



Investment & Evolution 5 Year Framework for the GP Contract

- National Overview
- North Cumbria current position

Investment and evolution:

A five year framework for GP contract reform to implement *The NHS Long Term Plan*



National Context

NHS Long Term Plan

Dr Nigel Watson GP Partnership Review

Framework Universal Developments
Practice Developments
Practice Network (ICC) developments

Local Context Integrated Care System in North Cumbria, one of 14
national pioneer systems
Integrated Care Communities

A five year framework for the GP services contract

- In January 2019 NHS England and the BMA General Practitioners Committee in England published a five-year framework for GP Contract reform to implement *The NHS Long Term Plan*.
- The agreement sets out the changes in the 19/20 GMS Contract and joint proposals for reform for the four subsequent years.
- The Framework sets direction for primary care and seeks to address the core challenges facing general practice.

Summary of agreement

- Addresses workload issues
- Brings a permanent solution to indemnity costs and coverage
- Improves the Quality and Outcomes Framework
- Introduces a new Network Contract DES
- 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
- Tests future contract changes prior to introduction

Investment

- Resources for primary medical and community services will increase by over **£4.5 billion** by 2023/24.
- Funding for the core practice contract is now agreed and fixed for each of the next five years, and increases by £978 million in 2023/24. This includes £105m payable as a network participation payment, which includes 1% pay for staff in general practice, deferred from 2018/19.
- Up to £1.799 billion will flow nationally through the Network Contract DES by 2023/24. This will include funding for the new additional role reimbursement scheme, network support, access and new Investment and Impact Fund.

North Cumbria
5.86m
0.63

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

	North Cumbria Approx (£m)
1. Additional Roles Scheme	5.34
2. Network Support	
£1.50 per head from CCG general allocation	0.552
GP OCN leadership (0.25 WTE per PCN, starts July 2019)	0.27
Subtotal	6.162
3. Access	
Extended Hours Access DES	0.522
Improving Access to General Practice at £6 per head	2.31
Subtotal	2.832
4. Investment and Impact Fund	1.8
TOTAL PCN FUNDING	10.794

Indemnity

- The new Clinical Negligence Scheme for General Practice will start from 1 April 2019. It will be operated by NHS Resolution. It will be established through government regulations.
- All GP service providers will be eligible to become members. They will not have to pay a subscription for membership, either now or in future.
- Coverage of the scheme will extend to all GPs and all other staff working in delivery of primary medical services. It will also cover their wider NHS primary care work, including out- of-hours cover.
- NHS England and GPC England have agreed a one-off permanent adjustment to the global sum figure that takes account of the existing contributions from general practice for indemnity.
- Investment in the practice contract overall will still rise by 1.4% in 2019/20, accounting for the indemnity change.
- The Government and NHS Resolution will provide further details in February 2019 on next steps for implementing the scheme from 1 April 2019.

Primary Care Networks

- Primary Care Networks (PCNs) are an essential building block of Integrated Care Systems.
- We are introducing a new Network Contract – this is a **Directed Enhanced Service (DES)** backed by financial entitlements.
- PCNs will cover a typical population of 30-50,000 – we expect 100% geographical coverage by July 2019.
- All PCNs will have a **Network Agreement**. A national template version will be mandated to reduce avoidable legal and transaction costs. The Network Agreement is both the means by which the PCN sets out its collective rights and obligations, as well as how it will partner with non-GP practice stakeholders.
- Every Integrated Care System will have a critical role in ensuring that PCNs work in an integrated way with other community staff such as community nurses, community geriatricians, dementia workers, and podiatrists/chiropractors.
- A new **PCN development programme** will be centrally funded and delivered through Integrated Care Systems.

New Workforce

“£4.5 billion of new investment will fund expanded community multidisciplinary teams aligned with new primary care networks based on neighbouring GP practices” *NHS Long Term Plan*

- The new GP Contract will deliver the biggest boost to primary care since 2004. Through a new ***Additional Roles Reimbursement Scheme***, PCNs will be guaranteed funding for an up to estimated 20,000+ additional staff by 2023/24:
 - **Clinical pharmacists** (from 2019/20)
 - **Social prescribing link workers** (from 2019/20)
 - **First contact physiotherapist** (from 2020/21)
 - **Physician associates** (from 2020/21)
 - **First contact community paramedics** (from 2021/22).
- The Additional Roles Reimbursement scheme will meet a recurrent 70% of the costs of additional clinical pharmacists, physician associates, first contact physiotherapists, and first contact community paramedics; and 100% of the costs of additional social prescribing link workers. By 2023/24, the reimbursement available to networks amounts to £891 million of new annual investment.
- Each Network will have a named **accountable Clinical Director** – they will play a critical role in shaping and supporting their Integrated Care System and dissolving the historic divide between primary and community care. Each Network will receive an additional ongoing entitlement to the equivalent of 0.25 WTE funding per 50,000 population size to contribute to the costs of this role. This equates to £2.01/head in 2019/20.

New Network Services

- Seven new services will be introduced to deliver *NHS Long Term Plan* primary care goals in a phased way.
- The annual increase in funding for the Additional Roles Reimbursement Scheme is subject to agreeing seven specifications and their subsequent delivery.
- The following services will start by April 2020:
 - **Structured Medications Review and Optimisation (increasing in scope and scale each year)**
 - **Enhanced Health in Care Homes, to implement the vanguard models**
 - **Anticipatory Care requirements for high need patients typically experiencing several long-term conditions**
 - **Personalised Care**
 - **Supporting Early Cancer Diagnosis**
- The following services will start by 2021:
 - **CVD Prevention and Diagnosis**
 - **Tackling Neighbourhood Inequalities**
- A review of **Vaccinations and Immunisation** will also take place in 2019 with its output implemented through the 2020 and 2021 contracts.

Improving access

- The current Extended Hours Access DES will continue for a further three months until 30 June 2019. As from 1 July 2019, the funding will transfer into the Network Contract DES and PCNs' constituent practices will deliver extended hours access to their collective registered population.
- By April 2021 we intend that the funding for the existing Extended Hours Access DES and for the wider CCG commissioned extended access service will fund a single, combined access offer as an integral part of the Network Contract DES, delivered to 100% of patients including through digital services like the NHS App.
- NHS England will work with stakeholders including GPC England to evolve and implement a single coherent access offer that PCNs will make, for both physical and digital services. This will 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, but we expect local Integrated Care Systems and their Primary Care Networks to go faster and we encourage them to do so.
- In addition in 2019/20, 1 practice appointment per day, per 3,000 patients will be made

available for **direct appointment booking** by NHS111.

Networks



- A little more detail & issues for practices to consider
- Full detail expected end of March

Network List Size

Currently we have 8 ICCs – list size 19,400-61,000

Our understanding is this would be acceptable to continue

Network Agreement

National template. Not yet known if PCN's can supplement it

Delivery Model for a PCN

Examples being given of a lead practice

Other options include e.g. Trust, GP organisation, CHOC, NCPC

Clinical Director

Funding 0.25/WTE/50,000 network

Currently ICC GP leads funding higher at 3 sessions/ICC

Role Reimbursement Scheme

Clinical Pharmacists – baseline info now

Social Prescribing Link Workers – baseline info now

First Contact Physios

Physicians Associates

Mental Health – Our local priority

North Cumbria current arrangements been building this approach for last 2 years, Gain Share, £3 head transformation, frailty co-ordinators, Extended Access

Network Dashboard, Investment and Innovation Fund and Testbeds

- From April 2020, every PCN will be able to see the benefits it is achieving for its local community and patients through a new national **Network Dashboard**.
- A new national **Network Investment and Impact Fund** starts in 2020, rising to an expected £300 million in 2023/24. This is intended to support ICS delivery of the *NHS Long Term Plan*. The scheme will be overseen by ICS. PCNs will need to agree with their ICS how they spend any monies earned from the Fund.
- In 2019, a new primary care **Testbed programme** will be launched. Under this, different clusters of GP practices in PCNs will each develop or test a specific draft contract change such as a service specification, QOF indicator or QI module. Some clusters will work with innovators to discover promising approaches and develop prototypes. Testing is likely to include rapid cycle evaluation, with assessment of costs and benefits. Each cluster will be commissioned nationally, topic by topic, normally through open calls for practice or network participation.

QOF reform

- In line with the findings of the QOF review (published July 2018):
 - 28 indicators will be retired from April 2019 (175 points representing 31%). The 18/19 value of a QOF point is £179.26.
 - 15 **new indicators** introduced (101 points) in relation to diabetes, blood pressure control, cervical screening, COPD and weight management.
 - A new **Quality Improvement domain** (74 points) will be introduced. For 2019/20, the modules will cover prescribing safety and end of life care. These topics will change on an annual basis.
 - Replacement of exception reporting with “**personalised care adjustment**”.
- There will be an **ongoing programme of indicator review** in key priority areas, including heart failure, asthma and COPD care in 19/20, and mental health in 2020/21 for any subsequent changes to be implemented as soon as possible.

Digital

“Digital-first primary care will become a new option for every patient improving fast access to convenient primary care” *NHS Long Term Plan*

Key contractual commitments

- All patients will have the right to online and video consultation by April 2021.
- All patients will have online access to their full record, as the default position from April 2020 with new registrants having full online access to prospective data from April 2019.
- All practices will ensure at least 25% of appointments are available for online booking by July 2019.
- The **rurality index payment** and **London adjustment** will be amended to increase fairness in the distribution of primary care resources. **Review of Out of Area and choice of digital first registration** in 2019.

Support

- A new centrally-funded programme will create a framework for digital suppliers to offer their platforms on standard NHS terms. The framework will be available for use in 2021.
- NHS England will continue to ensure and resource IT infrastructure for general practice via the GP IT Operating Model.
- GP IT Futures will replace the current GP Systems of Choice (GPSoC) framework from December 2019.
- Through their Integrated Care Systems, NHS England will also ensure that predictive analytical tools are available to Primary Care Networks.

Other key contractual changes

- From 2019 it will no longer be legal for any NHS GP provider, either directly or via proxy, to **advertise or host private paid for GP services** that fall within the scope of NHS-funded primary medical services.
- From 2019-20 GP practices will be required to support **six national marketing campaigns** on an annual basis, where the GP contractor will be required to put up and display in their premises, campaign materials six times every 12 months.
- From October 2019, where GPs choose to apply the **NHS primary care logo** in relation to their NHS provided services, they will be required to adhere to the NHS Identify guidelines and apply the NHS primary care logo to all information and materials about their NHS services.
- **Transparency of Earnings:** GPs with total NHS earnings above £150,000 per year will be listed by name and pay (NHS income before tax) in a national publication, starting with 2019/20 income.