1st February 2019

All GPs and practice managers in Gloucestershire

**GP contract agreement England 2019/20**

GPC England has negotiated a deal spanning 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.

What follows is a synthesis of all that has been published so far. You can find out more about the reformed contract by coming along to one of the GPC’s [roadshow events](https://www.bma.org.uk/-/media/files/pdfs/collective%20voice/committees/gpc/gpc%20england/gpc%20contract%20roadshow-jan2019.pdf?la=en)

What practices need to know/do now

Headline change is that there is to be an overall funding in excess of £2.8bn over a five-year period, through practices and networks. Main areas of change are:

* Creation of a new Primary Care Network, built up over the five years, including additional workforce & linked funding.
* Amendments to QOF
* Pay & expenses uplift each year through global sum, in line with predicted inflation, to include any increase in employer’s superannuation contributions.
* Indemnity state backed scheme introduced
* Resources for IT and digital, including greater digital access for patients
* Delivery of the NHS Long Term Plan ambitions through the additional funding and workforce

Primary Care Networks (PCNs)

In Gloucestershire the establishment of geographically contiguous networks is well under way, and the new contract gives that a considerable boost.

Workforce Enhancements. There will be a formal Network DES bringing funding to the development of PCNs, particularly the hiring of additional staff. NHS England will pay 100% of the cost of the social prescribers (including on-costs). For other staff NHS England will pay 70% (including on-costs) with PCNs finding the other 30%. Targets are that each PCN should employ:

* 2019 onwards – minimum one clinical pharmacist and one social prescriber
* 2020 onwards – as above plus first contact physiotherapists and physicians associates
* 2021 onwards – as above plus community paramedics
* 2022 onwards to 2024 – all of the above with the typical manning levels of 5 clinical pharmacists (basically one per practice), three social prescribers, three first contact physiotherapists, two physicians associates and one community paramedic.

Leadership. PCNs will have a Clinical Lead, a GP chosen by the GPs in the Network and funded by NHS England for the equivalent of one day a week for a PCN of 40K patients.

Services.

* From 2019 PCNs must provides specific support to those in care homes, undertake medication reviews, improve personalisation and anticipatory care and show how data will be shared within the network.
* From 2020 onwards there will be other requirements (yet to be detailed) around cancer care, prevention and inequalities and CVD.

Additional funding. (See [this link](https://www.bma.org.uk/-/media/files/pdfs/collective%20voice/committees/gpc/gpc%20england/contract%20agreement%20pcn%20des%20guidance-jan2019.pdf?la=en) also)

* In addition to the above, PCNs will receive recurrent annual payment of £1.50 per patient through the CCG, but non-discretionary, to be used by PCNs to support their work.
* Practices will receive an increase in their Global Sum to pay them to establish and engage with networks.
* Additional centrally-held front-loading funding will be ring-fenced for networks.
* If your PCN can later prove that you are reducing the burden on secondary care you could be eligible from 2020 for funding from a new Network Investment and Impact Fund to further develop your sustainable community-based services.

Begin the QOF quality improvement modules

Retiring indicators. From 1 Apr 2019, 28 low-value indicators[[1]](#footnote-1) (worth 75 points) will be retired. Of those, 101 points will be recycled in more appropriate indicators[[2]](#footnote-2) (15 new indicators) with the remaining 74 points creating a new Quality Improvement domain. Thresholds have not been changed.

New modules. For 2019, the quality improvement domain will include two modules – end of life care, and prescribing safety, each worth 37 points, the details for which are still being developed:

* End of Life Care. The current QOF indicator on end of life care has been retired, and instead this module will focus on the wider aspects of care for patients who are expected to die within the coming months as well as support for their carers.
* Prescribing safety. This module will cover the safe prescribing of NSAIDs, lithium and valproate in women of child bearing age and will dovetail with the expansion of clinical pharmacists in general practice;

‘Exception reporting’ to be replaced by better system. Note that there is to be a new ‘personalised care adjustment’ to replace ‘exception reporting’. This will allow practices to adjust care without losing out financially, for five reasons:

* The QOF-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, and
* Newly-registered or newly-diagnosed patients.

Communication with 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, the contract will now only require two invitations, rather than the present three.

PRACTICE FUNDING AND PAY

In addition to the introduction of the indemnity scheme, there will in 2019/20 be a 1.4% uplift to the practice contract, which includes:

* A pay uplift for all GPs and practice staff.
* An expenses uplift, including £20m recurrent (nationally) to cover the costs of responding to SARs. (This funding will remain within the global sum until an IT solution is in place to allow patients to access their information without placing a burden on the practice. This IT solution is expected to be developed over the next three years.)
* 1% linked to 2018/19 pay uplift.
* Funding for practices to engage in establishing networks.
* £30m into Global Sum for NHS 111 direct booking
* An uplift due to population increase
* Adjustment for the state-backed indemnity scheme
* Increase to value of some vaccinations and immunisations, including influenza, to print them all up to the same level of £10.06.

Therefore, GPC England recommends that practice staff, including salaried GPs, receive at least a 2% uplift in 2019/20 through a combination of increase to income and decrease to individuals’ indemnity expenses (see below).

Funding formula. Following NHS England’s consultation in 2018, the funding formula is changing so that the rurality index only applies to patients who live within the practice boundary, and the London Adjustment will apply to patients who are resident in London, rather than registered with a practice based in London. The funding removed as a result of these amendments will not be lost and will be recycled back into global sum. There will be no other changes to the funding formula for 2019/20. However, as part of reviewing the arrangements for digital first providers and ensuring equity with other practices, the new patient registration premium (0.46 weighted in first year after registering) and the out of area regulation will be reviewed in 2019 as the rules were not designed with digital registration in mind.

Internal discussions. Practices should discuss with clinical staff what the pay uplift and indemnity expenses reduction means on an individual basis.

* There is currently no consistency of arrangements for indemnity costs of salaried GPs or GP principals. Some are responsible for paying their own indemnity, while others have it paid by their practice. There will be situations where a GP may have agreed a certain salary with their practice in exchange for the practice covering indemnity costs, or equally may have agreed a certain salary with the expectation that they will cover their own indemnity costs. GPC England recommends that Salaried GPs should receive a 2% pay uplift in 2019/20. They will have their indemnity covered by the new scheme.
* Locums will no longer need to pay clinical indemnity costs when working for GP practices, out-of-hours organisations or networks. Locum GPs should set their fees responsibly, reflecting their expenses (and changes thereof), experience, local market forces, and local need. Locum GPs should receive the 2% pay increase and practices will need to continue to negotiate on an individual basis to agree an appropriate rate of pay for the services and responsibilities for each locum engagement.

Provide the pay uplift to other practice staff.

INDEMNITY

To the great relief of everyone the state-backed indemnity scheme will from April 2019 cover clinical negligence for all GPs and staff working in NHS GP providers, both in and out of hours, for NHS work. Run by ‘NHS Resolution’, this will come at no direct cost to practices or GPs, and will mean no longer having to pay spiralling subscriptions. As in the last two financial years, in 2019/20 practices and salaried GPs must discuss how the one-off payment for this year into the global sum is to be apportioned between them. From 2020 all costs will be borne by NHS England and the Government.

GPs will still need Medical Defence Organisation (MDO) cover for GMC representation, coroner’s court representation and private work etc but the cost of this will be significantly less than current subscriptions.

What happens after that? From 2020 onwards:

* There will be no clinical indemnity subscriptions to pay.
* Global sum will be increased, which will allow a pay uplift in line with predicted inflation, with a mechanism for readjustment if inflation changes substantially.
* This will in turn mean there will be no approach to the DDRB for GP principals, but it will be retained as an option for salaried GPs, other practice staff, GP trainees, GP educators and GP appraisers.
* The global sum increase will also allow for expenses to be uplifted in line with predicted inflation.
* GPC England and NHS England will agree a mechanism for readjustment, if pay significantly exceeds the intended uplift or inflation is significantly above current predictions.
* NHS England plans to publish details of all GPs with NHS earnings in excess of £150k (and intends to extend this to other NHS contractors in due course)

IT, DIGITAL SUPPORT AND ACCESS ARRANGEMENTS

Much of the above is predicated on IT and digital support being functional and appropriate. Agreed improvements will therefore be made to:

* GP2GP capability for the transfer of all patient records between practices when a patient registers or de-registers;
* The digitisation of paper medical records;
* Cyber security;
* System standards; and
* Ensure investment decisions take account of digital maturity assurance of digital primary care so that systems are not just implemented, but are also appropriate.

Timescale. Changes to support electronic access, to appointment booking, to consultations and to information, will be phased across the years.

* From April 2019 practices will:
  + Provide new patients with full online access to prospective data from their patient record (using/referring to national NHS Login identity verification: (<https://www.nhs.uk/using-the-nhs/nhs-services/nhs-login/> )
  + Allow access to NHS 111 to book patients into practice appointments. This will be 1 appointment per day, per 3,000 patients[[3]](#footnote-3) (rounded down with a minimum of 1), which should be spread evenly through the day and may be freed for others to book if not booked within a set period before the appointment – further details will be provided before April 2019.
* During 2019/20 practices will prepare to:
  + Offer online consultations by April 2020, subject to further guidance
  + Provide all patients with online access to their full record (using/referring to national NHS Login identity verification: <https://www.nhs.uk/using-the-nhs/nhs-services/nhs-login/> ), including the ability to add their own information from April 2020
  + Offer and promote electronic ordering of repeat prescriptions and using electronic repeat dispensing for all patients for whom it is clinically appropriate by April 2020
  + Allow all patients to access online correspondence by April 2020
  + No longer use fax machines for NHS work or patient correspondence, by April 2020
  + Ensure they have an up-to-date and informative online presence by April 2020
  + Register a practice email address with MHRA CAS alert system and monitor the email account to act on CAS alerts where appropriate
  + Register a mobile phone number(s) to MHRA CAS to be used only as an emergency back-up to email for text alerts when email systems are down from October 2019
  + Make at least 25% of appointments available for online booking by July 2019.

Data capture. Additionally, practices will be expected to ensure that data relating to activity, capacity and waiting times are accurately recorded so that the data can be captured, and in a timely manner. This will allow NHSE, over the next few years, to develop a dataset describing access to general practice based on better and more consistent recording. NHSE will also develop a new measurement of patient reported satisfaction with access. This will result in data being published by 2021.

OTHER AGREEMENTS AND POINTS TO NOTE

Data Protection. CCGs are to offer a DPO function to practices in addition to their existing DPO support services. Further details around this function will be provided in due course.

Treatments

* 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.
* Vaccinations & Immunisation MMR catch up for 10-11 year olds.
* Amendments to additional services for child health.
* Private practice. 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.

PCSE (Capita). £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.

NHS involvement.

* Practices that choose to use the NHS logo will be require to adhere to NHS guidance on its use.
* Practices will be encouraged to take part in NHS campaigns.

Prescribing.

* 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.
* 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.

Leave. 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.

Reviews coming up.

* Review of vaccinations and immunisations standards, funding and procurement, including travel vaccinations and how to manage localised outbreaks will commence.
* 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.



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Lay Secretary

Gloucestershire Local Medical Committee

1. These include annual cholesterol checks for diabetes, dementia bloods, annual FEV1, osteoporosis and peripheral artery disease indicators [↑](#footnote-ref-1)
2. The new indicators cover five areas including;

   aligning blood pressure control targets with NICE guidance,

   reducing iatrogenic harm and improving outcomes in diabetes care,

   supporting an age-appropriate cervical screening offer,

   offering pulmonary rehabilitation (where available) for patients with chronic obstructive pulmonary disease and

   improving focus on weight management as part of physical health care for patients with schizophrenia, bipolar affective disorder and other psychoses. [↑](#footnote-ref-2)
3. This means one appointment for each group of 3,000 patients, with a minimum of one appointment per day. For example, a practice with 5,000 patients will make one appointment per day available, a practice with 8,500 patients will make two appointments per day available, a practice with 9,001 patients will make three appointments per day available. [↑](#footnote-ref-3)