

Focus on GP contract funding changes

May 2017



Overview

The 2017/18 GMS contract agreement¹ saw significant investment in general practice. Taken together with the on-going recycling of seniority and correction factor payments, as well as recent commitments and developments, there are significant changes currently, but also in the near future, to how general practice is funded. This document provides a summary of the current funding changes and highlights some further developments that will impact on general practice funding.

2017/18 agreement

The estimated **£238.7 million** new investment into the contract for 2017/18 covers a number of elements, including:

Global sum

- an increase to the global sum for all practices to include an intended **1% pay uplift** for GPs and practice staff
- **£3.8m** to cover increased superannuation costs of 0.08% pension admin charges
- **£5 million** to cover workload associated with the overseas visitors administration changes
- **£1.5 million** to cover workload involved in completion of the workforce survey
- **£2 million** to cover increased workload for bagging/labelling of records as a result of changes to the Primary Care Support England Service
- an estimated cost of **£58.9 million** to cover the increase in population growth

There will also be **£156.7 million** following the discontinuation of Avoiding Unplanned Admissions DES which will be transferred into global sum

Directly reimbursed to practices

- Approximately **£22.5 million** to reimburse full CQC fees
Practices will need to submit evidence of their paid invoices to their local NHS England team/CCG in areas of level 3 delegated commissioning for payment
- **£1 million** to cover costs for those practices subject to Business Improvement District levies
Practices will need to submit evidence of their paid BID invoices to their local NHS England team/CCG in areas of level 2 delegated commissioning for payment under the Premises Cost Directions

Paid through SFE

- **£30 million** to cover increases in GP indemnity costs – further guidance available [here](#)
- **£6.2 million** to include morbidly obese patients in the eligible cohort for influenza vaccinations
- **£8 million** to cover increases in payments for locum reimbursement to cover maternity and sickness leave – further guidance on the sickness reimbursement changes available [here](#)
- **£9.2 million** to cover the increase in the payment for a Learning Disabilities health check to £140.

¹ <https://www.bma.org.uk/collective-voice/committees/general-practitioners-committee/gpc-current-issues/gp-contract-negotiations>

- **£1 million** for the new GP retainer scheme

Summary

- Global sum per weighted patient has risen from £80.59 to £85.35 in 17/18. This is a 5.9% increase
- The average practice list size (CPI) rose from 7460 as at 1 January 2016 to 7732 at 1 January 2017
- The value of a QOF point has increased by £6.02 (3.6%) from £165.18 in 2016/17 to £171.20 in 2017/18

Equitable increases will apply for those GMS changes that also impact on PMS contracts and depending on the terms of their contract, APMS contracts. Information on this can be found [here](#).

Seniority payments and correction factor recycling

Seniority payments and MPIG correction factors are being phased out and the funding recycled into the global sum; therefore the global sum increase year on year (due to these two factors) is expected to be as follows **before any other uplifts that are likely to occur as a result of annual contract negotiations**:

Year	2017/18 (current)	2018/19	2019/20	2020/21
Indicative GS funding	£85.35	£86.14	£86.93	£87.72

From 2017/18, the uplift in relation to MPIG correction factor throughout the period is assumed to be 48p per weighted patient per year. The uplift in relation to seniority throughout the period is assumed to be 31p per weighted patient per year. These are subject to change and they do not include any changes that are likely to be delivered in future years, such as additional core investment to cover expenses and general practice development, therefore the figures are indicative only.

PMS reviews

PMS premium funding released as part of the reviews must be recycled in to practices within the CCG. Read the [Focus on PMS reviews](#) document for guidance on this.

HSCIC figures on GP funding

The Health and Social Care Information Centre (HSCIC) produce annual reports itemising payments to all practices in England. The latest figures released by HSCIC (September 2016²) show for 2015/16:

All providers: £8,182.6 million spent across 7,841 providers; **£142.62 per registered patient**

GMS: £4,882.9 million across 4,892 providers; **£140.13 per registered patient**

PMS: £3,074.6 million across 2,653 providers; **£144.32 per registered patient**

² <http://content.digital.nhs.uk/catalogue/PUB21318>

APMS: £225.0 million across 296 providers; £184.10 per registered patient

Future developments

GPC and NHS Employers have agreed in the 2017/18 contract agreement that negotiations on changes to the Carr-Hill formula will commence shortly. Full implementation of any agreed changes will be effective from 1 April 2018 at the earliest, and careful modelling on the impact of any changes on practices will be undertaken.