**BMA GP England committee agrees GP contract package with focus on recruitment and retention of workforce**

The agreement, which builds on [the five-year deal announced last The BMA’s GP England (GPCE) committee has voted to accept a package of changes to the GP contract for 2020-21, which includes funding to attract more doctors to take up partnership roles and expand the practice team seeing patients in surgeries.](https://www.bma.org.uk/collective-voice/committees/general-practitioners-committee/gpc-england/gp-contract-agreement-england)

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The agreement, which builds on [the five-year deal announced last year](https://www.bma.org.uk/collective-voice/committees/general-practitioners-committee/gpc-england/gp-contract-agreement-england), is the result of months of negotiations between the BMA and NHS England and NHS Improvement and comes three weeks after GPCE rejected an earlier deal.

Draft service specifications for Primary Care Networks (PCNs) – outlining the responsibilities of these groups of practices and community providers in the coming years – have been significantly pared back after widespread criticism from the profession that draft versions published by NHS England and NHS Improvement at the end of last year were unfair, unrealistic and burdened already struggling-practices with unsustainable workloads.

The package1, with additional investment in practices and PCNs this year, includes:

* £94m to address recruitment and retention issues. This includes a Partnership Premium, which is a one-off payment of £20,000 available to new partners with additional training support.
* 100% reimbursement for all additional staff recruited via the Primary Care Networks.2
* £173m for PCNs to employ a wider range of professionals to help manage workload and provide appointments, including pharmacy technicians. These build on previously agreed roles such as clinical pharmacists, physiotherapists and paramedics.
* An expansion to the [Targeted Enhanced Recruitment Scheme](https://gprecruitment.hee.nhs.uk/recruitment/ters/england) (TERS), which offers a one-off payment of £20,000 to attract trainee GPs to under-doctored areas. Places on the scheme will increase from 276 to 500 in 2021, and 800 in 2022.
* A greater proportion of GP trainees’ time spent in general practice. This means GP trainees will spend 24 months of their 36 months’ training in general practice (up from 18 months), with the remainder spent in hospitals and other settings.
* Funding to pay for childcare for doctors returning to general practice through the [GP Induction and Refresher Scheme](https://gprecruitment.hee.nhs.uk/Induction-Refresher).
* Plans to introduce enhanced shared parental leave arrangements for salaried GPs.
* Funding to support practices to deliver a 6-8 week postnatal health check for new mothers.
* An above inflation pay uplift for staff, as agreed in the 2019/20 deal.

The revised and significantly reduced PCN service specifications mean that GPs will not be asked to perform fortnightly care home visits as earlier proposed. Instead, working with a community multidisciplinary team, it will be for PCNs to decide who delivers a weekly review of those care home residents, based on clinical need. Networks will also receive £120 per care home bed to reflect the varying size of populations.

The extent to which PCNs provide structured medicine reviews with patients will now depend on the capacity of the clinical pharmacists recruited. Two other specifications, on personalised care and anticipatory care have been postponed and will be reviewed and negotiated in time for April 2021.

The committee also reaffirmed its call for a special conference of English Local Medical Committees (LMCs)3 to discuss the outcome of negotiations and the contract agreement. The date will be confirmed shortly.

Dr Richard Vautrey, GPC England chair, said:

“After months of challenging and tough negotiations we’re pleased to have secured this package of changes that have the potential to make a real difference to GPs, the practices they work in and the patients they treat.

“The significant investment in and focus on recruitment and retention, including payments to incentivise doctors to take up partnership roles and work in under-doctored areas, is a vote of confidence in the partnership model and a much-needed first step if we are to reverse the worrying trend of falling GP numbers that we have seen in recent years.

“An expanded healthcare team working in GP practices as well as increasingly closely with community colleagues across groups of practices, will mean patients have access to a wider range of staff, allowing GPs to see those who need them most more quickly. These extra roles are now fully funded so will come at no extra cost to practices.

“These changes won’t fix the crisis gripping general practice overnight and we recognise there is much more work to do to address the real concerns that GPs and LMCs have expressed in recent weeks. However, they are a significant step in the right direction. Alongside NHS England and NHS Improvement, the Government must now build on these foundations if it is to deliver on its promises to boost GP numbers, improve patient access and ultimately guarantee the future of general practice.”