April 2014

PSNC Briefing 010/14: Changes to the GMS contract in 2014/15 (update)

This briefing updates PSNC Briefing 107/13 which summarised the changes being introduced to the GMS contract in April 2014. This briefing incorporates extra information on the changes, following the publication of briefings on the changes to the contract by NHS Employers. It highlights those aspects of the changes that may have an impact on community pharmacies.

Introduction

In November 2013, following negotiations between the GP Committee (GPC) of the BMA and NHS Employers (on behalf of NHS England), an agreement was reached on changes to the GMS contract for 2014/15 which will support NHS England's emerging strategic objectives for primary care, including providing more proactive care for people with more complex health needs, empowering patients and the public, giving parity of esteem to physical and mental health, promoting more consistently high standards of quality, and reducing inequalities.

More personal care for older people and those with complex health needs

The first area of development in the contract reflects the Secretary of State for Health's focus on improving the care of frail older people.

Named, accountable GP for people aged 75 and over - all patients aged 75 and over will have a named, accountable GP with overall responsibility for their care. All patients who fall within this cohort must be notified of the name of the accountable GP; existing patients must be notified of this information by 30th June 2014.

The named accountable GP will take lead responsibility for ensuring that all appropriate services required under the contract are delivered to each of their patients aged 75 and over, where required they will:

- work with relevant associated health and social care professionals to deliver a multi-disciplinary care package that meets the needs of the patient;
- ensure that the physical and psychological needs of the patient are recognised and responded to by the relevant clinician in the practice; and
- ensure the patient aged 75 years and over has access to a health check as set out in the GMS Contract Regulations.

Out-of-hours services - there is a new contractual duty applying to all practices that have opted out of out of hours (OOH) services to monitor and report to CCGs on the quality of out-of-hours services and support more integrated care, e.g. through record sharing.

Reducing unplanned admissions - **t**here is a new Enhanced service to improve services for patients with complex health and care needs and to help reduce avoidable emergency admissions. This service replaced the Quality and Outcomes Framework (QOF) quality and productivity domain and the former Enhanced service for risk profiling and care management and will be funded from the resources released from these two current schemes.

The key features of the service are for GP practices to:

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- improve practice availability, including same-day telephone consultations, for all patients at risk of unplanned hospital admission;
- ensure that other clinicians and providers (e.g. A&E clinicians, ambulance services) can easily contact the GP practice by telephone, via an ex-directory number or bypass number, to support decisions relating to hospital transfers or admissions;
- carry out regular risk profiling, with a view to identifying at least 2% of adult patients – and any children with complex needs – who are at high risk of emergency admissions and who will benefit from more proactive care management;
- provide proactive care and support for at-risk patients through developing, sharing and regularly reviewing personalised care plans and by ensuring they have a named accountable GP and care coordinator;
- work with hospitals to review and improve discharge processes; and
- undertake internal reviews of unplanned admissions/readmissions.

QOF reform - to promote a stronger focus on addressing the holistic needs of people with multiple health and care needs, there has been a reduction in the size of the QOF. The released funding has been reinvested into global sum payments. The QOF threshold increases that were previously due to be implemented from April 2014 have been deferred for one year to allow a focus on implementing the new arrangements for more proactive care management.

Remote care monitoring - this Enhanced service, introduced in 2013, ceased from 31 March 2014 and the associated funding was recycled into global sum payments. NHS England will continue to promote remote care monitoring in other ways, e.g. remote care monitoring forms a core component of integrated care for the 3millionlives programme.

Empowering patients and the public

Choice of GP practice - from October 2014, all GP practices will be able to register patients from outside their traditional boundary areas without a duty to provide home visits. Area Teams will need to arrange in-hours urgent medical care when needed at or near home for patients who register with a practice away from home.

Friends and Family Test - there will be a new contractual requirement from December 2014 for practices to offer all patients the opportunity to complete the Friends and Family Test and to publish the results.

Patient online services - from April 2014 all practices will offer and promote patients' online access to transactional services such as booking and cancellation of appointments. This also includes offering the facility for all patients who wish, to order their repeat prescriptions online and to view and print a list of them.

All practices are required to promote and offer the facility for patients to view online, export or print any *summary information* from their records relating to medications, allergies, adverse reactions and any other items agreed between the contractor and patient. The practice should put this in place as soon as possible after 1 April 2014 and must, by 30 September 2014, publicise its plans to enable it to achieve that requirement by no later than 31 March 2015.

Further requirements seek to ensure the safe and effective electronic transfer of patient records and support better referral management.

The GPC has agreed to work with NHS England during 2014/15 on the following areas:

- to permit access to the detailed patient record from other care settings, subject to satisfaction of required information governance controls; and
- GP practices to promote and offer patients the opportunity for secure electronic communication with their practice.

CQC inspections – when the CQC's new inspection arrangements are introduced, practices will be required to display the inspection outcome in their waiting room(s) and on the practice website.

Transparency of GP earnings - the GPC, NHS England and NHS Employers will develop proposals on how to publish, from 2015/16 onwards, information on GP NHS net earnings relating to the GP contract (i.e. with the first published data based on 2014/15 earnings). Publication of this information will be a new contractual requirement from 1st April 2015.

Information sharing

From 1 April 2014 GP practices are contractually required to:

- include the **NHS number** as the primary patient identifier in all clinical correspondence;
- provide an automated upload of their summary information on at least a daily basis to the **Summary Care Record**, or have a published plan in place to achieve this by 31 March 2015; and
- use the **GP2GP** facility to transfer patient records between practices, or have a published plan in place to achieve this by March 2015.

Implications for community pharmacy

A number of the changes to the GMS contract may have implications for community pharmacy.

The ongoing developments in use of IT and record access being given to patients are likely to be of most interest to community pharmacy over the next few years. The agreement to continue working on full GP records access for other care providers could see community pharmacy access to GP records being granted in due course. The shift of the requirement to allow patients to order their repeat prescriptions online from an optional Enhanced service to a core contractual requirement should see an increase in GP practices making this functionality available to patients. Community pharmacies will want to keep abreast of local developments on this subject.

The focus on care for older people and those with complex health needs may present local opportunities to promote MUR and NMS for this group of patients and to seek GP referrals.

The requirement to work with hospitals to review and improve discharge processes may present an opportunity for LPCs to join these discussions in order to secure better transfer of information to community pharmacy when patients are discharged from hospital. In this way post-discharge MUR and NMS may be more effectively provided by local pharmacies.

If you have any queries on this PSNC Briefing or you require more information, please contact Alastair Buxton, Head of NHS Services.