

FOCUS ON SFE CHANGES 2006-2007 (ENGLAND)

This brief note summarises the most significant changes to the Statement of Financial Entitlements (SFE) for 2006-2007 in England, most of which arise from the review of the GMS contract. It is not intended as a full guide to the revised SFE, but merely to alert English LMCs and practices to the changes.

These SFE amendments do not represent all the changes agreed between the parties for implementation in 2006/07; further amendments relating to the new DESs will be put in place by July 2006.

The actual changes to the text relating to the review of the contract are detailed in the Statement of Financial Entitlements (Amendment) (No.2) Directions 2006. These can be found, together with the amended SFE, on the Department of Health website at the link below.

http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4107508&chk=dc/lzz

Cross references to the joint GPC/NHS Employers implementation guidance on the revised GMS contract are provided in brackets. This guidance can be found at

<http://www.bma.org.uk/ap.nsf/Content/Hubgeneralpractitioners>

SFE PART 2 – QUALITY AND OUTCOMES FRAMEWORK

(Chapter 2 of implementation guidance)

The revised QOF is set out in full in annex D of the SFE, which constitutes the QOF guidance. This large document can be found at <http://www.bma.org.uk/ap.nsf/Content/qof06>

For a summary of the changes to the QOF, please see the recent GPC guidance note *Focus on Quality and Outcomes Framework*.

This can be found at <http://www.bma.org.uk/ap.nsf/Content/focusqoffeb06>

The paragraphs in the previous SFE relating to the quality practice payment (4.27 to 4.29) and QOF access payment (4.30-4.32) have been removed, as these no longer exist.

Paragraph 5.7 has been amended to provide for a new method of calculating the 60% method for aspiration payments. This has been done to reflect the fact that the maximum number of points available in 2006/07 has decreased to 1000.

SFE PART 3

SECTION 8 – CHILDHOOD IMMUNISATION SCHEME

(Paragraph 3.3 of implementation guidance)

The reason for the significant changes to this part of the SFE is to implement the agreement to restore the 25% weighting of the MMR vaccine in the Childhood Immunisation Scheme and to add Meningitis C.

It restores the weightings by creating, in the calculation of targets reached, an additional weighting factor of 2 for pentavalent vaccine immunisation courses, so that it carries 50% weighting and MMR and Meningitis C carry 25% each.

The changes to paragraph 8.6 restore the concept of “completing immunisations” (that was used in the Statement of Fees and Allowances) whereby to count towards achievement of a target, the final

immunisation needed to complete the course must be carried out within the NHS, i.e. by the contractor, another GMS contractor, a PMS contractor, an APMS contractor or by a PCTMS contractor.

In 8.8, the divisors have fallen by 1 according to ONS resident population data.

SFE PART 4

SECTION 9 – PAYMENTS FOR LOCUMS COVERING MATERNITY, PATERNITY AND ADOPTIVE LEAVE

(Paragraphs 5.28–5.32 of implementation guidance)

The change in paragraph 9.5 effects the agreement to increase the maximum amount payable by the PCT after the second week of maternity, paternity and adoptive leave from £978.91 to £1500.

SECTION 17 - DISPENSING

(Chapter 4 of implementation guidance)

New paragraph 17.3 implements the new payment system for dispensing (the removal of the on-cost, container and VAT allowance and the creation of a new VAT allowance for non-dispensing doctors on personally administered items (following a House of Lords ruling on the Beynon case). The increased dispensing fee scale is at SFE Annex G.

In addition, there are amendments to section 17 and to Annex G which are not connected to the review of the contract. The addition to 17.8 concerns the introduction of the new home oxygen service. Further changes consequential to this, mainly covering transitional provisions, are at SFE Annex G. New paragraphs 17.18 to 17.22 were inserted in the 2005/06 SFE. They introduce an agreed method of correcting an error in previous SFE whereby dispensing GPs could be overpaid the VAT allowance. This should only effect dispensing contractors who noticed the transcription error (which was not picked up the PPA) and who made a claim accordingly, which would have led to overpayment. This change effectively creates a corresponding debt for those contractors.

SFE ANNEX B – ALLOCATION FORMULA

(Paragraph 5.9 of implementation guidance)

Substantial changes have been made to this technical annex in paragraphs B.17 to B.26. These implement the agreement to carry out normalisation quarterly at national level. This change reflected concerns that the previous method of only carrying out normalisation at a national level annually was causing sudden and often destabilising changes to contractors' global sum payments in the first quarter of the financial year.

SFE ANNEX C – TEMPORARY PATIENT ADJUSTMENT

When the new GMS contract came into force, the temporary patients adjustment was based on an average of five years claims prior to 1 April 2004. Because this is now historical information, paragraph C4 has been amended to remove the reference to the five years prior to 1 April 2004 and C3 amended to state that the adjustment for 2006/07 will be the same as was calculated for 2005/06. Annex C still allows for the PCT in discussion with the contractor to determine a reasonable annual amount where this amount is clearly inappropriate, for example where there have been significant increases or decreases in the number of unregistered patients.

The GPC intends to revisit the method for paying for temporary patients in the next round of negotiations.

Please contact the GPC office for any further information about any of these changes.