

Primary Care Strategy and NHS Contracts

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Dear GP practices and their commissioners,

Changes to the GP Contracts from 1 October 2020

We are writing to update you on changes to the GP contracts from 1 October 2020.

A. Amendments to the GMS/PMS Regulations and APMS Directions arising from the 2020/21 GP contract agreement

We have made further changes to the GMS/PMS Regulations to implement the agreements reached with the BMA in the 2020/21 GP contract agreement: <https://www.england.nhs.uk/wp-content/uploads/2020/03/update-to-the-gp-contract-agreement-v2-updated.pdf>. This includes a new requirement for practices to participate in the Appointments in General Practice data collection. From 1 October, practices are required to record appointments in their appointments book in line with guidance we jointly published with the BMA in August: <https://www.england.nhs.uk/wp-content/uploads/2020/08/gpad-guidance.pdf>.

The Regulations have also been updated to include new and amended requirements in relation to: the NHS Digital Workforce Collection; list cleansing; removal of patients from a practice list because they have moved out of the practice area; removal of patients from a practice list who are violent; patient assignment where the relationship between a patient and a practice has broken down; out of area patient registration where patients have been assigned; subcontracting under the Network Contract DES; and amendments to termination rights where a practice registration with the CQC has been cancelled. Further details are included at Annex A and the new Regulations are here: <https://www.legislation.gov.uk/ukxi/2020/911/schedule/1/made>

Further changes to the Regulations will be made by April 2021 to implement the remaining aspects of the 2020/21 deal. This includes amendments to make

vaccinations and immunisations essential services as well as introduce pay transparency. In addition, we are planning to introduce a new regulatory requirement in January 2021 for practices to record ethnicity data where this is provided. In the meantime, all NHS organisations are asked to proactively review and ensure the completeness of patient ethnicity data by no later than 31 December as per the phase 3 implementation letter¹. Ensuring datasets are complete and timely is essential to underpin an understanding of and response to health inequalities.

We have recently received some queries about the requirement introduced on 1 April 2020 for all practices to offer a 6-8 week postnatal check for new mothers. To clarify, these checks need to be led by a GP, who could be supported by additional multidisciplinary professionals within the primary care team with the necessary competencies.

B. Extension of temporary changes to GP contract under the pandemic regulations

The following provisions will continue under the National Health Service (Amendments Relating to the Provision of Primary Care Services During a Pandemic etc.) Regulations 2020 **until 31 March 2021** for GP practices in England at the earliest:

- **A suspension of the requirement that practices report to commissioners about the Friends and Family Test returns;**
- **A temporary suspension of the requirement for individual patient consent in certain circumstances, in order to encourage increased use of electronic repeat dispensing (eRD)².** Use of eRD has many benefits for patients, practices and wider systems and this temporary provision aims to make it easier for practices to transfer patients to e-RD in defined circumstances, where this is clinically appropriate.
- **A continuation of the temporary increase in the number of appointment slots that practices must make available for direct booking by 111 to 1 slot per 500 patients per day.** This is because they remain necessary to support phase 3 of the NHS response, in particular the important role NHS 111 is playing in reducing the face-to-face transmission risk for patients and NHS staff. Under this model, the slots, which will be booked following clinical triage, are not appointments in a traditional sense; instead practices should clinically assess the patients remotely and arrange their ongoing management. This ensures that only those who need further care (in-person or via telephone / video consultation) are presenting to services, and they are managed as appropriate for their clinical condition. **GP practices are asked to make sufficient slots available for NHS 111 to refer into; they should**

¹ https://www.england.nhs.uk/wp-content/uploads/2020/08/C0716_Implementing-phase-3-v1.1.pdf

assess the use of the slots each day and adjust the number to meet demand. This could be fewer than 1 in 500.

C. Statement of Financial Entitlements (SFE)

Two changes have been made to the Statement of Financial Entitlements which will come into effect in early October 2020:

- **Dispensing Doctors Feescales:** The SFE will be updated to include the uplift to the Dispensing Doctors Feescales.
- **Dispensary Services Quality Scheme (DSQS).** As set out in our 4 September letter², we have amended the requirements of DSQS this year in light of Covid-19. The SFE now reflects that practices only need to carry out medication reviews for 7.5% of their dispensing patients, focusing on those they consider to be higher-risk, and must do so remotely unless a face to face review is clinically appropriate.

The SFE amendments can be read in full here:

<https://www.gov.uk/government/publications/nhs-primary-medical-services-directions-2013> A further amendment will be made to the SFE to reflect the revised approach to QOF in 2020/21

D. Publication of new standard contracts

We will shortly publish new standard GMS, PMS and APMS contracts to incorporate all changes to these contracts since October 2019. These standard contracts and contract variations will be available on the NHS E/I website:

<https://www.england.nhs.uk/gp/investment/gp-contract/>

If you have any queries, please contact the GP Contracts Team on:

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Ed

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² <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0713-202021-General-Medical-Services-GMS-contract-Quality-and-Outcomes-Framework-QOF-Letter.pdf>

Annex A: Further details of the amendments to the GMS Contract and PMS Agreement Regulations from 1 October 2020

From 1 October 2020, the GMS Contract and PMS Agreement Regulations have been amended³ to include the following requirements:

- **Appointments in General Practice data collection:** From 1 October, practices are required to record appointments in their appointments book in line with guidance we jointly published with the BMA in August: <https://www.england.nhs.uk/wp-content/uploads/2020/08/gpad-guidance.pdf>.

Further information and advice on improving recording of appointments can be found here: <https://www.england.nhs.uk/gp/gpad/>

- **NHS Digital Workforce Collection:** A requirement for practices to participate in monthly, rather than quarterly, updates regarding the NHS Digital Workforce Collection which are vital to understanding the workforce pressures in primary care. Guidance on inputting information through the National Workforce Reporting System is available at: <https://digital.nhs.uk/data-and-information/areas-of-interest/workforce/national-workforce-reporting-system-nwrs-workforce-census-module>
- **List cleansing:** A new requirement for practices to support NHS England to fulfil its statutory duties to maintain and accurate and up-to-date list of patients, by complying with reasonable requests for information and updating their patient lists.
- **Removal of patients from practice lists because they have moved out of the practice area:** An amendment to clarify that when a patient is removed from a practice list because they have moved out of the practice area, once the practice notifies the commissioner of that removal, the patient will continue to be registered with the practice for 30 days (or until they register with another practice) but the contractor will not be required to provide home visits during that period. Patients requiring a home visit during that this 30 day period will be advised either to register with a new local GP practice or access services commissioned locally for out of area registered patients.
- **Removal of patients from practice lists who are violent:** A clarification that patients should not be removed from a GP practice list if, having been previously removed from a GP practice list and entered into a Special Allocation Scheme for violent patients, they have subsequently been discharged for reintegration into mainstream primary care.

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<https://www.legislation.gov.uk/uksi/2020/911/introduction/made#text%252525252525253Dgeneral%25252525252520medical%2525252525252520services>

- **Patient assignment in instances where the relationship between a practice and patient has broken down:** An amendment to the arrangements for patients whose relationship with their practice has broken down and who need to be reassigned to another practice. These patients can now be assigned to a patient list of a practice in whose CCG area the patient resides. In making these assignments, contractors will not be required to provide home visits outside their practice area so it may be necessary to register these patients as an out of area registered patient.
- **Out of area patient registration where patients have been assigned.** Amendment to allow the provisions for out of area registration to apply to a new patient who has been assigned to a practice in circumstances where that patient resides outside of a practice's area but within the CCG area of which it is a member, and the practice elects to accept that patient as an out of area patient.
- **Sub-contracting under the Network Contract DES.** To support Primary Care Networks (PCNs) to deliver the requirements of the Network Contract DES, an amendment has been made to allow onward sub contracting of clinical services provided under the Network Contract DES where permission of the commissioner is granted.
- **Termination right:** An amendment to allow for the termination of a contract in cases where a practices registration with the Care Quality Commission (CQC) has been cancelled