

A summary of what the 2015/16 GP contract deal in England contains.

- A named GP for all patients, including children, with a simpler requirement to inform patients at the 'next appropriate interaction'.
- Patients will be given online access to all coded information in their GP records online, but not free text. A larger proportion of appointments will be available to book online and GPs will also be required to offer patients email access to the practice.
- The unplanned admissions DES will be renewed, but with the reporting template cut by half. Care plans for patients who die or move away will now count within the 2%, and those who received one during this year will have to be reviewed, but will not need a completely new care plan. A new 'patient survey' will be introduced.
- Funding for locum cover for GPs on maternity and paternity will become an 'automatic right' for all practices.
- No changes to the size or value of the QOF, although discussions are continuing over the NICE menu of changes to clinical indicators. Plans to hike thresholds have been put on hold for another year. Point values will be adjusted to take account of population growth and relative changes in practice list size.
- There will be a 15% reduction in the total seniority payments as agreed in the GP 2014/15 contract
- GPs will be required to publish their average net earnings for partners and salaried GPs on their website by March 2016, although non-contract earnings will be exempt.
- The patient participation enhanced service will end and associated funding will be reinvested into global sum. From 1 April

2015, it will be a contractual requirement for all practices to have a patient participation group (PPG) and to make reasonable efforts for this to be representative of the practice population.

- The alcohol enhanced service will end and associated funding will be reinvested into global sum. From 1 April 2015 it will be a contractual requirement for all practices to identify newly registered patients aged 16 or over who are drinking alcohol at increased or higher risk levels.

- GPC, NHS England and NHS Employers will work together to develop more consistent guidance for the provision of enhanced minor surgery services.

- The extended hours and learning disabilities enhanced services will be extended and unchanged for a further year.

- Changes to registration regulations will allow for armed forces personnel to be registered with a GP practice.

- Assurance on out of hours provision has been agreed to ensure that all service providers are delivering out of hours care in line with the National Quality Requirements (or any successor quality standards).

- NHS England and GPC will work together on workforce issues including the retainer /returner scheme, the flexible careers scheme, and recruitment problems in specific areas.

- GPC, NHS Employers and NHS England will have a broader strategic discussion about the primary care estate, especially to support the transfer of care into a community setting.

- NHS England and GPC will re-examine the Carr-Hill formula with the aim of adapting the formula to better reflect deprivation.

- Correction factor funding moving into global sum will be reinvested, with no out of hours deduction applying; NHS England has agreed that any funding released from PMS reviews will be invested in primary medical care services