-to-gp-care-engagement-v2.pdf](https://www.engage.england.nhs.uk/survey/digital-first-primary-care/user_uploads/digital-first-access-to-gp-care-engagement-v2.pdf)

<https://www.england.nhs.uk/publication/report-of-the-review-of-the-quality-and-outcomes-framework-in-england/>

The outcome of these recent GP engagements will feed into negotiations for the 2019/20 GMS contract being held between NHS England and the General Practitioners Committee of the BMA.

If you would like to arrange a free non-obligatory meeting to discuss the services [and rates] that Armstrong Watson can offer, please contact your local medical representative:

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