surrey and sussex lmcs

To all Practices Surrey and Sussex LMCs

21st March 2018

Dear Colleagues

GP Contract Agreement 2018/19

I am writing to all practices to outline the GP Contract Agreement details for 2018/19. As in previous years, these include both contractual changes and also a - in this case quite extensive – series of non-contractual agreements to work with NHS England on areas which are likely to be introduced in 2019/20, including both the GP Indemnity Scheme and changes to QOF. All the changes within this letter will apply to both GMS and PMS practices.

CONTRACTURAL CHANGES

Global Sum

There will be an interim increase in Global Sum from its current £85.35 to £87.92. This represents a 1% increase in contract payment with a CPI increase in expenses, together with the continuing recycling of MPIG [Correction Factor] and seniority payments, as agreed in previous years and as part of a continuing transition until 2020/21.

This is an interim agreed increase whilst the Doctors and Dentists Pay Review Body [DDRB] considers a 2018/19 Award. Due to timetabling issues, it is now unlikely the DDRB will announce its recommendations until April, however, any agreed further GP contractual uplift will be backdated to 1st April 2018.

OOHs deductions

The OOHs deduction made to opted-out practices will fall from 4.92% to 4.87%, which is £4.28.

QOF

As last year, there are no changes to QOF indicators or thresholds for 2018/19. However, the CPI [Contractor Population Index] which reflects changes in population growth and average list size, will change and therefore the value of each QOF point will rise from £171.20 to £179.26.

DESs

There are no changes to any nationally offered DESs for 2018/19.

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Indemnity Payment

The same arrangements will apply as last year, with a separate unweighted capitation payment being made to each practice. This payment will be £1.017 per patient and should be paid to practices by the end of April 2018.

As in previous years this payment is being made on condition that where principal and salaried GPs are responsible for paying a part or all of their indemnity costs, the practice will reimburse them an appropriate proportion of the amount that the GP has paid for their cover, noting that:

- The indemnity cost reimbursed relates to that part of the indemnity paid to provide NHS GMS/PMS services
- The reimbursement amount should be based on the proportion of GMS/PMS [primary medical services] which the GP is providing for the practice
- Every practice will have their own agreed arrangements; the allocation of payments to each GP should be equitable and proportional. The LMC can offer further advice if required.

Locum GPs should ensure that their indemnity costs are taken into account in terms of their professional fees.

Vaccination and Immunisation fees

All vaccination and immunisation item of service fees paid via the SFE [statement of Financial Settlements] will rise from £9.80 to £10.06. This includes: Hepatitis B at-risk [newborns], HPV completing dose, Meningococcal ACWY freshers, Meningococcal B, Meningococcal completing dose, MMR, Rotavirus, Shingles routine and Shingles catch-up.

Those vaccinations paid via Section 7A [Public Health] arrangements will not be uplifted via the SFE. This includes: Pneumococcal, Childhood seasonal influenza, seasonal influenza, pertussis and pneumococcal polysaccharide. However, the intention is to align these payments with the uplifted SFE immunisations via the DDRB Award.

There are also some detailed clinically based amendments to the SFE vaccination and immunisation programme, available via the BMA contract update page www.bma.org.uk/gpcontractengland

Reimbursement for locum cover for parental and sickness leave

The following reimbursements will rise as below

	2017/18	2018/19
First weeks of parental leave cover/ceiling amounts for sickness leave cover	£1,131.74	£1,143.06
Subsequent weeks of parental leave cover	£1,734.18	£1,751.52

In addition, an amendment to the SFE will mean that if a contractor employees a salaried GP on a fixed-term contract to provide cover instead of a locum, then NHS England will reimburse cover under the same arrangements as for locum cover, or a performer or partner already employed or engaged by the contractor.

Electronic Referral Service (eRS)

As colleagues will know, the Hospital Standard Contract has been amended so that from October 2018 hospitals will only receive payment for standard referrals if these are made via eRS. Across the country, by December 2017, 62% of referrals were being made via eRS, but there is considerable national and local variation in usage and in some areas significant system wide issues hamper eRS usage.

Thus, although it will be a contractual requirement to use eRS for all GP practice referrals to 1st Consultant led OP appointments, this does not mean that individual GPs must use the eRS system themselves. It is open to practices, and CCGs, to determine local arrangements for processing eRS referrals. The GPC and NHS England will be publishing further guidance which will take into account IT infrastructure issues, local contingency arrangements, situations where services are not available to refer into, delays in Acute Trusts dealing with referrals and inappropriately declined referrals.

£10million will be invested into the contract this year to support eRS implementation, with a review of workload over 2018/19.

Violent Patient removal provisions

Registration regulations are to be amended such that having a violent patient flag on the patient record will be considered reasonable grounds for deregistration or refusing to register. When patients are removed from practice lists under the violent patient regulations they will be put on the 'Special Allocation Scheme'.

Premises Cost Directions

These have now been published; there are extensive changes, a summary is below, but a separate 'Focus-on' document is being prepared.

- All new terms will be prospective (i.e. they cannot be retrospectively applied)
- Rent reviews will not lead to varying lease terms
- Rent reviews will not require contractors to undertake their own valuation, just evidence of a negotiation with the landlord; if the negotiation is unsuccessful the DV will assess
- Contractors must attempt to ensure VAT for rent is not passed on to them, but where it is the Board will reimburse
- More formalised arrangements for third party use of premises, with no financial disadvantage to the contractor

- Improved provisions for minimum standards reviews
- Contractual rights to reclaim overpayments (from the time the PCDs are published)
- If in receipt of a grant and the Board and Contractor agree to relocate, the Board will waive the grant agreement and any restrictions and requirements thereof
- PCD funding will be for anyone providing general medical services (as determined by the Board), currently anyone holding a GMS contract
- Improvement grants will now be permitted to purchase land to build an extension to existing premises
- Grants representing 100% of the project cost will be allowed (currently only 66% of the project cost is permitted)
- Amended abatement/use periods have been agreed:

Current abatement /use period (up to 66% borrowed)	**New abatement / use period** (up to 100% borrowed)
Up to £100k: 5 years	Up to £120k: 6 years
£100k - £250k: 10 years	£120k - £300k: 9 years
Over £250k: 15 years	£300k - £550k: 12 years
	£550k - £1m: 15 years
	Over £1m: 18 years

- **Last partner standing (owner-occupier)**
  - Explicit options if an owner-occupier is in receipt of a grant and hands back core contract during the abatement period:
    - Remove premises from NHS use, sell and repay the rest of the grant
    - Remove premises from NHS use, retain and repay the rest of the grant
    - Offer continued use of premises for another practice to lease (in this situation the new practice would have lease amended to repay the rest of the grant)

Last partner standing (leaseholder)

- Explicit options if a leaseholder is in receipt of a grant and hands back core contract during the abatement period:
  - Assign the lease (and any grant agreement) to another practice

- Relinquish the lease if landlord agrees (possibility of assistance with any related repayments)
- Potential for the Board to assign the lease to their nominee
- If in receipt of a grant, possibility for the Board to waive grant repayment

NON-CONTRACTUAL CHANGES

An extensive series of negotiations and discussions will continue during 2018/19, including:

- **GP State backed Indemnity Scheme** to be introduced from April 2019; extensive discussions have already commenced.

- **QOF Review;** the current NHS England supported QOF Review will report in April, paving the way for further negotiations on QOF changes for next year.

- **Electronic Prescribing Service [EPS] [Phase 4]**
  This will be piloted in a small number of practices and help to develop a 100% fully electronic prescribing scheme

- **Patient Access to on-line services**
  Nationally uptake will be reviewed with targeted support for a minority of practices who have fewer than 10% of patients signed up to use practice on-line services

- **Out of Hours KPIs**
  A review of new OOHs KPIs will occur during 2018, potentially replacing the current National Quality Requirements

- **Primary Care 'Freedom to Speak-up' Guardians**
  Arrangements for these will be agreed locally

- **Advertising private GP providers**
  NHS England wish to ensure GP practices do not direct patients to private providers for services that they themselves are commissioned to provide.

Other areas of discussion will include: the implication of the EU falsified medicines directive, a replacement for the current General Practice Extraction Service (GPES), promoting uptake of the NHS Diabetes Prevention Programme, and, if appropriate, ensure overseas patients, when they are referred to Acute Trusts, are aware of potential charges.

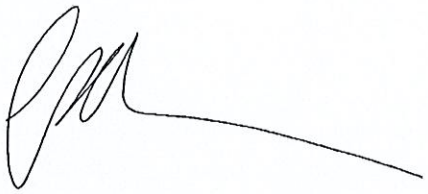
The total package of investment of this years Contract Agreement is £256 million, higher than in recent years, together with a realistic expectation of a further DDRB Award uplift to the contract.

Colleagues will appreciate this financial uplift of itself does not of itself represent a solution to the fundamental challenges within General Practice, reflected by the "three horsemen" of workload, workforce and investment, but it will hopefully provide practices with stability for the coming financial year.

If any colleagues have specific queries regarding this year's Contract Agreement, please contact me directly on (Julius.parker@sslmcs.co.uk)

With best wishes

Yours sincerely



Dr Julius Parker
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