

<b>Subject:</b>	National GP Contract Changes 2019
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<b>Submitted To:</b>	Delegated Primary Care Commissioning Committee 28th February 2019
<b>Purpose of Paper:</b>	Discussion and Information
<p><b>Summary:</b></p> <p>The BMA General Practitioners Committee England (GPC) has negotiated with the government new changes to the GP services contract, covering the next five years. These are the most radical changes to the GP services contract we have seen for some time, but will positively support at scale a sustainable primary care general practice.</p> <p>Elements will be introduced throughout the five years – 2019 will focus on building the foundations, creating Networks and starting to expand the workforce. Further guidance is due to be published in March 2019.</p> <p>The headline changes are listed below with further details in the main body of the paper.</p> <ul style="list-style-type: none"> <li>• Overall funding in excess of £2.8bn over a five-year period, through practices and networks</li> <li>• Indemnity state backed scheme introduced</li> <li>• Pay &amp; expenses uplift each year through global sum, in line with predicted inflation</li> <li>• Creation of a new Primary Care Network, built up over the five years</li> <li>• Additional workforce &amp; linked funding through a new Primary Care Network</li> <li>• Amendments to QOF</li> <li>• Resources for IT and digital, including greater digital access for patients</li> </ul> <p>Delivery of the NHS Long Term Plan ambitions through the additional funding and workforce</p>	
<p><b>Recommendation:</b></p> <p>The Primary Care Commissioning Committee is asked to note the comments of this paper.</p>	

## **1. Introduction**

The BMA General Practitioners Committee England (GPC) has negotiated with the government new changes to the GP services contract, covering the next five years.

Elements will be introduced throughout the five years – 2019 will focus on building the foundations, creating Networks and starting to expand the workforce; 2020 onwards will see the workforce increase further, additional funding and services reconfigured (as decided by the networks).

The most substantial changes commence from April 2019. The changes should provide much needed support and resources for general practice, expanding the workforce, reducing workload, increasing funding, retaining GP and partnership autonomy and ensuring GPs have a leadership role at the centre of primary care

## **2. Key Changes - GP Contract 2019/20**

### **Primary Care Networks**

Practices will form Primary Care Networks through a new Network DES, thereby building on the core contract. Networks will facilitate shared decision making between practices for their total network populations (typically 30-50,000), around funding and workforce distribution, and augmented service provision. Networks will need to be geographically contiguous.

#### **Network workforce**

Additional workforce will be introduced and partially-funded through the Network. The number will build up over the five years, so by 2024 there should be an additional 22,000 staff in primary care, as follows:

- From 2019, each network should be able to employ one clinical pharmacist and one social prescriber.
- From 2020, funding will increase to enable the additional employment of first contact physiotherapists and physicians associates.
- From 2021, all of the above will increase and community paramedics will be introduced.
- From 2022, all of the above workforce will be increased so that by 2024 a typical network will receive 5 clinical pharmacists (equivalent of one per practice), three social prescribers, three first contact physiotherapists, two physicians' associates and one community paramedic.

There will be some flexibility around numbers and professions within networks.

NHS England will fund 70% of each professional including their on-costs. Networks will need to fund the additional 30% themselves. The exception is social prescribers, which NHS England will fund 100% including on-costs.

The network will decide how the additional workforce is employed (i.e. by a single lead practice, by an organisation (e.g. a Federation or community trust) on behalf of the network, or different professionals employed by different practices within the network).

The workforce and network will be led by a Clinical Director, chosen from within the GPs of each network. This Clinical Director will be funded – an average of a day a week for a network of 40,000 patients (including on-costs) from new funding provided by NHS England.

### **Network requirements and services**

To become a network, practices will need to complete a short submission to the CCG as part of the DES. This will require the names and codes for each practice within the network, the total network list size (i.e. sum of member practices' lists), a map marking the network area, the name and details of the single provider to receive funding, the name and details of the clinical director, and the initial Network Agreement (signed by each practice).

The network agreement outlines 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, how the new workforce will be shared (including who will employ them) etc. This agreement may be amended/update over time with the agreement of member practices, and as new services, workforce and funding become available.

Requirements (and associated funding) for the Extended Hours Access DES (currently undertaken by practices) will move to the Network, which will be responsible for ensuring the equivalent coverage for 100% of the network population. Increasingly, and by 2021 for all areas, this activity will be aligned with the evening and weekend (Primary care Improved Access) services currently funded in each area of the country through £6 per patient and all will be under the direction of the network. This will enable a more integrated service with local practices.

From 2019, the DES specification will require networks to outline how they will provide specific support for those in care homes, undertake medication reviews, improve personalisation and anticipatory care, and how data will be shared within the network.

From 2020 onwards, additional requirements will be added around cancer care, prevention and inequalities, and CVD; although the details of these are still to be negotiated. These areas will be linked to the expanded workforce employed by the network.

### **Network funding**

In addition to the workforce costs (for the additional workforce and the clinical director) each network will receive a recurrent annual payment of £1.50 per patient (an extension of the current CCG funding, but now non-discretionary) to be used by the network practices to support their work. Additional funding has also been added to global sum, for practices to establish and engage with networks.

Front-loaded additional funding, ring-fenced for networks, will be available from central allocations (in addition to some of the current funding for GPFV and CCG funding).

A new Network Investment and Impact Fund will be introduced from 2020, providing funding for networks successful in reducing the burden on secondary care, in a controlled and agreed manner and which could be used by the Network to develop more sustainable community based services.

### **Indemnity**

A state-backed indemnity scheme has been secured to cover clinical negligence for all GPs and staff working in NHS GP providers, both in and out of hours, for NHS work, from April 2019. Run by NHS Resolution, this will come at no direct cost to practices or GPs, and will mean no longer pay spiralling subscriptions.

### **Practice funding and Pay**

For 2019, the GP contract will increase by 1.4% (in addition to the funding through networks). This includes:

- 2% uplift for GP and staff pay and expenses.
- Uplift for practices to establish and develop networks (via an additional service within global sum).
- Uplift due to population increase.
- Adjustment for indemnity state-backed scheme.
- Increase to value of some vaccinations and immunisations, including influenza, to bring them all up to the same level of £10.06
- £20m recurrent for costs associated with SARs.
- £30m for practices to make appointments available to NHS 111.

This means that every practice will be able to uplift their staff pay by 2%.

Beginning with 2019/20 income, GPs whose NHS earnings are over £150,000 will be required to make this public, in a similar way to many senior NHS managers, and the government intends this to also apply to other NHS contractors.

Following NHS England's consultation in 2018, amendments have been agreed to the funding formula so that the rurality index only applies to patients who live within the practice boundary, there will be no other changes to the funding formula.

As part of reviewing the arrangements for digital first providers and ensuring equity with other practices it has been agreed to review the new patient registration premium (0.46 weighted in first year after registering) and the out of area regulation in 2019.

## **IT, digital support and access arrangements**

Commitment has been secured for a recommended specification for IT and digital for Commissioners, to ensure that all IT and digital support is functional and appropriate.

Changes to support electronic access, to appointment booking, to consultations and to information, will be phased across the years. A programme to digitalise paper records will commence to enable the creation of a complete electronic record for each patient.

Practices will be required to offer 1 appointment per 3,000 patients, per day, for NHS 111 to book registered patients in to, following triage. These are existing appointments as decided by the practice, but should be spaced evenly throughout the day.

Another change is that practices will no longer use fax machines for either NHS or patient communications from April 2020

## **Quality Outcomes Framework (QOF)**

It has been agreed to retire 175 points (from 28 indicators) following extensive analysis of all indicators which identified them as 'low-value'. 101 of those points will be recycled in more appropriate indicators (15 new indicators) with the remaining 74 points creating a new Quality Improvement domain.

Thresholds have not been changed.

For 2019, the quality improvement domain will include two modules – end of life care, and prescribing safety.

A new personalised care adjustment has been introduced to replace exception reporting for QOF, which will allow practices to adjust care without losing out financially, for five reasons:-

- proposed care being unsuitable for the patient
- the patient choosing not to receive that care
- the patient not responding to invitations, services not being available
- newly registered or newly diagnosed patients.

Linked to personalised care, practices should opportunistically identify patients preferred method of communication from the practice and should send the first invitation for care, via that method. Invitations should be personalised and provide the information the patient will need (templates will be provided), however it has been agreed to reduce the requirement from three invitations to two.

## **Other contractual changes**

- Practices will make available 1 appointment for 3,000 patients per day for NHS 111 to book directly into practice appointments.
- HPV vaccination catch-up for girls will be extended to those aged 25 and HPV vaccination will commence for boys in Sept 2019 (via the school scheme). Catch-up arrangements for boys will mirror those for girls.

- Practices that choose to use the NHS logo will be required to adhere to NHS guidance on its use.
- FP10 will be re-designed (including to take account of GDPR) and a new requirement will be introduced to annotate scripts, for example 'SH' where patients are legally entitled to free prescription for sexual health purposes. This is a short term solution while a wider digital solution is formalised.
- Amendments to additional services for child health.
- V&I MMR catch up for 10-11 year olds.
- Each practice will be required to provide an email address and mobile phone (for exceptional circumstances) by which they will receive MHRA alerts.
- £2m invested in 2017 for issues related to Capita will become recurrent, until such time as the negotiations agree that it is no longer necessary.
- Provisions for GP cover for shared parental leave, in line with cover for maternity/paternity/adoption etc. leave, will be added to the Statement of Financial Entitlements.
- Practices will no longer be able to advertise or host private GP providers who provide the same core GP provisions that are offered free on the NHS. NHS England intends this to expand to include all providers of mainly NHS services.

#### **Other agreements**

- NHS England will provide a 'letter of comfort' to all practices and CCGs, stating that where a prescriber decides, in line with local and/or national guidance, not to provide a prescription for an over-the-counter medicine, practices will not be deemed to be in breach of their contract. This does not remove GPs professional responsibility to prescribe medications where they are deemed necessary.
- Practices will be encouraged to take part in NHS campaigns.
- Review of vaccinations and immunisations standards, funding and procurement, including travel vaccinations and how to manage localised outbreaks will commence.
- A digital solution to Subject Access Request (SARs) is expected to be developed over the next three years, where patients can access their own data rather than making a request.
- Associated with the above is progress on digitisation of patient records, which will be prioritised within NHS England.
- Review of access to primary care arrangements.
- Review of Temporary Residents payments to commence in 2019.
- Review of letters and reports commonly written in general practice to commence in 2019.
- Review of perinatal checks for mothers to commence in 2019.

### **3. Recommendation**

Members are requested to note the contents of this paper, with further updates coming to future meetings as we progress with implementation and as further guidance is published by NHSE.