

Contract Update: Headlines

Agreement over the GP Contract package was secured at the meeting of the General Practitioners committee on 6th February.

- A 4% increase in the global sum to £93.46
- The new value of a QOF point will be £194.83, and 8 new QOF points added bringing the total QOF points to 567
- Vaccinations & immunisations become part of Essential Services, with additional Item of Service fees for MMR. This will bring an increase in funding for most practices
- Maternity services and childhood surveillance Additional Services become part of Essential Services, with additional funding for a new requirement to deliver a 6-8 week maternal check
- New requirements around use of appointments dataset and frequency of updating the workforce reporting system
- £20,000 one-off payment for new partners plus £3,000 for business training
- National mentoring scheme to be established
- New Premises Cost Directions agreed

GMS ready reckoner NHS England has updated their [GMS ready reckoner](#). This should help individual practices see what happens to their baseline. This is an update to the one from last year.

Inside this issue:

- Contract analysis & LMC comment - pages 2-5
- Analysis of the PCN DES - page 3
- Roadshows and information event details - page 6

Chief Executive: Karen Livingstone
Director: Michael Harrison
Medical Director: Dr Nicky Williams
Business Manager: Carl Raybold
Practice Development Manager: Rachel Lea

For Primary Care Networks

- 100% funding for all Additional Roles
- New roles added to those eligible for reimbursement
- Three new service specifications to be delivered in 20/21 by all PCNs
- All PCNs must provide a social prescriber service
- PCNs to receive £120 per care home bed (£60 in 20/21)
- £40.5m will be available to PCNs in 20/21 via the Investment and Impact Fund

Coronavirus (COVID-19) update

Practices will want to connect to [the BMA webpage](#) for regular updates and guidance and links to information from Public Health England, Health Protection Scotland, Public Health Wales and Public Health Agency (Northern Ireland), and the Department of Health and Social Care.

The webpage includes a link to the [PHE guidance for primary care](#). NHS England has also published [four Standard Operating Procedures](#) for primary care: the one for general practice is available here [General practice](#). The standard operating procedure, other documents and guidance are also available on the [NHS England Emergency Preparedness COVID-19 webpage](#).

GPC is aware that there are several issues that are not dealt with in the document (for GPs) and are liaising with NHSE/I to ensure they are resolved.

The [Telegraph](#) reported on travel insurers asking for GP notes to pay out for cancelled trips, to which Dr Vautrey, Chair of GPC commented: "It is completely inappropriate for insurers and travel agents to be asking their customers to approach family doctors with such requests. GPs are not in a position to advise whether patients are fit to travel in this situation and it is not their responsibility to do this."

Contact Info:

Tel: 01438 880010
Email: lmcadmin@bhlmc.co.uk
Website: www.bedshertslmcs.org.uk

CONTRACT NEGOTIATIONS AND OUTCOMES

At the LMC offices we have been inundated with comments and views from GPs, Clinical Directors for PCNs, Practice Managers and the broad community of General Practice staff. We have tried to summarise the impact of the contractual changes below for you to consider and understand.

LMC Comments in Blue for ease.

UPDATE TO THE GP CONTRACT AGREEMENT 2020/2021

CONTRACTUAL CHANGES

- Global sum will increase from £89.88 to £93.46 (4% increase).
- Contractual requirement to use the appointments dataset – details still to be agreed. Date when practice will be required to use will depend on IT system but will be comprehensive by March 2021. [Details still being agreed between NHSE and BMA. There will be workload implications for practices as they will map appointment slots to the 'national category' and take action to improve data quality.](#)

- New patient experience measure will be introduced by April 1st 2021. [Details still being agreed between NHSE and BMA. Changes to Friends & Family Tests will com in from April 2020.](#)

- New GP Access Improvement Programme will start in early 2020, based on the findings from the Time for Care Programme.

[It is not clear what the implications of this will be for practices at this stage.](#)

- Maternity Medical Services and Child Health Surveillance Additional Services will become part of Essential Services.
- All practices required to deliver a maternal check at 6-8 weeks after birth (live and still birth) as an additional appointment to the 6-8 week baby check (additional £12m into global sum).
- Contractual definition of postnatal period changed from 2 to 8 weeks. [Many practices already do this, but it has never been a contractual requirement until now.](#)

- Practices must offer all patients online access to all prospective data.
- Practices must make the full historic digital record available to patients on request.
- Practice must have an up to date and informative online presence.
- Practices must not use fax machines for NHS or patient communications where there is a secure electronic alternative.

[There had been concerns about having to give access to historical records from April, but this clarifies that it is on request and will be subject to the practice's policy and timescales. Substantial work for practices.](#)

- From October 2020 it will be a contractual requirement to take part in list cleansing activities.
- From October 2020 the CCG can assign a patient to any practice in the CCG area (currently can only assign within a practice boundary).
- If assigned a patient who lives outside a practice boundary, the patient can be registered as an out of area patient so the practice is not obliged to carry out home visits to that patient.

[This is going back to the previous arrangements under PCTs. It was only with the introduction of NHS England that patients could only be assigned within the practice boundary.](#)

- The regulations relating to the removal of patients who have moved will be amended so the patient will remain registered with the practice for 30 days (or until they register elsewhere) but the practice won't be required to visit them at home.

[This means the practice will remain responsible for the care and treatment of a patient after they have moved for 30 days \(under current regulations, they are not responsible for this\).](#)

- All GPs and employees with NHS superannuable earnings over £150,000 will be required to submit a self-declaration.
- 19/20 NHS earnings over £150,000 will be declared in February 2021.
- In 20/21 anonymous data on NHS earnings of all GPs will be published.

- There will be a new contractual requirement for practices to update the Workforce Reporting System on a monthly basis instead of quarterly.

[Currently it has to be done quarterly. Could be substantial work if there have been staff changes, and another "must do" to be remembered every month.](#)

PRIMARY CARE NETWORKS – THE NEW DES

The Primary Care Networks Directed Enhanced Service (PCN DES) has significantly changed from the first proposal released before Christmas. The new specifications have reduced and some of the requirements have reduced, but there remain a number of issues that practices will need to consider carefully. Our sister LMC for Buckinghamshire, Berkshire and Oxfordshire (BBO) has prepared a [detailed analysis](#) that can be found on their web site and rather than repeat their excellent work we would encourage members to look carefully at their briefing. **For this coming year practices will have up to 31 May 2020 to decide whether they wish to remain signed up to the DES. In subsequent years this will be a one-month window with autoenrollment unless the practice actively opts out.**

ADDITIONAL ROLES REIMBURSEMENT SCHEME

- In addition to the roles already included, the following new roles will be eligible.
- * Pharmacy technicians * Health & well-being coaches * Care Co-ordinators * Occupational Therapists
- * Dietitians * Podiatrists.
- All roles will be reimbursed 100% (up to a maximum amount set for each role).
- After 23/24 staff employed through the ARRS will be treated as part of the core general practice cost base for the purposes of agreeing the global sum.
- If all practices in a PCN decide to hand back the DES, the commissioner will be responsible for arranging alternative provision from another provider, i.e. these staff will be TUPE'd to another organisation e.g. a community provider.
- PCNs are expected to use 100% of their ARRS funding. A CCG-wide plan to use the budget will be developed every year jointly with Clinical Directors and LMCs.
- Workforce reporting via NHS Digital will be done monthly instead of quarterly.
- PCNs will be asked to complete a simple workforce planning template.
- CCGs are expected to support PCNs with recruitment.
- CCGs will estimate the likely level of unclaimed entitlements & share with PCNs & LMCs by July 2020

[The number of Additional roles has increased, and the reimbursement is at 100% but when compared with the deal agreed in 2019 the extra staff seem to be of limited use to practices. See the BBO LMC analysis for more details.](#)

- Every PCN and practice will be offering a core digital service from April 2021.
[No details of what this will look like.](#)
- From April 2021 extended hours and extended access will be combined and delivered via the PCN DES. [PCNs are already aware of this.](#)
- NHSE will consult on options for PCNs to run urgent care as an option not an obligation.

PCN ARRANGEMENTS & REQUIREMENTS

Measures have been introduced to limit changes within PCNs. These are:

- ⇒ Sign up to the PCN DES will be automatic each year.
- ⇒ Practices will have a one-month window in which to opt out (or opt in). Practices will not be allowed to withdraw from the DES outside of this window except in exceptional circumstances and with the permission of the CCG.
- ⇒ CCGs will be able to assign a practice to a PCN if it has been unable to find one willing to accept it.
- From April 2020 PCNs will be required to agree with Community Services and Community Pharmacy how they will work together and outline this agreement in Schedule 7 of their Network Agreement.

[This section has several key changes signalling a shift in control, eg from 2020 the CCG will have the ability to impose a practice on a PCN. Equally there is a requirement to work with other non-GP providers. See the BBO LMC analysis for more details.](#)

There are a range of specific asks in respect of:

- Structured Medicine Reviews.
- Enhanced Health in Care Homes.
- Supporting Early Cancer Diagnosis.

[Each of these have resource implications that may not be met by current funding levels. The BBO LMC analysis gives details and concludes that the 'workload of the DES exceeds workforce capacity.'](#)

We are arranging a contract roadshow where we will seek to set out the changes in more detail and support GP and Practice understanding of the requirements.

The full update to the [GP contract](#) is an 86 page document – in this newsletter we have sought to highlight the key contractual changes and provide a comment or observation that you may wish to note.

VACCINATIONS AND IMMUNISATIONS

- Changes will be implemented over two years.
- In 2020 the two additional services (Vaccinations & Immunisations; and Childhood Vaccinations and Immunisations) become part of Essential Services with the following requirements:
 - ⇒ All practices must have a named lead for vaccination services.
 - ⇒ Practices must ensure availability of sufficient trained staff and convenient, timely appointments to cover 100% of eligible population.
 - ⇒ Practices must ensure their call/recall and opportunistic offers are made in line with national standards.
 - ⇒ Practices must participate in agreed national catch-up campaigns.
 - ⇒ Practices must adhere to defined standards for record keeping and reporting.
- Item of service fee will be standardised to £10.06 for all vaccines. For 20/21 this will apply to MMR vaccines. From 21/22 will apply to other childhood vaccines.
- In 20/21 there will be a PCN level incentive payment for achieving over 65 flu targets.
- From 2021 there will be other incentive payments for reaching targets, some via QOF and some at PCN level via the Investment and Impact Fund.
- The changes mean that practices will receive an increase in funding during 20/21.
- From 2021 practices will be paid a monthly aspiration payment with a balancing payment at year end that may include a claw back if lower targets (80% for MMR) have not been met – details to be worked out during 20/21.
- From 2021 the Childhood Immunisation DES will be retired.

We asked for clarification from GPC about this. They clarified:

- * Currently funding for Childhood Imms is within the global sum. This will continue but there will also be an IoS fee for every MMR injection.
- * If a practice achieves 80% coverage they will receive the full £10.06 for every injection.
- * If they do less than 50% they will receive nothing other than the global sum value.
- * If they do 50-80% they will receive a reduced payment.
- * In 21/22, the 70/90% targets will go for all childhood imms.
- * Childhood imms will replace flu in QOF next year as flu will move to the IIF scheme.
- * It means the vast majority of practices will gain overall as new investment has been made in vaccinations and immunisations. This gain will increase if practices do more immunisations than they currently do.
- * NHS travel vaccinations will remain funded as part of global sum. However it is likely that pharmacies will be able to do these in the future as an NHS service so there would then be an opportunity for a practice to direct such patients to the pharmacy if they wanted to help reduce their workload in this area.

COMMITMENTS MADE FOR 2020 ONWARDS

- Government has agreed to review the pensions annual allowance taper problem.
- HEE to be funded to increase GP trainee places to 4,000 from 2021.
- From 2022 GP trainees will spend 24 months in general practice.
- Work to further increase numbers of trainees in under-doctored areas.
- GP Fellowship Scheme will aim to cover 100% of newly qualified GPs and will be expanded to include newly qualified nurses.
- New to Partnership Payment for GPs becoming partners for the first time.
 - ⇒ £20,000 one-off payment for a full time GP plus £3,000 business training allowance.
 - ⇒ This would be claimed by the practice (£25,500 to include on-costs) who would then pass on the £20,000 and training allowance to the new partner.
 - ⇒ Scheme open to other professional groups offered partnerships.
- Locum Support Scheme will support groups of PCNs to employ locums. Locums engaged through the scheme will receive a funded CPD session a month in exchange for a minimum contribution of ?? sessions per week to the group of PCNs.
- GP Retention Scheme will continue and be reviewed.
- Induction and Refresher Scheme will be expanded and enhanced. From April 2020 GPs on the scheme can claim up to £2,000 towards childcare.
- National Mentoring Scheme will be established for newly qualified GPs. Training for mentors will be provided and practices will be reimbursed to release GP mentor one session a week.

PREMISES COST DIRECTIONS

The Premises Cost Directions have finally been agreed. Items in the new Directions include:

- CCGs can fund up to 100% of premises improvements. Grant values have been increased and abatement and guaranteed use periods have been reduced.
- Measures to support "last man standing".
- Commissioners will reimburse VAT on rent payments and Stamp Duty Land Tax on acquiring land or premises.
- Rent reviews will not require contractors to undertake their own valuation.

The LMC welcomes these changes, particularly 100% funding and the changes to the rent review process. The new Directions have been long awaited.

CHANGES TO QOF

- QOF points will increase from 559 to 567.
- 97 points recycled into 11 clinical indicators.
- Value of a QOF point will increase from £187.74 to £194.83 (3.8% increase).
- Changes to the asthma, COPD and heart failure domains.
- New indicator – annual HbA1c test in people known to have non-diabetic hyperglycaemia (18 points)
- Quality Improvement modules (74 points) will change: Prescribing Safety & End of Life will be replaced by Improving Care of People with a Learning Disability & Supporting Early Cancer Diagnosis.
- A "new non-contractual requirement" for GPs to refer people with obesity into weight management services will be introduced in 2020/21. May go into QOF in future. [The LMC does not understand what a "non-contractual requirement" is.](#)

Government will instigate a review of cross-government bureaucracy in general practice to reduce bureaucratic burden on GPs. In parallel, NHSE, GPC, RCGP will review a number of areas with the intention of looking to see where time could be freed up. These areas include:

- Mandatory training requirements, appraisal, and revalidation.
- Coding requirements.
- Barriers to self-referral.
- E-Referral and electronic prescribing.
- Performers list process.
- Action to ensure other NHS providers don't generate avoidable extra work for GPs.

Lloyd George records will be digitised, starting in 2020. NHSE and GPC will look at how third party redaction software could be made available to general practice.

Beds and Herts LMC has two reps at the General Practitioners Committee - they are representing you at a national level. If you want to contact either you can reach them on lmcadmin@bhlmc.co.uk



Dr Diana Hunter, Cambs & Beds GPC Rep

Diana Hunter is a GP in Huntingdon where she lives with her husband and three teenage boys. She qualified from the Royal Free Hospital in 1995 and as a GP in 2000. She worked as a locum and a salaried GP before becoming a partner in 2010. She has recently stepped down as a partner to develop a more sustainable career. She has a specialist interest in family planning and medical politics, joining Cambridgeshire LMC in 2009 and is currently their Chair. She has attended LMC Conferences on a number of occasions and in 2018 gained the seventh conference seat on GPC before becoming Bedfordshire and Cambridgeshire GPC regional representative in 2019. She sits on the representation policy group and has an interest in encouraging diversity within GPC. She is always happy to hear from colleagues directly to help her better understand local issues and to ensure that she represents a wide range of views to GPC.



Dr Violaine Carpenter, Herts GPC Rep

Dr Carpenter graduated from The University of Cambridge and University College London in 2001. After a variety of medical specialties and paediatrics, she became a GP in 2008 joining the Red House Group practice based in Radlett, Hertfordshire in 2015. Dr Carpenter has a special interest in Women's Health. She has been a Hertsmere Rep for the Local Medical Committee for 9 years and became chair of the LMC Exec in 2017. And was elected to the GPC to represent Hertfordshire in 2018. In her free time, her 7 year old twins and miniature Schnauzer keep her busy. She is very passionate about representing her local GP colleagues with the problems facing General Practice both locally and nationally.

LMC comment: Caught between a rock and a hard place

Karen Livingstone, Chief Executive

Beds and Herts LMC has a well-established position of thoughtful engagement when it comes to change in the arena of General Practice and the mantra of my predecessor Dr Peter Graves is evidence of this in his well repeated phrase "standing still is not an option". And that is clearly right. The momentum of change in the NHS, primary care and General Practice is virtually impossible to hold back.

But in the current dialogue over the implementation of changes around the PCN DES it is also clear that practices will need to pause and reflect. There are many elements in the DES that are to be welcomed and I can clearly see the potential for improvements in patient care. But there is also a fallacy in the thinking at NHSE&I— that funding new roles (even with 100% reimbursement) will mean the workload pressures on GPs are significantly improved.

The flexibility over delivering support in care homes and the scaling back of the requirement around structured medication reviews are welcome. But we know that while the ask around anticipatory care and personalised care have been taken out for now these expectations are merely a short distance away.

Some of the concerns about PCNs will also focus on the fact that CCGs can require a PCN to include a practice even if they've chosen not to work together. Coupled with the requirement that PCNs will work with other non-GP providers, the ability of practices to develop and create their PCNs focus and alignment according to population health needs may prove increasingly difficult. We already have PCNs that are struggling to include an 'outlying' practice—this could mean that working with other practices, no matter how different your thinking is part of the new shape of General Practice. A move that feels very uncomfortable.

The consequences of not signing the DES, however, are equally concerning. Not much information is available for practices on what would happen if they choose not to sign the DES – it certainly seems that the momentum of change would be hard for an individual practice to resist.

Currently in Herts Valleys and East and North Herts there are also potential implications for the locally determined frameworks (the CCF and ECF) and concerns that if a practice does not sign up to the DES they will become ineligible for other locally commissioned work.

In the round it is hard to see how a practice could go it alone, but being caught between the rock and the hard place is never comfortable.

The LMC is seeking meetings with each of the four CCGs in our area to understand the implications - so we encourage you to keep up to date on LMC advice and information.

GPC Roadshow on the GP Contract Changes for 2020/21

Beds and Herts LMC will be hosting a GPC Roadshow to provide an opportunity for GPs and Practice Managers to hear from one of the Executive Team of the GPC on the 2020/21 contract changes. The presentation will be delivered by Dr Farah Jameel followed by time for questions.

Date: Thursday 5th March

Time: 7.00pm - 9.00pm (registration and light buffet available from 6:30pm)

Venue: Putteridge Bury Conference Centre, Luton, Beds, LU2 8LE

There are limited places so please book by Wednesday 4th March midday:

How to Book: [Booking Form](#)

Cost: FREE (but you will be charged if you are unable to attend without notice)

Don't worry if you can't make this one - the LMC will also be holding four further local Roadshows across Beds and Herts on the contract changes – dates and venues to be confirmed soon!

The Cameron Fund – Trustee Nominations

Nominations to be a Trustee of the Cameron Fund* representing Cambridgeshire, Bedfordshire, Hertfordshire, Norfolk, Suffolk and Essex are open and to apply you need to send a signed letter or email indicating your willingness to stand for election to arrive at the Cameron Fund's Registered Office no later than Friday 13 March 2020. To be eligible you must already be registered members of the Cameron Fund. If two or more candidates stand for election, a ballot will be held and ballot papers sent to all members in the designated area. If no nominations are received, the current retiring Trustee, Dr Oliver Starr (Hertfordshire GP and LMC rep) is willing to re-stand. The result will be announced at the fiftieth AGM on 7 May 2020 at the LMC UK Conference, Barbican, York.

**The [Cameron Fund](#) is the GPs' own charity and the only medical benevolent charity which solely supports general practitioners and their dependents.*

The Society for Assistance of Medical Families (SAMF)

SAMF supports medical practitioners and/or their families who find themselves in severe financial hardship. They work with members and applicants to understand and help fund the assistance needed to make a pivotal change to difficult circumstances.

They can help in a number of ways, such as:-

- * Help with unexpected expenses during times of financial hardship
- * Financial help for expenses of further education, particularly medical degrees
- * Help towards home improvements and adaptations, not covered by state benefits
- * Vouchers for household expenses where there is a temporary reduction in income and difficulty covering costs

If you need help or for more information on the Charity visit <https://www.samf.org.uk/>

What does it mean to be a GP partner?

We all know that the number of GP Partners are falling—over 5000 down in a decade according to NHS workforce data and as the pressure on general practice continues to grow, we regularly hear that younger GPs do not want to become partners, preferring the security of salaried, or flexibility of locum GP roles.

A lack of clarity as to the expectation of GP partners can lead to both dispute and dysfunction within partnerships, as each partner judges the effort of others based on their personal view of the obligations and expectations of a partner, rather than a shared vision. All GP partners need to contribute to the running of the partnership as well as differentiate their roles from those of salaried GPs.

Our Executive Director Michael Harrison shares five roles that could be considered the core [obligations of a GP partner](#).

Level 3: Adult & Children Safeguarding Conferences 2020 SAVE THE DATE

FREE for Hertfordshire healthcare professionals who require level 3. More information coming soon.

Thursday 11th June	12.00 - 5.00	Stevenage
Thursday 15th October	12.00 - 5.00	Welwyn Garden City
November (date TBC)	12.00 - 5.00	Hemel / Watford area

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