

Update to the GP contract agreement: 2020/21-2023/24



Overview of the agreement

- Major enhancements to the Additional Roles Reimbursement Scheme
- A raft of measures to aid GP recruitment and retention to help deliver 6000 more doctors working in primary care
- More people working in general practice will help achieve 50 million more appointments in general practice
- Further improvements to the Quality and Outcomes Framework
- Reforms to vaccinations and immunisations payment arrangements to improve vaccination coverage

Overview of the agreement

- A new universal 6-8 week post-natal check for new mothers
- Three new services in 20/21 - Structured Medication Review and Medicines Optimisation, Enhanced Health in Care Homes and Supporting Early Cancer Diagnosis
- New incentives under the Investment and Impact Fund to increase uptake of learning disability health checks, seasonal flu jabs, social prescribing referrals, and improve specific aspects of prescribing
- Continued commitment to progress the roll out of online and video consultations, so that every patient has the opportunity to access care this way by April 2021.

Overview of the agreement - finance

- Practice contract value rises by an additional £20m in 2020/21 beyond previous agreement
- DES rises in value by £166m from £552m to £718m in 2020/21.
- That reflects increase in Additional Roles Reimbursement Scheme (ARRS) funding from £257m to £430m
- That is an average of £344,000 per PCN in 2020/21 becoming £1.13m per PCN in 2023/24 for the ARRS
- By 2023/24 the ARRS is worth over £1.4bn, with £1.4bn more than last year's deal promised invested over the four year period
- Average PCN will get £574,000 in 2020/21 rising to £1.901m by 2023/24
- Average practice will have income of £1.3m by 2023/24

Enhancing the Additional Roles Reimbursement Scheme

- Expanding the workforce is the **top priority** for primary care – critical to:
 - **ensure the sustainability of general practice**
 - **Improving the patient experience of access** to general practice
 - **Delivering better patient outcomes**
- The reformed Additional Roles Reimbursement Scheme supports this through a number of changes – including additional investment of **£521 million** a year by 2023/24 to deliver **26,000 extra workforce roles**.

A reformed Additional Roles Reimbursement Scheme - more flexibility

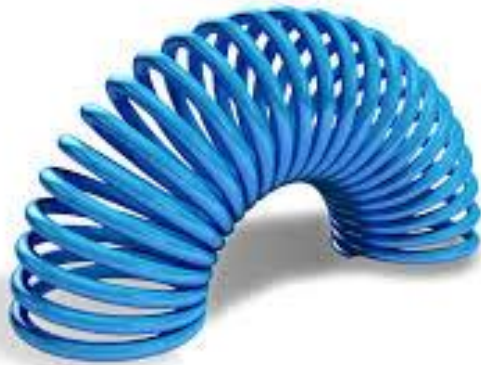
The reformed Scheme expands the number of reimbursable roles from two in 2019/20 to ten in 2020/21...

- Includes: physios; physician associates; pharmacy technicians; health and wellbeing coaches; care co-ordinators; OTs; dieticians; and podiatrists.



...and provides more flexibility in the calculation of 'additionality'.

- Clinical pharmacists, physios and physician associates now interchangeable within the 'baseline'.
- 3 month 'grace period' introduced for vacancies in practice-funded baseline roles.



A reformed Additional Roles Reimbursement Scheme – 100% reimbursement

To accelerate the pace of recruitment, **all roles will be reimbursed at 100% of actual salary plus defined on-costs, up to the maximum reimbursable amounts.**

- This frees up the £1.50/head PCN funding to be used in full for PCN development and CD support.



AVERAGE PCN ADDITIONAL ROLES REIMBURSEMENT SUM

(£000s)	20/21	21/22	22/23	23/24
Original funding	206	332	507	713
Revised total	344	597	821	1,130

For the average (mean) PCN, additional roles funding will be **£344,000 in 2020/21**, rising to **£1.13m in 2023/24.**

A reformed Additional Roles Reimbursement Scheme - more support

PCNs should have more confidence to recruit without fear of unmet employment liabilities...

- Employment via community services, if desired
- Guaranteed funding during this contract period for staff engaged where practices remain in the DES - and these staff treated as part of core GP cost base beyond 23/24
- CCGs to seek to transfer staff to a new provider should all PCN practices withdraw from the DES.

...and will have recruitment support via CCGs.

- Improved, light-touch, workforce planning
- Offer of batch recruitment across PCNs
- Brokering of rotational or hosting arrangements with other providers
- Redistribution as a fallback



New PCN service requirements

The agreement introduces three new national PCN services for 2020/21:

- **Structured Medication Reviews**

- Using new clinical pharmacist capacity, will deliver improvements in medicines outcomes for people with complex polypharmacy, and those prescribed potentially harmful or addictive medicines.

- **Enhanced Health in Care Homes**

- Working with community services, PCNs will lead weekly 'home rounds' and deliver more proactive support to care home residents – expected to improve wellbeing and reduce unwarranted hospital admissions.

- **Supporting Early Cancer Diagnosis**

- Building on the QOF QI module, PCNs will take steps to improve referral practice, increase screening uptake, and better understand diagnosis patterns in their area to support earlier cancer diagnosis.

Responding to feedback on the services

We have listened and responded to the concerns raised by general practice during the engagement on the draft service requirements by:

- **simplifying** the three services introduced in 2020/21
- **deferring two services from 2020/21** to 2021/22
- linking SMR volumes to clinical pharmacist **capacity**
- providing flexibility for the **frequency and form of medical input** to weekly 'home round' to be determined by the PCN
- introducing a new '**Care Home Premium**' of £120 per bed (£60 in year 1)
- clarifying that **existing LES/LIS funding duplicated by the DES must be reinvested** into primary medical care
- being clearer that **PCNs are only contractually responsible for their component** of the services.



The new Investment and Impact Fund

The IIF is worth £40.5m in 2020/21 – and will operate in a similar way to QOF.
The remaining 2020/21 funding is reinvested in other contract funding increases.

- **8 indicators, across:** flu vaccinations for over 65s; learning disability health checks; social prescribing referrals, and prescribing.
- lower and upper thresholds set to **balance rewarding high achievement** and **enabling all PCNs to access** some IIF funds.
- From 2021/22:
 - at least £30m of IIF funding will reward **better access** – rising to £100m by 2023/24
 - at least one-third of IIF funding will support **achievement of PCN services**
 - an expected £30m will support **vaccination and immunisation changes**



Supporting PCN stability

The stability of PCN membership is important to realising the benefits of deep collaborative working. We will support this by:

- introducing **auto-enrolment** into the DES, to apply as we move from 2020/21 into 2021/22.
- for 2020/21, having an **opt-in / opt-out window until 31 May 2020** – with subsequent changes in exceptional circumstances only. From 2021/22 this window will be **one month**.
- expecting PCNs to document their relationship with community services and community pharmacy through the Network Agreement.



More doctors in general practice

- Extra Government investment funds new GP training recruitment and retention measures to help deliver an extra 6,000 GPs.
- GP trainee numbers to increase from 3,500 to 4,000 a year from 2021.
- 24 months of the 36-month training period will be spent in general practice, from 2022.



Fellowship in General Practice

- A two-year Fellowship in General Practice will now be offered as a guaranteed right to all GP trainees on completion of their training.
- Fellows will get guaranteed funded mentorship, funded continuing professional development (CPD) opportunities of one session per week, and rotational placements within or across PCNs to develop their experience and support their transition into the workforce in a local area.
- From 2021, all new entrants to GP trainee training will automatically be enrolled in the programme as part of signing up to the training programme and then be expected to enter the fellowship programme on qualification.
- To provide a major boost to general practice nursing, the Fellowship Programme will also be open to newly qualified nurses

Supporting Mentors Scheme

- A new national scheme will offer highly experienced GPs the opportunity to mentor newly qualified GPs entering the workforce through the Fellowship Programme.
- Training will be provided to all mentors and practices will be reimbursed to release these GPs to do a session per week to undertake mentoring.
- Implementation of the national offer will be led by ICSs/STPs, working closely with training hubs, and based on national guidance. We will plan to support around 450 GPs through this scheme in its first year of operation.

New to Partnership Payment

- From 1 April 2020, new partners will benefit from £3,000 of business training allowance and a guaranteed one-off payment of £20,000 for a full-time GP (calculated on a 37.5 hours a week basis) to support their establishment as a new partner.
- Initially a loan, we envisage that it will automatically convert to a permanent payment after an expected minimum number of years (for example, five) as a partner. With on-costs, and business training costs, the relevant practice would claim reimbursement of £25,500.
- The national scheme will be available to all GPs who have never before been partners and are offered partnerships. It will be open to other professional groups (e.g. nurses and pharmacists). Its initial phase is likely to run for two or three years.



Additional GP recruitment and retention initiatives

- A new Locum Support Scheme will provide greater support to locum GPs, in return for a minimum time contribution.
- National GP Retention Scheme - NHS England and NHS Improvement will work with the RCGP, BMA and local systems to consider if changes to the scheme, for example increasing the number of sessions participants can provide, would provide a sufficiently worthwhile impact.
- From April 2020, GPs on the Induction and Refresher Scheme with children aged under 11 will be able to claim up to £2,000 towards the cost of childcare for each child whilst on the scheme
- The Targeted Enhanced Recruitment Scheme (TERs) will be expanded: from 276 places now, to 500 in 2021, and 800 in 2022, to encourage GP trainees to work in under-doctored areas.



Improving employment practices

We have agreed a new Core NHS Offer statement for staff delivering primary medical services. This will be published in due course.

During 2020/21 we will review and agree changes in the following areas to be delivered within existing resources:

- the minimum sickness and parental leave provisions all staff in primary care should be able to expect
- childcare support
- occupational health provision, aligned to wider NHS England and NHS Improvement work and
- tackling the gender pay gap in general practice.

We are committed to agreeing arrangements that will allow practices to make a more generous offer of Enhanced Shared Parental Leave to employed GPs, starting as soon as possible in 2020/21.

Releasing Time to Care

- The Government will instigate a swift and full Review of Cross-Government Bureaucracy in General Practice with the BMA.
- In parallel, NHS England and NHS Improvement will review, with GPC England, RCGP and wider stakeholders:
 - mandatory training requirements
 - how to reduce the time associated with the annual appraisal process
 - how to make revalidation simpler for GPs, particularly those approaching retirement age and beyond
 - how to reduce the burden associated with annual coding requirements for patients with long-term conditions
 - how to remove unnecessary barriers for patient self-referral
 - how to improve the e-Referral and electronic prescribing systems, consistent with the outpatient reform programme
 - operation of the performers list
 - how best to take more effective action to implement the NHS Standard Contract requirements intended to reduce the extent to which other NHS providers generate avoidable extra GP workload.



Improving access for patients

Progress towards delivering the extra 50 million appointments as soon as possible will be driven mainly by increasing staff numbers.

Initial actions arising from NHS England's review of access to General Practice have now been agreed as set out below. The review will complete in 2020, to inform contract discussions in 2020/21.

- **better data**
 - an improved appointments dataset will be introduced in 2020 as part of the practice contract.
 - a new, as close to real time as possible and transparent measure of patient experience will be designed and tested in 2020, for nationwide introduction by no later than 1 April 2021.
- **digital-first services** - every PCN and practice will be offering a core digital service offer to all its patients from April 2021.
- **extended hours** - a nationally consistent offer will be developed and discussed with GPC England and patient groups, reflecting what works best in existing local schemes.

Access Improvement Programme

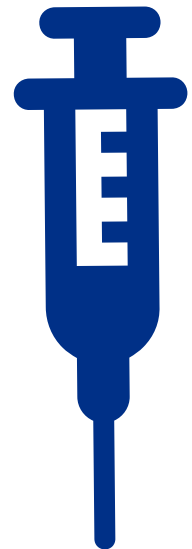
- NHS England and NHS Improvement will establish a major new GP Access Improvement Programme in early 2020. Working with PCNs, the programme will:
 - identify best operational management methods proven to improve booking experience, reducing waiting times for both urgent and routine appointments, and moderating demand growth for A&E attendances;
 - in Q3 and Q4 of 2020/21, seek to apply these methods supportively for practices/PCNs whose patients are experiencing the longest routine waits
 - incorporate the existing work on Time for Care;
 - consider appropriately how to ensure continuity of care is supported and the continuing need to reduce health inequalities; and
 - seek to learn from the mixed previous experiences of setting access standards in primary care.

Vaccination and immunisations payments have been reformed to encourage improvements in coverage



- Vaccinations and immunisation becomes an essential service
- The global sum that practices receive will be protected, and we have agreed a clearer set of core delivery standards
- The item of service fees for the delivery of each dose of all routine and annual vaccines will be £10.06. In addition to flu and adult vaccines, this will cover:
 - Diphtheria, tetanus, poliomyelitis, pertussis, haemophilus influenza type B (HiB) and hepatitis B (6-in-1);
 - Rotavirus;
 - Pneumococcal conjugate vaccine (PCV);
 - Meningococcal B Infant;
 - Haemophilus influenza type B and Meningitis C (HiB/MenC).
- Practices with lower (less than 80%) coverage will automatically repay a portion of their item of service fees on that vaccine according to the formula:

repayment = value of the IoS fee x 50% of eligible cohort size



Coverage incentives will operate for vaccinations which benefit from a herd immunity effect or which are policy priorities



- For routine schedule vaccinations this incentive will operate at practice level and form part of a new QOF domain from April 2021
- The Childhood Immunisation DES will be retired
- The new QOF domain will reward incremental improvements in performance, unlike the current dual threshold-based approach of the Childhood Immunisation DES

- PCNs are ideally placed to take the lead on improving flu vaccine coverage
- In autumn 2020 we will introduce an incentive in the IIF for flu coverage for 65+ cohort
- During 20/21 we will review the existing QOF indicators incentivising flu vaccination and consolidate an updated set of indicators within the IIF for April 2021
- We hope there will be an aligned incentive for community pharmacy in the Pharmacy Quality Scheme (PQS)



New core standards have been agreed



- All practices will have a named lead
- Practices should ensure the availability of sufficient trained staff and convenient, timely appointments to cover 100% of their eligible population
- Practices should ensure their call/recall and opportunistic offers are being made in line with national standards
- Practices should participate in agreed national catch-up campaigns
- Practices should adhere to defined standards for record keeping and reporting of coverage data
- Practice expectations around routine, pre and post-exposure vaccinations clarified.



The changes will be phased in over 2 years

2020/21

- Introduce clearer core contractual standards
- Introduce an IoS payment for MMR 1 and 2 at £10.06.
- Introduce an incentive worth £6.5m into the IIF for networks to improve seasonal flu vaccine coverage for the over 65 age group, in collaboration with community pharmacies.

2021/22

- Expand the application of the IOS of £10.06 and introduce repayments
- Introduce the new QOF domain for routine vaccinations
- Restructure and consolidate all flu incentives at network level
- Retire the existing Childhood Immunisation DES

We have agreed improvements to QOF indicators

- **Asthma domain:** Improvements to the register, diagnosis and ongoing care of patients
- **COPD domain:** Improvements to the accuracy of diagnosis and ongoing care of patients
- **Heart failure domain:** Improvements to the accuracy and timeliness of diagnosis and a focus upon ongoing review and medication optimisation
- **Diabetes domain:** A new indicator will be introduced to incentivise practices to offer an annual HbA1c test in people known to have non-diabetic hyperglycaemia.
- These will offer significant improvements in the quality of patient care and associated quality of life.



Cancer and learning disability will be the focus of the quality improvement domain in 2020/21

Module: Early cancer diagnosis

- Aims to improve participation in the national breast, cervical and bowel cancer detection and screening programmes; and
- Aims to improve referral and safety netting practices for patients suspected of having cancer. It has been developed to support the roll out of the PCN early cancer diagnosis service specification.

Module: The Care of People with a Learning Disability

- Aims to promote :
 - increased uptake of annual health checks
 - optimisation of medication in line with STOP
 - identification and recording of reasonable adjustments
 - the patient engagement with community resources through social prescribing to maintain health and well-being



Improvements to Maternity Services

- From 2020, all practices will be required to deliver a maternal check at 6-8 weeks after birth, as an additional appointment to that for the 6-8 week baby check. An additional £12m will be invested through global sum to support all practices to deliver this.
- The Maternity Medical Services additional service will become an essential service.
- The child health surveillance additional service will also become an essential service.
- We will revise the contract's current definition of the "postnatal period" from 2 to 8 weeks, to bring it in line with NICE guidance on best practice.