**BMA press release: Embargoed, 00.01 Thursday 31 January 2019**

**BMA and NHS England announce agreement on five-year GP contract package**

The BMA’s GP committee has today reached a contract agreement with NHS England spanning the next five years, which introduces widespread changes aimed at addressing both the workforce and workload pressures currently experienced by GPs in England, and improving services for patients by beginning to realise ambitions laid out in the NHS Long-Term Plan.

The contract gives practices almost £1bn across five years, while another £1.8bn will be invested to support the formation of Primary Care Networks, in which practices will work together to provide care to patients across a wider geographic area.

In the first year, this funding – delivered through a directed enhanced service (DES) paid to practices – will allow networks to employ at least one [social prescribing link worker](https://www.england.nhs.uk/personalisedcare/social-prescribing/) and one clinical pharmacist, while subsequent years will see the workforce expanded by over 20,000 people to include physician associates, practice-based physiotherapists and paramedics. It is hoped this wider team will both improve patient experience, ensuring they are seen by the correct professional at the right time, and help GPs manage their workloads.

The contract also delivers the much-awaited state-backed indemnity scheme for all GPs, meaning family doctors will be brought in line with their hospital colleagues, and no longer have to personally fund clinical negligence cover, which has become increasingly unsustainable and been a key factor impairing GP recruitment and retention.

Key changes in the package include:

* Guaranteed investment of £405m through the practice contract and network contract in the first year, meaning every practice will be able to uplift staff pay by at least 2 per cent
* Building Primary Care Networks from the ground up. Networks will typically cover 30,000-50,000 patients and be led by a local GP in a clinical director role.
* Funding for the expanded network workforce. Networks will receive 100 per cent recurrent funding to employ social prescribers and 70 per cent for clinical pharmacists this year, and the same for physiotherapists, physician associates and paramedics as they are introduced.
* The introduction of a state-backed indemnity scheme beginning in April 2019.
* Increased digital access for patients, meaning practices will make 25 per cent of appointments bookable online, improve their online presence and give new patients access to their digital records as standard.
* An agreement between the BMA and NHS England to make joint representation to the Government with proposals to reduce the problem created by the pension annual allowance, to address the impact this is having on GP recruitment and retention.
* NHS 111 direct booking in to practice appointments at a rate of one appointment per 3,000 patients available per day. This will happen only after triage.
* Funding for practices to deal with subject access requests following the removal of the ability to cover costs under GDPR legislation. Practices will also have access to a Data Protection Officer (DPO) through their clinical commissioning group (CCG), to provide support on GDPR issues.
* QOF changes to remove unnecessary indicators and provide a focus on professionally-led quality improvement.

Further changes will be implemented from 2020 onward, including:

* Increased workforce as part of the networks, totalling more than 20,000 additional roles in England by 2023/24.
* Investment to increase via both the practice contract and network contract, allowing practices to uplift their staff pay at least in line with predicted inflation.
* Resources available to practices to enable online and video consultations.

The full details of the contract will be published after the NHS England board meeting later today. For more information please visit [www.bma.org.uk/gpcontractengland](http://www.bma.org.uk/gpcontractengland)1.

Dr Richard Vautrey, BMA GP committee chair, said:

“We are confident that these widespread changes – the most significant in 15 years – will deliver the best not just for GPs across England, but also for the patients they treat on a daily basis. Last month, the Government announced its [Long-Term Plan](https://www.england.nhs.uk/long-term-plan/) for the health service, and our negotiations with NHS England were key to shaping this vision for general practice, as is evident in many of the details revealed today.

“Recent years have seen hard-working family doctors deal with an overstretched workforce doing their best to meet rising demand from patients suffering more and more complex conditions, all on the back of a decade of underinvestment in general practice.

“Therefore, we are pleased after months of discussions with NHS England, to have negotiated a package of reforms to the GP contract and beyond, that will begin addressing the unsustainable situation – whereby doctors are choosing to leave the profession while patients wait longer and longer for appointments – and laying the foundations for a general practice fit for the future.

“Support and funding for Primary Care Networks mean practices can work together, led by a single GP, and employ additional staff to provide a range of services in the local area, ensuring patients have ready access to the right healthcare professional, and helping reduce workload pressures on GPs. This significant expansion in the workforce, which will eventually see over 20,000 healthcare staff based in networks across England, will also be expected to focus on some of the Long-Term Plan’s commitments, such as support for care home residents and the earlier identification of people with cancer or cardio-vascular disease.

“While the way it is funded will change, networks will continue to offer evening and weekend appointments to all patients, and as part of this effort to improve access, practices will have to make one appointment available a day available for every 3,000 patients on their list to be directly booked through NHS 111.

“The Secretary of State for Health and Social Care has made his ambitions around technology in general practice clear, and GPs recognise the potential convenience that new systems can offer to many patients. We have therefore agreed a realistic timescale to improve digital access for patients, building on improved infrastructure to firstly be able to book an appointment and access to their own records online, before progressing to video consultations for all in 2021. We will also set in train an important programme to digitalise all remaining paper records, so freeing up much needed space in GP practices as well as delivering a comprehensive electronic patient record.

“And while patients will now have access to their own records digitally, we have secured £20m a year to cover the costs of subject access requests, which GPs and their teams have been having to complete unfunded since the introduction of GDPR legislation almost a year ago.

“The Long-Term Plan established spending for the next 10 years, and after listening to the BMA for the first time, NHS England committed to increase funding for primary and community care at a greater rate than the wider NHS budget. After years of derisory pay uplifts for staff and tightening financial pressures on practices, this means we have been able to negotiate a five-year deal guaranteeing investment that covers pay and expenses, and at least matches predicted inflation. “Crucially, this investment has enabled us to fulfil one of our key aims by once and for all banishing the personal expense of indemnity cover, with a state-backed scheme set to begin, as promised, in April. This will mean that all GPs and practice staff, both in and out of hours, will be covered and represents a major change, freeing GPs from the significant risk of rapidly rising indemnity costs.

“This package sets us on the road to rebuilding not only general practice but also the wider primary health care team; delivering an expanded workforce embedded within practices and giving GPs a leadership role in bringing together the community healthcare team.

“These changes present a real opportunity to demonstrate that GPs will lead the development of a more resilient community-based health service for the benefit of our patients for years to come.”

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**Notes to editors**

The BMA is a trade union representing and negotiating on behalf of all doctors in the UK. A leading voice advocating for outstanding health care and a healthy population. An association providing members with excellent individual services and support throughout their lives.

1. Link will be live once embargo lifts.

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