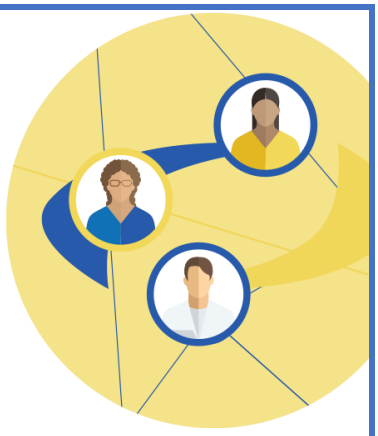
Bedfordshire & Hertfordshire Local Medical Committee Ltd

Working in partnership for excellence in General Practice



Beds & Herts LMC Ltd: Weekly Update for Practices, **Tuesday 8th March 2022**

In this edition:

1. **General Practice Contract Arrangements for 2022/23**
2. **Level 1 & 2 Safeguarding Webinar for non-clinical staff**

1) On 1st March NHSE/I issued a letter for all practices informing them of a contract imposition for 2022/23. Below is a summary of what is in and what is not in the contract imposition and some initial LMC comments on this. We have not yet had fuller information from BMA/GPC. When we do have fuller information from BMA/GPC, or when further detail becomes available from NHSE/I, we will include this in future updates as appropriate.

- The GMS/APMS contract changes **do not come into effect** on 1st April.
- Changes outside the GMS/APMS contract **will come into effect** on 1st April or whenever the relevant contract is signed, e.g., QOF, PCN DES.
- GMS/APMS contract changes cannot be put into contracts until after the relevant GMS or APMS Regulations have been revised. The revised regulations are normally published to take effect from 1st October.
- The GMS/APMS contract changes **do not come into effect** with the publishing of the revised Regulations.
- The GMS/APMS contract changes **only come into effect** after you have been issued with a new contract which includes the relevant contract revisions.

WHAT IS IN THE CONTRACT FOR 2022/23

Core Funding

NHSE/I and the Government continue to remain committed to honouring the 5-year settlement that runs to 2023/24. 2022/23 is the fourth year of this settlement. This commits to a 2.5% increase on the practice contract baseline.

LMC Comment: This is in-line with what was expected.

Online booking

All appointments which do not require triage are able to be booked online, as well as in person or via the telephone. NHSE/I says that guidance will be issued on what type of appointments practices are expected to be made available for online booking.

LMC Comment: We have not yet seen the guidance on how NHSE/I expects this to operate. We would need to see the detail of that. On first reading of the above, it would appear that practices might have some leeway in terms of how many appointments they feel "do not require triage", as it is only appointments which do not require triage which are to be available for online booking.

Access to Health Records for deceased patients
To require GP practices to respond to Access to Health Records Act (AHRA) requests for deceased patients and to remove the requirement for practices to always print and send copies of the electronic record of deceased patients to Primary Care Support England (PCSE).

LMC Comment: It is not clear that "the savings from not having to print and send the electronic record will far outweigh the additional burden of managing a small number of AHRA requests" as the NHSE/I letter claims. This seems a regrettable transfer of administrative functions from PCSE onto individual practices.

Vaccinations and Immunisations
Minor changes to vaccinations and immunisations reflecting changes to the routine vaccination schedule recommended by the Joint Committee on Vaccination and Immunisation (JCVI).

LMC Comment: These do seem to be minor changes and are acceptable as JCVI recommendations.

Subject Access Requests (SARs)
There will also be continuation of funding in Global Sum (£20 million) for one additional year (2022/23) to reflect workload for practices from Subject Access Requests (SARs). The original 5-year deal had assumed that this funding would cease beyond 2021/22.

LMC Comment: As the NHSE/I letter says, this is an extension to the original agreement. This is to be welcomed.

GP Registration
To support the modernisation of GP registration there will be a clarification of the ability for patients to register digitally.

LMC Comment: We have not seen the detail of this but modernisation of GP registration and the ability for patients to register digitally is to be welcomed.

QOF
No new additional indicators will be added to QOF when the temporary income protection arrangements come to an end in March 2022. The Quality Improvement (QI) modules for 2022/23 will focus on optimising patients' access to general practice and prescription drug dependency.

LMC Comment: We have not yet seen the detail of the QI modules. There are concerns about how "access" to general practice will be defined and measured. Many practices would say that any perceived "access" problem is actually a capacity problem in that they cannot find (or accommodate) enough GPs and nurses to meet patient demand.

PCN ARRS Entitlements
The amount available for PCNs to recruit additional staff will increase as promised by £280 million to just over £1 billion for 2022/23.

LMC Comment: This is in-line with what was expected. But ARRS funds can only be spent on certain defined staff, which do not include GPs or nurses. Even where PCNs do want to employ

under ARRS terms there are difficulties in finding people to fulfil some roles. This had been a particular problem locally with Mental Health Practitioners and Paramedics. This risks ARRS entitlement not being spent – or at least not being spent on the staff who would have been a PCN's first choice.

PCN Clinical Director Funding

The PCN Clinical Director funding for 2022/23 had been agreed as £0.736 per head or £44M nationally as part of the five-year deal. NHSE/I have confirmed that this funding will be boosted by a further £43M. The funding had been for 0.25 WTE for a PCN CD: the additional funding brings this up to 0.5 WTE funding.

LMC Comment: It is to be welcomed that there is more funding for the PCN CD role. This assumes that practices are willing and able to release PCN CDs for half a week. Many PCN CDs will say that they have to work more than 0.5 WTE on the role. Where possible, it would be good if any extra management funding could be used to support Deputy CDs and/or Manager Leads from practices etc.

Extended Access

NHSE/I will bring together, under the Network Contract DES, the two funding streams currently supporting extended access to fund a single, combined and nationally consistent access offer with updated requirements, to be delivered by PCNs. This will bring together the current £1.44 per head Network Contract DES extended hours funding and the current £6 per head CCG-commissioned extended access services. This transfer to PCNs was delayed as a result of the COVID-19 pandemic and delivery will now start from October 2022, with preparatory work from April 2022.

The new offer is based on PCNs providing bookable appointments outside core hours within the Enhanced Access period of 6.30pm-8pm weekday evenings and 9am-5pm on Saturdays, utilising the full multi-disciplinary team, and offering a range of general practice services, including 'routine' services such as screening, vaccinations and health checks, in line with patient preference and need. PCNs will be able to provide a proportion of Enhanced Access outside of these hours, for example early morning or on a Sunday, where this is in line with patient need locally and it is agreed with the commissioner.

LMC Comment:

- ***It was known that NHSE/I was going to bring together extended hours and extended access as a PCN responsibility. We have only seen the detail in the NHSE/I contact letter and await confirmation that the available funding is a combination of both existing funding streams.***
- ***There are questions about the capacity to staff this PCN service, given the pressures on finding GPs and nurses for in-hours work, and the fact that these Network Standard Hours overlap with OOH.***
- ***It is not clear what flexibilities there will be to offer 7am-8am slots – or what flexibility there will be to provide support during core hours.***
- ***If these Network Standard Hours are offering routine services, will other services be available to support this, e.g., blood and sample collections, IT support for providers etc.***
- ***The use of the term "Network Standard Hours" has raised the concern that NHSE/I would like to see 8am to 8pm Monday to Friday, and 9am to 5pm on Saturday become standard hours for PCNs and, by extension, for practices.***
- ***This service stipulates both a requirement for time availability of service as above, as well as a set expectation of capacity to be delivered (XXX appointments per 1000 patients) It is unclear whether both need to be fulfilled which may prove difficult for small PCNs or if one aspect takes precedence over another.***

PCN service specifications

There will be a limited expansion of the Cardiovascular Disease Prevention and Diagnosis service, and the Anticipatory Care and Personalised Care services will be introduced in a phased approach from April 2022.

PCNs will have an additional year to implement digitally enabled personalised care and support planning for care home residents. 2022/23 will now become a preparatory year, with implementation of the requirement required by 31 March 2024. There will also be an extension of the period that PCNs have to develop their anticipatory care plans until December 2022. The Anticipatory Care service itself, which will be ICS led, will start in 2023/24.

The Early Cancer Diagnosis service requirements will be streamlined and refocussed in 2022/23 in response to clinicians' feedback. The proposed new requirements are said to be simpler and clearer, while also focusing PCNs on national diagnosis priorities arising from evidence around lower than expected referral rates for prostate cancer.

LMC Comment: It is to be welcomed that PCNs have been given more time for the introduction of these service specifications. We will need to check the detail of all the specifications when they do become available.

Investment and Impact Fund (IIF)

Three new Investment and Impact Fund (IIF) indicators focused on Direct Oral Anticoagulants (DOAC) prescribing and FIT testing for cancer referrals will be introduced in 2022/23. These changes are designed to help to ensure that a greater number of patients with Atrial Fibrillation receive anticoagulation therapy where clinically appropriate and that more patients with suspected lower gastrointestinal cancer will have their two week wait referral accompanied by a FIT test result. Funding for these indicators amounts to £34.6 million and is wholly additional to the existing £225 million funding envelope for the scheme.

LMC Comment: It is to be welcomed that additional work comes with additional funding. IIF remains optional for PCNs. PCNs can decide if they want to work on all elements of IIF or if they want to focus on only certain elements of the IIF.

Future contract changes

The current five-year framework of GMS contract changes concludes at the end of 2023/24.

The NHSE/I letter talks about engaging "with a range of NHS organisations including the new Integrated Care Boards (ICBs) who will be responsible for commissioning primary care services; and patient and professional representative groups" in order "to understand views and perspectives, including the extent to which further changes to national contractual arrangements, as opposed to additional local support and commissioning, are required to support high quality and accessible general practice services, support the general practice workforce, and enable primary care to work at the heart of ICSs". NHSE/I says that it remains fully committed to discussing any proposals for potential future national changes from 2024/25 with GPC England.

LMC Comment: It is not surprising that the first named bodies that NHSE/I will consult on new contractual terms is its new network of commissioners in ICBs. One might question how much insight ICBs will have when they only formally come into existence on 1 July. The commitment to discuss future national changes with GPCE is made hollower by the fact that this year's discussions have resulted in a contract imposition.

WHAT IS NOT IN THE CONTRACT FOR 2022/23

- Additional funding to cover increased employers' national insurance contributions (due in April) as well as the increased pressure from rising inflation.
- Flexibility for Primary Care Networks to hire the professionals that they need locally based on the needs of their patients, and not be bound by rigid, prescriptive job roles.
- A funded pandemic recovery plan that reflects the emphasis and urgency placed on the elective recovery plan in secondary care.

LMC Comment: GPC England has specifically stated that it had proposed the above elements but that they had not been taken up by NHSE/I.

2) Level 1 & 2 Safeguarding Webinar for non-clinical staff working in general practice in Herts or West Essex

Dr Fabienne Smith, named GP for Safeguarding Children in Hertfordshire, will present a bite-size webinar which contributes to the level 1 & 2 mandatory participatory Safeguarding Training requirements as per the intercollegiate document. This webinar is suitable for non-clinical staff working in general practice in Herts or West Essex such as receptionists, administrators, secretaries, managers, dispensary staff etc. There is a choice of two dates to attend.

Dates: Tues 29th March or Weds 27th April 2022
Time: 2.30 - 4.00pm
Format: Webinar via MS Teams

For more information and to register your free place, click here

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