



BRIEFING PAPER

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General Practice in England

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Summary

It is estimated that around 90 per cent of patient interaction with the NHS is with primary care services, including GP practices, dental services and community pharmacies.¹

There are different contracting methods for general practice. This includes the national negotiated General Medical Services (GMS) contract, used by the majority of GP practices. Practices may also use locally negotiated contracts to provide flexibility in service provision - the Personal Medical Services (PMS) and Alternative Provider Medical Service (APMS) contracts.

NHS England's *Five Year Forward View* (October 2014) committed the NHS to additional investment in general practice, including a £1 billion Primary Care Infrastructure Fund. £550 million was also announced in March 2015 to improve access to GPs, modernise GP surgeries and improve out-of-hospital care.

In April 2016, NHS England published the *General Practice Forward View* – its five year plan for general practice. The *Forward View* sets objectives to be achieved by 2020/21 in the following areas: Investment; workforce; workload; practice infrastructure; and care redesign. It includes a commitment to introduce an additional 5,000 doctors into general practice by 2020. The plan is supported by additional investment of £2.4 billion a year by 2020/21.

There have been initiatives to improve access to GP services. The Government's Mandate to NHS England 2018-19 instructed NHS England to ensure that everyone has access to weekend and evening routine GP appointments by 1 October 2018. The Government has confirmed there are no plans to reintroduce a maximum waiting time target for GP appointments.

In October 2017, the Health Secretary announced a new state-backed indemnity scheme for general practice, to address concerns about the rising cost of indemnity against clinical negligence. This will come into force from April 2019.

This briefing applies to England only.

¹ Health and Social Care Information Centre, [Primary Care](#)

1. Contracts for general practice

There are different types of contract for general practice, through which funding is provided:

- The General Medical Services contract – the nationally negotiated GP contract, used by about 68.3 per cent of practices.²
- Personal Medical Services contracts – this is locally negotiated between NHS England and practices and provides additional flexibility for service provision. It is designed to allow GPs to offer a wider range of services responding to local need and is used by about 27.4 per cent of practices.³
- Alternative Provider Medical Service contracts – this is also locally negotiated and more flexible, and is open to a wider range of providers, including the independent sector. It is used by about 3.6 per cent of practices.⁴

The General Medical Services contract

The General Medical Services (GMS) contract is negotiated annually between the BMA General Practitioners' Committee and NHS Employers. It covers three main funding streams:

- The global sum – covers the costs of running a general practice, including essential GP services;
- The Quality and Outcomes Framework (QOF) – provides additional funding based on the quality of patient care;
- Enhanced services – additional services that general practices choose to provide.

Seniority factor payments were introduced in 2004 to reward GPs' experience. Payments were calculated based on a GP's years of service in the NHS and 'qualifying income fraction', which determines the proportion of the seniority payment a GP receives. Seniority payments will cease on 31 March 2020. NHS Employers and the BMA General Practitioners' Committee have agreed a mechanism for phasing out seniority payments, which will mean annual reductions in payments and reinvestment of those funds into the global sum.⁵

Changes were made to the GMS contract for 2018/19 as a result of negotiations between NHS Employers and the BMA General Practitioners' Committee. Overall funding for practices will rise by £256.3 million, or 3.4%. The new contract includes an investment of £60 million to cover GP indemnity costs for 2017/18 (see section 5), £10 million to support the implementation of the e-Referral Service and strengthened violent patient Regulations.⁶

The Carr-Hill formula

The global sum allocation formula (Carr-Hill Formula) has been used as the basis of core funding for GMS practices since the introduction of the current contract in 2004. Typically, at least half of the money that a GMS practice receives is in the form of the global sum.⁷

² NHS Digital, [NHS Payments to General Practice, England 2016/17](#), 20 September 2017

³ *ibid*

⁴ *ibid*

⁵ BMA, [Focus on phasing out seniority payments](#), 23 April 2018

⁶ NHS Employers, [2018/19 General Medical Services \(GMS\) contract: Guidance and audit requirements for GMS contract](#), May 2018

⁷ [PQ 32753 \[on General Practitioners; West Yorkshire\], 15 April 2016](#)

Through the Carr-Hill formula, payments are weighted for factors that influence relative patient needs and costs. The current formula includes the following factors:

- patient age and gender (used to reflect frequency of home and surgery visits);
- additional needs: standardised mortality ratio and standardised long-standing illness for patients under the age of 65 years;
- number of newly registered patients (generate 40% of work in first year);
- rurality;
- costs of living in some geographical areas ; and
- patient age/gender for nursing/residential consultations.⁸

As part of the contract negotiations for 2015/16, the BMA's General Practitioners Committee and NHS England agreed to re-examine the Carr-Hill Formula with the aim of adapting it to better reflect deprivation. It was intended that the review of the Carr-Hill formula would inform the 2017-18 GP contract. The BMA provided further information on the review in a letter from August 2015: [Reviewing the global sum allocation formula and identifying atypical populations \(August 2015\)](#).

In August 2016, NHS England and the BMA issued a joint statement announcing that they were starting detailed negotiations on the new funding formula, and this would be implemented by April 2018. In parallel to the new funding formula, the organisations also committed to developing national guidance for commissioners for practices that have characteristics that affect the costs or workload in a way that cannot be captured through a national formula – specifically university practices; unavoidably small and remote practices; and practices with a significant proportion of patients who cannot speak English.⁹

A PQ answered in January 2018 said that the review of the Carr-Hill formula is still ongoing.¹⁰

The Quality and Outcomes Framework

The Quality and Outcomes Framework (QOF) is a voluntary annual reward and incentive programme for GP surgeries. It provides additional funding to GP practices which meet criteria for the provision of quality care for certain indicators and is intended to standardise improvements in the delivery of primary medical services.

In its [Five Year Forward View Next Steps](#) (March 2017) NHS England agreed to undertake a review of QOF. This followed concerns that QOF does not lead to improvements in the treatment of long-term conditions¹¹ and has increased pressure on GPs¹², with Simon Stevens, Chief Executive of NHS England, saying it has “descended into too much of a box ticking exercise”.¹³

NHS England's [Report of the Review of the Quality and Outcomes Framework in England](#) (July 2018) sets out options for reform, including the retirement of a number of indicators. The review said that evidence suggests that the impact of QOF upon health outcomes has been modest at best, and there is little evidence to suggest that QOF has had any impact upon patient mortality. Public feedback is currently being requested, after which NHS

⁸ NHS England, [Primary Medical Care Policy and Guidance Manual](#), November 2017

⁹ [GP funding formula – Joint statement from NHS England and BMA](#), August 2016

¹⁰ [PO 123476 \[on General Practitioners\]](#), 25 January 2018

¹¹ British Journal of Medical Practice, [The role of the Quality and Outcomes Framework in the care of long-term conditions: a systematic review](#), 25 September 2017

¹² NHS England, [Report of the Review of the Quality and Outcomes Framework in England](#), July 2018

¹³ Pulse, [QOF has reached the end of its useful life, says NHS chief](#), 19 October 2016

England will agree changes with the BMA General Practitioners' Committee to start taking effect from 2019/20.

Personal Medical Services contract

Personal Medical Services (PMS) agreements are locally agreed contracts between NHS England and a GP practice.

PMS contracts offer local flexibility compared to the national negotiated GMS contracts by offering variation in the range of services which may be provided by the practice, the financial arrangements for those services and the provider structure (who can hold a contract).

In 2013, NHS England found that expenditure on PMS practices was £325 million higher, or £13.52 per weighted patient, compared to GMS expenditure. £260m of this was not explicitly linked to extra services.¹⁴

NHS England area teams are now reviewing all PMS contracts with the view to ensure any extra funding above and beyond what an equivalent GMS practice would get is actually linked to providing extra services. For PMS practices, area teams will, where necessary, be reviewing local contracts to ensure additional investment paid over core funding (i.e. equivalent to GMS core funding) is used in a way that is clearly linked to enhanced quality or services or the specific needs of a particular population.

NHS England states:

It is essential, however, that we apply the principles of equitable funding by moving towards a position where we can demonstrate that all practices (whether on GMS, PMS or APMS) receive the same core funding for providing the core services expected of all GP practice. Any additional funding above this must be clearly linked to enhanced quality or services or the specific needs of a local population, and practices should have an equal opportunity to earn premium funding if they meet the necessary criteria.¹⁵

The BMA's General Practitioners Committee is encouraging PMS practices to return to the nationally negotiated GMS contract due to expected reductions in funding for these practices. The BMA states:

As many PMS practices have their funding reduced over the next few years, the GPC strongly encourages consideration of a return to the nationally negotiated GMS contract. Many PMS practices have made this change since the review process began. The GMS contract offers greater stability and security than PMS agreements. It is not subject to local negotiation, which is likely to place obligations on practices over and above those required by the regulations; or to unilateral termination with six months notice without reason.

Further information is available in a BMA briefing on [Focus on PMS reviews and transition to GMS](#) (April 2016).

GP partners and salaried GPs

GP partners are self-employed independent contractors, rather than NHS employees. They are not covered by the Agenda for Change pay scale. Funding for GP partner salaries is provided through GP contract funding for remuneration and staff expenses, and each partner takes a share in the profits and losses of a practice.¹⁶ There are no national terms of contract for GP partners, and these should be decided within the practice. The

¹⁴ NHS England, [Review of PMS Contracts](#), February 2014

¹⁵ NHS England, [Reviews of Personal Medical Services \(PMS\) contracts](#) – letter to Area Directors (February 2014).

¹⁶ British Medical Association, [Partnership Agreements: Guidance for GPs](#), April 2014

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BMA's guide on [partnership agreements](#) looks at different terms and conditions of employment, such as pay and leave, and notes that this should be agreed between partners.

There is no pay scale for **salaried GPs and practice staff**, who are mostly employed directly by the GP practice not the NHS. The [BMA model salaried contract](#) (or an equally advantageous alternative) is contractually required for GMS practices offering employment to a salaried GP.¹⁷ The contract provides salaried GPs with certain rights, such as the right to contractual maternity, sickness and redundancy pay (based on continuity of previous service), and one paid session of CPD (Continuing Professional Development) per week.

The most recent pay circular sets out the minimum and the maximum of the pay range for salaried GPs, and it is for the employer to determine on what salary level the individual should be placed and how pay should vary over time. For 2018/19, the Government decided to award GPs and practice staff a 2% pay uplift to the minimum and maximum pay scale.¹⁸

With regards to working hours, as GP partners are self-employed independent contractors they do not fall within the remit of the European Working Time Directive (EWTD). However, salaried GPs are directly employed and are therefore covered by the Directive.

¹⁷ British Medical Association, [Focus on taking on new partners - guidance for GPs](#), 23 April 2018

¹⁸ [Department of Health and Social care update: Written statement - HCWS916](#), 24 July 2018

2. Funding commitments

NHS England's [Five Year Forward View](#) (October 2014) stated that the NHS will invest more in primary care. It said that in light of pressures on general practice, a "new deal" for GPs is needed.

The Estates and Technology Transformation Fund

The Government's *Autumn Statement* 2014 (December 2014), announced that £250 million per year (over four years) will be invested in modern premises and technology to bring GPs, nurses and specialists together so that patients can get the best care close to home. The fund was initially termed the "Primary Care Infrastructure Fund" and subsequently the "Estates and Technology Transformation Fund".

In January 2015, GPs were invited to submit bids for investment in 2015/16. The majority of bids focused on helping GP practices make improvements in access to clinical services by extending existing GP premises. In March 2015, following a process of assessment, NHS England announced that the first GP practices had bids supported in principle and they would move to the next stage to seek formal approval.

For the Estates and Technology Transformation Fund 2016/17, CCGs were invited to put forward proposals, focusing on financial support for investment in premises or technology which will increase the capacity of general practice and out-of-hospital care.

Further information is available from NHS England – [The Estates and Technology Transformation Fund](#).

March 2015 funding announcement

In March 2015, the Government announced £550 million of funding for the NHS to improve access to GPs, modernise GP surgeries and improve out-of-hospital care. This includes some of the funding previously announced as part of the Prime Minister's Challenge Fund, the Primary Care Infrastructure/Estates and Technology Fund and the Transformation Fund. The Department of Health provided the following breakdown for the funding:

The funding will come from:

- £100 million addition to the existing £50 million Prime Minister's Challenge fund
- £250 million infrastructure fund for new buildings, treatment rooms and IT
- £200 million transformation fund for 29 pilots to integrate services offered by hospitals, GPs, and care homes¹⁹

The Department of Health have outlined the intended benefits of this funding:

For patients, this will mean:

- 18 million people will, by March next year, be offered more evening and weekend, video, email and telephone consultations, the equivalent of 8,000 more appointments a day
- over 8.5 million people will see redevelopment of their existing practices, to increase clinical space and offer additional services
- greater access to pharmacists, nurses and speech therapists from local GP surgeries

¹⁹ Gov.uk, [GP evening and weekend appointments to increase](#), 28 March 2015

- more personalised advice from pharmacists who will be able to access medical records
- more tests, treatments and services offered closer to people's homes, including minor operations and blood tests

Autumn Statement 2015

The *Autumn Statement* 2015 committed the following investment in General Practice:

The £10 billion real terms increase in NHS funding by 2020-21 will deliver 7 day services in primary care and in hospitals. By 2021 everyone will be able to access GP services in the evenings and at weekends with an extra 5,000 doctors in general practice. This will be supported by £750 million of investment and a new national voluntary contract for GPs.²⁰

New deal for General Practice

In June 2015, the Health Secretary described a new deal for general practice. This included commitments for additional workforce, the continuation of the £1 billion infrastructure fund, and improve linked working between pharmacists and GPs.²¹

General Practice Forward View

In April 2016, NHS England set out an additional investment of £2.4 billion a year by 2020/21 into general practice, to achieve the objectives in its *Forward View*, a five year plan for general practice - see below.

²⁰ HM Treasury, [Spending Review and Autumn Statement 2015](#), para 2.34

²¹ Department of Health, [New deal for General Practice](#), 19 June 2015

3. Forward View for General Practice – April 2016

In April 2016, NHS England, published the [General Practice: Forward View](#) – its five year plan to transform and stabilise General Practice.

NHS England committed over £500 million of additional funding by 2020/21, in addition to current primary medical care allocations, to ensure that everyone has access to GP services, including sufficient routine appointments at evenings and weekends.

The *Forward View* sets a series of objectives for NHS England to achieve by 2020/21, in the following areas:

- **Investment** – “We will accelerate funding of primary care”
- **Workforce** – “We will expand and support GP and wider primary care staffing”
- **Workload** – “We will reduce practice burdens and help release time”
- **Practice infrastructure** – “We will develop the primary care estate and invest in better technology”
- **Care redesign** – “We will provide a major programme of improvement support to practices”

Further information on each of these areas is included below.

Investment

The *Forward View* commits to investing a further £2.4 billion a year by 2020/21 into general practice services, representing a 14 per cent real terms increase.

This will be supplemented with a one off Sustainability and Transformation package, totalling over half a billion pounds over the next five years.

In addition, a new funding formula will be developed to better reflect practice workload, including deprivation and rurality – NHS England and the BMA are currently reviewing the Carr-Hill formula.

NHS England says that investment in general practice is likely to grow even further as CCGs shift care and resources into the community, in line with the new models of care in the [NHS Five Year Forward View](#) (October 2014).

Workforce

NHS England and Health Education England have set targets to expand the workforce, backed by an extra £206 million as part of the Sustainability and Transformation package.

The *Forward View* sets out plans to introduce an additional 5,000 doctors working in general practice by 2020. This five year programme includes:

- An increase in GP training recruitment, to support overall net growth of 5,000 extra doctors by 2020 (compared to 2014)

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- A major recruitment campaign in England to attract doctors to become GPs, supported by 35 national ambassadors
- A new international recruitment campaign to attract up to an extra 500 qualified doctors from overseas
- Targeted £20,000 bursaries in the areas that have found it hardest to recruit into GP training
- Measures to attract at least 500 GPs back into general practice

The *Forward View* also commits to a minimum of 5,000 other staff working in general practice by 2020/21, including:

- An extra 3,000 mental health therapists working in practice care by 2020, which is an average of a full time therapist for every two-three typical sized GP practice
- An additional 1,500 pharmacists in general practice by 2020
- A general practice nurse development strategy, accompanied by a minimum £15 million national investment
- Investment by Health Education England in the training of 1,000 physician associates

The *Forward View* also announces a £16 million extra investment in specialist mental health services, to support GPs suffering with “burn out” and stress, in addition to £3.5 million already announced.

Workload

The *Forward View* sets out a package of support for general practice for the management of demand, diversion of unnecessary work, reduction in bureaucracy and more integration with the wider health and care system. This includes:

- A £30 million “Releasing Time for Patients” development programme to help release capacity within general practice
- A four year £40 million practice resilience programme
- A move to maximum interval of five yearly CQC inspections for good and outstanding practices

Practice Infrastructure

Measures to develop primary care infrastructure include:

- Investment for general practice estates and infrastructure – supported by continued public sector capital investment, estimated to reach over £900 million over the next five years
- New rules of premises costs to enable NHS England to fund up to 100 per cent of the costs for premises developments, an increase from the previous cap on NHS England funding of 66 per cent
- New measures for NHS England to fund Stamp Duty Land Tax for practice who are tenants of NHS Property Services

Measures to improve the use of technology include:

- An 18 per cent increase in allocations to CCGs for provision of IT services and technology for general practice
- A £45 million national programme to stimulate uptake of online consultations systems for every practice
- Online access for patients to clinical triage systems to help patients when they feel unwell

- Actions to help practices achieve a paper-free NHS by 2020.²²

Care redesign

The *Forward View* sets out areas of improvement support for general practice.

This includes measures to strengthen and redesign general practice:

- Commissioning and funding of services to provide extra primary care capacity, backed by over £500 million of recurrent funding by 2020/21
- Integration of extended access with out of hours and urgent care services
- £171 million one-off investment by CCGs starting in 2017/18, for practice transformational support
- Introduction of a new voluntary Multispeciality Community Provider contract from April 2017, to integrate general practice services with community and wider healthcare services

The *Forward View* also commits to a new national three year “Releasing Time for Patients” programme, to free up to 10 per cent of GPs time.

An advisory oversight group with patients and partners, including the General Practitioners Committee (GPC) and the Royal College of General Practitioners (RCGP) will steer the implementation of the measures outlined in the *Forward View*.

²² For further information on the commitment for a paper-free NHS by 2020, see Library briefing paper: [A paperless NHS: electronic health records](#) (April 2016)

4. Access to GP services

Extended access to GP services

In October 2013, the former Prime Minister announced a £50 million Challenge Fund to help improve access to general practice and stimulate innovative ways of providing primary care services, including extended opening hours, weekend opening, and greater use of technology to provide alternatives to face-to-face consultations.²³ NHS England's first year evaluation found that the Challenge Fund had provided 400,000 additional extended-hours appointments and 520,000 additional core hours appointments. There was also a 15 per cent reduction in minor self-presenting A&E attendances by patients registered in pilot areas.²⁴

As noted above, the [General Practice Forward View](#) set an commitment that by 2020 everyone has improved access to GP services including sufficient routine appointments at evenings and weekends. The [extended access programme](#) now requires CCGs to provide extended access to GP services, including at evenings and weekends, for 100% of their population by 1 October 2018. This requirement was included in the [2018-19 Government Mandate to NHS England](#).

Waiting time targets

In June 2010 the Coalition Government ended the central performance target for seeing a GP within 48 hours. The Government have said the target did not work, and could make it more difficult for people with complex needs, the vulnerable and frail elderly to get the routine appointments that keep them well and properly supported in the community:

In response to concerns raised by hon. Members about access to services, GP services need to be available to patients in a convenient place and at a convenient time. Achieving improved access to general practice not only benefits patients, but has the potential to create more efficient ways of working, which benefits GPs, practice staff and patients. The previous Government attempted to improve access to GP services by establishing a 48-hour access target. We know now that that target did not work. From 2007 to 2010, the proportion of patients who were able to get an appointment within 48 hours when they wanted one declined by 6%.

A 48-hour target can make it more difficult for some of the more vulnerable patient groups who GPs look after, particularly people with complex medical co-morbidities, to get the important routine appointments that they need. We should bear in mind that targets can be perverse. That target did not work in its own right, and could make it more difficult for people with complex needs and the vulnerable and frail elderly to get the routine

²³ Further information is available on the NHS England website:
<http://www.england.nhs.uk/ourwork/qual-clin-lead/calltoaction/pm-ext-access/>
<http://www.england.nhs.uk/wp-content/uploads/2014/10/pmcf-invitation-wave2.pdf>

²⁴ [Prime Minister's Challenge Fund: Improving Access to General Practice First Evaluation Report](#): October 2015

appointments that keep them well and properly supported in the community.²⁵

A PQ answered in June 2018 confirmed that the Government has no plans to reintroduce a maximum waiting time for GP appointments²⁶

The 2016-17 Government [Mandate to NHS England](#) specified that same-day appointments for over 75's should be introduced in general practice. However, the [2017-18 Mandate](#) required NHS England to:

Work with the Department to agree a programme of work to assess how best to meet the commitment that all over-75s will be able to access a same-day appointment with a GP if they need one.

The [2018-19 Mandate](#) included no reference to same-day GP appointments for the over 75s.

Named Accountable GP

The 2014/15 GMS contract specified that all patients over-75 must have a named GP by June 2014. Failure to meet these targets could put GPs in breach of contract.²⁷ This requirement was intended to reduce pressure on A&E services from unplanned admissions by over-75s.

In April 2014 the Department of Health and NHS England jointly published [Transforming Primary Care](#), which sets out plans for more “proactive, personalised and joined up care”, including providing patients with the most complex health and care needs with:

- a personal care and support plan
- a named accountable GP
- a professional to coordinate their care
- same-day telephone consultations

Since 1 April 2015, all GP practices have been required, under the terms of their contract, to allocate a named, accountable GP to all patients, including children. The GP contract requires the named accountable GP to take responsibility for the co-ordination of all appropriate services required under the contract and ensure they are delivered to each of their patients where required.

The BMA has further information on this requirement on its page on [GP contract 2015-2016 Named GP](#). This explains that the named GP does not take on 24-hour responsibility for the patient and they will not be the only GP or clinician who provides care for that patient. It also does not imply personal availability for the named GP throughout the working week.

²⁵ HC Deb 5 February 2015 c481-482

²⁶ [PQ 152734 on General Practitioners: Waiting Lists 15 June 2018](#)

²⁷ Further information can be found on the [Department of Health website](#).

5. GP indemnity costs

It is a requirement of registration with the General Medical Council (GMC) that all doctors have adequate and appropriate indemnity for their work.

Clinical negligence cover for NHS hospital doctors is purchased on their behalf by their employers from the NHS Litigation Authority, under the Clinical Negligence Scheme for Trusts.

By contrast, GPs are not indemnified by the NHS scheme and therefore require personal medical indemnity, purchased from a medical defence organisation.

Concerns have been raised among general practitioners about the rising cost of indemnity against clinical negligence. The BMA says:

GPs have made clear in recent years that they feel they have been subject to unsustainable, above-inflation rises in the amount they must pay to buy indemnity against clinical negligence. It is thought that rising indemnity could discourage GPs from taking on certain work, like out-of-hours care.²⁸

In May 2016, NHS England and the Department of Health established a GP Indemnity Review group to consider proposals to address the rising costs of indemnity in general practice. The [GP Indemnity Review](#) was published in July 2016 and found that four fifths of GPs had been deterred from taking on more clinical sessions due to indemnity costs.²⁹ The review concluded that best way to ease the immediate pressure was through a new scheme to provide direct financial support to general practice. For scheduled sessions NHS England will provide an additional payment to each practice in April 2017 and April 2018, based on the estimated annual inflationary increase in indemnity costs faced by GPs. This will be reviewed after two years. NHS England also committed to a winter indemnity scheme to support GPs who can carry out more out of hours sessions to help address winter pressures. This follows similar schemes in 2015/16 and 2016/17.

The review also explored longer term solutions, such as transferring all GP indemnity to a scheme like the one run for Trusts by the NHS Litigation Authority.

In October 2017, the Health Secretary announced that the Government is developing a state-backed indemnity scheme for general practice in England in order to provide more affordable and stable cover for GPs.³⁰ The scheme will come into force from April 2019. Further details of the scheme were provided in a PQ response in June 2018:

- NHS Resolution will be directed to establish and administer the scheme on behalf of the Secretary of State. This means that NHS

²⁸ British Medical Association, [Support with GP indemnity costs](#), last accessed 13 August 2018

²⁹ Department of Health, NHS England, [GP Indemnity Review](#), July 2016, page 8

³⁰ Department of Health, [GP indemnity: development of state-backed scheme for England](#), 12 October 2017

Resolution will be given responsibility for the overall administration of the scheme;

- The scheme will include activities delivered under the primary medical care contracts (General Medical Service, Personal Medical Service, Alternative Provider Medical Service). Other professions working under the primary medical care contracts will be included in the scheme. The scheme will also include work delivered under the primary medical care contracts that are delivered in secure environments; and

- The current intention is that the scheme will exclude National Health Service primary care dentistry and private dentistry, private healthcare and community pharmacy and optometry.³¹

³¹ [PQ 153857](#) [on general practitioners: insurance], 21 June 2018

6. Patient choice of GP practice

The current position is that GP practices are able to register patients from outside their practice boundaries. This change was agreed in November 2013, when NHS Employers and the BMA General Practitioners' Committee announced changes to the General Medical Services contract in England for 2014/15. The intention was to provide patients with greater choice and to improve the quality of access to GP services.³²

Further information is provided in the NHS Employers [summary of the 2014/15 GMS contract](#):

Choice of GP practice – from October 2014, all GP practices will be able to register patients from outside their traditional practice boundary areas without any obligation to provide home visits for such patients. NHS England will be responsible for arranging in-hours urgent medical care when needed at or near home for patients who register with a practice away from home.

These new arrangements are voluntary for GP practices; if the practice has no capacity for new patients or feels it is not clinically appropriate for an individual to be registered so far away from home, they can refuse registration.

The *NHS Constitution* states that: "You have the right to choose your GP practice and to be accepted by that practice unless there are reasonable grounds to refuse, in which case you will be informed of those reasons". The [Handbook to the NHS Constitution](#) explains what this right means for patients:

You can choose with which GP practice you would like to register. That GP practice should accept you onto its list of NHS patients unless there are good grounds for not doing so, for instance because you live outside the boundaries that it has agreed with the NHS Commissioning Board or because they have approval to close their list to new patients. In rare circumstances, the GP practice may not accept you if there has been a breakdown in the doctor-patient relationship or because you have behaved violently at the practice. Whatever the reason, they must tell you why.

If you cannot register with your preferred GP practice, the NHS Commissioning Board will help you find another.

Source of the right

The right is derived from the duties imposed on the provider of GP services by virtue of regulations made under the NHS Act 2006, in particular paragraphs 15 to 17 of Schedule 6 to the National Health Service (General Medical Services Contracts) Regulations 2004 and paragraphs 14 to 16 of Schedule 5 to the National Health Service (Personal Medical Services Agreements) Regulations 2004.

³² NHS Choices, [Patient choice of GP practices](#)

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