

Primary Care Commissioning Committee

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| Date of meeting | | 28 February 2019 | |
| Agenda item | 6 | Paper No | PCCC19/005 |

A Framework for GP Contract Reform to Implement The NHS Long Term Plan

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| Key issues | <p>General Practice is the bedrock of the NHS, and the NHS relies on it to survive and thrive.</p> <p>The NHS Long Term Plan set out a 5 year framework for GP services contracts and confirms the direction for primary care for the next 10 years.</p> |
| Strategic objectives / perspectives | <p>This paper addresses the following CCG strategic objectives:</p> <ul style="list-style-type: none"> • Ensure system financial sustainability • Ensure safe and sustainable high quality services • Work in partnership to commission health and social care collaboratively • Establish local delivery systems • Develop the Primary Care workforce |
| Actions requested / recommendation | <p>The Primary Care Commissioning Committee is asked to:</p> <ul style="list-style-type: none"> • Note the five year framework for GP contract reform to implement the NHS Long Term Plan • Note and discuss the next steps in regard to implementation of the Framework |
| Principal risk(s) relating to this paper | <p>The risks in relation to this paper are contained within the report.</p> |
| Other committees / groups where evidence supporting this paper has been considered | <p>None</p> |
| Financial and resource implications / impact | <p>The financial implications of the Primary Care Plan are within the primary care budget allocation.</p> |

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| Legal implications / impact | There are no legal implications arising from this paper. |
| Data protection impact assessment required? | No |
| Public / stakeholder involvement – activity taken or planned | Public and stakeholder engagement will be undertaken as an integral part of any proposed changes to service provision |
| Equality and diversity – implications / impact | As above |
| Report author | Rachael King, Director of Commissioning, South West |
| Sponsoring director | Rachael King, Director of Commissioning, South West |
| Date of paper | 10 February 2019 |

Investment and evolution: A five-year framework for GP contract reform to implement The NHS Long Term Plan



Summary

General Practice is the bedrock of the NHS, and the NHS relies on it to survive and thrive.

Sets out the commitments in The NHS Long Term Plan into a 5 year framework for the GP services contract and confirms the direction for primary care for the next 10 years.

Seeks to:

- Address workload issues resulting from the workforce shortfall
- Bring a permanent solution to indemnity costs and coverage
- Improve the Quality and Outcomes Framework
- Introduce automatic entitlement to a new Primary Care Network contract
- Help join up urgent care services
- Enable practices and patients to benefit from digital technologies
- Deliver new services to achieve NHS Long Term Plan commitments
- Give 5 year funding clarity and certainty for practices
- Test future contract changes prior to introduction

1. Addressing the workforce shortfall

- **New Additional Roles Reimbursement Scheme: (See over)**
- **New 2 year Primary Care Fellowship Scheme** aimed at newly qualifying nurses and GPs . Offers secure contract of employment alongside a tailored portfolio role working in Multi-Disciplinary Teams (MDTs) across Primary Care Networks (PCNs). To be designed in 2019
- **Training Hubs to be established from 2020/21 (with HEE)**
- **Current NHSE recruitment and retention schemes under GPFV** to be extended for further 5 years
- **Pensions:**
 - **Partial (50%) pension scheme** to be considered for GPs
 - **Rises in employer superannuation contributions from 14.3% to 20.6% from Apr-19** to be fully funded. Practices to not bear additional costs

New Additional Roles Reimbursement Scheme:

New Primary Care Network Contract Directed Enhanced Service (Section 4)
New Additional Roles Reimbursement Scheme will be part of the Network contract from 1 July 2019. Funding subject to agreeing the 7 new national service specifications (Section 6)

Scheme to fund 5 reimbursable roles. Model role specifications published Mar-19 as a guide for Networks. Networks will decide the job descriptions of their own staff but in doing so, will need to consider the new service requirements in the Directed Enhanced Service (DES).

Phased implementation: 2019/20 = clinical pharmacists and link workers; 2020/21 = physician associates and first contact practitioners; 2021/22 = first contact community paramedics. 70% of ongoing salary costs (except link workers = 100%). Maximum reimbursable based on Agenda for Change bands
2019/20 = introductory year and subject to simpler rules prior to full scheme from 2020/21. From Jul-19 – Mar-20 each network of at least 30,000 population can claim 70% reimbursement for 1wte pharmacist and 100% for 1wte link worker. Any variation to be agreed with CCG. Networks to decide which organisations employ staff. Has to be additionality. Reimbursement subject to monitoring and payment only when staff in post.

2. Solving Indemnity Costs

New centrally funded clinical negligence scheme for General Practice:

- Commences April-19 operated by NHS Resolution
- All General Practices to be covered including out of hours and all staff groups working in the delivery of primary medical services
- Free membership – no subscription fee
- Funded through a one-off permanent adjustment to global sum
- Government and NHS Resolution to provide further details in Feb-19 on next steps that Practices and professionals need to take to ensure they are covered from Apr-19.
- Practices and staff will still need to take out separate medical defence organisation cover for professional practice, additional advisory services and private work
- Locums will no longer need to pay indemnity when working for GP Practices or networks

3. Quality and Outcomes Framework

Introduces changes from Apr-19 to help secure progress on priorities in Long Term Plan. Implementation guidance to be issued end Mar-19, together with changes to the statement of financial entitlements.

- QOF currently comprises 559 points. 28 indicators worth 175 points (31%) will be retired from Apr-19.
- 101/175 points into 15 more clinically appropriate indicators covering 5 areas:
 1. Reducing iatrogenic harm and improving outcomes in diabetic care (43)
 2. Aligning blood pressure control targets with NICE guidance (41)
 3. Supporting an age appropriate cervical screening offer (11)
 4. Offering pulmonary rehabilitation for patients with COPD (2)
 5. Improving focus on weight management for pts with schizophrenia, bipolar, psychoses (4)
- Exception reporting to be replaced with a more precise 'personalised care adjustment.' Allows practices to chose from 5 different reasons for adjusting care and removing a patient from the indicator denominator
- Changes to data extraction process to reduce end of year coding burden
- Remaining 74/175 points for two Quality Improvement modules within a new quality improvement domain. Each module to be supported through QOF for one year. For 2019-20, modules to cover **prescribing safety and end of life care.**

Quality and Outcomes Framework (Continued)

- QI scheme to be reviewed to inform subsequent development
- Payment thresholds for new indicators are based on NICE recommendations and knowledge of practice performance. QOF threshold increases due to be implemented in 2014 have been deferred for 2019-20 only. Further work on threshold setting to be undertaken
- Ongoing programme of review in key priority areas to be undertaken including heart failure, asthma and COPD care in 2019-20 and mental health in 2020-21
- Also aim to develop and test a pipeline of further potential indicators and Quality Improvement modules for national roll-out. Those that support the seven service specifications will be prioritised.

4. Network Contract DES

PCNs are essential building block of every Integrated Care System and under the Network DES, general practice takes the leading role in every PCN. Ensures integration of primary and community health services. PCNs are about provision not commissioning, and are not new organisations.

Network Contract DES has 3 main parts:

- National service specifications setting out what networks have to deliver
- National schedule of Financial Entitlements
- Supplementary Network Services which can include local schemes developed by CCGs and PCNs and added as supplements to the contract

PCNs to submit completed registration form to CCG no later than 15 May providing six factual pieces of information and have all Practices signed up

CCGs to confirm registration requirement by **31 May 2019**. As part of confirming its support, the CCG must obtain an explicit pledge of support from the leadership of the local ICS/STP (including PCN boundaries)

Network Contract DES (Continued)

All Network Contracts within a single CCG must be approved at the same time. This is to ensure all constituent Practices are part of a Network and that Networks cover the CCG's own boundary. Once met and contracts varied to include the DES, Networks can start receiving investments from **1 Jul 2019**.

Timetable

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| Jan-Apr 19 | Preparation for PCNs to meet DES requirements |
| By 29 Mar 19 | Network Agreement & 2019-20 Network Contract DES issued |
| By 15 May 19 | PCN registration forms submitted to CCG |
| By 31 May 19 | CCGs confirm network coverage and approve contract variations |
| Early June 19 | Joint work to resolve any issues with NHSE and LMC |
| 1 Jul 19 | Network Contract goes live across 100% of the county |
| Jul-19 – Mar-20 | National entitlements under the contract commence: i) year 1 of the Additional roles reimbursement scheme ii) ongoing support for Clinical Director funding iii) ongoing £1.50/head from CCG allocations |
| Apr 2020 onwards | National Network Services start under 2020/21 Network Contract DES |

Network Contract DES (Continued)

Network Participation Payment

Akin to an additional service, a Network Participation Payment will start in 2019 and will be a practice entitlement. A typical practice will receive over £14k each year from April-19 in return for their initial and then continued active participation in a PCN as demonstrated through signing up to the DES and subsequent participation.

If a practice does not want to sign up to the DES, its patient list size will be included in a PCN. The PCN then takes on the responsibility for the Network DES through a locally commissioned agreement. Not expected to occur.

Network area

- Serves population of at least 30,000 but do not tend to exceed 50,000
- Has a boundary that makes sense to local Practices, partners and community. Boundaries to be agreed by CCG and ICS/STP. Subsequent changes to be approved by CCG and NHSE. Practice catchment area may span more than one network.

Network Contract DES (Continued)

Network Agreement:

- All PCNs will have a Network Agreement. Sets out collective rights and how it will partner with non-GP Practice stakeholders. Required for PCNs to receive their financial entitlements (collectively rather than as individual Practices) and deliver national and local services to its Network area. In order to meet the terms of the Network Practice Payment, all practices must be active participants and the Agreement must be signed by all constituent Practices
- Agreement is formal basis for working with community based organisations
- Agreement to be available by **March 2019**
- Performance of contractual requirements will depend on collaborative working. Core duty of every network will be to deliver network services equally across all constituent practices so no patients are disadvantaged.

Delivery Model for Network Contract DES:

- PCN to decide delivery model – could be lead practice, GP Federation

Clinical Director:

- All PCNs must appoint a Clinical Director as its accountable leader. Funding of 0.25wte per 50,000 population. **Note: Contracts; WHCCG existing funding**

Network Contract DES (Continued)

Primary Care Network Support: 5 categories of support

1. Clinical Director funding (0.25wte per 50,000 population)
2. Guaranteed cash payment of £1.50 per registered patient. From 1 Jul 19 this will become a Network Financial Entitlement based on agreed network registered list size (as of 1 Jan each year) This funding is an extension of the existing £1.50 per head – CCGs to continue to fund through CCG allocations. **Note: Implications for WHCCG Quality Progression Scheme (QPS) and Medicines Management Optimisation Scheme need to be considered**
3. CCG support in kind for PCNs
4. New National development programme for PCNs (during 2019)
5. Support to develop future generations of Primary Care Network Clinical Directors (as part of national NHS leadership development)

5. Going digital first and improving access

- **IT Infrastructure** : Continued funding IT infrastructure support
- GP IT Futures to replace current GP Systems of Choice from Dec-19
- Predictive analytical tools to be made available to PCNs
- Additional global sum funding for next 3 years to support Practices to manage Subject Access Requests
- CCGs responsible for offering a Data Protection Officer function to practices
- 8 digital improvements backed by agreed contract changes:
 1. All patients to have the right to online and video consultations by Apr-21
 2. All patients to have online access to their full record from Apr-20. New pts from Apr-19
 3. All practices to offer and promote electronic ordering of repeat prescriptions and electronic repeat dispensing from Apr-19
 4. At least 25% of appointments are available for online booking Jul-19
 5. All practices to have up to date online presence by Apr-20
 6. Patients access online to correspondence by Apr-20
 7. Cease use of fax machines by Apr-20
 8. From Oct-19, Practices to register a practice e-mail address with MHRA CAS alert system

Going digital first and improving access (Continued)

- Practice funding to be reviewed to improve fairness
- Review of 46%, year one premium for registering new patients for potential change in 2020/21
- Wider review in 2019 of out of area registration arrangements and patient choice of digital first primary care
- 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
- **Joining up the urgent care system:** By Apr-21 funding for existing extended hours DES and extended access service will fund a combined access offer as an integral part of National Contract DES. Extended hours access DES to transfer to Network Contract DES from Jul-19. DES requirements to be delivered to 100% PCN patients (50,000 pop = 25hrs extended access per week). **Note: WHCCG existing contracts**
- **Single coherent access offer** to be developed that PCNs will make for physical and digital services to deliver better integration between in hours, NHS 111, urgent treatment centres and General Practice. Implementation 2021/22.
- **Exploring NHS 111 referral to pharmacies and ‘pharmacy connection scheme’**
- **Greater understanding of GP activity level and waiting times**

6. Delivering New Network Services

7 specific national service specifications under the DES. Focused on areas where PCNs can have significant impact. To be developed in 2019/20 covering:

- 1. Structured medications review and optimisation (from 2020/21)**
- 2. Enhanced Health in Care Homes (from 2020/21)**
- 3. Anticipatory care requirements (from 2020/21)**
- 4. Personalised care (from 2020/21)**
- 5. Supporting early cancer diagnosis (from 2020/21)**
- 6. CVD prevention and diagnosis (from 2021/22)**
- 7. Tackling neighbourhood inequalities (from 2021/22)**

PCNs encouraged to make early and strong progress

Review of vaccinations and immunisation arrangements in 2019 – output via 2020/21 contract

New national PCN Dashboard – shows PCNs progress against key metrics

Investment and Impact Fund to commence 2020 to help PCNs plan and achieve better performance against metrics in the network dashboard. National rules and guidance to be developed. To be overseen by ICS. Funding of £175m in 2020/21 to minimum £300m in 2023/4. Links to ‘shared savings’ covering 5 elements – ED attendances; NEL admissions, timely discharge, outpatient redesign, prescribing

7. Research and Future Contract Changes

- PCNs to increase general practice research participation levels
- NHSE to create a dedicated development and testing programme in 2019 for specific planned contract changes. Test sites selected on topic basis. Programme nationally managed. Will develop and test the 7 sets of network requirements, QI modules and QOF indicators + new schemes such as 'Pharmacy Connect'

Next Steps

- Fully supportive of direction for primary care and further development of Primary Care Networks building on existing work undertaken locally
- Attendance at local and national conferences to gain greater understanding of the requirements within the Framework
- Further guidance to be issued including national Network Contract DES and Network Agreement Mar-19
- CCG and global sum allocations required to assess affordability
- Work through requirements and local implementation, working in collaboration with STP New Models of Care Group