Bedfordshire & Hertfordshire Local Medical Committee Ltd
Working in partnership for excellence in General Practice

Beds & Herts LMC Summary of "Investment and Evolution: Five-year Framework for GP contract reform"

Five-year Framework
Year 1 2019/20 – agreed in detail
Years 2 to 5 – framework agreed, but detail will be negotiated each year.

Five key areas
- QOF
- Indemnity
- IT & Digital and Access
- Practice income
- Primary Care Networks

1. QOF

i. Indicators
- 28 indicators have been retired (175 points in total)
- 101 points go to 15 new or amended clinical indicators
- 74 go to new Quality Improvement Domain

ii. Exception reporting
- Now called personalised-care adjustment
- Differentiates between five reasons for adjusting care and removing a patient from the denominator
  - Unsuitability
  - Patient choice
  - Patient did not respond (invitation letters to be more personalised; 2 not 3)
  - Service is not available
  - Newly diagnosed or newly registered patient

iii. Quality improvement domain
- Two modules (which will be replaced each year by new topics)
- 2019/20 the modules will be
  - Prescribing safety
  - End of life care

iv. Payment thresholds
- Had been due to increase from 2014 but continue to be deferred (until 2021/22)

2. Indemnity

- Clinical Negligence Scheme for General Practice will start from 1st April 2019, operated by NHS Resolution
- Will cover all NHS GP Service providers, including OOH, and extends to all GPs, all other staff working in the delivery of primary medical services (locum GPs, prison GPs, nurses, allied health professionals etc)
- Practices will still need medical defence organisation cover for private work, GMC representation, ethical guidance, help with responding to complaint letters etc.
- A one-off permanent adjustment to the global sum figure will be made
- As in the previous two years, one-off funding will be provided in 2018/19 to cover rising costs during 18/19 (usually paid in Feb or March)

3. <u>IT and Digital</u>

i. All these agreements are predicated on functionality being available. Standard specifications for CCGs will be developed.

ii. From April 2019, practices must:

- Provide full on-line access for prospective data for newly registered patients (subject to existing safeguards for vulnerable groups, third party data and system functionality). By April 2020 will be retrospective
- Allow NHS 111 Clinicians to directly book appointments (1 appointment per 3,000 patients). NB Only clinicians will be able to book, not lay call handlers.
  - These should be dedicated slots, not additional, and spread evenly throughout the day. Most usually expected to be used in the evening for next day booking. GPC and NHSE still discussing how unused appointments will be freed up for practice use. NHSE is likely to want to increase the number so GPC wants a lot of feedback about how it is working.
  - (Page 91 of guidance) – when the appointment is offered and made, it will be made clear to the patient that they are not being booked into automatically seeing a GP at that time. They must plan to attend the practice at that time. But they may be contacted by the practice prior to the appointment time to confirm if they will see the GP at the practice, or they will have a telephone appointment with the GP, or they will see another healthcare professional at the practice.
  - If they do not hear from the practice they must attend at the appointed time. Practices can decide whether to accept a GP appointment at the appointed time, contact the patient to arrange a phone appointment with a GP, or contact the patient to arrange an appointment with another healthcare professional.
- By July 2019, make 25% of appointments available to book online. NHS111 will be able to book these on behalf of patients.
- From October 2019, register an email address for MHRA alerts, keep it up to date, and register a mobile number for use in an emergency for text alerts when email is down.
- By April 2020,
  - Offer online consultations
  - Offer and promote electronic ordering of repeat prescriptions and using electronic repeat dispensing for all patients for whom it is clinically appropriate
  - Have a website and keep it up to date
  - Give all patients access online to correspondence (opt-out rather than opt-in)
  - Fax machines no longer used for NHS or patient communication
- All CCGs will be responsible for offering a DPO function to practices in addition to their existing DPO support services.
- GP IT Futures will replace GPSOC from December 2019

iii. Future plans

- From April 2020 all patients will have online access to their full record, including the ability to add their own information.
- By April 2021 all patients will have the right to online and video consultations
- All notes to be digitised by 2022

iv. Digital first providers

- Change in funding re rurality and London adjustment in 2019/20, and review new patient premium for change in 20/21

- Out of area regulations will be reviewed

4. <u>Practice income</u>

- Practice contract baseline
  - 2018/19 = £8,007m
  - 2019/20 = £8,116m = 1.4% increase
  - 2020/21= £8,303m = 2.3% increase
- For 2019/20 this includes:
  - 1% increase to global sum (£88.96 to £89.88)
  - £20m for SARS
  - £30m for in recognition of NHS 111 direct booking
  - £105m for network participation payment (c£1.76 per patient)
- But also takes into account
  - One off adjustment for indemnity
  - Transfer out of Extended Hours DES money from July (to PCN)
- Continuing funding
  - £2m for PCSE problems
  - CQC reimbursement
- MMR catch-up - £5 per patient
- Vacc & imms – all go to £10.06
- All staff expected to have a 2% pay rise
- Increases in employers pension contribution rate will be fully funded – general practice will not have to bear any additional costs.
- Balancing Mechanism – if required, will adjust between the practice level global sum and the network level Additional Roles Reimbursement Sum. It is intended to provide confidence to the profession and taxpayers by protecting against unexpectedly large increases in either inflation or partner drawings. Will be designed in 2019 to commence from 2020/21
- GPs with total earnings of NHS income above £150,000 will be listed by name and earnings starting with 2019/20 income.

5. <u>Primary Care Networks</u>

Primary Care Networks are intended to dissolve the divide between primary care and community health services. "PCNs are about provision not commissioning, and are not new organisations"

i. Network Contract DES

- Starts 1st July 2019
- CCG must offer the Network Contract DES to all GMS, PMS and APMS practices
- The DES comprises the following documents
  - DES Specification
  - Network Agreement – outlines governance and financial structure of the network, role and responsibilities of practices, and extended workforce proposals
- By 15th May 2019 PCNs must submit the Network Contract DES registration form to the CCG including the initial Network Agreement (i.e. Schedule 1 of the template Network Agreement). The registration form must state:
  - Names and ODS codes of member practices
  - Network list size
  - Map showing network area

- Network Agreement signed by all member practices
- Single practice or provider that will receive funding
- Named accountable Clinical Director

- The CCG confirms all the Network Contracts at the same time (by 31st May)
- By 30th June, the PCN must have completed all the remaining schedules of the Agreement and confirm to the CCG that this has been done and the Agreement has been signed by all members. There is no requirement to submit copies of the Agreement to the CCG.

Member Practices

- Every practice has a right to join a Network and to participate in the DES.
- If a practice doesn't want to sign-up – their list still must be added to a PCN and that PCN takes on the responsibility and financial entitlements of the DES for those patients.

Size and area

- Minimum size 30,000. 50,000 is a suggested upper level, not a strict requirement.
- PCN boundary must make sense to the practices, community-based providers and the local community. A single geography can be served by more than one PCN.
- Normally a practice will only join one network. Most network areas will not overlap but this is not an absolute rule. A practice's catchment area can span more than one network.

Network Agreement

- All PCNs will have a Network Agreement – even those comprising one large practice.
- Network Agreement sets out how practice members work together and share resources and responsibilities
- Network Agreement also forms the basis of working with community services.
- Network Agreement must be signed by all constituent practices.

ii. **Network Funding**

- **Additional Roles Reimbursement Scheme**
  - In 2019/20 – 70% reimbursement for a pharmacist, 100% reimbursement for a social prescriber per network
  - Every network of at least 30,000 can claim 70% funding for a pharmacist and 100% funding for a social prescriber; over 100,000 network size, can claim two of each
  - From 2020, the amount of funding available will be based on list size.

- **Network support**
  - £1.50 per head from CCG for network administration – to be paid by the CCG at the end of July (backdated to April) and monthly thereafter.
  - 0.25 WTE contribution for Clinical Director (for a PCN of 50,000)- this equates to £0.514 per registered patient to be paid by the CCG to the PCN on a monthly basis from July 1st

- **Access**
  - From July 2019, Extended Hours DES funding (£1.099 per head for 19/20, and £1.45 per head from 20/21) paid by the CCG to the PCN on a monthly basis.
  - From April 2012, Extended Access funding (£6 per head)

- **New Investment and Impact Fund**
  - If agreed with GPC England access to the fund becomes an entitlement from 2020.

- £75m in 2020/21, rising to £300m by 2023/24

iii. **Services**

- From 2020, additional funding will be available for new services that will be phased in over five years to cover
  - Medications Review and Optimisation
  - An Enhanced Health in Care Homes Service
  - Anticipatory Care
  - Personalised Care
  - Supporting Early Cancer Diagnosis
  - CVD prevention and diagnosis
  - Inequalities
- The first two start in full from 20/21, the next three start in 20/21 and develop over the subsequent years.

6. <u>Additional details</u>

i. From 2019, no longer legal for any NHS GP provider to advertise or host private paid for GP services that fall within the scope of NHS-funded primary medical services.
ii. Contraception becomes part of essential services (not additional services)
iii. Practices will be required to provide data in support of delivering the contract requirements set out in this document through new contract requirements, including any practice not participating in the Network DES providing data to facilitate the provision of network services to their list.
iv. The existing Duty of Cooperation requirements will be amended to facilitate data sharing between providers to support integrated provision of services
v. GP practices will be required to support six national NHS marketing campaigns a year
vi. From April 2019, care home and social care staff added to categories of people entitled to flu vaccine at an IoS fee of £10.06
vii. Flu DES will be revised to make it explicit that the recommended flu vaccine must be used
viii. HPV – any vaccination of women aged over 18 and up to 25 will be paid at IoS £10.06
ix. MMR catch up for 10 and 11 year olds - £5 per patient per unvaccinated child. To receive this, practice must
  - Check record, confirm still in area/inform if not
  - Invite all those missing one or both doses – three invites per payment per patient
  - Continue to follow up, if no response notify school nursing service and local team

7. Non-contractual changes and other things

- Prepare of digital changes coming in in subsequent years
- Temporary residents – guidance will be issued to CCGs and practices about how to apply appropriate temporary patient adjustment funding
- Review of vaccination and immunisation procurement, arrangements and outcomes will take place in 2019 – to reduce complexity, improve outcomes NOT cut practice income.