The New GP Contract

What's in it for general practice?

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The New GP Contract

1. Primary Care Networks: the DES, structures and coverage, governance, requirements, the Network agreement, workforce, funding services
2. IT and digital
3. QOF
4. Indemnity
5. Practice funding and pay
6. Other…

Indemnity!

- Nationalisation of costs and process of clinical negligence.
- “A one off permanent funding adjustment to the contract, offset by new funding going into the contract in 2019” – still going up by 1.4%
- All future increases will be borne by the government* for the scheme due to inflation, changes to the discount rate and legal settlements – *honestly*!
- And they have called it the State-backed clinical negligence scheme for general practice (CNSGP).
- NB “defence” or “protection” so individuals will still need MDO cover for GMC & Court representation, private work, ethical guidance, help with responding to complaints letters etc.

** i.e. the tax payer.*

Indemnity

- Covers all GPs: partners; salaried; sessional and all staff working in general practice including the new PCN workforce.
- All NHS work is covered including OOH, UTC, local authority, public health etc. etc. etc.
- NHS Resolution will process 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 an existing liabilities scheme in April 2019, subject to satisfactory discussions with the MDOs.

Practice Pay & Funding

- 1.4% uplift to practice contract funding, which includes:
  - Pay & expenses uplift, including £20m for SARs
  - 1% linked to 2018/19 pay uplift and contract agreement in 2019
  - Funding for practices to engage in establishing networks
  - £30m into Global Sum for NHS 111 direct booking
  - Uplift to S7a immunisation programmes (e.g. flu)
  - Taken together, **2% pay uplift for all GPs and practice staff**
- Increase to employers pension contributions, will be fully covered by additional funding
- NHSE and GPC to jointly lobby Government to introduce optional partial pensionability, where GPs may elect to reduce the rate which they pay by 50%

IT and digital – taking into account broadband capacity

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

- GP2GP capability for the transfer of all patient records;
- digitisation of paper medical records;
- cyber security & system standards;
- 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.
- Standard data sharing agreement across networks (tbc)

IT and digital – taking into account broadband capacity

During 2019 prepare to:

- register a practice email address with MHRA Central Alerting System to act on alerts and a mobile phone number to be used as an emergency back up by October 2019
- make at least 25% of appointments (GP, nurse, NP, 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 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*
- all patients to be able to access online correspondence
- no longer use fax machines for NHS work or patient correspondence
- ensure they have an up-to-date and informative online presence
- provide all patients with online access to their full record including the ability to add their own information

All from April 2020

QOF

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)

QOF

Indicators added or amended

- Blood pressure (CHD, HYP, S&TIA) – 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 – record 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

QOF

Personalised care adjustments will allow practices to choose between five reasons for adjusting care and removing a patient from the indicator denominator:

- The QOF-prescribed care being unsuitable for the patient
- Patient choosing not to receive the prescribed care
- Patient not responding to 2 invitations
- Where the specific service is not available
- 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.

QOF

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

Two x 37 point quality improvement modules will be introduced for 2019

- **prescribing safety** - covers the safe prescribing of NSAIDs, of Lithium and of Valproate in women of child bearing age intended to “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.

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

PCN: The main event!

Practices will be offered a new Network Contract DES

- 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, from the ground up, ensuring that there is no need for procurement, and that they are **GP-led**
- Supplementary network services may be developed, supported by additional local incentive schemes (LIS)
- CCGs may continue to commission local services direct from practices or where appropriate via the network DES *and should discuss this with LMCs and practices*

Primary Care Networks

Networks should typically cover approx. 30-50,000 patients

- Large practices or localities of over 30,000 patients already could form one PCN but develop smaller localities within it to engage with other local services
- Be “normally” 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 PCNs cover one town;
- Can be structured in a number of ways depending on how the PCN members wish to employ staff and work together
- Provide the basis for future collaboration with other providers
- A practice not wishing to become part of any PCN must engage with the one covering their area so their patients can receive the extra services. The practice will not receive PCN funding

Primary Care Networks

A PCN will be a membership organisation of practices

- Each PCN will choose a Clinical Director (CD), chosen from the GPs within the network how this is done is up to the members of the network but independent assistance from the LMC is mandated.
- The CD will receive funding from NHS England on a sliding scale based on the network size, (51.4p per registered patient) equivalent to one day a week WTE for a network of 40,000 patients and be main point of contact with the CCG, ICS and other NHS bodies.
- Networks decide how funding and workforce are deployed between practices in line with decisions about how services are organised.
- CDs will be accountable to the members.

Primary Care Networks

- The CCG will approve the creation of the PCNs using set criteria
- CCG will commission the PCN to provide services via the DES *but how the services are delivered across the network is up to the network according to the network agreement*
- How decisions are made will be determined by the PCN
- The number of votes or weighting for each practice may be determined by the network (e.g. 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 PCN, but the network will decide how governance structures account for this (e.g. should they get an equal vote?)

Primary Care Networks

By 15 May 2019 (!) PCNs will need to make a brief submission outlining:

- the names and ODS codes of the member practices;
- the network list size - the sum of its member practices' lists at of 1 January 2019 and justification will be required if not 30-50,000;
- a map of the agreed network area;
- the initial Network Agreement signed by all member practices (wait for it!);
- *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

PCN: Network Agreement

The Network Agreement is to be discussed by practices and what is agreed by the practices in the network about:

- how the practices will work together;
- which practice will deliver what specific services;
- how funding will be allocated between practices;
- how the new workforce will be shared and who will employ them;
- any other agreements made between the practices e.g. pooling of practice funding.

- The agreement may be updated year on year as new services, workforce and funding arrive.

- A template agreement, and guidance was published on 29th March

PCN: Workforce

- New workforce will be recurrently part-funded at 70% (including on-costs) through the ARRS with 30% to be provided by the network (apart from social prescribers 100% funded by NHSE)
- Funding will be set nationally based on Agenda for Change scales
- PCN to agree how the new workforce is employed and how the workforce is deployed in line with how services are configured
- CCGs should ensure that the community workforce is aligned along the PCN geography

PCN: Funding

- Workforce costs will be provided to networks on the appointment of individuals (i.e. not provided without people in post)
- Funding for 0.25 WTE per 40,000 population for a CD at national average GP salary (£137.5k including on costs) – on sliding scale based on network size
- Recurrent £1.50 per patient for network development (CCG)
- Recurrent £1.45 per patient for extended hours
- Network 'Investment and Impact Fund' starting in 2020 at £75m building up to £300m by 2024
- Potential additional funding for new services per NHS Long Term Plan from 2020 (jam tomorrow?)
- £6 per head for Improving Access to go to networks – some may receive this earlier from 2021
- CCGs may decide to transfer LES funding to Networks *but this is not a requirement and should be discussed with the LMC and practices.*

PCN: Services

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

PCN: What's left to do?

By 15 May 2019

- All Primary Care Networks submit registration information to their CCG

By 31 May 2019

- CCGs confirm network coverage and approve variations 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 England

Jul 2019-Mar 2020

- National entitlements under the 2019/20 Network Contract start:
- Year 1 of the workforce funding through the ARRS.
- 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