

## Agenda item: 8

# Report Title: - GP Contract Reform Update 2019

## 1. Introduction

On Thursday 31<sup>st</sup> January NHS England Board published 'Investment and evolution: A five-year framework for GP contract reform to implement The NHS Long Term Plan' (*31 January 2019: - NHs England and BMA*).

This paper will assess the new framework and the high level impacts across Primary Care providers.

## 2. Background

The document published on 31 January 2019, sets out agreements between NHS England, the BMA General Practitioners Committee (GPC) in England, supported by Government to translate commitments in the NHS Long Term Plan into a five-year framework for the GP services contract. It confirms the direction for primary care over the next ten years whilst seeking to meet the reasonable aspirations of the profession.

Specifically, the agreement:

- Seeks to address workload issues resulting from workforce shortfall
- Brings a permanent solution to indemnity costs and coverage
- Improves the Quality and Outcomes Framework (QOF)
- Introduces automatic entitlement to a new Primary Care Network Contract
- Helps join-up urgent care services
- Enables practices and patients to benefit from digital technologies
- Delivers new services to achieve NHS Long Term Plan commitments
- Gives five-year funding clarity and certainty for practices.

## 3. Addressing the workforce shortfall

The document sets out commitments to existing programmes to help deliver against the extra 5,000 doctors in general practice target. These schemes include, international recruitment, retention programmes and the time for care national development programme. Increased funding in the core GP practice contract will further support an increase in the number of nurses and doctors working in General Practice.

Notably, the document sets out the creation of the 'Additional roles reimbursement'. The scheme will be established as part of the new Network Contract DES and will begin from 1 July 2019. The funding will support the expansion of a practice multi-disciplinary team. The reimbursement will be recurrent and rise across each of the next five years in order to pay for workforce expansion. It is hoped that, nationally, this will create an estimated > 20,000

additional posts across five specific roles:

- Clinical pharmacists – reimbursed at 70%
- Social prescribing link workers – reimbursed at 100%
- Physician Associates - reimbursed at 70%
- First contract physiotherapists - reimbursed at 70%
- First contact community paramedics - reimbursed at 70%

Role descriptions are due to be published by March 2019 as a guide for networks. Networks will decide the job description of their own staff in line with the requirements of the Network Contract DES.

Maximum reimbursable amounts will be published in line with applicable agenda for change rates.

The CCG is working with NHS England, the LMC and local practices to understand funding estimates for the 19/20 contract year until the national formula is released for subsequent years.

#### **4. Indemnity Costs**

The document outlines a new state backed indemnity scheme in order to support increased costs of professional indemnity cover which have escalated over recent years. This will be achieved by a one-off permanent adjustment to the global sum figure that takes account of the existing contributions from General Practice for indemnity.

#### **5. Improvement to the Quality and Outcomes Framework (QOF)**

The existing QOF arrangements form part of the contract for General Practice. It is a set of indicators that reward practices for the provision of 'quality care' and helps to fund further improvement in the delivery of clinical care. Following review, the document sets out new arrangement for QOF from 19/20. QOF currently comprises 559 points. It has been agreed that 28 indicators (175 points 31% of the scheme) will be retired from April 2019. It was felt that the indicators either; do not align with national evidence based guidance, have poor measurement properties or are now viewed as core professional responsibility. 101 of the identified points will be recycled into 15 more clinically appropriate indicators covering five areas:

- Reducing iatrogenic harm and improving outcomes in diabetes care (43 points)
- Aligning blood pressure control targets with NICE guidance (41 points)
- Supporting an age appropriate cervical screening offer (11 points)
- Offering pulmonary rehabilitation for patients with COPD (2 points)
- Improving focus on weight management as part of physical health care for patients with schizophrenia, bipolar affective disorder and other psychoses (4 points)

The remaining 74 points arising from indicator retirement will be used to create two Quality Improvement modules within a new quality improvement domain covering:

- Prescribing safety
- End of life care

It is expected that any CCGs already funding such schemes in these areas will reinvest this money in alternative ways in collaboration with their constituent LMCs.

## 6. Introduction of the Network Contract DES

A Network Contract DES will be implemented from 1 July 2019 and will be a very large Direct Enhanced Service. As a DES it is an extension of the core GP contract. CCGs are compelled to offer the contract to all practices and are therefore the commissioner in most instances.

Any holder of an in-hours (essential) primary medical service contract (GMS/PMS) and Alternative Provider Medical Services (APMS) are eligible.

The Network Contract DES supports practice of all sizes, working together within neighbourhoods/clusters. CCGs can also add local investment through Supplementary Network Services. It is expected that there will be 100% geographical coverage by July 2019 to ensure that no patients or practices are disadvantaged. Each network must have a named accountable Clinical Director and a Network Agreement setting out details of the collaboration between its members.

A Primary Care Network will typically service a population of at least 30,000. BNSSG CCG is working closely with NHS England, locality provider boards and LMC to ensure networks are optimally designed to work for the populations they serve.

All Primary Care Networks will have a network agreement which will set out its collective rights and obligations and define how it will partner with non-GP practice stakeholders. The network agreement will be needed for the PCN to claim its financial entitlements at a collective rather than individual level and deliver national and local services to its whole network list and area. The agreement is the vehicle under which members agree how they will work together and share resources and responsibilities. All practices must be active participants in order to meet the terms of the Network Participation payment (£14,000 per typical practice). The network agreement is also the formal basis for working with other community based organisations.

The PCN as a whole is responsible for the delivery of the network and can decide what model to use. This could be through a lead practice, GP federation, NHS provider or social enterprise partner. Each PCN must appoint a Clinical Director as its named accountable leader, responsible for delivery. The director will help shape and support work with the integrated care system.

Primary Care Networks will benefit from five categories of support:

- Clinical director funding (0.25 WTE per 50,000)
- Cash payment of £1.50 per registered patient
- CCG support in kind through seconding and paying for staff to help with some functions

- Development of a new national development programme for PCNs
- Strong focus on clinical director role through NHS leadership development

The timetable for the introduction of the network DES is set out below

Date	Action
Jan-Apr 2019	PCNs prepare to meet the Network Contract DES registration requirements
By 29 Mar 2019	NHS England and GPC England jointly issue the Network Agreement and 2019/20 Network Contract DES
By 15 May 2019	<b>All Primary Care Networks submit registration information to their CCG</b>
By 31 May 2019	<b>CCGs confirm network coverage and approve variation to GMS, PMS and APMS contracts</b>
Early Jun	NHS England and GPC England jointly work with CCGs and LMCs to resolve any issues
1 Jul 2019	<b>Network Contract DES goes live across 100% of the country</b>
Jul 2019-Mar 2020	National entitlements under the 2019/20 Network Contract start: <ul style="list-style-type: none"> <li>• year 1 of the additional workforce reimbursement scheme</li> <li>• ongoing support funding for the Clinical Director</li> <li>• ongoing £1.50/head from CCG allocations</li> </ul>
Apr 2020 onwards	National Network Services start under the 2020/21 Network Contract DES

## 7. Joining up the Urgent Care System

It is felt that the emergence of Primary Care Networks provides an opportunity to bring more coherence to the way extended access is currently provided. By April 2021 it is intended that a single funded access offer will form an integral part of the Network Contract DES, delivered to 100% of patients.

NHS England will work with stakeholders to evolve and implement a single access offer, delivered via networks, for both physical and digital services. The aim is to deliver convenient appointments 'in hours' reduced duplication and better integration between settings such as 111, urgent treatment centres and general practice. The review will start in 2019, for full implementation by 2021/22.

The expectation is that local integrated care systems and their Primary Care Networks will go faster where possible. An expanded role for PCNs in running urgent care in the community will be made easier by the flexibility for CCGs to add Supplementary Network Services the new Network Contract, on a voluntary basis. Networks could also benefit from payments reflecting their impact on A&E attendances, as part of the new Network Investment and Impact Fund.

## 8. Digital First Technologies

The document sets out that additional funding will support Primary Care Networks access to 'digital first' support from April 2021 with an agreed list of suppliers on a new separate national framework. The ambition is that all patients will have the right to digital-first primary care including web and video consultations by April 2021 and that digital primary care can potentially improve access, quality and outcomes, through better data, more accurate diagnosis and support tools for patients. Specifically, eight improvements, backed by contract changes have been identified in areas where it is felt realistic to make early progress:

- All patients to have right to online and video consultation by April 2021
- Online access to full records for patients
- Electronic ordering of repeat prescriptions and repeat dispensing (where clinically appropriate) from April 2019
- 25% of appointments available for online booking by July 2019
- Up to date and informative online presence (akin to the practice leaflet)
- Patient access to online correspondence by April 2020 with patients required to opt out rather than in
- Cease use of fax machines for either NHS or patient communications from April 2020
- From October 2019, all practices to register an email address with MHRA CAS alert system and monitor the account accordingly.

In addition CCGs will be responsible for offering a Data Protection Office (DPO) function to practices in addition to their existing DPO support services, whether by the CCG directly or through its commissioning support service.

## 9. Delivering New Network Services

In order to meet the NHS Long Term Plan commitments, by 2021, Integrated care systems will cover the whole country. Primary care networks will be a fundamental building block of every integrated care system and be seen as an essential input towards achieving Integrated Care System goals. In return for investment over the next five years, NHS England and the GPC have agreed four things will happen:

- Phased approach to implementation of the NHS Long Term plan commitments
- General Practice to deliver specific improvements such as care home support or CVD case finding.
- Through analytical tools and care systems primary Care will be able to point to impact achieved and demonstrate clear sufficient quantified benefits
- As a result, create a virtuous circle to support the case for investment for the second five years of the Plan.

The increase in investment proposed in the document includes the introduction of seven national service specifications, to be delivered through the Network Contract DES. The specifications support objectives from the NHS Long Term Plan for primary care, not already covered. PCNs are encouraged to make early progress ahead of formal introduction of the specifications. The seven are focused on areas where Primary Care Networks can have significant impact:

- Structured Medications Review and Optimisation (In full from 2020/21)
- Enhanced Health in Care Homes (In full from 2020/21)
- Anticipatory Care Requirements (Commence and develop from 2020/21)
- Personalised Care (Commence and develop from 2020/21)
- Supporting Early Cancer Diagnosis (Commence and develop from 2020/21)
- CVD Prevention and Diagnosis (Commence and develop from 2020/21)
- Tacking Neighbourhood Inequalities (Commence and develop from 2020/21)

None of the formal contract specifications start in 19/20.

The document also signals a review in vaccination and immunisation procurement, to reduce complexity, improve value and increase impact.

A national investment and impact fund will start in 2020 to support integrated care system delivery of the NHS Long Term Plan. The fund will help PCNs plan achieve better performance against metrics in a network dashboard that will provide a view to each network on the benefits it is achieving for its local community and patients. Networks will need to agree with their ICS how they spend any monies earned from the Fund.

## 10. Guaranteeing Investment

The document alongside the NHS Long Term Plan, commits to an increase in investment in primary medical and community health services as a share of total NHS revenue spend across the five years from 2019/20 to 2023/24. The additional investment will flow through the national GP contract, via the practice contract and its extension through the Network Contract DES.

### Practice Contract Funding

	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
<b>Practice contract baseline</b>	£8,007m	£8,116m	£8,303m	£8,532m	£8,748m	£8,985m
<b>Cumulative increase</b>		£109m	£296m	£525m	£741m	£978m
<b>% annual increase</b>		1.4%	2.3%	2.8%	2.5%	2.7%

## Funding for the Network Contract DES

£millions	2019/20	2020/21	2021/22	2022/23	2023/24
1. Additional Roles Scheme	110	257	415	634	891
2. Network Support					
<i>£1.50 per head from CCG general allocation</i>	90	90	91	91	92
<i>GP PCN leadership (0.25 WTE per PCN, starts July 2019)</i>	31	42	43	44	45
<b>Subtotal</b>	121	132	134	135	137
3. Access					
<i>Extended Hours Access DES</i>	66	87	87	87	87
<i>Improving Access to General Practice at £6 per head</i>			367	376	385
<b>Subtotal</b>	66	87	454	463	472
4. Investment and Impact Fund	0	75	150	225	300
<b>TOTAL PCN FUNDING</b>	<b>296</b>	<b>552</b>	<b>1,153</b>	<b>1,457</b>	<b>1,799</b>

There is also central funding available for support to practices and networks through a range of programmes.

## 11. Next Steps

The CCG is actively engaging members to help establish Primary Care networks in line with national time scales. All registration information needs to be received by 15 May 2019 in order to become established from 1 July 2019.

## Glossary of terms and abbreviations

5YFV	5 Year Forward View
APMS	Alternative Provider Medical Services
CCG	Clinical Commissioning Group
CQC	Care Quality Commission
DES	Direct Enhanced Service
GMS	General Medical Services
GMS Regulations	The National Health Service (General Medical Services Contracts) Regulations 2015
GMS SFE	General Medical Services Statement of Financial Entitlements Directions 2013
GP	General Practitioner
GPVF	General Practice Forward View
LMC	Local Medical Committee
PCN	Primary Care Network
PCSE	Primary Care Support England (delivered by Capita on behalf of NHS England)
PMS	Personal Medical Services
PMS Regulations	The National Health Service (Personal Medical Services Agreements) Regulations 2015