GP contract reform 2019

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22 February, 2019

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Contents

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Primary Care Networks

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The Network DES

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- Practices will be offered a new Networks DES (aka ‘Primary Care Network Contract’)
- The DES will provide funding for practices to form and develop networks, as well as for additional workforce
- The DES will outline services to be delivered by the network in return for the funding
- Doing this via a DES allows PCNs to be built through the GMS contract, and therefore from the ground up, ensuring that there is no need for procurement, and that they are GP-led.
- The DES specification will be developed by GPC England and NHS England over the next few months
- Supplementary network services may be developed, supported by additional local financial assistance
- CCGs may continue to commission local services direct from practices or where appropriate via the network DES (and should be discussed with LMCs and practices)

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Structure and Coverage

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- Networks should typically cover approx. 30-50,000 patients (but with flexibility if required); eg:
  - A rural area with 25,000 patients within its geography
  - Seven practices in a defined geography combining to form a network of 58,000
- Large practices/organisations of over 30,000 patients already (e.g. a super-partnership), could form one network but develop smaller localities within it to engage with other local services (community, voluntary etc)
- Should be geographically contiguous, therefore practices will need to engage in a collaborative and pragmatic manner to ensure appropriate and logical geographic coverage; LMCs and CCGs should be involved in these discussions
- Could overlap e.g. two networks both cover one town, but all areas must be covered
- Can be structured in a number of ways depending on how the network members wish to employ staff and work together (guidance will be provided in due course)
- Provides the basis for future collaboration with other providers (e.g. Community Trusts) where appropriate
- Where a practice does not wish to become part of any network, they will be required to engage with the network covering their area to ensure their patients receive the extra services provided by the network. The practice will not receive the funding associated with network activity.

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Network governance

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- The network is a membership organisation, with members being the practices
- Each network will decide who will be the Clinical Director (CD), chosen from the GPs within the network; how this is done is up to the members of the network (election, appointment etc) - networks may benefit from independent assistance with this, from the LMC
- The CD will receive funding from NHS England on a sliding scale based on the network size, equivalent to one day a week for a network of 40,000 patients, and be main point of contact with the CCG, ICS and other NHS structures
- Networks decide how funding and workforce are arranged/deployed between practices, in line with decisions about how services are organised

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Network governance (2)

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- CCGs approve the creation of the network using approval criteria (see next slide)
- CCGs commission the network to provide services, via the DES; how the services are delivered across the network is up to the network (as per the network agreement, see next slide)
- How decisions are made is determined by the network (eg majority vote, CD discretion, unanimity) – the number of votes or weighting for each practice may be determined by the network (eg it could be based on respective practice list size, or by staff numbers, or one vote per practice)
- Other organisations (community trusts, voluntary organisations etc) may be invited to join the network, but the network will decide how governance structures account for this (eg should they get an equal vote, what do those organisations bring etc)

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Initial requirements

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- By 15 May 2019 networks will need to make a brief submission outlining:
  - the names and the ODS codes of the member practices;
  - the network list size, i.e. the sum of its member practices' lists as of 1 January 2019 (justification required if not 30-50k);
  - a map clearly marking the agreed network area (justification required);
  - the initial Network Agreement signed by all member practices (see below);
  - the single practice or provider that will receive funding on behalf of the PCN; and
  - a named Clinical Director from within the GPs of the network

- For 2019/20, the network must agree how they will deliver the requirements of the Extended Hours DES for the whole of the network population (may be devolved back to individual practices, or other arrangements agreed)
- From 2020 onward, the network will be required to deliver further services (see later slide), and therefore it is advisable to make preparations for this within 2019/20

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Network agreement

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The Network Agreement is to be discussed and agreed by the practices within the network

- It will outline what decisions the network has made about :
  - how they will work together
  - which practice will deliver what (for specific packages of care)
  - how funding will be allocated between practices (if appropriate)
  - how the new workforce will be shared (including who will employ them)
  - any other agreements made between the practices (eg pooling of practice funding etc)
- The agreement may be updated year on year as new services, workforce and funding comes online
- A template agreement, and guidance, is currently under development and will be published in March, alongside the DES specification.

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Network workforce

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- New workforce at network level will increase across the five years
- New workforce will be part funded recurrently at 70% including on-costs, with 30% to be provided by the network (apart from social prescribers which will be 100% funded by NHSE)
- Funding will be set nationally based on Agenda for Change scales, but no requirement locally to employ on the AfC contract
- Network to agree how the new workforce is employed (by practices, a lead practice, a federation or community trust on behalf of the network etc)
- Network to agree how the workforce is deployed, in line with agreeing how services are configured
- CCGs should ensure that the community workforce is aligned along the PCN geography
- Guidance on employment and deployment of network workforce will be provided shortly

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Network funding

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- 70% of workforce costs (including oncosts) will be funded recurrently, including annual pay uplifts in line with AfC scales
- 100% of social prescribing costs (including oncosts) will be funded, including annual pay uplifts in line with AfC scales
- These workforce costs will be provided to networks on the appointment of individuals (ie not a reimbursement, but not provided without people in post)
- Funding for 0.2 WTE per 40,000 pts, for clinical lead, at national average GP salary (including oncosts) – on sliding scale based on network size
- Recurrent £1.50 per patient for network development, as an entitlement
- Recurrent £1.45 per patient for extended hours, as an entitlement
- Network 'Investment and Impact Fund', starting in 2020 at £75m building up to £300m by 2024
- From 2020: potential additional funding for new services per Long Term Plan
- From 2021: Guaranteed £6 per head for Improving Access to go to networks – some may receive this earlier
- CCGs may decide to transfer LES funding to the Network (but this is not a requirement and should be discussed with LMCs and practices)

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Example network funding & workforce 2019

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In 2019, a network of 40,000 patients (made up of 5 practices each with 8,000 patients) may expect the following:

- £1.50 per patient entitlement: **£60,000**
- £1.45 per patient (extended hours funding): **£43,500** (for quarters 2, 3, 4 only)
- 0.2 FTE for CD (including on-costs) – pass through cost: **£27,503**
- 1 Social Prescriber, fully funded to a maximum of **£34,113** (including on-costs) – pass through cost
- 1 Clinical Pharmacist, funded to a maximum of **£37,810** for 70% (including on-costs) – pass through cost
- **Total for 2019: £203,000, of which £103,500 is for network decision**

Expenditure for 2019 will include:

- 30% (including on-costs) for the Clinical Pharmacist (approx. £16,000 per network)
- Additional resource to cover 100% of the population for extended hours (which will vary network to network)

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Network services

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A number of network services will be developed in line with NHS England's Long Term Plan, and phased into the DES over the coming years.

2019

- Extended Hours access integrated into networks – same requirements as the DES, for 100% of network population

2020

- Structured medication review
- Enhanced health in care homes
- Anticipatory care (with community services)
- Personalised care
- Supporting early cancer diagnosis

2021

- Cardiovascular disease prevention and diagnosis, through case finding
- Action to tackle inequalities

The content, and associated service specifications for these, will be subject to annual negotiation with GPC England

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Timetable for PCN establishment

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Date	Action
Jan-Apr 2019	PCNs prepare to meet the Network Contract registration requirements
By 29 Mar 2019	NHS England and GPC England jointly issue the Network Agreement and 2019/20 Network Contract
By 15 May 2019	All Primary Care Networks submit registration information to their CCG
By 31 May 2019	CCGs confirm network coverage and approve variation to GMS, PMS and APMS contracts
Early Jun	NHS England and GPC England jointly work with CCGs and LMCs to resolve any issues
1 Jul 2019	Network Contract goes live across 100% of the country
Jul 2019-Mar 2020	National entitlements under the 2019/20 Network Contract start: • year 1 of the workforce funding • ongoing support funding for the Clinical Director • ongoing £1.50/head from CCG allocations
Apr 2020 onwards	National Network Services start under the 2020/21 Network Contract

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IT and Digital

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Infrastructure

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The agreement between GPC England and NHS England is predicated on appropriate and functional infrastructure being in place e.g. broadband capacity.

GPC England will work with NHS England to develop a standard specification for IT systems within primary care. This will include:

- GP2GP capability for the transfer of all patient records between practices when a patient registers or de-registers;
- the digitisation of paper medical records;
- cyber security;
- system standards; and
- ensuring investment decisions take account of ‘digital maturity’ so that systems are appropriate. This will ensure that practices are able to fully utilise new IT and digital developments.

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Requirements

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From April 2019 practices **will be required to:**

- Provide new patients with full online access to prospective data from their patient record (using/referring to national NHS Login identity verification)
- Reserve appointments for NHS 111 clinicians (not lay call handlers) to book patients into. This will be 1 appointment per day, per 3,000 patients (rounded down, with a minimum of 1), eg:

  1500 patients = 1 appointment

  5900 patients = 1 appointment

  6001 patients = 2 appointments
- These should be spread evenly through the day and the practice can decide how to manage practices booked into these appointments
- These appointments may be freed for others to book if not booked within a set period before the appointment (further detail on this will be provided).

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Requirements (cont)

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During 2019, practices will need to prepare to:

- register a practice email address with MHRA CAS alert system to act on CAS alerts where appropriate
- register a mobile phone number(s) to MHRA CAS to be used only as an emergency back up to email **by October 2019**
- make at least 25% of appointments (could be GP, nurse, pharmacist, healthcare assistant etc) available for online booking by or on behalf of a patient **by July 2019** (patients could request NHS111 to book into these for them but only if available)
- offer online consultations **by April 2020**, subject to further guidance
- offer and promote electronic ordering of repeat prescriptions and using electronic repeat dispensing for all patients for whom it is clinically appropriate **by April 2020**
- all patients to be able to access online correspondence **by April 2020**
- no longer use fax machines for NHS work or patient correspondence **by April 2020**
- ensure they have an up-to-date and informative online presence **by April 2020**
- provide all patients with online access to their full record including the ability to add their own information **from April 2020**

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Digital-first providers

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To help address issues raised by development of ‘digital first’ GP providers, such as GP at Hand, practice funding will be revised to ensure fair payments and avoid unwarranted redistribution to these models from other practices. This includes:

- Amendment to rurality index so that it applies to only those patients within the practice boundary
- Amendment to London Adjustment so that it applies to only those who are resident in London (rather than those who are registered with a London-based practice)
- Funding will be reinvested in global sum for all practices
- Commitment to review the out of area regulations in 2019/20

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QOF

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QOF indicators to be removed

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74 points retired

- COPD (annual FEV1 and O2 stats)
- Dementia (test results)
- Diabetes (middle HbA1c target, see next slide)
- Mental health (cervical screening test, lithium)
- Osteoporosis (both indicators)
- Stroke and transient ischaemic attack (record of referral)
- Palliative care (3 monthly MDT case review meetings)
- Peripheral arterial disease (BP, anti-platelet)
- Smoking (providing literature and therapy)
- Contraception (removed in full)
- Cervical screening (protocol and audit)

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QOF indicators to be added or amended

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- Blood pressure (CHD, HYP, STIA) – split for ≤79 (140/90), ≥80 (150/90)
- Diabetes indicators
  - amended to account for moderate and severe frailty
  - cholesterol target replaced by prescription of statin
- Mental Health indicator to record BMI instead of alcohol consumption
- COPD – offer of referral to pulmonary rehabilitation
- Cervical screening – split for ages 25-49 and 50-54 – in line with 3 and 5 year recall frequency

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Personalisation

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- Personalised care adjustments will be introduced, replacing exception reporting. This will allow practices to differentiate between five reasons for adjusting care and removing a patient from the indicator denominator:
    1. The QOF-prescribed care being unsuitable for the patient
    2. Patient choosing not to receive the prescribed care
    3. Patient not responding to invitations
    4. Where the specific service is not available (in relation to a limited number of indicators only)
    5. Newly diagnosed or newly registered patients, as per existing rules
- Practices will be required to use more personalised correspondence with patients when sending invitations for care, including using the patient's preferred method of communication
- Practices will be required to send two invitations for care, rather than three as presently (except for a few exceptions)

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Quality Improvement

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74 points will be used to create a new Quality Improvement domain

2 quality improvement modules will be introduced for 2019 (37 points each)

- **prescribing safety** - covers the safe prescribing of NSAIDs, lithium and valproate in women of child bearing age and will dovetail with the expansion of clinical pharmacists in general practice
- **end of life care** - will focus on the wider aspects of care for patients who are expected to die within the coming months as well as support for their carers.

The content has been jointly developed and released as an annex to the contract document.

Further modules are in development, with an expectation that the QI module topics will change each year (as agreed between GPCE and NHSE)

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QOF Funding and thresholds

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- Thresholds have not been increased across the board
- QOF point value will increase by 4.7% to £187.74. This is to reflect increased list size and population growth

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Indemnity

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Indemnity scope

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From April 2019 the new state-backed indemnity scheme will be in place, run by NHS Resolution. This will provide cover from April 2019 onward in perpetuity.

- NHS GP provider membership – this covers all GPs (including salaried and locum) and all other staff working in general practice (including the new network workforce)
- All NHS work is covered (including OOH, local authority, public health etc.)
- Individuals will still need MDO cover for GMC representation, private work, ethical guidance, help with responding to complaints letters etc
- NHS Resolution will cover all work related to claims
- Those with claims based cover before April 2019 may need to purchase appropriate run-off cover from their MDO
- DHSC intends to establish arrangements for an existing liabilities scheme in April 2019, subject to satisfactory discussions with the MDOs

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Indemnity funding

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- There will be a one off permanent funding adjustment to the contract, reducing risks for GPs, and is offset by new funding going into the contract in 2019
- All GPs and practices no longer pay out annually for subscriptions covered under the scheme, or arrange their own clinical indemnity
- All future increases will be borne by the state (i.e. government will pay any increases in funding for the scheme due to inflation, discount rate and legal settlements)
- As per last two years, payments will be made direct to practices to fund the increase in fees for the previous year (i.e. via SFE on an unweighted per patient basis). This will be less than in previous years as inflation in MDO costs slowed for 18/19.
- As with the last two years, practices and salaried GPs should discuss how this additional funding is passed on.

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Practice funding and pay

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For 2019/20

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- Indemnity expense removed plus 1.4% uplift to practice contract funding, which includes:
  - Pay uplift
  - Expenses uplift, including £20m for subject access requests
  - 1% linked to 2018/19 pay uplift and contract agreement in 2019, via SFE
  - Funding for practices to engage in establishing networks, via the SFE
  - £30m into GS for NHS 111 direct booking
  - £5 per patient MMR catch-up
  - Uplift to S7a immunisation programmes (e.g. flu) in line with other immunisations
- Taken together, funding will deliver **2% pay uplift for all GPs and practice staff** (and they will be covered by the new indemnity scheme)
- Net pay outcome for GPs will vary depending on whether indemnity paid by practice or personally
- Increase to employers pension contributions, will be fully covered by additional funding
- NHSE and GPCE have agreed to jointly lobby the Government to introduce optional partial pensionability, where GPs may elect to reduce the rate which they pay pension by 50%

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Figures for 2019/20

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- Global sum will increase by 1%: £0.92 per patient (from £88.96 to £89.88)
- Weighted SFE payment for network participation of £1.76 per patient (note this is also included in the network funding example slide)

- Total increase in practice funding will be **£2.68 per patient** for 2019/20, **in addition to new funding through the networks**.
- Other income to note:
    - Indemnity back-payment for 2018/19: amount to be agreed (and to be agreed with sessional GPs)
    - V&I: S7a programmes increased to £10.06

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From 2020 onward

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2020 onward

- No indemnity subscriptions to pay
- Increased funding to global sum to allow for annual pay uplift in line with predicted inflation
- GPCE and NHSE will jointly develop a mechanism for readjustment of funding if inflation changes substantially or if partner income exceeds the intended uplift
- Funding is set for five years, so no approach to the DDRB for GP principals over that period but retained as option for salaried GPs, other practice staff, GP trainees, GP educators and GP appraisers
- Expenses uplift in line with predicted inflation
- NHS England plans to publish details of all GPs with >£150k salary from NHS earnings (and is pursuing this for other NHS contractors)

Over the five year period £978m uplift to GP contract (in addition to £1.8bn guaranteed funding for networks and funding from for central NHSE allocations ringfenced for networks, and CCG allocations).

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Other agreements for 2019/20

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Private GP Services

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Ban on advertising and hosting private GP providers

Contractual ban on any NHS GP provider advertising or hosting private paid for GP services that fall within the scope of NHS-funded primary medical services on NHS-funded premises and during core hours. NHSE will look to expand this to other providers of mainly NHS services (eg hospital trusts, pharmacies etc)

It will cover:

- Advertising local private clinics, that cover the same as GMS 'essential services'
- Providing online consultations on behalf of private digital services (e.g. Doctaly), from practice premises during core hours
- Practices providing private NHS-core services to non-registered patients

It will not cover:

- Practices offering chargeable services allowed within the contract

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Vaccs & Imms

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- V&I MMR catch up for 10-11 year olds

From April 2019 there will be an item of service payment of £5 per each child unvaccinated for the extra cost of a catch-up campaign for the MMR vaccine for 10 and 11-year olds in the light of the current measles outbreaks

- Uplift to those V&I payments that were not updated last year (to match £10.06)
  - childhood seasonal influenza
  - pertussis
  - pneumococcal polysaccharide

- HPV age extension and commitment to extend to boys in Sept 2019

HPV for boys programme will begin as part of the HPV vaccine programme from September 2019. The catch-up element for boys will be delivered through the school based programme. Boys will be added to the HPV catch-up scheme in general practice from April 2020

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Additional services

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Contraceptive services

The contraception Additional Service will cease and it's requirements rolled into Essential Services

Maternity Medical Services

There will be a review of whether to include perinatal checks for mothers within the Maternity Medical Service Additional Service. This would include commensurate funding.

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Upcoming reviews

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Vaccs & Imms

Aim is to reduce complexity and increase impact of the V&I programmes, **not** to cut practice income. Considerations will include:

- reduce the administrative burden on general practices by simplifying the system if possible;
- consider central procurement of influenza vaccinations;
- clarify what is expected on call/recall for all S7a immunisations;
- look at how we deal with outbreaks and catch-up programmes;
- consider whether we extend the list of chargeable travel vaccines

Access

Review of the existing 'access' programmes, and how they can be made into a single coherent offer, delivered at Network level to reduce burden on individual practices

Letters & reports requested from practices

Full review of the letters and reports that patients can access via their GP, what should be a requirement, and what should be chargeable

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Other elements

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Locum reimbursement

Shared parental leave will be added to the SFE reimbursements for locum cover

OTC medicines

NHS England will provide an over the counter medicines “letter of comfort” that practices will not be in breach of contract when following CCG and NHS England prescribing guidance.

FP10 re-design

FP10 will be re-designed and will include a new requirement to annotate prescriptions, where the medication is for a Sexually Transmitted Infection (STI). The prescriber will need to write ‘SH’ as an endorsement on the FP10 form. This is a temporary solution until EPS4 functionality is available.

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Other elements

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Support for people in debt with mental health problems

NHS England and GPC England will work together to produce a much simpler version of the Debt and Mental Health Evidence Form, which practices will need to provide free of charge. The new form will simply ask for a validated statement of diagnosis, with no other information or judgement required. Should banks or other lenders require further medical evidence in addition to this, it would need to be sought directly from the practice for an appropriate fee which should be paid by the company not the patient.

NHS logo

Practices will be required to abide by the NHS Identity guidelines, where they choose to use the NHS logo. The guidelines can be found at: www.england.nhs.uk/nhsidentity/

NHS Campaigns

Practices will be required to support six national NHS marketing campaigns on an annual basis. The practice be required to display campaign display materials provided by NHS England. The nature of these campaigns will be agreed between NHS England and GPC England.

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Partnership & Premises Reviews

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- This contract agreement delivers some of the key recommendations included in the GP Partnership Review:
  - expansion of primary care workforce to support GPs
  - establishment of, and funding for, Primary Care Networks
  - increased access to IT and digital resources for practices
  - creation of and funding for a primary care Fellowship Scheme
  - builds upon, rather than replaces, the GMS contract
  - Removal of indemnity liabilities
- The Premises Review is due to report in Spring of 2019 on issues of estate liabilities, and the Government Spending Review will likely include an element for capital investment in NHS premises

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Further info

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- BMA website guidance on GP contract: http://www.bma.org.uk/gpcontractengland includes individual guidance documents on each of the different areas.
- The Practice blog: regular blogs from the GPCE exec, Sessional GPs subcommittee and others on various aspects of the deal: https://www.bma.org.uk/connecting-doctors/the_practice/b/weblog/
- GPC England work: https://www.bma.org.uk/collective-voice/committees/general-practitioners-committee/gpc-england
- Sessional GPs subcommittee work: https://www.bma.org.uk/collective-voice/committees/general-practitioners-committee/sessional-gps-subcommittee

- Contacts: info.gpc@bma.org.uk ; info.lmcqueries@bma.org.uk ; sessionalGPs@bma.org.uk

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The package

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What general practice gains

- Indemnity state backed scheme
- Pay & expenses uplift each year
- Additional workforce & linked funding
- QOF amendments
- Resources for IT and digital

What it means

- Workforce expansion
- Workload reduction
- Funding increase, pay uplift
- Autonomy retained
- Leadership role for rebuilt community team

What general practice delivers

- PCN creation (2019)
- LTP ambitions (2020 onward) through additional funding and additional workforce
- Greater digital access (built up)

Stability

- Five year deal, built upon each year
- 2019: build foundations, expand workforce
- 2020 onward: expand workforce further, reconfigure services

Overall funding in excess of £2.8bn over 5 years, through practices and networks

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