PMS & GMS Updates

GMS Contract Changes 2018/19

The contract changes have been announced for 2018/19.

NHS Employers and the British Medical Association’s General Practitioners Committee (GPC) have agreed changes to the General Medical Services (GMS) contract effective from 1 April 2018. These changes apply in England only.

The contract for 2018/19 will see an investment of £256 million, which is an overall increase of 3.4 per cent.

Contract changes - in summary

Interim uplift of 1% for pay and in line with inflation for expenses, which would be increased further following any uplift secured through the DDRB process

- Increase in indemnity costs covered
- Uplift in line with inflation for those vaccinations and immunisations in the SFE
- Uplift to reimbursements of locum cover for sickness and maternity/paternity/adoption leave
- Fixed-term contracted salaried GPs for sickness/parental leave will be reimbursed (in line with locum cover)
- Minor amendments to clinical aspects of vaccinations and immunisations
- Significant resources and support for implementation of the electronic referral service
- QOF point value to be uplifted to reflect population increase
- New regulations to support practices in the removal of violent patients
- New premises cost directions

Further information (including the revised Statement of Financial Entitlements and DES’s) can be found here: [http://www.nhsemployers.org/GMS201819](http://www.nhsemployers.org/GMS201819)

GMS Contract Changes 2017/18

The contract changes have been announced for 2017/8. These will apply to both GMS and PMS practices.

In previous years the changes have been kept to a minimum because of the pressures that all practices face.

We know that for most practices the major factors that are having a negative impact are workload and workforce.

These contract changes will help all practices and are aimed at supporting practices and to take a further step to address these important factors. Alone, these contract changes will not
address all the issues but they should be considered in the context of other important developments including the GP Forward View and the New Models of Care (also know as MCP or Vanguards).

If this year’s changes help with the rising expenses, supports the development of the work in terms of training additional members of the practices team (GPFV), adds additional funding to the global sum from a retired DES and requires the STP to deliver transformation that supports the out of hospital model and provides a focus on general practice via the new models of care, then this must be a positive. Next year we need additional recurrent resources to expand the workforce to add capacity both at practice level and at the level of a natural community of care.

Please click here to read the outcome of the 2017/18 GMS contract negotiations

New Contractual Requirements 2016

Provision of information on general practice access data (Publications Gateway Ref No: 05730)

Action: To ensure every GP in your area is aware of the new contractual requirement.

The Government’s mandate to NHS England has a commitment to ensure everyone has easier and more convenient access to GP services, including appointments at evening and weekends. From October 2016, as set out in regulations, every GP practice in England will be required to submit an online return twice a year through the Primary Care Web Tool. This will set out what access to appointments the practice offers to patients either itself or through other arrangements, seven days a week. The first return will be open for submission from 3 October 2016 to 31 October 2016 inclusive.

Guidance is planned to be published shortly on NHS England’s website.

Contact Name and email address for any queries: england.gpaccess@nhs.net

GMS Contract Changes 2016/17

NHS Employers and the British Medical Association’s General Practitioners Committee (GPC) announced changes to the GMS contract in England for 2016/17 on 19 February 2016.

The contract for 2016/17 will see significant investment, helping to alleviate some of the pressures in general practice and working to improve access to services. In addition, there have been a number of other key changes including further development of data collection to drive patient care and changes that continue or build on last year’s online services. No changes have been made to the Quality and Outcomes Framework (QOF) indicators or thresholds.

GMS Contract 2016/17 Guidance

Consolidated GMS and PMS Regulations - December 2015

The consolidated GMS regulations have been laid and will come into force today, 7 December 2015 – reference SI 2015 No. 1862. The consolidated PMS Regulations will come into force at the same time – SI 2015 No 1879.

They are available through the links below and a PDF is also accessible.


PMS Reviews - Support for Practices
July 2015 Reinvestment of PMS Premium, considerations for PMS & GMS practices

The LMC has been heavily involved with the PMS Review process in the Bath & North East Somerset, Swindon and Wiltshire areas.

Through this it has become apparent that both practices and CCGs would like some advice about the reinvestment of the released PMS premium funding which CCGs will have available to commission services from both GMS and PMS practices. No doubt the Wessex PMS practices will receive something from their Area Team in the not too distant future.

With this in mind, please find below supporting guidance around the reinvestment of the released PMS premium along with a PMS proposal template. Please note that the PMS Proposal Template has been disseminated by the BGSW Area Team, we haven’t yet had confirmation from the Wessex Area Team of the process which will apply although we expect it to be similar if not exactly the same.

We hope you find both documents helpful and if you have any queries regarding this please contact office@wessexlmcs.org.uk

Provision of Services

Proposal Template

June 2015 GPC Guidance on PMS reviews

Focus on PMS reviews and transition to GMS - June 2015

Implementing 2014/15 GP Contract in PMS...

- To mirror the GMS contract changes of QOF and Enhanced services reinvestment into Essential services then PMS baseline funding is also going to be increased.
- There will no longer be a PMS QOF point deduction in 2014/14 from QOF payments. Instead this is being taken from the funding going into PMS baselines from the 2014/15 contract changes.
- The QOF point deduction was based on £13,050 for an average practice of 5891 patients. This equates to £2.22 per weighted patient.
- The QOF reinvestment is £5.15 per weighted patient. £2.22 is then deducted from this for the PMS QOF point reduction leaving £2.93 per weighted patient to go into PMS baselines (represents the 238 QOF points reinvested into the Global Sum).
- Enhanced Services transferring into PMS baselines brings £1.35 per weighted patient.
- Overall PMS practices should receive £4.55 per weighted patient to reflect the 2014/15 GMS Contract changes.

October 2014 Guidance

- Area teams should agree with CCGs, as part of co-commissioning arrangements, any future use of PMS funding
- Will be a case by case review to ensure that PMS practices not serving special populations that require continued additional funding
- We have no defined “core service”, as we know, there is considerable variation in what practices provide for their core funding
If we have a new national PMS contract and the funding is the same as GMS then why bother having PMS? The October guidance restates that NHS England fully supports PMS contracts as a way of securing innovation and addressing specific needs of patients. It may be a route to developing new organisational models.

Wessex Area Team has 114 PMS practices with a weighted population of about 1 million.

BGSW Area Team has 82 PMS practices with a weighted population of about 600,000.

Any proposals to reduce current levels of funding should reflect how the funding will be re-invested and practices given a net position.

Any resources freed up from PMS reviews should always be reinvested in general practice services. This will be across PMS and GMS practices.

PMS resources will stay in CCG locality

Redeployment should happen over a minimum of 4 years (year one being 2014/15)

National PMS Review...

In 2013/14 NHS England placed a moratorium on local PMS reviews to undertake a national review to ensure effective use of PMS resources in 2014-15. As a consequence of this they have identified the following:

- They believe £325 million sits in PMS contracts nationally over and above the GMS funding that would apply if all the practices were GMS. (£13.52 per registered patient)
- As MPIG is reinvested this reduces to £235 million over the 7 years to 2020/21. (£9.80 per registered patient)
- Of the £325 million they could match £67 million to KPIs that were above that expected in the GMS contract
- Of the remaining £258 they could not easily match this to enhanced services or population needs.
- This £235 million after full MPIG re-investment in GMS contracts is the “PMS PREMIUM”
- NHS England Area Teams have been tasked to review all PMS contracts in detail. They have two years from 01/04/2014 to complete this.
- The clear aim is to achieve equitable funding where all practices (GMS and PMS) receive the same core funding for providing the same core services expected of all practices.
- Any funding above this must be linked to enhanced quality or service needs of local populations and all practices (GMS or PMS) should have access to this “premium funding”.
- NHS England are developing a standard model contract that they expect Area Teams to adopt with all PMS providers by April 2016.

OOH Opt-Out Deductions...

- In December 2013 HNS England instructed Area Teams to review PMS contracts to ensure that the OOH deduction applied to PMS contracts was in line with that applied to GMS contracts (if this was not the case).
- For GMS practices this was £3.975 per weighted patient in 2013/14 (6% of £66.25 global sum price per weighted patient).
- Area Teams were tasked to use this figure as the OOH opt-out price for 2013-14. Not all Area Teams actioned this in 2013-14 however as guidance was released very late in the financial year.
- In 2014/15 and all subsequent years then NHS England should ensure that the price of the Opt out deduction will be the same in GMS and PMS. The calculation in GMS has changed in 2014/15 as the reinvestment of QOF and Enhanced Services are not subject to the 6% OOH charge.
What we do

We represent GPs and practices across the counties of Dorset, Hampshire & the Isle of Wight, Wiltshire, BaNES and Swindon whilst also providing services to the Islands of Jersey and Guernsey.

Find out more