



# GP Contract Changes

2021/22

A Guidance Document for Practices

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# Section One

## GMS Contract

# Top-line Changes 2021/22

Top-line Changes	Guidance
<ul style="list-style-type: none"><li>• Changes are to assist with the pandemic and its impact.</li><li>• Minimal changes from 1 April 2021, including delays to previously agreed elements.</li><li>• Funding commitments already made will be honoured (GP contract uplifts, IIF and ARRS uplifts etc.).</li><li>• Arrangements will remain under review, depending on the progression of the pandemic and the progress of the Covid vaccination programme, and further changes will be agreed between NHS England and GPC England in year (with reasonable notice provided to practices).</li><li>• QOF will be based on the indicator set from 2020/21, with limited changes.</li></ul>	<a href="#">BMA Website</a>

# The Contract

## Overview of agreement for 2021/22

<b>The Contract - Overview of agreement for 2021/22 - (Page 2 of the BMA Video Guidance)</b>	<b>Guidance</b>
<ul style="list-style-type: none"><li>● 2021/22 will be the 3rd year of the 5 year contract agreement.</li><li>● In order to support the continued response of General Practice to the COVID-19 pandemic, including the vaccination programme, NHSE/I and GPCE have agreed to minimal changes from 1 April 2021, including delays to previously agreed elements.</li><li>● The BMA have produced a video presentation (see guidance links on the right) that sets out interim contractual arrangements which will apply from 1 April 2021 - a small number of changes will be implemented mainly relating to funding commitments already made and to assist in the pandemic and its impact.</li><li>● These arrangements will remain under review, depending on the progression of the pandemic and the progress of the COVID vaccination programme, and further changes will be agreed between NHS England and GPC England to reflect current circumstances.</li></ul>	<p><a href="#">BMA Video</a></p>

## Practice level funding increase

Practice level funding increase - (page 3 of the BMA guidance video)							Guidance
<ul style="list-style-type: none"> <li>Practices will receive an uplift to the contract of £253m, which includes for pay uplifts (at 2.1%), expenses uplift (at 2.1%), population growth, additional S7a funding for vaccinations and immunisations, additional funding into QOF. This will be at a time when there will be wider public sector pay restraint/freezes.</li> </ul>							<a href="#">BMA Video</a>
	2018	2019	2020	2021	2022	2023	
	£8,007m	£8,116m	£8,323m	£8,576m	£8,792m	£9,029m	
Annual increase		£109m	£207m	£253m	£216m	£237m	
Cumulative increase		£109m	£316m	£569m	£785m	£1,022m	
Annual % increase		1.4%	2.6%	3.0%	2.5%	2.7%	
Cumulative % increase		1.4%	4.0%	7.0%	9.5%	12.2%	

# QOF overview

QOF overview - (page 4 of the BMA guidance video)	Guidance
<p><b>QOF will be based on the indicator set from 20/21, with limited changes which support the impact of the pandemic for some key areas:</b></p> <ul style="list-style-type: none"><li>● V&amp;I: four indicators have been agreed to comprise the new V&amp;I domain, transferring almost £60m from the childhood immunisations DES to QOF increasing the total value of QOF.</li><li>● An additional £24m into QOF from April, transferred from mental health funding, to strengthen the SMI physical health check indicator set and support uptake.</li><li>● Revised indicator wording for CAN003 and introducing a new cancer indicator.</li><li>● QI modules for 2021/22 will be a repeat of (with slight modification to account for the impact of the pandemic upon care) Learning Disabilities and Supporting Early Cancer Diagnosis QI modules from 2020/21.</li><li>● Remote working when clinically necessary will continue to be an acceptable way of delivering QOF reviews.</li></ul>	<p><a href="#">BMA Video</a></p>



# Serious mental health and cancer QOF indicators

Serious mental health and cancer QOF Indicators - (page 5 of the BMA guidance video)					Guidance
Serious mental health and cancer QOF indicators					<a href="#">BMA Video</a>
Clinical area	Indicator ID	Indicator wording	Points	Thresholds	
SMI	MH007 added back	The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of alcohol consumption in the preceding 12 months	4	50-90%	
	NEW	The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of a lipid profile in the preceding 12 months (in those patients currently prescribed antipsychotics, and/or have pre-existing cardiovascular conditions, and/or smoke, and/or are overweight) or preceding 24 months for all other patients	8	50-90%	
	NEW	The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of blood glucose or HbA1c in the preceding 12 months	8	50-90%	
Cancer	NEW	The percentage of patients with cancer, diagnosed within the preceding 12 months, who have had the opportunity for a discussion and informed of the support available from primary care, within 3 months of diagnosis.	3	70-90%	
	CAN003 amended	The percentage of patients with cancer, diagnosed within the preceding 24 months, who have a patient Cancer Care Review using a structured template within 12 months of diagnosis.	6	50-90%	

# Vaccinations and Immunisations (1)

Vaccinations and Immunisations - (page 6 of the BMA guidance video)	Guidance
<ul style="list-style-type: none"><li>● Funding within Global Sum has been fully retained and will be used for call/recall, administration associated with V&amp;I and outbreaks (major and national outbreaks will be agreed separately on an ad hoc basis).</li><li>● Significant reform to payment mechanism and incentives to increase vaccine coverage and population outcomes for childhood immunisations: are as follows<ul style="list-style-type: none"><li>* Phased approach began 2020/21 and completed 2021/22.</li><li>* Initially MMR in 2020/21, and from 2021/22 for all other individual childhood immunisations, will attract a £10.06 item of service fee (IOS).</li><li>* Practices achieving less than 80% of their target cohort will not receive payment for the first 50% of their cohort, but will receive IOS for each immunisation administered above 50%.</li><li>* Those achieving over 80% of their target cohort will receive the IOS for each immunisation administered.</li><li>* In limited circumstances, practices may be able to retain the full payment when coverage remains low as a result of patient or practice list demographics.</li></ul></li></ul>	<p style="text-align: center;"><a href="#">BMA Video</a></p>

## Vaccinations and Immunisations (2)

Vaccinations and Immunisations - (page 7 of the BMA guidance video)	Guidance
<ul style="list-style-type: none"><li>● 70%/90% cliff-edge childhood immunisation DES targets will be removed from 2021/22.</li><li>● Practices will receive a monthly 'aspiration payment' similar to QOF, based on previous achievement, which will be reconciled at year-end.</li><li>● Additional investment means significant majority of practices should gain from the new arrangements.</li><li>● IIF funding will also encourage influenza uptake at PCN level.</li></ul>	<a href="#">BMA Video</a>

# Vaccinations and Immunisations (3)

Vaccinations and Immunisations - (page 8 of the BMA guidance video)					Guidance
<b>New Vaccination and Immunisation Domain:</b>					<a href="#">BMA Video</a>
<h2>New Vaccination and Immunisation Domain</h2>					
Indicator ID	Indicator wording	Points	Payment thresholds	Points at lower threshold	
NM197 (adapted)	The percentage of babies who reached 8 months old in the preceding 12 months, who have received at least 3 doses of a diphtheria, tetanus and pertussis containing vaccine before the age of 8 months.	18	90-95%	3	
NM198	The percentage of children who reached 18 months old in the preceding 12 months, who have received at least 1 dose of MMR between the ages of 12 and 18 months	18	90-95%	7	
NM199	The percentage of children who reached 5 years old in the preceding 12 months, who have received a reinforcing dose of DTaP/IPV and at least 2 doses of MMR between the ages of 1 and 5 years.	18	87-95%	7	
NM201	The percentage of patients who reached 80 years old in the preceding 12 months, who have received a shingles vaccine between the ages of 70 and 79 years.	10	50-60%	0	

# Enhanced service on obesity and weight management

Enhanced service on obesity and weight management - (page 9 of the BMA guidance video)	Guidance
<ul style="list-style-type: none"><li>● Given the significant focus of the pandemic on obesity and weight management, the BMA has agreed to discuss the introduction of a new enhanced service on obesity and weight management in early 2021/22.</li><li>● The aim is to introduce new measures to tackle obesity as early as circumstances allow during 2021/22, supported by additional funding from government.</li><li>● Need assurance that weight management services are in place and freely accessible in all areas of the country.</li></ul>	<a href="#">BMA Video</a>

# GP workforce terms and conditions

GP workforce terms and conditions - (page 24 of the BMA guidance video)	Guidance
<ul style="list-style-type: none"><li>● GPCE and NHSEI committed to ensuring all general practice workforce have good contractual terms and conditions.</li><li>● NHSEI will undertake a data collection survey to get an accurate baseline of current terms and conditions of practice staff.</li><li>● Following this, GPCE and NHSEI will jointly develop good practice guidance on employment terms and conditions in general practice, to publish in year.</li><li>● GPCE and NHSEI will explore how general practice gender pay gap information can be made more transparent in a way which respects individual privacy and does not result in undue additional burdens upon practices, with a view to agreement and implementation in year.</li></ul>	<p><a href="#">BMA Video</a></p>

# GP practice core digital requirements

GP practice core digital requirements - (page 25 of the BMA guidance video)	Guidance
<p><b>The five year deal included a commitment for a core digital offer that practices must make to their patients. Largely based on the new ways of working during the pandemic, it has been agreed that practices must offer:</b></p> <ul style="list-style-type: none"> <li>● Online consultations that can be used by patients, carers and practice staff on a patient’s behalf, to gather information and to support triage, enabling the practice to allocate patients to the right service for their needs. Online and video consultation tools and functionality will be the responsibility of the CCG to provide.</li> <li>● The ability to hold a video consultation between patients, carers and clinicians.</li> <li>● Two-way secure written communication between patients, carers and practices.</li> <li>● An up to date accessible online presence, such as a website, that, amongst other key information, links to online consultation system and other online services prominently.</li> <li>● Signposting to a validated symptom checker and self-care health information (e.g. nhs.uk) via the practice’s online presence and other communications.</li> <li>● Shared record access, including patients being able to add to their record.</li> <li>● Request and management of prescriptions online.</li> <li>● Online appointment booking.</li> <li>● The current arrangement where practices which have implemented and operate a ‘total-triage’ / ‘triage-first’ model do not have to meet the 25% online booking contract requirement, will be extended.</li> <li>● Practices will enable patients to use an online method to inform their practice of a change of address, contact details or of their demographic information.</li> </ul>	<p><a href="#">BMA Video</a></p>

# Practice contracts and GPs (other items)

Practice Contracts and GPs (other items) - (page 26 of the BMA guidance video)	Guidance
<ul style="list-style-type: none"> <li>● As per the five year deal, practices will receive an uplift to global sum to allow for a 2.1% pay and expenses increase, for population growth, and for additional S7a funding for vaccinations and immunisations. This will be at a time when there will be wider public sector pay restraint/freezes.</li> <li>● NHSE/I will undertake a data collection survey in general practice to get an accurate baseline of current terms and conditions of practice staff, in order to inform the development of good practice guidance on employment terms and conditions; and explore how general practice gender pay gap information can be made more transparent in a way which respects individual privacy and does not result in undue additional burdens upon practices, with a view to agreement and implementation during 2021/22.</li> <li>● DHSC/NHSEI bureaucracy reviews are exploring changes to fit notes, DWP reports and other requests from practices to reduce practice workload.</li> <li>● Retain improvements and reduced workload of appraisal.</li> <li>● Simplify the contract by transferring the cervical screening additional service into essential services. The practice arrangements would not change.</li> <li>● The removal of the requirement for patient consent in use of eRD made under the pandemic regulations will become a permanent change.</li> <li>● A contractual requirement for a more timely transfer (28 days) of patient records when patients move between practices will be introduced.</li> <li>● Clarification that digital services are allowed to be delivered by contractors through locations other than practice premises, in line with current practice.</li> <li>● Minor updates will be made to the existing Structured Medication Review and Early Cancer Diagnosis services within the Network Contract DES from April 2021.</li> </ul>	<p style="text-align: center;"><a href="#">BMA Video</a></p>



# Contract summary

Contract Summary - (page 28 of the BMA guidance video)	Guidance
<ul style="list-style-type: none"><li>● Increased above inflation (currently 0.8%) practice and PCN funding.</li><li>● Vaccinations and immunisation IoS and QOF changes to remove current enhanced service (but no new work).</li><li>● £24m additional funding for QOF mental health domain.</li><li>● Increased ARRS workforce options, London weighting flexibility and 50% additional funding added to cover cost of mental health worker.</li><li>● Delay in new service specifications and IIF.</li><li>● Digital changes in line with experience during the pandemic.</li><li>● Continued focus on supporting practices with pandemic response and COVID vaccination programme.</li></ul>	<p><a href="#">BMA Video</a></p>

# Section Two

PCN DES

# PCN DES ballot

PCN DES ballot - (page 11 of the BMA guidance video)	Guidance
<ul style="list-style-type: none"><li>● LMC England Conference November 2020: <i>"Conference notes that the BMA GPC (GP committee) England has never secured a robust democratic mandate for the PCN DES and so again asks the GPC England to secure a firm mandate from the entire profession by means of ballot before negotiating any extension or changes to the PCN DES for the year 2021/22."</i></li><li>● Ballot of whole profession took place in January 2021: 'Prior to any further negotiations, extension or changes for 2021/22, do you give GPC England a mandate for the PCN directed enhanced service?'</li></ul> <p>* <b>Yes:</b> 80% (3619) * <b>No:</b> 20% (915) * Total validated votes: 4,534</p>	<p><a href="#">BMA Video</a></p>

# PCN DES funding/overview

PCN DES funding/overview - (pages 12 and 13 of the BMA guidance video)	Guidance
<p><b>Previously agreed changes that will continue as planned:</b></p> <ul style="list-style-type: none"> <li>● £1.76 per patient Network Participation Funding (to practices).</li> <li>● £1.50 per patient Core PCN Funding.</li> <li>● £120 per bed for care home premium.</li> <li>● ARRS to increase from £430m in 2020/21 to £746m in 2021/22.</li> <li>● Expansion of ARRS roles (additional roles extended from ten to twelve in October 2020, with the inclusion of Nursing Associates and Trainee Nursing Associates) now expanded further to include paramedics, AHPs and MHPs to commence from April 2021).</li> <li>● IIF to increase from £24.25m in 2020/21 (amended due to pandemic) to £150m in 2021/22, with at least £30m to incentivise access.</li> </ul> <p><b>Previously agreed changes to be delayed:</b></p> <ul style="list-style-type: none"> <li>● Additional four service specifications will not be introduced from April 2021, given reprioritisation necessitated by the pandemic.</li> <li>● More phased approach to the introduction of new IIF indicators for 2021/22 (exact indicators and dates to be agreed).</li> <li>● Access offer scheme worth £454m (£87m extended hours, £367m extended access) - to be developed over summer 2021, and implemented from April 2022/23.</li> </ul> <p><b>New changes agreed:</b></p> <ul style="list-style-type: none"> <li>● CP transfer from the Clinical Pharmacist in General Practice scheme allowed from 1 April 2021 to 30 September 2021.</li> <li>● London weighting for ARRS.</li> <li>● PCNs will be entitled to an embedded mental health practitioner, employed and provided as a service by the PCN's local provider of community mental health services, funded under a local agreement; 50% of the funding will be provided from the mental health provider and 50% by the PCN.</li> </ul>	<p><a href="#">BMA Video</a></p>

# PCN DES funding/overview

PCN DES funding/overview	Guidance
<p><b>PCN DES: Paramedics - (page 14 of the BMA guidance video)</b></p> <ul style="list-style-type: none"> <li>● Reimbursable at indicative Band 7 level, but with the ability for PCNs to engage at the top of Band 6.</li> <li>● If a Paramedic does not yet have level 7 capability in clinical practice, they will be engaged via a rotational model as part of a training pathway until they achieve that level.</li> </ul> <p><b>PCN DES: Advanced Practitioners - (page 15 of the BMA guidance video)</b></p> <p>An advanced practitioner reimbursement tier may apply to the following PCN roles, and will be reimbursed at band 8a:</p> <ul style="list-style-type: none"> <li>● Clinical Pharmacist</li> <li>● Physiotherapist</li> <li>● Occupational Therapist</li> <li>● Dietician</li> <li>● Podiatrist</li> <li>● Paramedic</li> </ul> <p>Initially limited to one AP per PCN under 99,999 registered population, and two for PCNs larger than that, until the HEE advanced practitioner registration process has been established and implemented (expected by October 2021).</p> <p><b>PCN DES: Mental Health Practitioners - (page 16 of the BMA guidance video)</b></p> <ul style="list-style-type: none"> <li>● PCNs will be entitled to an embedded mental health practitioner, employed and provided as a service by the PCNs local provider of community mental health services, funded under a local agreement.</li> <li>● 50% of the funding will be provided from the mental health provider and 50% by the PCN.</li> <li>● 1 WTE in 2021/22, increasing to 2 WTE in 2022/23 and 3 WTE by 2023/24.</li> <li>● For PCNs with more than 100,000 patients, the entitlements are double.</li> <li>● These staff will be additional to mental health practitioners and co-located IAPT practitioners already embedded within general practice.</li> </ul> <p><b>PCN DES: Clinical Pharmacists - (page 17 of the BMA guidance video)</b></p> <ul style="list-style-type: none"> <li>● Clinical Pharmacists that remain on the Clinical Pharmacist in General Practice scheme will be able to transfer to PCNs and be reimbursed under the ARRS.</li> <li>● This transition period will be in place from 1 April 2021 to 30 September 2021. The previous transfer arrangements from 2019/20 will apply.</li> </ul>	<p><a href="#">BMA Video</a></p>

# PCN DES funding/overview

PCN DES funding/overview	Guidance
<p><b>PCN DES: Inner and outer London weighting - (page 18 of the BMA guidance video)</b></p> <ul style="list-style-type: none"> <li>● For PCNs in the London region, the maximum reimbursement amounts per role within the ARRS will now include inner and outer London weighting on top of maximum current ARRS reimbursement amounts.</li> <li>● For 2021/22, this will be reinforced through the Network Contract DES and will not mean an increase to ARRS funding for London or a reduction in ARRS allocations outside London.</li> <li>● Provides greater flexibility to use annual increase to ARRS funding for London without impacting ARRS allocations outside London.</li> </ul> <p><b>PCN DES: Services - (page 19 of the BMA guidance video)</b></p> <ul style="list-style-type: none"> <li>● Implementation of planned PCN DES services will be delayed, and will not be implemented in April 21.</li> <li>● Minor modifications to the SMR and early Cancer Diagnosis service requirements 2021/22:           <ul style="list-style-type: none"> <li>* Patients should be considered for a SMR if prescribed potentially addictive pain medication, now clarified as opioids, gabapentinoids, benzodiazepines and Z-drugs.</li> <li>* PCNs should review/identify any specific actions to address unwarranted variation in cancer outcomes.</li> <li>* PCNs will be encouraged to play an active role in encouraging and facilitating the sharing of capacity for cervical screening across the practices within the network.</li> </ul> </li> <li>● No changes are proposed to the care home service requirements for PCNs.</li> <li>● As with current services, there will be no targets within any future service specifications. Related indicators would be within the IIF once agreed.</li> </ul> <p><b>PCN DES: New Services - (page 20 of the BMA guidance video)</b></p> <ul style="list-style-type: none"> <li>● Four further services were due to be introduced from April 2021:           <ul style="list-style-type: none"> <li>* Cardiovascular Disease Diagnosis and Prevention. *Tackling neighbourhood inequalities.</li> <li>* Anticipatory care, jointly with community service providers. *Personalised care.</li> </ul> </li> <li>● All services link to the recruitment of sufficient ARRS staff.</li> <li>● In order to support practices and PCNs over the coming year with their pandemic response, including the COVID vaccination programme, NHSEI has agreed to delay the introduction of the services.</li> </ul>	<p><a href="#">BMA Video</a></p>

# PCN DES funding/overview

PCN DES funding/overview	Guidance
<p><b>PCN DES: Investment and Impact Fund - (page 21 of the BMA guidance video)</b></p> <ul style="list-style-type: none"> <li>● The IIF was restarted in October 2020, with the low value medicines indicator and low carbon inhaler indicator removed.</li> <li>● The four indicators currently remaining in 2020/21 are:               <ul style="list-style-type: none"> <li>* Flu indicator for 65 years and over.</li> <li>* Learning disability health checks indicator.</li> <li>* Social prescribing indicator.</li> <li>* Medicines safety indicator, co-prescribing with gastro-protection, measured with Q3 and Q4 data only.</li> </ul> </li> <li>● These indicators will continue in 2021/22.</li> </ul> <p><b>PCN DES: Investment and Impact Fund 2021/22 - (page 22 of the BMA guidance video)</b></p> <ul style="list-style-type: none"> <li>● IIF funding will increase to £150m in 2021/22.</li> <li>● Discussions are on-going about potential indicators, and the timing of introduction, and could focus on:               <ul style="list-style-type: none"> <li>* Supporting COVID response and tackling health inequalities.</li> <li>* Vaccination uptake.</li> <li>* PCN services: Supporting delivery of the PCN service requirements.</li> <li>* Access: Supporting improved access to and experience of general practice.</li> <li>* Sustainability: Reducing carbon emissions, to support the NHS Net Zero commitment.</li> </ul> </li> </ul>	<p style="text-align: center;"><a href="#">BMA Video</a></p>

# PCN DES funding/overview

PCN DES funding/overview	Guidance
<p><b>PCN DES: Combining and simplifying access schemes - (page 23 of the BMA guidance video)</b></p> <ul style="list-style-type: none"><li>● NHSEI and GPCE have agreed to delay the implementation of new access scheme arrangements until April 2022, except where PCNs and CCGs have already agreed the transfer of responsibilities before then and where it still makes sense to do so.</li><li>● Access scheme is proposed to combine the existing Extended Hours (EH) already within the PCN DES, and the existing Extended Access (EA) which is currently commissioned locally. (£87m extended hours, £367m extended access). Some PCNs already have responsibility for both schemes.</li><li>● Access scheme can continue to be used to support the COVID vaccination programme.</li><li>● It is intended that practices and PCNs could combine schemes to undertake routine work at different times of the day, such as health checks, smears, immunisations, SMRs, to reduce core hours practice workload.</li><li>● Digital services encouraged, enabling flexible home working, and shared arrangements with neighbouring PCNs, but a GP would need to be available.</li><li>● Further details to be agreed between GPCE and NHSEI.</li></ul>	<p><a href="#">BMA Video</a></p>



# Section Three

Other Items

# Supporting pandemic response and COVID vaccine programme

Supporting pandemic response and COVID vaccine programme - (page 27 of the BMA guidance video)	Guidance
<ul style="list-style-type: none"> <li>● 2020/21 QOF, DES and LES income protection.</li> <li>● £150m (£30m per month November-March) COVID-19 Capacity Expansion Fund for practice workforce expansion and support</li> <li>● Appraisal is voluntary.</li> <li>● COVID vaccination programme enhanced services: £12.58 x2 item of service fee per vaccination.</li> <li>● Additional funding for care home vaccinations (£30 for first doses administered 14 Dec-17 Jan, £20 18-24 Jan, £10 25-31 Jan; £10 for all second doses administered).</li> <li>● £1000 for rebooking 2nd appointments in January 2021.</li> <li>● Up to £950 per week (a max. of £2500 per PCN grouping) for additional admin support in January to ensure that all records for vaccination of priority cohorts are up-to-date.</li> <li>● GP practice groups responded quickly and effectively, delivering over 72% of all vaccinations.</li> </ul>	<p style="text-align: center;"><a href="#">BMA Video</a></p>

# IIF Funding

IIF Funding	Guidance
<p>• IIF 2020/21 indicators will remain unchanged. GPCE and NHSEI will have further discussion on other planned indicators for 2021/22, utilising the additional investment to the IIF. The update to the GP contract guaranteed that at least £30m of the £150m IIF funding in 2021/22 will incentivise improvements in access for patients. Beyond this commitment, it would be premature to decide now how exactly the IIF will expand beyond the initial indicator set. In light of the ongoing pandemic, there will be a more phased approach to the introduction of new IIF indicators for 2021/22, just as new PCN service requirements will also be phased. Indicators on seasonal flu vaccination (including for over 65s, patients aged 18-64 in a clinical at risk group, and children aged 2-3 years), annual Learning Disability Health Checks and Health Action Plans, and social prescribing referrals will continue for 2021/22. Details of the points and thresholds associated with these indicators will be communicated prior to 1 April 2021.</p> <p><b>Please see point 15, page 3 of the attached guidance letter.</b></p>	<p><a href="#">NHSE/I Letter</a></p>

# General Medical Services (GMS) Ready Reckoner 2021/22 (England)

General Medical Services (GMS) Ready Reckoner 2021/22 (England)	Guidance
<ul style="list-style-type: none"><li>• The BMA has been working with NHSE/I on the production of a ready reckoner which has now been published and is intended to provide an indication of the changes in income streams that may affect a GMS practice and primary care network (PCN) from 1 April 2021.</li></ul>	<a href="#">GMS Ready Reckoner 2021/22</a>

# Implementing the 2021/22 GP contract changes to PMS & APMS contracts (England)

Implementing the 2021/22 GP contract changes to PMS & APMS contracts (England)	Guidance
<ul style="list-style-type: none"><li>• NHSE/I have published a document in the guidance link opposite which sets out the approach to the funding changes that will be applied to Personal Medical Services (PMS) and Alternative Provider Medical Services (APMS) contracts. Commissioners will update local PMS and APMS contracts as soon as possible, applying the funding changes identified in this guidance with effect from 1 April 2021.</li></ul>	<a href="#"><u>Implementing the 2021/22 GP contract changes to PMS &amp; APMS contracts</u></a>



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