BMA

Cymru Wales

Details of the Welsh GP Contract 2017/18

The full directions, statement of financial entitlement and guidance can be found on the Welsh Government GMS Contract website.

Overall changes to the value of the contract

We have agreed an overall uplift of 2.7% in the value of the GMS contract. This equates to an investment of approximately £12.7m, and comprises:

- a pay increase of 1%;
- a general expenses uplift of 1.4% to cover practice costs;
- a contribution towards the increased costs of the pensions administration;
- a contribution towards the rising costs of professional indemnity (whilst a longer-term solution is found);
- a contribution towards the business improvement levy (see below)

There is also an increase in funding for maternity, parental leave and sickness absence, in line with the situation in England (further detail below). Whilst the uplift will not provide a universal reprieve to the sustainability and workload challenges, it will go some way in delivering much needed resources directly into practices

Changes to QOF

The Welsh Government's letter of 3 April 2017 outlines the changes to QOF. There are no changes to how aspiration and achievement payments are made, and of course, CPI (as of value on 1 Jan 2018) and APDF will be applied as usual.

Revised guidance on the operation of QOF for 2017/18 has been published by Welsh Government, concerning changes to the various domains within QOF. The changes are summarised below:

Clinical domain

The Clinical QOF domain has been split into Active QOF (202 points), Inactive QOF (165 points) and retired QOF (40 points). As requested by many practices, IT pop-up prompts for inactive and retired indicators remain in place should they wish to use them.

Retired QOF indicators will not be monitored in any way, and the 40 retired QOF points have been transferred to the cluster network domain.

For the inactive QOF indicators, practices will be paid per indicator at the payment level applied at year end 16/17 after manual adjustment following the QOF relaxation. There will be no requirement for practices to formally demonstrate their achievement in these areas, but data will continue to be extracted on these areas for discussion at cluster level mid-way through the year and at year end. These discussions should focus on the inactive DM and COPD indicators, with outcomes captured in the minutes of the cluster meeting.

Active QOF points will continue to be paid according to achievement at year end – there have been no changes to thresholds or new indicators added in.

There were very good reasons as to why the QOF suspension was not continued into this year, and a hybrid QOF put in its place. The outcomes of this will form part of the discussions on the future of QOF in the remainder of the year.

Cluster network domain

Welsh Government, Health Boards and GPC Wales remain committed to the principle of cluster working. While many of you may not feel clusters are transforming General Practice or working well, there are many areas where clusters are beginning to make a difference and we need to release the obstacles inhibiting their potential in areas where they are working less well.

This domain now comprises 200 points and will help serve to reaffirm the role of clusters. Full guidance is available on the GMS contract website. Both the practice development plan and cluster development plan indicators remain the same but with an expectation that they should look to development over a three year period rather than 12 months. There remain 5 cluster meetings in total where the following areas should be covered:

- Peer review of inactive QOF indicators (as above),
- Agreement of a cluster development plan
- Consideration of actions on 3 nationally prescribed areas of focus (access to wider primary care; winter preparedness planning; liaison with secondary care)
- Agreement to undertake 3 national clinical priority pathways across the cluster: 2 to be selected from a national basket (pathways for cancer, dementia, mental health & wellbeing, COPD and liver disease) and one to be decided by the network. Outcome of this work to be referenced in the cluster meeting minutes.

Points have been included again for completion of the Clinical Governance Self Assessment Toolkit so that practices can evidence governance protocols in use and identify areas for development. New this year are the QOF points for completing the information governance toolkit, and for reviewing the practice information on the revised sustainability framework so that practices can proactively consider their own sustainability.

Enhanced Services

Agreement has now been reached on a number of enhanced services which will increase GMS income by an additional £13m. This includes a new care homes DES, and a new warfarin management DES.

The specifications and directions regarding three enhanced services have been published on the GMS contract website:

- Care homes DES – we have developed a FAQ to be published shortly
- Warfarin DES
- Mental Health DES – same as before but with new areas added for practices to consider.

A diabetes Enhanced Service specification is in development and will be published by 30 June 2017. Separately, we have agreed that practices will be paid biannually in recognition of the workload transfer of phlebotomy to primary care. This is a baseline payment towards current activity and a simple audit will be developed to measure actual workload volumes for future considerations.

Sickness and Parental Leave payments

We have negotiated payments to cover sickness and maternity in line with the English GMS agreement. The SFE has been updated accordingly and published online, taking effect from 1 April 2017. For both sickness and parental leave, payments will no longer be made on a pro-rata basis, are not discretionary, and internal cover can be provided by partners in excess of their usual commitment.

For sickness payments, the qualifying list size criteria has been removed ensuring that all practices will be eligible for this reimbursement once a GP has been absent as a result of sickness for 2 weeks, at a maximum of £1,734.18 per week. The duration will continue as it has been in terms of 26 weeks of full pay followed by 26 weeks reduced, with payments reimbursed on invoice.

Similarly, for parental leave payments, the first 2 weeks will be paid at £1,131.74 with a further 24 weeks paid at the maximum of £1,734.18 per week.

We are actively pursuing health boards with regard to the reimbursement of payments for those who were underpaid in previous years due to what we believe was incorrect pro-rata calculations of sessions for less than full time partners. We would particularly like to hear from individuals affected by this in the Cwm Taf and Cardiff & Vale areas.

Indemnity

The agreement includes a contribution towards the rising cost of indemnity into global sum based on capitation, in line with the English agreement. This is an interim solution while we seek long-term solutions alongside Welsh Government and NHS Wales. We are also very aware of the issue and potential impact of the discount rate changes and are actively and urgently seeking a solution to this so that no GP is adversely affected by this.

Other contract elements

- Seniority payments are maintained
- Any practice subject to a “Business Improvement Levy” can have full reimbursement from the Health Board. We are actively working on securing an outright GP exemption with Welsh Government.

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2018 onwards

As noted previously, we will be working with NHS Wales and Welsh Government over the remainder of the year with a view to modernising the GMS contract for 2018 and beyond. Specific areas of focus for GPC Wales include:

- Funding
- Future of QOF
- Information Management & Technology
- Premises
- Workforce
- Provision Models
- Clusters

To get in touch with GPCW please email: **info.gpcwales@bma.org.uk**

Thank you for your continued support.

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