

BMA GP Scotland – Statement of financial entitlements

BMA Scotland

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This purpose of this document is to provide guidance on the changes introduced by the new contract to the [Statement of Financial Entitlements \(SFE\)](#).

The purpose of the SFE is to establish how practices are paid under the new General Medical Services contract.

In comparison to the GMS Regulations there have been fewer changes to the SFE for 2018/19. This is for two main reasons:

- there is considerable consistency and stability of payment arrangements between the previous and new contract
- vaccine services remain in the SFE and will continue to be provided by practices on 1 April 2018. The SFE will need to be amended once vaccine services have safely transferred to Health Boards/Integration Authorities over the next three years.

The most substantive changes to the SFE relate to the new Scottish Workload Formula, Income and Expenses Guarantee, and the end of the Core Standard Payment.

Scottish Workload Formula

The most important change to the SFE is that the Scottish Workload Formula (SWF) has replaced the Scottish Allocation Formula (SAF).

The contract framework¹ outlined the reasons for introducing the SWF:

The new formula was developed as part of a 2016 review of the Scottish Allocation Formula². It re-estimates the number of consultations per patient, dependent, in the main, on their age, sex and the deprivation status of the neighbourhood in which they live.

The new formula is a methodological improvement to the previous SAF. It is based on the best available evidence and as such it more accurately reflects the workload of GPs. Compared to the workload-related weightings of the original SAF, the new formula gives greater weight to older patients and deprivation.

The impact of deprivation on the workload of a practice is better reflected in the new workload formula than the previous SAF. Methodological improvements mean both deprivation in urban areas and isolated pockets of rural deprivation are better addressed by the new formula.

The SWF determines how the national Global Sum pot is distributed between GP practices for delivering essential and additional services under the contract. The SWF is a population-based formula and weights patients to reflect their relative workload demand.

¹ <https://www.bma.org.uk/-/media/files/pdfs/collective%20voice/committees/gpc/gpc%20scotland/the-2018-general-medical-services-contract-in-scotland-contract-framework.pdf?la=en>

² <https://beta.gov.scot/publications/2018-gms-contract-scotland/documents/00527542.pdf>

The SWF weights patients primarily depending on:

- their age and sex
- deprivation and morbidity and life circumstances

And to a lesser extent on additional workload associated with:

- care home patients
- new registrations

With the introduction of the SWF there will be changes in the share of the total funding that each practice receives. Most practices in Scotland will receive an increased formula funding under the new formula³.

SFE References

Annex B - provides detail on how the formula weights patients and allocates funding to practices.

Income and Expenses Guarantee

The Income and Expenses Guarantee (IEG) has replaced the Minimum Practice Income Guarantee and the Correction Factor.

A practice's IEG is based on the historic revenue⁴ of a practice under the 2017/18 SFE.

Any practice that received greater funding under the previous formula will be protected. To support this protection £23m additional funding has been added nationally to the contract.

The funding under the previous contract for practice correction factors has been added to the national Global Sum pot and distributed by the SWF. The funding for practices that require an IEG comes entirely from the additional funding of £23m.

SFE References

Paragraph 2.3 – confirms that there will be additional national funding to protect the income of any practice that had higher income under the previous contract.

Paragraphs 3.1-3.17 – describes how historical revenue of practices will be determined and details of the IEG.

³ Around 75% of practices nationally will receive increased funding from the formula. Some practices that previously had a correction factor, will not receive sufficient additional funding under the formula such that they no longer require protection. Ultimately, this means that 63% of practices nationally will receive additional funding because of formula changes.

⁴ This will include the practices Global Sum, Correction Factor, and Core Standard Payments for 2017/18.

Global Sum

Practices receive a share of the Global Sum (GS) as funding for delivering essential and additional services under the contract. A national GS pot is divided amongst practices by the SWF to derive each practice's GS. The share of the GS makes up the largest proportion of practice funding.

Practices received a letter from Practitioner Services Division in November 2017 outlining their estimated funding under the new contract. These estimates were based on the most up-to-date practice patient list information available. Actual GS funding for practices will be based on patient lists at 1 April 2018 and will be adjusted each quarter based on any list changes.

The following substantive differences exist under the new contract:

- the GS of each practice is now determined based on the Scottish Workload Formula rather than the previous Scottish Allocation Formula
- the out of hours and minor surgery additional service opt out deductions that were previously applied to the GS have been removed. The national GS pot has retained the funding for the minor surgery additional service. The OOH additional service deduction will be applied one final time to any practice that previously opted out
- the funding previously associated with core standard payments and correction factors have been added to the national GS pot. The SWF then determines how much of this funding each practice receives. The core standard payments and correction factor cease to exist. This removes the final link in the contract to historic QOF payments and the Minimum Practice Income Guarantee
- the national GS pot has increased in value with the funding added to it from the core standard payments and correction factors. Each practice's GS is a larger proportion of total practice funding and now accounts (on average) for 80-85% of practice funding, under the previous contract this was around 60-65% of practice funding
- to keep the cost of opting out of additional services consistent with previous years - the percentage deductions of the GS for opting out have been reduced. **No practice will have a higher cost to opt out of additional services compared to the previous contract.**

SFE References

Paragraphs 2.1 – 2.16 – establish the calculation of practice GS payments, additional services opt out deductions, and conditions attached to the payments.

Annex B – states the increased percentage of total practice funding that the GS now makes up.

Global Sum - Population growth

Annually the national GS pot is adjusted to reflect any changes in Scotland's registered populations. As the registered population has increased from 1 April 2017 to 31 March 2018

the national GS pot will be also be increased once SGPC and Scottish Government have agreed a general uplift. Practices

with increasing numbers of registered patients will receive a proportion of this additional investment.

SFE References

Paragraph 2.2 – specifies the increase in the GS to account for increasing aggregate practice registered populations.

Quality improvement, assurance and planning

This section replaces the Transitional Quality Arrangements under the previous contract. There have been no substantial changes to the requirements for practices. Practices will continue to:

- have a Practice Quality Lead that will engage with the GP cluster – which may be a different GP at different times
- each PQL is expected to work:
 - o 2 hours monthly (usually within practice time) for their quality role
 - o two sessions per month on quality improvement activity in the financial year. Usually this is time outside practices e.g. attending cluster meetings. Practices are funded £5040 per year (paid monthly) for this work.

The description of practice and PQL quality work under the contract has been removed from the SFE and now exists, more appropriately, in the contract Regulations⁵.

SFE References

Paragraphs 4.1 – 4.4 – Outline the requirement for practices to have a PQL that will engage in the GP cluster, PQL time commitment, and the payment arrangements.

Immunisations

Immunisation services and their payment arrangements remain in the SFE. The transition of vaccination services will happen over time within the next three years by April 2021.

Health and Social Care Partnership Primary Care Improvement Plans will describe how services (including vaccinations) will be reconfigured and how the contract will be implemented locally. These plans will be developed with the local GP subcommittee (with the arrangements for delivering the new GMS contract being agreed with the Local Medical Committee, Integration Authority, and Health Board). Services will only transfer when it is safe to do so and with agreement from all parties.

⁵ <http://www.legislation.gov.uk/ssi/2018/66/contents/made>- Schedule 56, Part 10, Paragraphs 121 and 122.

As practices will continue to provide vaccinations until alternative arrangements are in place these sections of the SFE remain in effect. This ensures that practices will continue to be paid for the immunisation work they do under these arrangements.

There have been no substantive changes to any of the vaccine services under the contract/SFE for 2018/19.

SFE References

Part 3 Directed Enhanced Services – Childhood Immunisation Scheme

Part 4 Pneumococcal Vaccination, Hib/MenC Booster Vaccination and Rotavirus Vaccination

Annex E – Scottish Immunisation Programme

Annex F – Vaccines and Immunisations

Payments for locums covering maternity, paternity and adoption leave

There have been no changes to the arrangements for locums covering maternity, paternity and adoption leave. However, it is important for practices to be aware of the changes introduced from 1 April 2016 that:

- increased the maximum amounts that practices could receive for locum cover to £1,734.18 per week
- made payment mandatory (there was previously some Health Board discretion)
- allowed internal locum cover under certain circumstances.

SFE References

Paragraphs 7.1 – 7.8 – outline the entitlement to locum payments, ceilings on the amounts payable, payment arrangements, and conditions on the amount payable.

Payments for locums covering sickness leave

There have been no changes to the arrangements for locums covering sickness leave. However, it is important for practices to be aware of the changes introduced from 1 April 2017 that:

- increased the maximum amounts that practices could receive for locum cover to £1,734.18 per week
- made payments by Health Boards mandatory (there was previously Health Board discretion)
- removed the requirement for certain levels of patients per GP to be met before payments would be made.

SFE References

Paragraphs 8.1 – 8.8 – outline the entitlement to locum payments, ceilings on the amounts payable, payment arrangements, and conditions on the amount payable.

Golden Hello Scheme

The Golden Hello scheme has been revised. It is now possible for eligible GPs to receive a second golden hello if they move to a practice in a remote and rural area. This change has been made to encourage recruitment in remote and rural areas – a list of qualifying practices will be outlined in the SFE.

GPs taking up a substantive post in a remote and rural area can now submit receipts to claim up to £5,000 of relocation costs.

Practices in remote and rural areas continue to be able to claim up to £2,000 of recruitment costs, including in some circumstances the cost of locum cover where there are difficulties and delays finding a replacement practitioner.

SFE References

Paragraphs 12.1 – 12.12 – describe the golden hello scheme, conditions attached to payments, payments for practices with recruitment difficulties, and Golden Hello payments for remoteness, rurality and deprivation.

Paragraph 12.13 – specifies payments for relocation costs in remote and rural areas.

Paragraphs 12.14 and 12.15 – specifies payments for recruitment costs in remote and rural areas.

Annex D – specifies those practices that qualify for remote/rural and deprived payments for Golden Hellos.

Protected time

Each GP practice will have Protected Time consisting of one session a month (usually within practice time) this will help GPs to maintain and develop their training, skills, and those of their practice team. A payment of £2540 per year will be made to every practice so they can decide arrangements for protected time.

SFE References

Paragraphs 21.1 and 21.2 – specifies that every practice will have one session a month of protected time and the payment.