

SUMMARY OF GMS CONTRACT REVIEW NEGOTIATIONS 2005/06

Agreement has been reached between the GPC, NHS Employers and the Departments of Health in the four nations on a resourced package of proposals changing aspects of the current national contract. This forms the first phase of a two-stage review. The second stage will re-examine the allocation formula with the formula review group continuing its work during 2006 with a view to implementing any agreement in April 2007.

Effective implementation in April 2006 of the agreed package of proposals is associated with reaching a satisfactory resolution to some outstanding issues, including those relating to agreements in the three devolved nations and the pensions issue. Money for the proposed changes to the GMS contract is contained within the 2006/07 allocations to PCOs. The agreed package of proposals is made up of:

Quality and Outcomes Framework

- A total of 166 points of the existing points were identified for redistribution. These comprised the Quality Practice points and 80 of the holistic care points in addition to certain other points covering areas where it was no longer felt necessary to incentivise work.
- Of these, 138 points were released for new work and have been distributed into:
 - Dementia – 20 points
 - Depression – 33 points
 - Chronic Kidney Disease – 27 points
 - Atrial Fibrillation – 30 points
 - Palliative Care – 6 points
 - Setting up obesity and learning disability disease registers – 12 points
 - Mental Health – 9 points
 - Recording patient ethnicity when registering with a practice (organisational indicators) – 1 point
- The 28 remaining points have been redistributed amongst existing indicator sets; including summarisation of records and improving the patient survey and follow-up action. 6 of the 28 points have been added to clinical areas that the QMAS data showed were harder to achieve in order to recognise the extra work involved to complete these indicators.
- There will be no change to the mechanism for calculating prevalence.
- There will be no change to the criteria for exception reporting.
- The additional 50 access points have been removed from the QOF in England. Arrangements for these 50 points have still to be agreed in the other three countries.

Directed Enhanced Services

All four counties have agreed additional investment in DESs. These are all country-specific. In England agreement has been reached on:

Practice Based Commissioning

- 1 year DES, with all practices eligible from April 1st 2006.
- Value of approximately £2 per patient for producing a plan and the practice successfully meeting its objectives.
- Any existing arrangements must be upgraded to the DES and work over and above the DES can receive additional funds from the overall commissioning budget.

Choice and Booking

- Two separate components with an approximate value of £1 per patient for offering patient choice and booking (not necessarily electronically).
- Choice: 50% aspiration payment and further 50% measured by patient questionnaire.

- Booking: 50% aspiration payment and further 50% based on thresholds of referrals.

IM&T

- Four separate components with a total value of approximately £1.30 per patient
- 1 year DES, although it is not expected that the majority of practices will complete all components in one year and therefore some elements are likely to be repeated in future years.
- Linked to Connecting for Health initiatives and designed to support time for training and preparation, but does not include Choose and Book.

Devolved administrations DESs

- In Scotland, Wales and Northern Ireland separate DESs are being negotiated. Further information should be available shortly from the respective countries' GPCs.

Dispensing Doctors Review

- England and Wales review.
- Link between drug costs and remuneration has been broken and a new fee structure agreed.
- Dispensing practices to register for VAT
- Dispensing practices will be able to earn back a significant proportion of the "lost" category M funds..

Access (in England)

- Existing access DES was time-expired and the money has been recycled into a new DES.
- The 50 additional points in the QOF have been removed and their full value has been put into a new DES along with money from previous access DES.
- Achievement will be based on the results of a patient questionnaire, the questions and thresholds of which are being negotiated.

Access agreements in the other three countries are still in the process of negotiation.

Maternity

- Improved arrangements have been agreed for providing maternity cover to GP practices with access to increased resources. The maximum maternity payment for locum reimbursement will be increased to £1500 from the third week of maternity leave onwards although PCO discretion will remain.
- Again, we are still awaiting final decisions on this issue in Scotland, Wales and Northern Ireland.

Childhood Vaccinations and Immunisation

- A solution to the MMR 'weightings' issue which will see the MMR weighting returned to 25% has been reached. The weightings for the childhood vaccinations & immunisations will be: Pentavalent 50%, Meningitis C 25% and MMR 25%. The date for implementation of this is still to be agreed.

Normalisation (England and Wales)

- It has been agreed that normalisation will now take place quarterly on a national basis, not at PCO level.

Contractor Population Index (CPI) (England and Wales)

- Reached agreement over CPI, preventing a proposal which would have increased the size of the average practice and effectively reduced the value of a quality point.

Pensions

- Potential pensions problem regarding the dynamising factor for 2003/06 regarding uncertainty about the final figures, affordability and the impact on pension contributions throughout the NHS. Discussions to begin as soon as possible.

This package of proposals, whilst far from ideal, does protect present funding levels, includes new earning opportunities and, most importantly, draws a line under the over-delivery of the GIG and the perceived excessive increases in GP pay, allowing us to move forward in the future.