

Update to the GP contract agreement 20/21-23/24

High Level Summary

North East & Yorkshire Region



13 February 2020

NHS England and NHS Improvement





- 26,000 extra staff under the Additional Roles Reimbursement Scheme. First order priority, along with 6,000 extra doctors for the entire NHS
- ARRS extends into additional six more roles for 2020/21 (from four to ten):
 - Pharmacy technicians
 - Health and wellbeing coaches
 - Care co-ordinators
 - Occupational therapists
 - Podiatrists
 - Dietitians
- Community paramedics and mental health practitioner roles to be introduced from April 2021
- From April 2020, all roles will be reimbursed at 100% (increase from 70%) of actual salary plus defined on-costs, up to the maximum reimbursable amounts thus freeing up £1.50/head support for PCNs
- CCGs to help PCNs recruit staff
- For those PCNs who do not wish to employ extra staff directly, they are encouraged to engage their community-based partners, who can employ staff on their behalf
- CCGs to work with PCNs to understand PCNs' future recruitment intentions
- PCN's 2019/20 ARRS underspend cannot be carried over into 2020/21



- From 2021, HEE will increase the number of GP training places to 4,000 a year – an increase of 500.
- From 2020/21, all international medical graduates entering general practice training will be offered a fixed five-year NHS contract.
- The Targeted Enhanced Recruitment Scheme 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. A new national *Mentors Scheme* will offer highly experienced GPs the opportunity to mentor GPs, in return for a minimum time commitment
- From 1 April 2020, new partners will benefit from £3,000 of business training allowance and a guaranteed one-off payment of £20,000 for a full-time GP (calculated on a 37.5 hours a week basis) to support their establishment as a new partner. With on-costs and business training costs the practice will be able to claim £25,500, they must provide evidence the £20k and £3k has gone to the new partner
- From April 2020, GPs on the Induction and Refresher Scheme with children aged under 11 will be able to claim up to £2,000 towards the cost of childcare for each child whilst on the scheme
- Each locum GP engaged through the Locum Support Scheme will also receive a funded session of CPD per month in exchange for a minimum contribution of sessions per week to the group of PCNs



- More people working in general practice will help achieve 50 million more appointments in general practice.
- 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.
- Working with PCNs, the access programme will:
 - identify best operational management methods proven to improve booking experience, reducing waiting times for both urgent and routine appointments, and moderating demand growth for A&E attendances;
 - in Q3 and Q4 of 2020/21, seek to apply these methods supportively for practices/PCNs whose patients are experiencing the longest routine waits;
 - incorporate the existing work on Time for Care
 - consider appropriately how to ensure continuity of care is supported and the continuing need to reduce health inequalities;
 - seek to learn from the mixed previous experiences of setting access standards in primary care.
- Every PCN and practice will be offering a core digital service offer to all its patients from April 2021. More online services for patients and using digital tools to increase flexibility in how staff work and care for patients.
- April 2021 the funding currently in the Network Contract DES for extended hours access together with the wider CCG commissioned extended access service will fund a single, combined access offer as an integral part of the Network Contract DES
- NHS England and NHS Improvement will develop and then consult on options for creating a newly expanded role for PCNs in joining up and running urgent care in the community, as an option rather than an obligation



- Vaccinations and immunisation should be available to the whole practice population, rather than an additional service
- The global sum that practices receive will be protected, in line with the five-year agreement. This is worth £164.5m in 2020/21
- New contractual core standards have been agreed for the provision of vaccination and immunisation services to address both the historical differences in practices' approaches to the organisation and delivery of these services and the opportunities of new technology
- Five core components:
 - All practices will have a named lead for vaccination services
 - Practices should ensure the availability of sufficient trained staff and convenient, timely appointments to cover 100% of their eligible population.
 - Practices should ensure their call/recall and opportunistic offers are being made in line with national standards
 - Practices should participate in agreed national catch-up campaigns.
 - Practices should adhere to defined standards for record keeping and reporting of coverage data
- Further guidance will clarify the division of responsibilities between general practice, commissioners and public health in relation to pre/post-exposure prophylaxis
- We will standardise the IoS fees for the delivery of each dose of all routine and annual vaccines at £10.06, fixed for the remaining three years of this contract deal.



- For 2020/21 the IoS payment will apply to all Measles, Mumps and Rubella (MMR) vaccines, with rollout the following year to the following childhood vaccines:
 - Diphtheria, tetanus, poliomyelitis, pertussis, haemophilus influenza type B (HiB) and hepatitis B (6-in-1);
 - Rotavirus;
 - Pneumococcal conjugate vaccine (PCV);
 - Meningococcal B Infant;
 - Haemophilus influenza type B and Meningitis C (HiB/MenC).
- From 2021 there will be incentive payments for achieving specified levels of population coverage for vaccinations which benefit from a herd immunity effect or which are policy priorities
- Effect of moving to IoS would be an increase in payments to practices with lower (less than 80%) population coverage at the expense of higher performers. Therefore, an agreement has been reached where NHSEI will recoup a portion of the IOS paid from practices with lower coverage
- PCNs, as the vehicle for collaboration between GP practices and community pharmacy, are ideally placed to take the lead on improving flu vaccine coverage.



- QOF currently comprises 559 points. Recycling 97 points into 11 more clinically appropriate indicators. NHS England is also investing an additional £10m into QOF bringing the total points available to 567 from 2020/21.
- From 2020/21, we will introduce a number of improvements to the asthma, COPD and heart failure domains
- A new indicator will be introduced to incentivise practices to offer an annual HbA1c test in people known to have non-diabetic hyperglycaemia
- In 2020/21, the modules will focus on improving care of people with a learning disability and supporting early cancer diagnosis



- Concerns raised during the consultation was acknowledged and changes to specifications have been made.
- Two of the five service specifications – Anticipatory Care and Personalised Care - are deferred until 2021/22.
- The volume of SMRs undertaken will be determined and limited by the clinical pharmacist capacity of the PCN
- The proposed requirement for fortnightly face to face medical input to the care homes is replaced with a requirement for medical input to be ‘appropriate and consistent’ but with the frequency and form of this medical input to be based on local clinical judgement by the PCN
- A new ‘Care Home Premium’ will provide an additional and specific contribution, responding to concerns about care home distribution between PCNs. PCNs will be entitled to a recurrent £120 per bed per year, based on CQC data on registered care home beds in England
- Where a LES/LIS already exists for a service that is duplicated by the DES requirements, no decommissioning of that service by the CCG should take place until the DES requirements commence
- Where the requirements in an existing LES/LIS exceed those in the DES, commissioners must, engaging with PCNs and LMCs and taking account of the PCN employment liabilities directly linked to delivery of the LES/LIS, consider maintaining this higher level of service provision to their patients
- All funding previously invested by CCGs in LES/LIS arrangements which are now delivered through the DES must be reinvested within primary medical care
- PCNs do not carry contractual responsibility for any failure by community service providers to deliver their part of the service, and vice versa.
- DES sign-up - assumption that Practices currently signed up will stay in the DES. Thus auto-enrolment with opportunity to opt-out. 31st May deadline this year for opportunity to re-sign DES.



- The Investment and Impact Fund (IIF) will be introduced as part of the Network Contract DES in 2020/21, with PCNs rewarded for delivering objectives set out in the NHS Long Term Plan and the five-year agreement document
- At least £30m of the £150m IIF for 2021/22 will reward better access, rising in 2023/24 to at least £100m of the £300m.
- Monies earned from the Fund must be used for workforce expansion and services in primary care. Each PCN will need to agree with their CCG how they intend to reinvest monies earned
- The IIF will operate in a similar way to the QOF:
 - It will be a points-based system
 - It will have aspiration payments from 2021/22.
 - It will fairly reward performance based on national priorities.
- A new Network Dashboard from April 2020 will include key metrics to allow every PCN to see the benefits it is achieving for its local community and patients