

30th September 2020

Dear Colleagues

Amendments to GMS/PMS Contract Regulations October 2020

I am writing to highlight some changes that will be occurring within the Regulations from 1st October 2020. You will at some point receive a Variation Notice from your CCG to your current contract; because the variations are being introduced are those that are legally enforceable, the CCG are able to vary your contract to include these terms. The Variation Notice should include reference to The National Health Service (General Medical Services [GMS] Contracts and Personal Medical Services [PMS] Agreement) (Amendment) Regulations 2020.

Although there are a number of minor changes, those with the most relevance to practice colleagues are:

1. Changes to the frequency of submitting workforce data from a quarterly to a monthly basis: this is part of NHS England's attempt to more carefully monitor GP practice workforce and, it is to be hoped, thereby acknowledge and address the need for increased investment. Colleagues should note this does also bring the frequency of GP practice workforce reporting into line with the PCN Additional Roles Reimbursement Scheme reporting arrangements.

2. Collection of data relating to appointments in General Practice. This is awaiting further NHS England guidance, but the aim is to categorise the appointment types offered by practices in a standard way so that a practice data extraction allows a standardised set of statistics about appointment types that are available. Colleagues should note that the way in which practices organise their appointments; and the numbers of each type of appointments, remain entirely a matter for their practice.

3. A requirement for practices to maintain an accurate and up-to-date list of patients; this really restates the current expectations upon practices, and colleagues will not need to change their current arrangements providing registration and deregistration processes within their practices are followed under reasonable timescales.

4. Clarification of the arrangements for removing a patient who has moved out of the practice boundary area. Colleagues should note these new arrangements: if a patient moves residence outside your boundary and your practice policy is to deregister such patients, a policy that should [with occasional clinical exceptions, such as EoL] be followed in a consistent and non-discriminatory way, then practices should note:

- The patient will remain registered with the practice for 30 days after notification to PCSE that they are being deregistered
- After 30 days the patient will be deregistered, or this will occur in a shorter time if the patient registers with another GP practice, as this will trigger deregistration

- The patient's original practice will remain responsible for continuing to deliver primary medical services, but will not have to provide a Home Visiting service. Although theoretically commissioned for Out-of-Area patients, in practice in most areas this service is not available.

The LMC therefore recommends that when advising patients of these arrangements they are warned that there may be no in-hours home-visiting service during those 30 days and the only reliable way to secure access to this service is to reregister promptly with another local GP service.

5. Amendment to arrangements for patients who are violent and have been discharged from the local Special Allocation Scheme (Violent Patient Scheme) A small number of practices have been deregistering patients who register following satisfactory discharge from their local Special Allocation Scheme, once they have been reviewed as part of that Schemes processes and it is decided they are no longer likely to behave violently or threaten violence. Not all such patients on the Schemes can be appropriately discharged.

A patient discharged from such a scheme cannot be deregistered, after registration, or refused registration, if eligible, simply because they have been included within the Special Allocation Scheme in the past. There needs to be, if deregistration is being contemplated by the practice, a new reason to do so arising from the patient's behaviour or other matters subsequent to their registration.

6. Amendment relating to patient assignment As GP practices merge and the boundary areas of such practices become larger, it may be, especially in more rural areas, that the options available to the CCG in terms of patient assignment become limited if, as is the case with a small number of patients, they have been recurrently removed from several GP practices.

The Regulations will now allow CCGs to assign patients to GP practices outside whose boundary the patient lives, providing the practice is within the assigning CCG area.

However, in recognition of the difficulties this may cause practices, a practice can opt to accept such an assigned patient as an 'Out-of-Area' patient, which means that there is no obligation to undertake a Home Visit. The LMC advises practices inform such patients of this, and also ask the assigning CCG to advise such patients of the in-hours Home Visiting arrangement that are in place, since the CCG is in this case responsible for the assignment of the patient to that practice.

In addition, a CCG can now assign patients to another GP practice where the CCG has notice that the patients current GP practice is closing; it is expected that the CCG will assign the patient to a practice of their choice, but, if this cannot be ascertained, an assignment may be made anyway, using other criteria, such as distance from a patients usual residence to the practice. This should prevent the difficult situation in which a residual number of patients at a closing practice do not reregister elsewhere, despite requests to do so, and become unregistered by default once their GP practice has closed.

7. Sub Contracting of clinical services. There are significant restrictions on GP practices subcontracting clinical services but, with the approval of the CCG/NHSE, PCNs are now able to have more flexibility to do so in relation to services delivered under the PCN DES.

8. Amendment in relation to the cancellation by CQC of a practices registration At present if a practices CQC registration is cancelled (and no appeal is made or is successful) there is no automatic ability for the CCG to terminate the GMS/PMS Contract; this causes significant administrative difficulties including ensuring the on-going provision of patient care, and therefore such CQC cancelled registration will now be grounds for the termination of the GMS/PMS Contract.

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