08/02/2017

Dear Colleagues

I write to you as the current GPC Representative for the Black Country.

As you are aware that on behalf of the General Practitioners Committee of England, I present the Contract Changes every year to the LMCs and GPs of the Black Country which is my Constituency, but there was been a short delay in signing off the negotiated contact due to the Prime Minister’s foreign commitments in the USA.

I am now pleased to inform you that the GPC has now concluded the Contract Negotiations for the year 2017-18 and announced it yesterday afternoon.

As your GPC Representative, I can assure you that behind the scenes the GPC team and its Negotiators have worked really hard to strike an impressive deal for this year, in the face of very difficult negotiating conditions, due to the lack of money in the system and the inexorable resistance from the Department of Health to release any money into General Practice.

The overall General Practice funding and workload crisis cannot just be solved by the yearly contractual negotiations as the pressures on the profession are much more complex and multifactorial ie increasing demand, critical recruitment crisis, continued inappropriate workload shift, undue over regulatory burden both in terms of the CQC and Revalidation with a backdrop of chronically inadequate NHS Funding.

The GPC England will continue to engage with NHSE, DOH in the coming months to address these wider pressures and ensuring NHSE commits to GPFV and its agreement to the GPC’s Urgent Prescription document for General practice .

In summary the changes to the Contract for 2017-18 are:

**GMS Contract Changes 2017-18**

1. **Full reimbursement of practices’ total CQC fees**. **The *entire* CQC practice fee will be reimbursed for 2017-18. This means that CQCs recently announced exorbitant fees rises will not impact on practices, since the total CQC cost will be paid for by NHS England. This is over and above what we were hoping to achieve and is accredit to the negotiating team.**
2. **An extra £30m to cover the rises in this year’s indemnity cover costs which will based on the capitation of a practice and not Car-Hill weighted.**
3. **The Avoiding Unplanned Admissions DES will be discontinued on 31 March 2017 and that** **£156.7 million which will be released will be added directly to the global sum thereby getting rid of a whole tranche of laborious beaurocracy for this work also reducing the patient burden to be looked at from 2% down to 0.5% of the practice population.**
4. **The Learning disabilities DES examination payment rises by 20% from £116 to £140 per check recognizing the work involved and incentivizing doing more of these checks in our patient populations.**
5. **An expenses and pay uplift within the global sum giving an overall pay uplift of 1%**.
6. **Sickness reimbursement from NHSE is now mandatory rather than discretionary and comes in after 2 weeks for a GP’s sickness and cover from within the practice is recognized, paying £1741 per week. This is a significant achievement.**
7. **Maternity payments are no longer pro rata and also a significant achievement over and above the current arrangements.**
8. **Extended Hours DES moratorium for changes. NHSE had made it clear that if practices close regularly on a half day in the week, then they would not be able to participate in the Extended Hours DES. A moratorium on this difficult to defend position, has been negotiated so that the arrangements will not come in now till October 2017 to allow practices to internally reconfigure the way they deliver services.**
9. **In QOF there are no changes to announce for this year-**
10. **Access to Health care, an extra £5 million will be added to global sum recurrently to support any associated administrative workload associated with the Capita problem practices have had to cope with and to recognize other hitherto unfunded beaurocratic work practices have had to do such as Workforce survey and others.**

Other more minor changes include NDA (national diabetes audit) data extraction, data collection of retired QOF indicators and enhanced services, registration of prisoners, Vaccinations and Immunisations, MS digital (these are non-contractual).

**These are just the main highlights I have outlined for you as an ‘at a glance’ document.**

Full details of the agreement will be available via

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

I soon will be organizing the meetings to present this to the LMCs

Regards

 **Dr Uzma Ahmad**

**General Practitioner Committee Representative for Black Country**