

GP Contract 2015/16

<http://bma.org.uk/practical-support-at-work/contracts/gp-contracts-and-funding/general-practice-funding/gp-contract-2015-2016-england>

GP contract 2015-2016 England

The GP contract 2015-2016 for England has been negotiated and agreed between the BMA general practitioners committee (GPC) and NHS Employers on behalf of NHS England.

Read the guidance and audit requirements and the technical requirements on the NHS Employers website

[GMS contract changes 2015-2016 from NHS Employers](#)

Contract guidance for practices - what's new?

We have produced helpful guidance on the following new or changed aspects of the 2015-2016 GP contract.

Contract payments

Payments to GP contractors will change from 1 April 2015 to reflect negotiated contract changes and the Government's acceptance of the DDRB recommendation for contractor GPs.

[Read about contract payments](#)

IT requirements

GP practices will be aware of a number of IT requirements of the GP contract for England, introduced following the 2014-2015 and 2015-2016 contract negotiations. There are a number of minimum requirements GP practices must fulfill within a defined timescale.

[Read about IT requirements](#)

Quality Outcome Framework (QOF)

Changes have been agreed for QOF for 2015-2016.

[Read about QOF changes](#)

Avoiding Unplanned Admissions (AUA)

Avoiding unplanned admissions was introduced as an Enhanced Service as part of the 2014-2015 GP contract for England. Some changes have been negotiated for 2015-2016 contract.

[Read about avoiding unplanned admissions](#)

Enhanced Services (ES)

Changes have been agreed for Enhanced Services for 2015-2016.

[Read about Enhanced Services](#)

Vaccinations and Immunisations

Changes have been agreed for vaccinations and immunisations service specifications for 2015-2016.

[Read about Vaccinations and Immunisations](#)

Named GP for all patients

The named GP requirement has been extended to all patients. This is a contractual requirement and builds on the 2014-2015 agreement to provide a named and accountable GP for over 75s.

By 31 March 2016 all practices will need to include on their website reference to the fact that all patients, including children have been allocated a named, accountable GP.

[Read about the Named GP requirement](#)

Publication of mean GP net earnings

From April 2015 it will be a contractual requirement for GMS practices to publish on their practice websites by 31 March 2016 the mean net earnings of the partners, salaried GPs and any locum who has worked in the practice for over six months

This includes:

income from NHS England, CCGs and local authorities for the provision of GP services that relate to the contract or which have been nationally determined

all earnings to be reported are pre-tax, National Insurance and employee pension contributions

for contractors the figures are net of practice expenses incurred

This does not include:

income and costs related to premises

What practices need to do

Alongside the mean figure, practices will be required to publish the number of full and part time GPs in the practice. The information must be published on practice websites before the end of the financial year following the financial year to which that information relates. Practices must also make available the information in hard copy on request, recognising that not all patients will be able to access the website.

Practices, or their accountants, will have to generate the report themselves. NHS England has acknowledged that it can be difficult to disaggregate income and expenditure lines precisely and will recommend that practices should work within the reporting guidelines as far as is reasonably practicable.

Earnings for General Dental Practitioners will be published to the same timetable.

[Read guidance on how net earnings should be calculated](#) (NHS England, PDF)

[Read about publishing your NHS earnings](#)

Maternity and paternity cover

Payments to cover maternity, paternity and adoption leave are no longer discretionary. All practices will be entitled to reimbursement of the cost of GP locum cover for maternity, paternity or adoption leave of £1,113.74 for the first two weeks and £1,734.18 thereafter for up to 20 weeks or the actual costs, whichever is the lower.

This reimbursement will cover both external locums and cover provided by existing GPs within the practice who do not already work full time.

Registrations for armed forces

The GMS regulations have been amended to allow for armed forces personnel within a specified cohort to be registered with a GP practice for longer than three months and up to a maximum of two years.

Registration of armed forces personnel should only be carried out if the individual can provide confirmation that they have been given explicit authorisation by Defence Primary Health Care.

For patients records, practices should have access to the summary care record initially, however further information should be available upon request to Defence Primary Health Care.

Funding for armed forces personnel will be provided through capitation payments through global sum or PMS baselines as it would be for other patients.

Patient participation

The patient participation enhanced service will cease on 31 March 2015 with the associated funding reinvested in core funding. It remains a contractual requirement for practices to have a PPG and to make reasonable efforts for this to be representative of the practice population. It is an expectation for CQC assessments that practices have a PPG.

The practice PPG should be open to the involvement of carers of registered patients but who themselves are not registered patients. Practice engagement with the PPG will need to include obtaining patient feedback and, where the practice and PPG agree, acting on suggestions for improvement.

There are no prescriptive requirements on how to run a patient participation group, and all reporting requirements have been removed. Practices will only be required to confirm through the e-declaration that they have fulfilled the requirements.

[Read about CQC inspections](#)

Alcohol consumption monitoring

The alcohol enhanced service will cease on 31 March 2015 and the associated funding will be reinvested in core funding. Practices will still need to identify newly registered patients aged 16 or over who are drinking alcohol at increased or higher risk levels.

Once identified, practices will need to:

provide advice, lifestyle counselling and offer to refer to specialist services as clinically appropriate

assess and screen patients for anxiety and or depression and offer advice and treatment as clinically appropriate

The funding from the enhanced service has been transferred into core funding and will no longer be attached to reporting or claiming. However, practices will need to continue to code the information appropriately and NHS England will continue to extract data.