



GMS changes for 2012 / 2013

November 2011

At first glance, the newly announced changes to next years GMS contract seem to continue where last year's left off with a few interesting twists.

We see a repeat of the 0.5% expenses uplift paid through an increase to the value of a QOF point, ensuring that every practice qualifies for an uplift, dependent upon their QOF performance overall. There are also some interesting changes announced around the continuing theme of QIPP - bridging the GP contract and Nicholson QIPP challenge. The well trodden path to improve prescribing has gone and these QP indicators have been replaced by new QP indicators which require review and action plans to reduce A&E activity, incentivising GPs to influence as providers something that as commissioners they will need to address in CCGs.

The Patient Participation DES enters year two of its two year agreement. Directed enhanced services for learning disability and alcohol continue unchanged, as does the extended hours DES with its relaxed criteria. The Osteoporosis DES will be discontinued from April 2012.

We also see a return to rebalancing practice income through increasing global sum while reducing and recycling correction factor money back into the global sum pot. The practices with no correction factor will receive most while some practices will receive nothing. Using money from the discontinued Osteoporosis DES, individual PCTs will find it difficult to predict whether this will be a cost pressure or a windfall even though the amounts involved are relatively small.

The changes to QOF thresholds continue to raise the bar and there are nine new clinical indicators, seven existing indicators are replaced with eight new ones all recommended by NICE. There are two new clinical areas - Peripheral arterial disease and ex DES Osteoporosis indicators making QOF for the first time.

PMS practices will also be affected by the changes to QOF and the Directed Enhanced Services but there is no requirement to uplift PMS baseline.

The announcement of the contractual changes also included an agreement to run a number of pilots to test options to extend practice boundaries and increase patient choice for out of area patients. These 'Choice pilots' will be in 2 or 3 cities (or part of cities) allowing non registered out of area patients to attend participating practices. £2m has been earmarked to fund these and the pilots will be independently evaluated. The rules for these pilots are to be developed and as part of this it is suggested that simplifying list closure procedures will also be considered.

There is also an agreement in principle that all GP practices will be contractually required to be part of a CCG, subject to the successful passage of the Health and Social Care Bill.

A commitment to explore the global sum formula was agreed and in particular to increase the weighting of deprivation factors along with exploring risk profiling and case management with a view to introducing a scheme in April 2013

The highlights

Pay

- No overall increase in GP pay
- 0.5% increase to fund pay increases for full time employed staff earning £21,000 or less funded via a QOF payment increase from £130.51 to £133.76 (2.49%)
- Global sum increase from £64.59 to £64.67 – correction factors will be reset reducing the number of practices receiving MPIG

Directed Enhanced Services

Clinical DESs

- Learning disability and Alcohol DESs to continue unchanged for a further 12 months.
- Osteoporosis DES to end 31 March 2012
- Extended Hours is extended unchanged for a further 12 months
- Patient Participation DES – two year agreement, year two payment structure applies.

Quality and Outcome Framework

- Retirement of seven indicators releasing 45 points and a reduction of the value of others releasing a further 26 points to fund new and replacement indicators
- Replacement of seven indicators with eight NICE recommended replacement indicators focusing on six clinical areas namely Diabetes, Mental Health, Asthma, Depression, Atrial Fibrillation and Smoking
- Two new NICE recommended clinical areas – Peripheral Arterial Disease (PAD) and Osteoporosis.
- Replacement of prescribing QP indicators with A&E attendance QP indicators adding three more points.
- Raising thresholds lower and upper in a number of clinical areas

Full QOF details to follow in a separate PCC briefing