

Summary of 2018/19 General Medical Services Agreement

Key changes to the General Medical Services (GMS) Contract are summarised below. For 2018/19, there are only minor changes. Next year, more significant changes encompassing QOF and the Carr-Hill formula are expected.

Contract Uplift

The contract for 2018/19 will see a national investment of £256 million, which is an overall increase of 3.4%. This additional investment is to uplift the contract and take into account other agreed changes, as outlined below. This will provide a 1% uplift to pay and a 3% uplift to expenses. A further uplift may be made following the Government's response to any recommendations by the Review Body on Doctors' and Dentists' remuneration Board. This is expected in May 2018.

Indemnity Costs

There will be a non-recurrent investment of £60 million, paid in March 2018 to cover the increased costs of indemnity for 2017/18. This will be distributed directly to practices, mirroring the process last year.

Premises Costs Directions

There will be a further review of premises used to provide primary medical care in England. This review, to commence by the summer, will address some outstanding issues from the recent review of the 2013 Premises Costs Directions.

Direct Booking

Over the next year, NHS England and the General Practice Committee (GPC) will work together to further support use of direct booking from 111 CAS (Clinical Assessment Systems) into practice systems, where agreed with practices, to fully evaluate benefits and address any concerns. This will inform 2019/20 contact negotiations.

Advertising

NHS England and the GPC will work together to support the CCGs and the LMCs to ensure that advertise private provides of GP services which the practices should be providing free of charge on the NHS.

Electronic Prescription Service

Regulations will be amended to implement electronic prescription services (EPS) Phase 4, allowing an initial phase of implementation to support a planned roll-out during 2018/19.

NHS e-Referrals Service

The target for this programme is to have all health systems using the NHS e-Referral services (e-RS) for all practice's first consultant-led outpatient appointments, from October 2018 and to have switched off paper referrals. Where paper switch off has

been achieved, practices will be expected, through a contractual change, to use e-RS for these referrals from October.

Violent patients

Regulations already allow practices to refuse registration where there are reasonable grounds for doing so, and NHS England and GPC have agreed that a 'violent patient' flag would constitute reasonable grounds.

Patient access to online services

There will be a contractual change so that practices that have not achieved a minimum of 10% of patients registered for online services will work with NHS England to help them to achieve greater use of those online services.

Out of Hours Key Performance Indicators

NHS England and the GPC will work together to test new performance indicators and thresholds for out of hours services to replace the current National Quality Requirements.

Reimbursement of locum cover

From 1 April 2018, if a contractors choose to employ a salaried GP on a fixed-term contract to provide cover, NHS England will reimburse the cost of that cover to the same level as cover provided by a locum, or a performer or partner already engaged by the contractor.

Vaccination and Immunisations

Uplifts have been agreed to a range of changes to vaccination and immunisation fees and programmes.

Quality and Outcomes Framework

The value of a QOF point will increase by 4.7% from £171.20 in 17/18 to £179.26 in 18/19. The indicators remain unchanged.