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**General Practitioners  
Committee**

11 March 2011

Dear Colleague,

**2011/12 contract agreement**

We are writing to inform you that, following negotiations between the General Practitioners Committee (GPC) and NHS Employers, on behalf of the four health departments, we have reached agreement with the English, Scottish and Welsh departments on changes to the contract for 2011/12. We are doing all we can to ensure that Northern Ireland GPs are part of this agreement. The GPC remains fully committed to a four-nation contract and we are very unhappy at the failure by the Northern Ireland Assembly government to sign this deal on time.

The agreement relates to the following areas of the contract:

- Practice Expenses
- The Extended Hours DES in England
- Certain QOF points, indicators & thresholds
- Clinical DESs
- A new Patient Participation DES in England
- New Quality & Productivity Indicators in the QOF

2010 was a challenging year for GPs and their practice teams due to the flu pandemic and vaccination campaigns, in addition to the wholesale changes to the NHS in England being proposed by the Government. 2011 is already shaping up to be even tougher, given the general economic outlook and the need to make further significant savings across the NHS.

In recognition of the general state of public finances and the efficiency contribution expected of general practice, NHS Employers and GPC negotiators have agreed that, in line with Government policy, there will be no uplift to GP net pay in 2011/12 - the same as other doctors.

Practice Expenses

For 2011/12, in order to reduce the risks of a further net pay cut for GPs, we have agreed to an increase to the overall value of GMS contract payments by 0.5 per cent, to support practices in meeting the costs of increased expenses, including the pay award for employed staff with a full time equivalent salary of less than £21,000. This increase will be delivered in England through a 2.53 per cent increase in the value of a QOF point from £127.29 to £130.51. There will be similar adjustments in Scotland and Wales (and hopefully in Northern Ireland) to deliver the same gross uplift. This increase in the value of a QOF point is intended to deliver the full 0.5 per cent expenses increase agreed with NHS Employers.

In June 2010, the Chancellor of the Exchequer announced that staff on Agenda for Change terms and conditions with a full-time equivalent salary of less than £21,000 will receive a flat pay rise worth £250 in

**Chief Executive/Secretary:** Tony Bourne

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2011/12 and 2012/13. We would expect GMS practices to use this expenses rise to mirror the award for Agenda for Change staff for practice staff earning under £21,000, where applicable.

### Extended Hours Directed Enhanced Service (DES) in England

We have agreed to extend the Extended Hours DES in England by one year, to 31 March 2012, and reduce the detailed requirements that will apply for 2011/12:

- appointments may be offered by any health care professional rather than GPs only during extended opening hours
- the current restriction on concurrent working during extended opening hours will be removed
- allow urgent as well as routine care patients to be seen
- the minimum continuous period of extended opening will be reduced from one and a half hours to 30 minutes

We have agreed with NHS Employers to reduce the payment per registered patient from £3.01 to £1.90. The money released from this reduction will be reinvested in a Patient Participation DES (see later).

### Quality and Outcomes Framework (QOF)

The 58.5 QOF points attached to patient experience of fast access and advanced booking (PE7 & PE8), as measured by the national GP Patient Survey, have been removed. In addition, we have agreed the retirement of QOF indicators worth 32 points (from those identified by the National Institute for Health and Clinical Excellence (NICE) as fit for retirement), together with a further 26 points that we identified in negotiation.

The freed-up points will be re-used to fund the implementation of the new clinical indicators recommended by NICE for epilepsy, learning disability and dementia, in addition to the implementation of NICE's recommendation for changes to other existing indicators and, additionally, new Quality and Productivity indicators.

The upper thresholds of three QOF indicators will be increased by one percentage point for CHD6, Stroke6 and DM30 where the revised upper thresholds will be 71%, 71% and 71% respectively.

Guidance on the full list of agreed changes will be available shortly. In the meantime, please read a [summary of changes to the Quality and Outcomes Framework agreement for 2011-2012](#)

### Other DESs

We have agreed that the Ethnicity and First Language DES will no longer be available from 1 April 2011. This is because the ethnicity DES was intended as a two-year catch up to enable practices to record ethnicity and first language for patients already on their list. Following the third year extension for 2010/11 this will now cease. We would expect all practices to record patients' ethnicity and first language as a matter of routine in order to be able to demonstrate that practices continue to meet the health needs of their registered population. The ethnicity codes will be available on the BMA website so that practices can continue to record this data.

In England, the following existing directed enhanced services are to be re-commissioned by Primary Care Trusts for the twelve-month period ending on 31 March 2012:

- the alcohol reduction scheme;
- the learning disabilities health check scheme, and
- the osteoporosis diagnosis and prevention scheme.

The requirements of these three clinical DESs remain the same and the payment scheme will mirror the payment scheme at the same rate that applied for the period 1 April 2010 to 31 March 2011.

### [Read the guidance on the Clinical DESs.](#)

There are no planned changes to enhanced services in Scotland, Wales or Northern Ireland.

### Patient Participation DES in England

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The monies released through the reduction in the cost of the extended hours DES will be reinvested into a "Patient Participation" DES in England, the aim of which is to promote the proactive engagement of patients through the use of effective Patient Reference Groups and to seek views from practice patients through the use of a local patient survey.

The key requirements of the patient participation arrangements agreed by negotiators are that GP practices:

- develop a structure that gains the views of patients and enables the practice to obtain feedback from the practice population, e.g. a patient reference group
- agree areas of priority with their patient reference group
- collate patient views through a patient survey
- agree an action plan with their patient reference group
- publicise the results of the patient survey
- publicise the actions taken and what is achieved as a result.

Around £60m of released investment will be available to practices, provided that they successfully meet these requirements, which is equivalent in total to £1.10 per registered patient.

Guidance will be available very soon.

### QOF Quality and Productivity Indicators

Many of the points released in the above changes will be used for new quality and productivity indicators in QOF that aims to secure more effective use of NHS resources, in particular through improvements in the quality of primary care that reduce hospital outpatient referrals, and emergency hospital admissions by providing care to patients through the use of alternative care pathways, and through more cost-efficient prescribing.

The "Improving Quality and Productivity In the NHS" indicators in the QOF will assist in the review of current practice by GPs, both within the practice and with external peers, prompted by the analysis of practice specific data that looks to understand the reasons for and, if appropriate address, outlier performance by a practice in three areas:

- emergency admissions
- first outpatient referrals
- prescribing drugs

The agreed activities involve reinvesting over £100m released from removed QOF indicators to support improved quality of general practice in areas where the evidence shows the strongest link between GP practice behaviours and levels of expenditure in secondary care.

In England, the first two indicators will be based on the 'Better Care, Better Value' (BCBV) indicators developed by the NHS Institute for Improvement and Innovation. They will cover the following areas:

- reducing emergency hospital admissions associated with long term conditions where there is evidence that appropriate management of these conditions in primary care reduces emergency admissions;
- reducing inappropriate outpatient referrals,

We have agreed that for the emergency admissions and outpatient referrals elements, practices will receive the full payments for these areas if, following internal and external practice reviews, they are implementing care pathways that are intended to have the effect of reducing unnecessary referrals and admissions.

In Scotland and Wales, the indicators will be based on the equivalent of England's BCBV indicators.

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The third of these areas focuses on increasing cost-effective prescribing and will be based on a range of national and local indicators. Following internal and external practice reviews, payment will depend on the actual level of appropriate cost-effective prescribing achieved by the practice.

These quality and productivity incentives are for one year, from 1 April 2011 until 31 March 2012, with the possibility of being extended to a second year if significant progress has been made in achieving productivity savings at the mid-year point.

Detailed guidance will be available very soon.

### PMS and Section 17(c) Practices

As has always been the case in the past, we expect that PMS and Section 17(c) practices will be offered the same terms as GMS practices by their primary care organisations.

### Implementation

When we began these negotiations, we were determined to maintain contract stability as much as possible, whilst ensuring that any changes were consistent with good clinical practice. The changes described above represent the best possible agreement that your negotiators could reach in these unprecedented and challenging economic times, and that are true to our professional values. They will allow our practices the opportunity to continue the delivery of high-quality services to our patients at a time of a significantly increased workload. We are confident that GPs in England, Scotland and Wales will continue to rise to this challenge. We will continue to work towards a situation where GPs in Northern Ireland can join us in this.

Kind regards,

**Laurence Buckman**

Chairman,  
General Practitioners  
Committee

**David Bailey**

Chairman,  
General Practitioners  
Committee Wales

**Brian Dunn**

Chairman,  
Northern Ireland General  
Practitioners Committee

**Dean Marshall**

Chairman,  
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