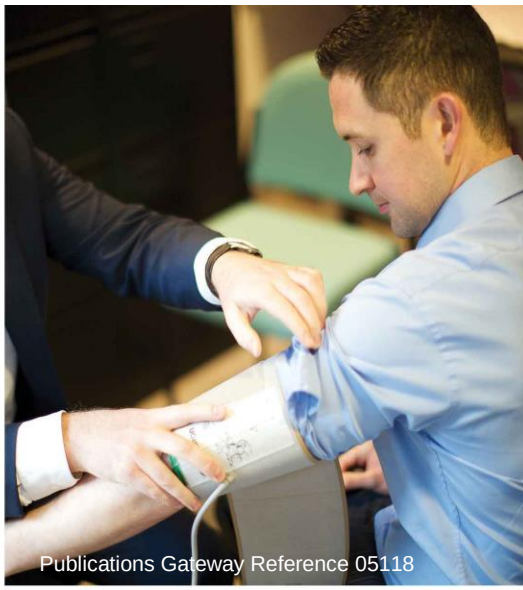
2018/19 General Medical Services (GMS) contract

Guidance and audit requirements for GMS contract

May 2018

Version 1



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Version control

Version	Publication date	Changes
Version 1	May 2018	
Version 2	To follow	

Contents

Section 1: Introduction

In March 2018, NHS Employers (on behalf of NHS England) and the British Medical Association's (BMA) General Practicioners Committee England (GPC) agreed changes to the General Medical Services (GMS) Contract for 2018/19.

This guidance provides information about the new contractual requirements and the enhanced services (ES) commissioned by NHS England.

Participating commissioners and practices should ensure they have read and understood the requirements in the GMS Contracts Regulations, Directed Enhanced Services (DES) Directions and NHS England service specifications, the guidance in this document as well as the 'Technical requirements for 2018/19 GMS Contract changes'[1]. This supersedes all previous guidance on these areas.

Wherever possible, NHS England seeks to minimise the reporting requirements for the services delivered by practices where these can be supported by new systems and this guidance outlines the audit requirements for the services detailed. Separate technical requirements document detailing the clinical codes which practices are required to use are detailed in the 'Technical requirements document'.

This guidance is applicable in England only.

The amendments to the GMS Contracts Regulations, DES Directions and to the Statement of Financial Entitlements (SFE), which underpin the changes to the contract, are available on the Department of Health and Social Care (DHSC)[2] and NHS Employers website[3]. The detailed requirements for taking part in the ESs are set out in the DES Directions or service specifications.

[1] NHS Employers. Technical requirements for 2018/19 GMS contract changes. www.nhsemployers.org/GMS201819
[2] Legal documents underpinning GMS Contract changes. https://www.gov.uk/government/publications/nhs-primary-medical-services-directions-2013
[3] NHS Employers. 2018/19 GMS contract changes. www.nhsemployers.org/GMS201819

Section 2: Contract uplift

From 1 April 2018, the contract for 2018/19 sees an investment of £256.3 million, which is an overall increase of 3.4 per cent.

This will uplift the contract and to take into account other agreed changes, covering:

- £60 million to cover GP indemnity costs for 2017/18
- an uplift to allow an increase to the Item of Service (IoS) fee for certain vaccination and immunisations (V&I) from £9.80 to £10.06, in line with consumer price index inflation[4]
- £22 million to allow a change in the value of a Quality and Outcomes Framework (QOF) point as a result of a Contractor Population Index (CPI) adjustment
- £10 million on a non-recurrent basis to recognise additional workload associated with the implementation of e-Referral contractual requirements.

This investment, along with the reinvestment of eroded seniority and miminum practice income guarantee (MPIG) payments is added to the global sum allocation with no out-of-hours (OOH) deduction applied. Funding to cover indemnity payments is unweighted. All other uplift payments are on a weighted basis.

This provides a one per cent uplift to pay and a three per cent uplift to expenses in line with consumer price index inflation. A further uplift may be made following the Government's response to any recommendations by the Review Body on Doctors' and Dentists' Remuneration (DDRB).

Key contract figures

Figure	2017/18	2018/19	£ increase	% increase
Value of QOF point	£171.20	£179.26	£8.06	4.7%
Global Sum price per weighted patient	£85.35	£87.92	£2.57	3.0%
OOH adjustment (%)	4.92%	4.87%		
OOH adjustment (£ amount)	£4.20	£4.28	£0.09	2.0%

[4] Taken in March 2018 when CPI was 3%

Section 3: New contractual arrangements

GMS digital

NHS England and GPC continue to work together to develop high quality secure electronic systems and proactively encourage patients and practices to use them. Recent initiatives have been taken forward in part through changes to the contract, but also through agreed joint working arrangements and guidance.

We have continued this approach for 2018/19. The Joint General Practitioners Information Technology Committee (JGPITC) will be the main forum for this work, which will be ongoing throughout 2018/19.

NHS e-Referral service (e-RS)

From October 2018 there will be a requirement for practices to use e-RS for all GP practice referrals to 1st consultant led outpatient appointments, where the system is operational.

Practices will not be penalised if e-RS is not fully implemented in their locality, for example where services are not available to refer into or IT infrastructure is incapable of delivering an effective platform. It has been agreed that NHS England will take a supportive not punitive approach where circumstance dictates that practices are unable to undertake this. These system-wide issues will be dealt with, including listening to and working with practices and GPs in the area who will be kept involved in agreeing any revised paper switch off date.

Where there are concerns from local GPs, the e-RS team will meet with them, to listen and understand those concerns and jointly develop and deliver action plans to address any issues. In addition, the national e-RS implementation team is working on national products to raise awareness and understanding of e-RS. These include guidance which has been co-created with the GPC, as well as videos and training materials, that will outline the different ways practices can implement e-RS including what support can be given by other members of the practice team.

Where paper switch off has been achieved locally, practices will be required to use e-RS for these referrals from October. Where a practice is struggling to use e-RS, the CCG and practice are required to agree a plan with the practice to resolve issues in a supportive way as soon as possible.

NHS England and GPC will work together to improve the referral process and ensure that the system minimises workload for the practice. As part of this, NHS England

will work with GPC to conduct a post-implementation review to identify implementation challenges, including any workload implications, and this will inform the next round of contract negotiations.

Electronic prescription service (EPS)

From October 2018, NHS England will start to implement EPS Phase 4 and we have agreed an initial phase of implementation to a limited selection of practices during 2018/19; this will be on a voluntary basis.

As part of Phase 4 all appropriate presciptions will be electronic, with no patient opt-out. Where the patient has a nominated pharmacy, there will be no need for any paperwork; where they do not have a nominated pharmacy the practice will give the patient a token to present to the pharmacy to match to the electronic prescription.

The GMS Regulations will be updated to require contractors to use EPS (except in certain specified situations), to remove the need for patient consent to use EPS and to allow for EPS without a nominated pharmacy being in place. The pharmaceutical Regulations will also be amended appropriately.

This will help to ensure that issues identified are resolved, to enable practices to be properly supported in future full implementation. An NHS patient awareness campaign (including resources for practices to manage patient concerns) will be undertaken to ensure patients are aware of the changes and to reduce any burden on practices in this regard.

We have agreed that there must be a local fall-back process if the system is not operational. We have also agreed to explore how secondary care providers might begin to make use of the EPS system to benefit patients

Patient access to online services

Practices are required to offer and promote online services to patients for appointment booking, ordering of repeat prescriptions and access to information in the clinical record.

For 2018/19, we have agreed a contractual change so that practices and NHS England will work together to help achieve greater use for those practices that have not achieved a minimum of ten per cent of patients registered for one or more of these online services.

In addition, supporting the increased use of these services and building on the 2017/18 non-contractual target of twenty per cent, all practices are encouraged to aim for a non-contractual target of thirty per cent of their registered patients to be using one or more online services by 31 March 2019.

Advice and support for practices is available from the NHS England patient online team[5] and practices are already being contracted by their CCG/NHS England local team if they have lower than ten percent of patients registered for online services.

OOH key performance indicators (KPIs)

The National Quality Requirements (NQR) will be replaced with new KPIs. The Regulations will be amended in October 2018 when reference to the NQR will be replaced with a reference to the new urgent care KPIs. This will not create any additional requirements for GP contractors who retain responsibility for providing out of hours services. Further information will be included in an updated version of this guidance.

Violent patients

The Regulations provide for situations where a patient may be removed from a practice list where they have been violent or behaved in such a way that persons have feared for their safety, towards a GP, member of practice staff (including contractors and subcontractors), or any other person on the premises or in the place where services are provided.

We have agreed to make some changes to provide greater protection against patients who are violent and improve the process both for removing those patients from practice lists and ensuring they continue to receive appropriate primary medical care.

The Regulations already allow practices to refuse registration where there are reasonable grounds for doing so, and NHS England and GPC have agreed that a current “VP flag” against a patient record does constitute reasonable grounds to refuse registration.

The Regulations will be amended to add a patient with a current “VP flag” on their record, to the grounds for which a practice may remove someone from its list of patients by following the same procedures for removing patients who are violent from a practice list, without resorting to the more complicated procedures for removing a patient from a practice list (currently set out in Schedule 3, Part 2, paragraph 24).

This allows the practice to deregister the patient straightaway simply by informing their commissioner and where appropriate, the patient. The practice must inform the commissioner in writing within seven days, and the commissioner will formally inform the patient. The practice will record that in the patient’s clinical record and the commissioner will be responsible for any ongoing care.

[5] NHS England. Patient online team. https://www.england.nhs.uk/ourwork/pe/patient-online/

If a patient is removed under the violent patient provisions, their further care will be managed in line with agreed national policies, including where appropriate special allocation schemes.

Further information can be found in the NHS England primary medical care (PMC) policy and guidance manual[6] (PGM).

Locum reimbursement

Practice reimbursement for locum cover for parental leave and sickness absence has been simplified. From 1 April 2018, the SFE will be amended such that if a contractor chooses 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 employed or engaged by the contractor.

[6] NHS England. PMC PGM. https://www.england.nhs.uk/publication/primary-medical-care-policy-and-guidance-manual-pgm/

Section 4: Enhanced services

ESs are services which require an enhanced level of service provision above what is required under core GMS contracts.

Commissioners and contractors participating in ESs should ensure they have read and understood the requirements in the Directions and NHS England service specifications as well as the guidance in this document.

There are no changes to Enhanced Services for 2018/19. The following ESs remain from 2017/18:

- Extended hours access – the guidance and audit requirements for the extended hours ES remain unchanged and are set out in the 2015/16 GMS guidance[7]. Requirements relating to 2015/16 dates in the guidance should be applied to 2018/19.

  However, since October 2017 it has been a requirement that practices can only offer this service if they meet a requirement that the contractor's practice is not closed for half a day on a weekly basis unless by written prior agreement with the Board; and a requirement that patients must be able to access essential services which meet the reasonable needs of patients during core hours from the contractor's practice (or from any person who is sub-contracted to provide such services to the contractor's patients during core hours)[8].

- Learning disabilities health check scheme – the guidance and audit requirements for the learning disabilities ES remain unchanged and are set out in the 2015/16 GMS guidance. Information relating to coding for this is available in the 'Technical requirements document'[9] for 2018/19. Requirements relating to specific dates in the 2015/16 guidance should be assumed to apply to 2018/19 for example where it states on page 69 under 'requirements' that the "ES is for one year from 1 April 2015", this should be applied as the "ES is for one year from 1 April 2018".

  The fee payable for carrying out a healthcheck under this scheme increased from £116 to £140 from 1 April 2017.

- The minor surgery ES and violent patient ES, which are locally specified, remain unchanged.

[7] NHS Employers. GMS guidance. 2015/16. www.nhsemployers.org/GMS201516
[8] 2018/19 DES Directions. www.gov.uk/government/publications/nhs-primary-medical-services-directions-2013
[9] NHS Employers. Technical requirements. 2018/19. www.nhsemployers.org/GMS201819

Section 5: Vaccination and immunisations

We have agreed an uplift to the item of service (IoS) fee for the following programmes, from £9.80 to £10.06, from 1 April 2018:

- hepatitis B at-risk (newborn babies)
- HPV completing dose
- meningococcal ACWY freshers
- meningococcal B
- meningococcal completing dose
- MMR
- rotavirus
- shingles routine
- shingles catch-up.

The IoS fee for the following programmes will remain unchanged at £9.80 per dose:

- childhood seasonal influenza
- pertussis
- seasonal influenza and pneumococcal polysaccharide.

The payment for pneumococcal PCV will remain at £15.02.

In addition to the increase to the IoS fee for V&I, NHS Employers and GPC have agreed to the following programme changes[10] from 1 April 2018:

- Hepatitis B (newborn babies) – programme name changed to Hepatitis B at-risk (newborn babies). The vaccine has changed and the number of recommended doses reduced to three, therefore the payment of the second dose has now been uncoupled from the third dose. This was a 2017/18 in-year change effective 30 October 2017, included for completeness.
- MenACWY 18 years on 31 August – programme removed.
- Meningococcal B – programme has moved into the SFE as an additional service There are no changes to eligibility or payment requirements.
- Meningococcal completing dose – cohort extended to include eligible school leavers previously covered by the 18 years programme. The eligibility criteria is now 1 April 2012.
- Pneumococcal PCV removal of the three-month dose has been agreed in principle, pending final sign off from Ministers. The date this change will become effective has yet to be confirmed. The funding for this programme will remain at £15.02.

[10] NHS Employers. V&I. 2018/19. www.nhsemployers.org/VandI201819

The following programmes will roll forward unchanged:

Programmes in SFE
- shingles routine programme for 70 year olds
- MMR over 16 year olds
- HPV completing dose for girls 14-18 years
- Rotavirus.

Programmes with service specifications
- childhood seasonal influenza
- shingles catch-up
- MenACWY freshers
- pertussis
- seasonal influenza and pneumococcal polysaccharide.

Further details on these programmes are available in the 'vaccinations and immunisations guidance and audit requirements for 2018/19'[11].

The details for clinical coding, payment, management and information and cohort counts are available in the 'Technical requirements'[12] document.

[11] NHS Employers. V&I. 2018/19. www.nhsemployers.org/VandI201819
[12] NHS Employers. V&I. 2018/19. www.nhsemployers.org/VandI201819

Section 6: Quality and outcomes framework and indicators no longer in QOF

Quality and outcomes framework (QOF)

The key changes are:

- The average practice list size (CPI) had risen from 7,732 as at 1 January 2017 to 8,096 at 1 January 2018.
- The value of a QOF point will increase by £8.06 or 4.7 per cent from £171.20 in 2017/18 to £179.26 in 2018/19.
- QOF indicators continue unchanged with the exception of a minor change to the clinical codes that make up the register for learning disabilities. As such, the indicator ID has changed from LD003 to LD004. See QOF FAQs for further details.
- No changes to thresholds for 2018/19.

Although no indicators have been retired for this year, it is expected that practices will continue to undertake work as clinically appropriate in relation to those indicators no longer in QOF (INLIQ). From 1 April 2017, it has been a contractual requirement for practices to facilitate data collection on these indicators.

Periodically, NHS England will collect anonymised data from practices' clinical systems which will provide statistical information, be processed for audit and publication and will help inform commissioners and practices. It is not intended for performance management purposes.

A summary of QOF indicators for 2018/19 is available to download from the NHS Employers QOF page[13]. The clinical codes for QOF are provided in the Business Rules which are available on the NHS Digital website[14].

INLIQ

There are no changes to the list of indicators included in the collections for INLIQ.

A summary of INLIQ indicators for 2018/19 is available to download for the NHS Employers QOF page.

[13] NHS Employers. QOF. 2018/19. www.nhsemployers.org/QOF201819
[14] NHS Digital. http://content.digital.nhs.uk/qofesextractspecs

Section 7: Non-contractual changes

Advertising

NHS England and GPC agree that NHS-commissioned practices must not advertise private providers of GP services which the practices should be providing free of charge on the NHS. GPC and NHS England will work together, supporting the local CCG and LMC, to ensure this does not happen. If necessary, this will be reinforced by a contractual clarification for 2019/20.

Cost recovery for overseas visitors

In the 2017/18 GMS agreement, contractual changes were made to help identify patients with a non-U.K. issued European Health Insurance Card (EHIC) or S1 form. These changes have yet to be fully implemented, in terms of IT systems, and the workload and practical impact have yet to be fully understood. NHS England and GPC will review the implementation of this agreement in the 2019/20 negotiations.

Whilst NHS primary medical care remains free to all, NHS secondary care services are chargeable for anyone not ordinarily resident in the UK, unless an exemption category applies to the service or the patient. The Overseas Visitor Charging Regulations place a requirement on all providers of NHS funded secondary care to make and recover charges from an overseas visitor where no exemption category applies.

Immediately necessary or urgent treatment will always be provided regardless of advance payment; however, chargeable patients will still be charged. All maternity care is considered to be immediately necessary. If treatment is not immediately necessary or urgent, the patient can either decide to return to their home country to receive the treatment, or pay in advance of receiving the treatment from the NHS.

Patients with a healthcare entitlement from the EEA, (such as an EHIC or S1) can use this to cover their healthcare costs. Some people, notably pensioners, who come to reside in the UK, may have an ‘S1’ form from the member state in which they worked. This allows the UK to be funded for their healthcare when it is correctly registered in the UK. Practices are encouraged to remind patients, who they know to be not ordinarily resident in the UK, at the point of referral, that they may be subject to charges in secondary care. This could be done using the nationally produced leaflet.

Practices should not be discouraged from referring their patients for secondary care on the grounds that they may be an overseas visitor.

In addition to the Patient leaflet, available via the PCSE portal, the DHSC is developing a new range of leaflets and posters that will be made available in due course to support practices in raising awareness with patients.

Diabetes primary prevention

CCGs should ensure appropriate and funded services are in place, to allow practices to refer patients to the NHS Diabetes Prevention Programme[15] (NHS DPP). We encourage practices make use of such services when appropriate for their patients.

GMS digital

Electronic repeat dispensing (ERD)

ERD provides an efficient way to supply patients with repeat medication without the GP needing to sign repeat prescriptions each time. It allows the GP to authorise and issue a batch of repeat prescriptions, which will be available at the patient's nominated pharmacy, at a specified interval until the patient needs to be reviewed. This has significant benefits to practices and patients as a time saving measure.

To help improve the take-up of ERD, we have agreed a non-contractual target for 2018/19 of 25 per cent for electronic prescriptions to be converted to ERD. Co-ordination with community pharmacy is vital to help maximise uptake through joint promotion of the benefits of this service for patients and the NHS.

Cyber and data security

As in previous years, NHS England and GPC will continue to promote the completion of the NHS Digital Information Governance toolkit[16], including adherence to its requirements and attain Level 2 accreditation.

Practices are also encouraged to implement the National Data Guardian's 10 new data security standards[17]. This is important to ensure that patients can trust that their personal confidential data is protected, and that those involved in their care, and in running and improving services, are using such information appropriately and only when absolutely necessary. NHS England recognises the challenges for practices in committing to these essential data security standards and has committed to working with GPC alongside the DHSC, NHS Digital and others to provide appropriate support to practices. In order to ensure general practice can successfully deliver these new data security standards, it is recognised that the requirements need to be relevant, pragmatic and reasonable.

Online access to clinical correspondence

Secondary care providers are required under the terms of the NHS Standard Contract to send clinical correspondence to general practice electronically. To support the increased use of interoperable records and reduction in burden on

[15] NHS England. NHS DPP. https://www.england.nhs.uk/diabetes/diabetes-prevention/
[16] NHS Digital. https://www.igt.hscic.gov.uk/
[17] NDG. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/535024/data-security-review.PDF

general practice, practices should have the processes in place to enable receipt of electronic clinical correspondence from providers. This includes discharges, A&E discharges and outpatient clinic letters.

Hepatitis B (HepB) renal patients

NHS England will work with specialised commissioning and secondary care colleagues, to ensure that it is clear the responsibility to deliver HepB vaccination to renal patients lies with the renal service and not with general practice unless local arrangements are in place to deliver this service.

Hepatitis B medical students

GPC, NHS England and HEE will work together to ensure all medical schools provide services for the provision of HepB vaccines for medical students, to ensure that this burden does not fall to practices without appropriate funding arrangements being in place.

Sharing of information with partners

We recognise the important role that social care providers have in the provision of care for patients. We therefore encourage practices to share relevant information with social care providers, subject to the usual safeguards including confidentiality, where systems and/or procedures are in place to do so appropriately.

Social prescribing

CCGs will develop and provide funding for appropriate local social prescribing services and systems, with input from local practices and LMCs, to enable practices to refer patients to local social prescribing ‘connector’ schemes within the voluntary sector, where they exist in their locality. This may include patients who are lonely or isolated, have wider social needs, mental health needs or are struggling to manage long-term conditions. Practices are encouraged to use such services to enable patients to connect to community support, improve prevention, address the wider determinants of health and increase their resilience and ability to self-care.

Section 8: Queries process

Queries can be divided into three main categories:

1. those which can be resolved by referring to the specification or guidance
2. those which require interpretation of the guidance or Business Rules[18]
3. those where scenarios have arisen which were not anticipated in developing guidance.

Within these categories, there will be issues relating to coding, Business Rules, payment, clinical issues and policy issues and in some cases the query can incorporate elements from each of these areas.

NHS Employers' website has an FAQs[19] page for QOF, ES and also for non-clinical aspects of the GMS contract. If there are queries which cross the above areas, the recipient of the query will liaise with the other relevant parties in order to resolve/respond. In addition, where a query has been incorrectly directed, the query will be redirected to the appropriate organisation to be dealt with.

Where queries cannot be answered by reading this guidance document or any of the supporting Business Rules and FAQ documents, queries should be directed as follows:

1. Queries relating to Business Rules or coding should be sent to NHS Digital via enquiries@nhsdigital.gov.uk. Where required, NHS Digital will work with other key stakeholders to respond.

2. Policy, clinical and miscellaneous queries should be sent to:

   NHS Employers for commissioners via:

   - GMScontract@nhsemployers.org
   - QOF@nhsemployers.org
   - VandI@nhsemployers.org

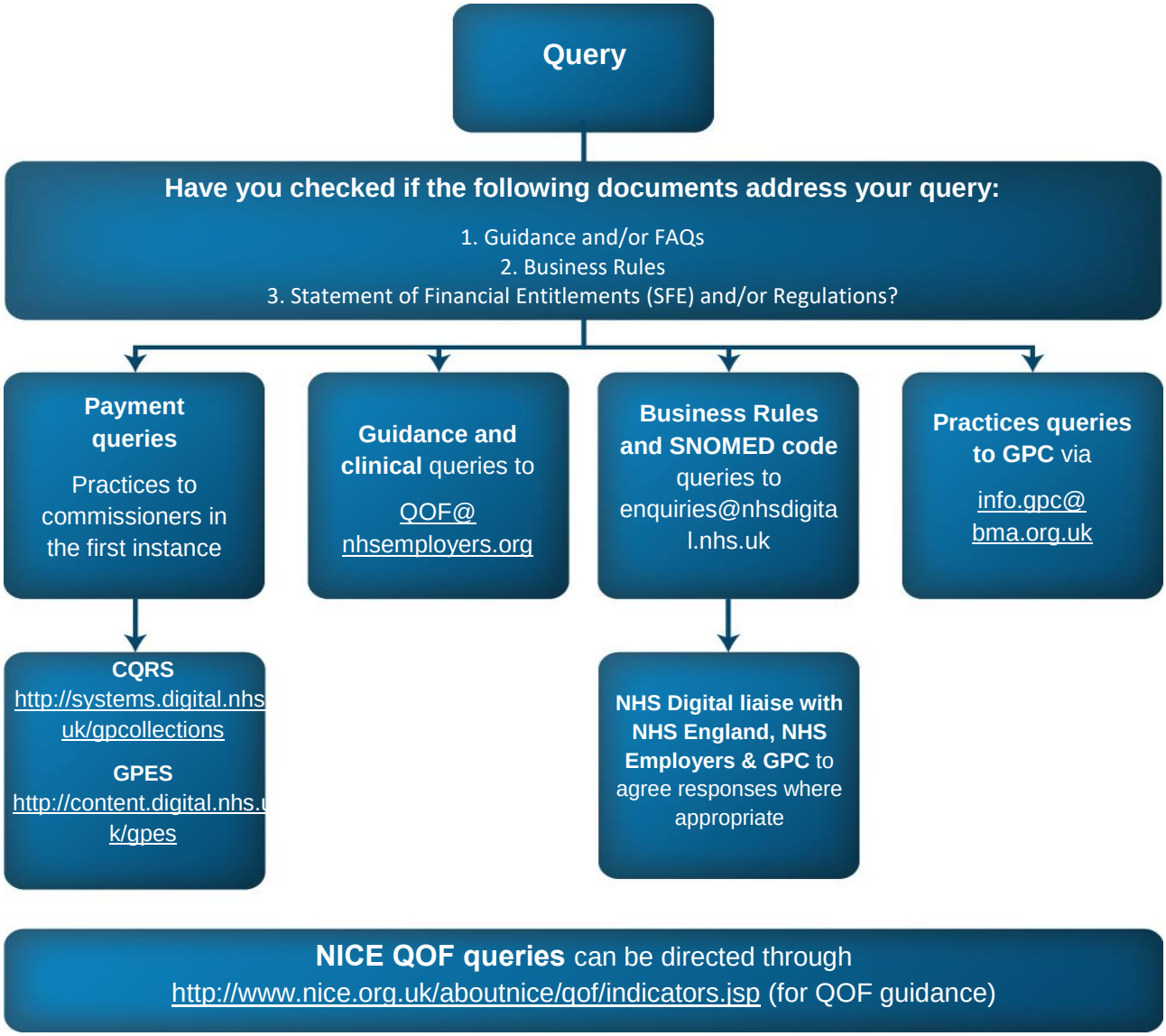
   GPC for general practice via:

   - info.gpc@bma.org.uk

   NHS England via:

   - england.gpcontracts@nhs.net for general contracting and policy queries
   - england.primarycareops@nhs.net for operational issues

[18] NHS Digital. http://content.digital.nhs.uk/qofesextractspecs
[19] NHS Eplpuers. FAQs. www.nhsemployers.org/FAQs


Query
Have you checked if the following documents address your query:
1. Guidance and/or FAQs
2. Business Rules
3. Statement of Financial Entitlements (SFE) and/or Regulations?
Payment queries
Practices to commissioners in the first instance
Guidance and clinical queries to
QOF@ nhsemployers.org
Business Rules and SNOMED code queries to enquiries@nhsdigital.nhs.uk
Practices queries to GPC via
info.gpc@ bma.org.uk
CQRS
http://systems.digital.nhs uk/gpcollections
GPES
http://content.digital.nhs.u k/gpes
NHS Digital liaise with NHS England, NHS Employers & GPC to agree responses where appropriate
NICE QOF queries can be directed through
http://www.nice.org.uk/aboutnice/qof/indicators.jsp (for QOF guidance)