

# THE CHEMISTRY FOR SUCCESS



## IMPORTANT CHANGES TO GP CONTRACTS

### THE GOOD, THE BAD AND THE UNKNOWN

Last week saw big changes to GP Contracts with the majority of changes coming into effect from 1 April 2017.

#### THE GOOD

- The Unplanned Admissions DES will be scrapped, with the £157m put directly back into the Global Sum.
- There will be full reimbursement for CQC fees, which will not form part of the global sum. Practices will invoice commissioners for the full reimbursement of actual costs.
- Practices will be given a share of £30m worth of funding to cover indemnity costs on a case-by-case basis - as pledged in the GP Forward View.
- Practices will be entitled to sickness payment to cover staff absences – no longer on a discretionary basis.
- Maternity payments to practices will no longer be on a pro-rata basis. Practices will be able to submit an invoice and either the full amount, or maximum payable, will be reimbursed.
- NHS England will invest £2m into the global sum to account for increases in workload caused by Capita's new records collection service.
- Per-patient funding for the Learning Disabilities Health Check will be increased from £116 to £140.
- GPs will receive a 1% pay uplift.
- No changes to the QOF, except for an increase in the value of a QOF point.
- Practices will no longer have to vaccinate four-year-olds in seasonal flu campaign. These will be transferred into the school vaccination programme.
- Morbidly obese patients are now covered for NHS flu jabs, with £6.2m in funding added to the contract to accommodate this.
- Eligibility for pregnant women to receive the Pertussis vaccine will be reduced from up to 20 weeks to 16 weeks pregnant.

## THE BAD

- Practices who regularly close outside of core hours will no longer be allowed to qualify for the Extended Hours DES from October 2017. This could affect almost 15% of practices, forcing them to open longer.
- Practices will be contractually required to complete the workforce census - £1.5m has been put into the Global Sum to recognise the work involved.
- There will be a new contractual requirement, replacing the unplanned admissions DES, for practices identifying patients with severe frailties.
- Practices will have to require patients to self-declare that they hold either an EHIC or S1 form and prove they are eligible for free NHS care.
- From July 2017, ALL practices will be contractually required to allow collection of data relating to the National Diabetes Audit.
- Practices will be contractually required to enable the extraction of data relating to agreed indicators no longer in QOF.
- From July 2017, practices will be contractually required to allow prisoners to register before they leave prison.

## THE UNKNOWN...

- Insufficient detail for each part of the contract announced so far for GPs to fully understand their implications.
- There is no precise figure for the overall uplift in funding. Watch this space....

For more information or discuss any of the above, please do not hesitate to contact me directly for a free no obligation chat.

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