Creating a healthier Hull

NHS Hull Clinical Commissioning Group

Item 8.3

Item: 8.3

Report to:	Primary Care Commissioning Committee
Date of Meeting:	28th February 2020
Title of Report:	Strategic Commissioning Plan for Primary Care & Primary Care GP Contract
Presented by:	Phil Davis, Strategic Lead Primary Care, NHS Hull CCG
Author:	Phil Davis, Strategic Lead Primary Care, NHS Hull CCG

STATUS OF THE REPORT:

To approve		To endorse	
To ratify		To discuss	
To consider		For information	
To note	x		

PURPOSE OF REPORT:

The purpose of this paper is to provide a summary of the changes to the GP contract for the period 2020/21 to 2023/24 and to highlight actions required of CCGs to support Primary Care Networks (PCNs) in delivery.

RECOMMENDATION:

It is recommended that the Primary Care Commissioning Committee note the summary of the Update to the GP Contract Agreement 2020/21 - 2023/24 and the associated requirements of CCGs and PCNs.

REPORT EXEMPT FROM PUBLIC DISCLOSURE No [x] Yes [ ]

If yes, detail grounds for exemption

CCG STRATEGIC OBJECTIVE *(See guidance notes on page 4)*

Integrated Delivery

The update contained within this report supports the CCG objective of Integrated Delivery through the development of primary care medical services at scale and the implementation of the national PCN service specifications.

IMPLICATIONS: (*summary of key implications, including risks, associated with the paper*),

Finance	Financial implications where relevant are covered within the report.
HR	HR implications where relevant are covered in the report.
Quality	Quality implications where relevant are covered within the report
Safety	Safety implications where relevant are covered within the report.

ENGAGEMENT: (*Explain what engagement has taken place e.g. Partners, patients and the public prior to presenting the paper and the outcome of this*)

The updated GP Contract has resulted from negotiations between GPC and NHS England and NHS Improvement and a national consultation.

LEGAL ISSUES: (*Summarise key legal issues / legislation relevant to the report*)

None

EQUALITY AND DIVERSITY ISSUES: (*summary of impact, if any, of CCG's duty to promote equality and diversity based on Equality Impact Analysis (EIA).* ***All*** *reports relating to new services, changes to existing services or CCG strategies / policies* ***must*** *have a valid EIA and will not be received by the Committee if this is not appended to the report*)

	Tick relevant box
An Equality Impact Analysis/Assessment is not required for this report.	√
An Equality Impact Analysis/Assessment has been completed and approved by the lead Director for Equality and Diversity. As a result of performing the analysis/assessment there are no actions arising from the analysis/assessment.	
An Equality Impact Analysis/Assessment has been completed and there are actions arising from the analysis/assessment and these are included in section xx in the enclosed report.	

THE NHS CONSTITUTION: (*How the report supports the NHS Constitution*)
The report supports the delivery of the NHS Constitution as the commissioning of primary care services will aid in the delivery of the following principles, rights and NHS pledges:

1) The NHS aspires to the highest standards of excellence and professionalism
2) NHS works across organisational boundaries and in partnership with other organisations in the interests of patients
3) Quality of care
4) You have the right to expect NHS organisations to monitor, and make efforts to improve, the quality of healthcare they commission or provide.

UPDATE TO THE GP CONTRACT AGREEMENT 2020/21 - 2023/24

1 Introduction

The purpose of this paper is to provide a summary of the changes to the GP contract for the period 2020/21 to 2023/24 and to highlight actions required of CCGs to support Primary Care Networks (PCNs) in delivery.

2 Background

In December a draft set of five service specifications for delivery by PCNs from 2020/21 were published for consultation. Following extensive feedback and jointly developed by the British Medical Association (BMA) General Practitioners Committee England (GPC) and NHS England and NHS Improvement, a revised deal has been agreed and was published on 6th February 2020. The over-riding priority in 2020/21 is to expand the size of the general practice workforce by making full use of the investment guaranteed under the agreement.

The full document is available here:
https://www.england.nhs.uk/wp-content/uploads/2020/02/update-to-the-gp-contract-agreement-2021-2324.pdf

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

3.1 Enhancing the Additional Roles Reimbursement Scheme

Current roles included in the scheme are as follows:

- clinical pharmacists and social prescribing link workers (from July 2019)
- physician associates and first contact physiotherapists (from 2020/21)
- community paramedics (from 2021/22)

More roles have been added to the Scheme from April 2020:

- pharmacy technicians
- care co-ordinators
- health coaches
- dietitians
- podiatrists and occupational therapists

In addition mental health professionals will be added from April 2021 following current pilots.

The reimbursement for all additional role increases from the current 70% to 100% for roles (currently 100% reimbursement only applies to social prescribing link workers). This change frees up the existing PCN £1.50/head payment to contribute to management support for PCNs.

For the average PCN in 2020/2021, this equates to around 7 Full Time Equivalent (FTE) staff, through an average reimbursement pot of £344,000. This rises to 20 FTE staff and an average reimbursement pot of £1.13 million in 2023/24. PCNs are encouraged to take immediate action to recruit, with additional support from their CCG,

3.2 More doctors working in general practice

A number of measures are included to support more doctors working in general practice:

- An urgent review of pensions to seek to solve the taper problem.
- GP trainee numbers 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.
- the Targeted Enhanced Recruitment Scheme (TERs) will be expanded encouraging GP trainees to work in under-doctored areas.
- a two-year *Fellowship in General Practice* will now be offered as a guaranteed right to all GP trainees on completion of their training.
- the Fellowship programme will also be extended to newly qualified nurses.
- to boost the GP partnership model, from April 2020, the *New to Partnership Payment* guarantees first-time partners a £20,000 one off payment, plus £3,000 funding for business training.
- the *Induction and Refresher Scheme* will be expanded and enhanced to provide more support to GPs returning to general practice, including those with childcare or other caring responsibilities.
- a new *Locum Support Scheme* will provide greater support to locum GPs, in return for a minimum time contribution.

3.3 Releasing time to care

NHS England and NHS Improvement will develop proposals to reduce administrative burdens including the digitisation of Lloyd George records starts in 2020.

3.4 Improving access for patients

It is expected that more people working in general practice will help achieve 50 million more appointments in general practice. In addition the following will support improvements in access:

- An improved appointments dataset will be introduced in 2020, alongside a new, as close to real-time as possible, measure of patient experience.

- At least £30m of the £150m PCN Investment and Impact Fund in 2021/22 will support improved access for patients, rising to at least £100m of the £300m Fund in 2023/24.

- A new GP Access Improvement Programme will identify and spread proven methods of improving access including cutting waiting times for routine appointments.

- Every PCN and practice will be offering a core digital service offer to all its patients from April 2021.

3.5 Reforming payment arrangements for vaccinations and immunisations

The payment model will be overhauled to support improved vaccination coverage:

- Vaccinations and immunisations will become an essential service in 2020 and
  new contractual core standards will be introduced.

- New incentive payments will be introduced to maximise population coverage as part of QOF, replacing the current Childhood Immunisation Directed Enhanced Service (DES).

3.6 Updating the Quality and Outcomes Framework (QOF)

Changes have been made to the Quality and Outcomes Framework

- Asthma, Chronic Obstructive Pulmonary Disease (COPD) and heart failure domains have been overhauled into more clinically appropriate indicators.

- Additional funding will support a new indicator on non-diabetic hyperglycaemia worth 18 points.

- Maternity medical services become an essential service with a universal 6-8 week post-natal check for new mothers,

- A new non-contractual requirement for GPs to offer to refer people with obesity into weight management services, where this is clinically appropriate and where commissioned services exist.

3.7 Delivering PCN service specifications

Five draft service specifications previously developed and engaged upon resulting in high levels of concern in relation to:

- the workforce and workload implications
- the resources to support the work;
- the level of specificity; and
- the implied performance management approach

There is subsequently a significantly revised approach – the final requirements for three service specifications to be delivered in 2020/21 have been rewritten:

- Structured Medication Review and Medicines Optimisation
- Enhanced Health in Care Homes
- Supporting Early Cancer Diagnosis

(Appendix 1 shows the detailed requirements of the three service specifications.)

and two service specifications deferred until 2021/22:

- Anticipatory Care
- Personalised Care

CVD Prevention and Tackling Health Inequalities service specifications also to be introduced in 2021/22 as planned. All four of these service specifications are to be reworked and negotiated.

- Every care home will be supported by a single PCN with a named GP or GP team.
- By 31 July a delivery plan for the new service will be agreed with community provider partners.
- In addition a 'Care Home Premium' will provide additional resource to PCNs at £120 per bed per year (£60 in 2020/21 from September 2020) once CCGs have agreed the allocation of care home beds to PCNs and agreed that PCNs have appropriately and comprehensively coded residents in care homes using SNOWMED codes.

3.8 Introducing the Investment and Impact Fund (IIF)

The Fund rewards PCNs for delivering objectives set out in the *NHS Long Term Plan* and GP contract agreement. It will operate in a similar way to QOF. Eight indicators are included in 2020/21, relating to seasonal flu vaccination, health checks for people with a learning disability, social prescribing referrals, and prescribing.

Programme will identify and spread proven methods of improving access including cutting waiting times for routine appointments. Every PCN and practice will be offering a core digital service offer to all its patients from April 2021.

3.9 Investment and Impact Fund

The Investment and Impact Fund is to be introduced as part of the Network DES in 2020/21 with rewards to PCNs for delivering objectives set out in the NHS Long Term Plan and the five year agreement document.

Monies earned from the Fund must be used for workforce expansion and services in primary care. Each PCN will need to agree how they will reinvest monies earned.

The Fund will work in a similar way to QOF and will contain domains relating to prevention and tackling health inequalities; providing high quality care; and creating a sustainable NHS.

A new Network Dashboard will from April 2020 include key metrics to allow PCNs to see the benefits they are achieving for their local community and patients.

3.10 Network DES and working with other community providers

The Network DES will require each PCN to outline the details of the collaboration agreement reached with its Community Services provider and Community Pharmacy. PCNs will need to work with community providers to deliver a consistent plan for service delivery across an area. Requirements in relation to delivering service specifications will be part of community services contracts from April 2020, as will an obligation to configure to PCN footprints. There will also be a specific need for mental health providers to agree arrangements with PCNs for delivering integrated care across PCN footprints by April 2021.

3.11 CCG roles

GPC England and NHS England and NHS Improvement are clear that the additional roles funding should be fully used each year, rather than lost to general practice. This means taking action as soon as possible (including in the remainder of this financial year), aided by a clear and simple workforce planning process, with explicit support from CCGs and systems. PCNs are encouraged to spend time now to think through their longer-term recruitment plans, aided by the extra certainty provided by this deal document, as well as firming up their intentions for 2020/21.

As part of the DES, all PCNs will be expected to seek to utilise 100% of their available funding. CCGs will be placed under a corresponding duty to support their PCNs in doing so. A CCG-wide plan to use the available Additional Roles

Reimbursement Scheme budget will be developed every year, jointly with Clinical Directors and LMCs. Community partners should also be fully engaged.

CCGs should offer immediate support from their own staff to

- help with co-ordinating and running recruitment exercises:
- the offer of collective/batch recruitment across PCNs. Where groups of PCNs wish to advertise vacancies collectively, CCGs or Integrated Care Systems (ICSs) will be tasked with supporting this;
- brokering arrangements to support full-time direct employment of staff by community partners, or to support rotational working across acute, community and (in time) mental health trusts, as well as community pharmacy. Rotational working across the country is strongly endorsed as it can help build more rewarding careers, support collaboration and secure extra capacity more quickly; and
- ensuring that NHS workforce plans for the local system are as helpful as possible in meeting PCN intentions.

If a CCG judges there still remains a likelihood of significant unspent entitlement, even after inviting community partners to propose joint or rotational posts, the CCG will be expected to share funding across PCNs.

Each CCG will need to estimate the likely level of unclaimed entitlements under the Additional Roles Reimbursement scheme and share this with their PCNs and the LMC by the end of July 2020.

Appendix 2 also includes some NHS England & NHS Improvement slides with further details.

4 Recommendation

It is recommended that the Primary Care Commissioning Committee note the summary of the Update to the GP Contract Agreement 2020/21 - 2023/24 and the associated requirements of CCGs and PCNs.

Appendix 1 – National Service Specifications 2020/21

Structured Medication Review and Medicines Optimisation

From 1 April 2020, each PCN will:

1	Use appropriate tools to identify and prioritise patients who would benefit from a Structured Medication Review, which will include those: • in care homes; • with complex and problematic polypharmacy, specifically those on 10 or more medications; • on medicines commonly associated with medication errors[26]; and • with severe frailty[27], who are particularly isolated or housebound patients, or who have had recent hospital admissions and/or falls; and using potentially addictive pain management medication.
2	Offer and deliver a volume of SMRs determined and limited by PCN clinical pharmacist capacity, demonstrating all reasonable on-going efforts to maximise that capacity.
3	Ensure invitations to patients explain the benefits and what to expect.
4	Ensure that only appropriately trained clinicians working within their sphere of competence undertake SMRs. These professionals will need to have a prescribing qualification and advanced assessment and history taking skills, or be enrolled in a current training pathway to develop this qualification and skills.
5	Clearly record all SMRs within GPIT systems.
6	Actively work with their CCG to optimise quality of prescribing of (a) antimicrobial medicines, (b) medicines which can cause dependency, (c) metered dose inhalers, where a low carbon alternative may be appropriate and (d) nationally identified medicines of low priority.
7	Work with community pharmacies to connect patients appropriately to the New Medicines Service which supports adherence to newly prescribed medicines.

Enhanced Health in Care Homes

Each PCN will:	
1	By 31 July 2020, agree the care homes for which it has responsibility with its CCG, and have agreed a simple plan about how the service will operate with local partners (including community services providers). People entering the care home should be supported to re-register with the aligned PCN.
2	By 31 July 2020, ensure a lead GP or GPs with responsibility for this service is agreed for each aligned care home
3	By 30 September 2020, work with community service providers (whose contracts will describe their joint responsibility in this respect) and other relevant partners to establish and coordinate a multidisciplinary team (MDT) to deliver this service.
4	As soon as is practicable, and by no later than 31 March 2021, establish protocols between the care home and with system partners for information sharing, shared care planning, use of shared care records and clear clinical governance.
5	From 30 September 2020, deliver a weekly 'home round' for people living in the care home(s) who are registered with practices in the PCN. The home round must: • prioritise residents for review according to need based on MDT clinical judgement and care home advice (this is not intended to be a weekly review for all residents); • have consistency of staff in the MDT, save in exceptional circumstances; and • include appropriate and consistent medical input from a GP or geriatrician, with the frequency and form of this input determined on the basis of clinical judgement. Digital technology may support the weekly home round and facilitate the medical input.
6	By 30 September 2020 have established arrangements for the MDT to develop and refresh as required a personalised care and support plan with people living in care homes. Through these arrangements, the MDT will: • aim for the plan to be developed and agreed with each new resident within seven working days of admission to the home and within seven working days of readmission following a hospital episode (unless there is good reason for a different timescale); • develop plans with the person and/or their carer; • base plans on the principles and domains of a Comprehensive Geriatric Assessment including assessment of the physical, psychological, functional, social and environmental needs of the person including end of life care needs where appropriate;

	• draw, where practicable, on existing assessments that have taken place outside of the home and reflecting their goals; and • make all reasonable efforts to support delivery of the plan.
7	From 30 September 2020, identify and/or engage in locally organised shared learning opportunities as appropriate and capacity allows.
8	From 30 September 2020, support discharge from hospital and transfers of care between settings, including giving due regard to NICE Guideline 27.

Supporting Early Cancer Diagnosis

From 1 April 2020, and building in a manageable way on the quality improvement activity on early cancer diagnosis set out in QOF, PCNs will take reasonable steps to improve rates of early cancer diagnosis for their registered population, in line with the NHS Long Term Plan ambition to increase the proportion of people who are diagnosed at stage 1 and 2 and supported by wider action by others in the healthcare system.

Each PCN will:

1	Review referral practice for suspected cancers, including recurrent cancers. This will be done by: • enabling and supporting practices to review the quality of their referrals for suspected cancer, in line with NICE Guideline 12. This should make use of: Clinical Decision Support Tools; practice-level data to explore local patterns in presentation, and diagnosis of cancer; and, the new Rapid Diagnostic Centre pathway for people with serious but non-specific symptoms where available; and • building on current practice to ensure a consistent approach to monitoring patients who have been referred urgently with suspected cancer or for further investigations to exclude the possibility of cancer ('safety netting'), in line with NICE Guideline 12. • ensuring that all patients are signposted to or receive information on their referral including why they are being referred, the importance of attending appointments and where they can access further support.
2	Contribute to improving local uptake of National Cancer Screening Programmes by:

	working with local system partners – including the Public Health Commissioning team and Cancer Alliance – to agree the PCN contribution to local efforts to improve uptake. This should build on any existing actions across practices and include at least one specific action to engage with a group with low-participation locally.
3	Support delivery of 1) and 2) through a community of practice between practice-level clinical staff that will: • support constituent practices to conduct peer to peer learning events that look at data and trends in diagnosis across a Network, including cases where patients presented repeatedly before referral and late diagnoses. • support engagement with local system partners, including Patient Participation Groups, secondary care, the relevant Cancer Alliance and Public Health Commissioning teams.