

**Investment and evolution: A five-year framework for GP contract reform to implement  
The NHS Long Term Plan – Published 31 January 2019**

<https://www.england.nhs.uk/wp-content/uploads/2019/01/gp-contract-2019.pdf>

**1. Addressing the workforce shortfall**

- Extension of the following programmes from 2019/20 to 2023/24
  - International GP recruitment
  - Retained doctor scheme
  - GP retention programmes
  - Specialist mental health service for GPs
- Increased funding for the core GP contract; rising by £978m a year by 2023/24
- Guaranteed placements in primary care for undergraduate nurses
- Credentialing the RCN Advanced Level Nurse Practitioner
- Voluntary two-year primary care fellowship programme for newly qualified nurses and doctors
- Primary care training hubs from 2020/21
- Significant proportion of community mental health staff aligned with Primary Care Networks (PCN)
- Additional funding for the full costs arising from the increase in employer pension contributions
- Expansion of the multi-disciplinary team (MDT) through a new reimbursement mechanism (Network Contract DES)
  - By 2023/24 £726k new annual funding per PCN (PCN of 50,000 population, averagely weighted)
  - Intended to create 20,000+ additional posts in five primary care roles
    - Clinical Pharmacists (2019)
    - Social Prescribing Link Workers (2019)
    - Physician Associates (2020)
    - First Contact Physiotherapists (2020)
    - First Contact Paramedics (2021)
  - Reimbursement of 70% to 100% of ongoing costs, up to maximum amounts
  - CCGs will need to continue any local schemes which fund posts in the five reimbursable roles, with the exception of Clinical Pharmacists, which will be subsumed into the new arrangement
  - Funding will be released from 1 July 2019
  - Each network can decide which provider organisation employs the staff
  - From 2020/21 each network will be allotted a single combined maximum reimbursement sum for all five roles based on weighted capitation
  - Networks have flexibility to decide how many of each of the reimbursable staff they wish to engage

**2. Indemnity Costs**

- NHSE will provide one-off funding in 2018/19 to meet its assessment of inflation in actual indemnity costs for 2018/19

- The new Clinical Negligence Scheme for General Practice will start from 1 April 2019
  - Established through government regulations
  - All NHS GP service providers (including out-of-hours) will be eligible to become member
  - Not subscription based; the future costs of the scheme will be met by NHSE through a centrally-held primary care allocation
  - Coverage will extend to all GPs and all other staff working in delivery of primary medical services
  - It will automatically cover contractor and salaried GPs, GP locums, nurses, AHPs and all other professional groups delivering those services
  - There will be a one-off permanent adjustment to global sum that takes account of existing contributions from general practice indemnity
  - Investment in the practice contract overall will rise by 1.4% in 2019/20, given other investments made

### 3. Improving QOF

- Improvements from April 2019, with QOF implementation guidance issued by end of March 2019
- 28 indicators worth 175 points in total i.e. 31% of the scheme, will be retired from April 2019
- Of these 175 points, 101 will be recycled into 15 more clinically appropriate indicators over five areas
  - Reducing iatrogenic harm and improving outcomes in diabetes care (43 points)
  - Aligning blood pressure control targets with NICE guidance (41 points)
  - Supporting an age-appropriate cervical screening offer (11 points)
  - Offering pulmonary rehabilitation for patients with COPD (2 points)
  - Improving focus on weight management as part of physical health care for patients with schizophrenia, bipolar affective disorder, and other psychoses (4 points)
- Replacement of the current system of exception reporting with a 'personalised care adjustment' using five different reasons for adjusting care and removing a patient from the indicator denominator
  - Unsuitability
  - Patient choice
  - The patient did not respond to offers of care
  - The specific service is not available
  - Newly diagnosed or newly registered patients
- Reduction of the end of year coding burden by changing the data extraction process
- Provision to support professionally-led quality improvement cycles, within and between practices
- In 2019/20, the remaining 74 points arising from indicator retirement will be used to create two Quality Improvement modules
  - Prescribing safety
  - End-of-life care

- Payment thresholds for new indicators to be based upon NICE recommendations
- Ongoing programme of indicator review including heart failure, asthma and COPD care in 2019/20, and mental health in 2020/21

#### 4. The Network Contract DES

- PCNs become an essential part of every Integrated Care System (ICS)
- Closer working between PCN and ICS, not just CCGs, typically with a single CCG for each ICS area
- PCNs are about provision not commissioning, and are intended to dissolve the divide between primary and community health services
- Introduction of a new Network Contract DES for PCNs – an extension of the core GP contract
  - Go live from 1 July 2019, with resources set over a five year funding period
  - By 2023/24, the Network Contract will create entitlements of £1.47m for a typical network covering 50,000 people in return for phased or full implementation of all relevant NHS Long Term Plan commitments
  - It will be a very large DES, and compels CCGs to offer the Network Contract to all practices
  - The commissioner is therefore the CCG in nearly all instances
  - The DES has three main parts
    - National Service Specifications setting out what all networks have to deliver
    - Network Financial Entitlements akin to the SFE for practices
    - Supplementary Network Services; locally developed schemes
  - 100% geographical coverage of the DES by Monday 1 July 2019
  - To be eligible PCNs need to complete a registration for by 15 May 2019 and have all member practices signed-up
  - Network Participation Practice Payment will start from April 2019; a typical practice will receive over £14k each year for their initial and continued active participation in a PCN
  - All patients must have access to the DES, so any practice that doesn't sign-up will have its patient list added into a local PCN for delivery of these services
  - All PCNs will have a network agreement which sets out its collective rights and obligations; it is needed for the PCN to claim its financial entitlements and deliver national and local services to its network list
  - The agreement must be signed by all constituent practices; a national template will be mandated and will be available by March 2019
  - Every practice will need to meet any local network protocols included in the Network Agreement
  - Under the DES only the individual GMS, PMS, and APMS contract holders have the legal right to sign up, but the PCN as a whole becomes responsible for delivery
  - A PCN must appoint a Clinical Director as its named, accountable leader, responsible for delivery

- As a contribution to the cost of this, each PCN will receive an additional ongoing entitlement equivalent of 0.25 FTE funding per 50,000 patients
- The legal entitlement under the Network Contract DES starts from 1 July 2019
- PCNs will have five categories of external support
  - Clinical Director support funding
  - Guaranteed cash payment of £1.50 per registered patient based on network list size at 1 January each year. CCGs will continue to fund this from general allocations
  - Support in kind for PCNs from local CCGs
  - New national development programme for PCNs working with ICS leaders and national bodies
  - Supporting and developing future generations of PCN Clinical Directors

## **5. Going 'digital-first' and improving access**

- NHSE 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 framework from December 2019
- Through the ICS, NHSE will ensure predictive analytical tools are available to PCNs, helping identify those groups who are most at risk of adverse health outcomes
- Additional annual global sum funding of £20m for the next three years to support practices to manage Subject Access Requests, recognising the loss of income and additional burden arising from GDPR. Funding ends in 2022 by which time Lloyd-George records will be digitised, patients will have access to the full digital record, and DHSC guidance makes clear that patients / representatives can access all information directly
- CCGs will offer a Data Protection Offer (DPO) function to practices, though appointing a DPO remains a practice's legal responsibility
- New centrally-funded programme will create a framework for digital suppliers to offer their platforms on standard NHS terms and will be available for 2021
- All patients should have access to digital primary care services e.g. digital consultations
- Contract requirements will be updated annually as part of wider contract negotiations to reflect advances in technology and delivery of the support promised
- 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 from April 2019, subject to existing safeguards
- All practices will offer and promote electronic ordering of repeat prescription and use electronic repeat dispensing for all patients for whom it is clinically appropriate, from April 2019
- All practices will ensure at least 25% of appointments are available for online booking by July 2019
- By April 2020 all practices will need to have an up-to-date and informative online presence

- All practices will give patients access to online correspondence by April 2020, with patients required to opt-out rather than in
- By April 2020 practices will no longer use fax machines for NHS or patient communications
- From October 2019 practices will register an email address with MHRA CAS alert system and monitor the account, and register a mobile phone number to be used as an emergency back up
- Practices will be expected to share data for digital services e.g. Apps and local Care Records
- Practices will have the critical role in creating and updating care plans for all appropriate patients to the local Care Record
- Practice funding will be revised to improve fairness
  - Rurality index will apply to patients living with a catchment area only
  - London adjustment will apply to patients resident in London, rather than registered at a London practice
- 46% year one premium for registering new patients to be reviewed in 2019, for potential change in 2020/21
- Wider review of out-of-area registration arrangements in 2019
- From 2019 it will no longer be legal for any NHS GP provider to advertise or host private paid for GP services
- By April 2021 funding for the existing Extended Hours Access DES and the wider CCG extended access service will fund a single combined access offer as part of the Network Contract DES, delivered to 100% of patients through digital services like the App
- A review in 2019 of physical and digital services, delivering convenient appointments 'in hours', reduced duplication and better integration between 111, urgent treatment centres and general practice, for implementation by 2021/22
- Extended Hours requirements and existing funding will transfer to the Network Contract DES from Jul 2019, until it becomes part of the funding for the combined access offer in April 2021; the DES requirements will be delivered to 100% of patients in every PCN
- £30m per annum in practice global sum to reflect increased population coverage of extended hours access requirements, and the introduction of 111 direct booking
- Diversion of patients with minor ailments or who need urgent repeat medications will be diverted to community pharmacy
- For 2019/20, direct booking by 111 at the level of 1 appointment per practice per day, per 3,000 patients, and will be a core GP contract requirement
- Published activity and waiting time data at individual practice and PCN level no later than 2021

## **6. Delivering new network services**

- Increased investment includes the introduction of seven national service specifications under the Network Contract DES to be developed during 2019/20 as part of annual contract changes
  - Structured Medications Review and Optimisation

- Expansion of clinical pharmacists working in PCNs; leading on NHS programmes, supporting medicines optimisation
  - Enhanced Health in Care Homes
    - Structured set of evidence based interventions to reduce ambulance conveyances and improve quality of care
    - Pro-active and reactive care, organised by the PCN, typically involving a weekly visit, EOLC, oral health, hydration and nourishment
  - Anticipatory Care
    - Proactive and intense care for patients assessed as high risk, including palliative care
    - Structured programme of proactive care and support from a MDT of fully integrated primary and community health
    - Community-led urgent response and reablement service
  - Personalised Care
    - Intended to avoid over-medicalising care
    - Six evidence based components; shared decision making, enabling choice, personalised care, social prescribing and community support, supported self-management, personal health budgets
  - Supporting Early Cancer Diagnosis
    - Review underway to conclude in summer 2019
    - PCNs to have a key role in using evidence-based guidance to identify patients at risk, recognise symptoms and patterns of presentation, and make timely referrals
    - QOF Improvement module for national use in 2020/21
    - Network Specification to be started by 2020/21
  - CVD Prevention and Diagnosis
    - QOF changes in BP control and review of the heart failure domain
    - New CVD national prevention audit for primary care
  - Tackling Neighbourhood Inequalities
    - An initial service specification will be developed in 2020, to start by 2021/22
- A review of Vaccination and Immunisation procurement, arrangements and outcomes will take place in 2019, to be implemented in 2020/21
- PCNs will be able to review progress on key metrics using a comprehensive new national Network Dashboard
- New national network Investment and Impact Fund starting in 2020 to support ICS delivery of The NHS Long Term Plan
  - Designed to help PCNs plan and achieve performance against metrics in the network dashboard, overseen by the ICS
  - PCNs will need to agree with the ICS how they spend any monies earned from the fund; intended to increase investment for workforce expansion and services, not boost pay
  - Part of the fund will be dedicated to 'shared savings' i.e. avoidable A&E attendances, avoidable emergency admissions, timely hospital discharge, outpatient redesign, prescribing costs

- Funding is pre-identified and capped, with the exception of the prescribing costs which will be funded through existing drugs budget and savings opportunities

## 7. Guaranteeing investment

- Funding for the core practice contract (i.e. excluding the Network Contract DES) is agreed and fixed for each of the next five years, and will increase by £978m by 2023/24
- Covers all aspects of practice income and expenses, and incorporates
  - Agreed adjustment of global sum and part of the indemnity settlement
  - £105m payable as a PCN participation payment, including 1% pay for staff in general practice deferred from 2018/19
  - The transfer out of the Extended Hours DES to PCNs, and subject access request costs
- As a result of fixing practice contract funding, the DDRB will not make recommendations on GP partner net income
- GPC England recommends that practice staff, including salaried GPs receive at least a 2% increase in 2019/20
- A new Balancing Mechanism will, if required, adjust between the practice level global sum and the PCN Additional Roles Reimbursement Sum, depending on levels of real terms partner NHS earnings
- GPs with total NHS earnings above £150k will be listed by name and earnings in a national publication, starting with 2019/20 income

## 8. Supporting research and testing future contract changes

- Will use the opportunity created by PCNs to increase general practice research participation levels
- NHSE will create a dedicated development and testing programme in 2019 for specific planned contract changes
- Each topic will have a cluster of testbed sites e.g. practices, PCNs or at ICS level
- Testbeds will develop and review the seven new sets of network requirements, QI modules and QOF indicators

## 9. Schedule of future contract changes and development work

2019/20 Key changes and development work	
<b>Network</b>	<ul style="list-style-type: none"> <li>• Network Contract DES goes live</li> <li>• Network participation practice payment starts</li> <li>• Design of new national network service specifications starts</li> </ul>
<b>Workforce</b>	<ul style="list-style-type: none"> <li>• Additional Roles Reimbursement Scheme launched, starting with clinical pharmacists and social prescribing link workers</li> <li>• Design of primary care fellowship programme</li> </ul>
<b>Indemnity</b>	<ul style="list-style-type: none"> <li>• New centrally, funded Clinical Negligence Scheme for General Practice starts</li> </ul>
<b>QOF reform</b>	<ul style="list-style-type: none"> <li>• 28 indicators retired; 15 new indicators; introduction of personalised care adjustment and Quality Improvement domain</li> <li>• Review of heart failure, asthma and chronic obstructive pulmonary disease QOF domains</li> </ul>

<b>Testbeds</b>	<ul style="list-style-type: none"> <li>• New primary care testbed programme launched</li> </ul>
<b>Digital</b>	<ul style="list-style-type: none"> <li>• New digital improvement requirements introduced including access by patients online to full record</li> <li>• Revisions to rurality index payment and London adjustment</li> <li>• Review of premium for registering new patients</li> <li>• Review of out of area registration and choice of digital-first registration</li> <li>• Requirement for Electronic ordering of repeat prescriptions and using electronic repeat dispensing for all patients for whom it is clinically appropriate as a default from April 2019</li> <li>• All practices will ensure at least 25% of appointments are available for online booking by July 2019</li> </ul>
<b>Advertising</b>	<ul style="list-style-type: none"> <li>• Ban on GP providers advertising or hosting paid-for GP services that fall within the scope of NHS funded primary medical services</li> </ul>
<b>Access</b>	<ul style="list-style-type: none"> <li>• Extended Hours Access DES requirements introduced across all practices in every network (until March 2021)</li> <li>• NHS111 direct appointment booking into practices introduced nationally</li> <li>• Review of wider access arrangements</li> </ul>
<b>Vacs and Imms</b>	<ul style="list-style-type: none"> <li>• Review of Vaccination and Immunisation arrangements, including screening</li> </ul>
<b>Premises</b>	<ul style="list-style-type: none"> <li>• Implementation of Premises Review starts</li> </ul>
<b>2020/21 Key changes and development work</b>	
<b>Networks</b>	<ul style="list-style-type: none"> <li>• New Dashboard to monitor progress on network metrics</li> <li>• National Network Investment and Impact Fund launched</li> <li>• Anticipatory care requirements (with community services) start</li> <li>• Enhanced health in care home requirements start</li> <li>• Structured Medication review requirements start for priority groups</li> <li>• Personalised care requirements start</li> <li>• Early cancer diagnosis support requirements start</li> </ul>
<b>Workforce</b>	<ul style="list-style-type: none"> <li>• Additional Roles Reimbursement Scheme extended to include physician associates and first contact physiotherapists</li> <li>• Primary care training hubs established</li> </ul>
<b>QOF reform</b>	<ul style="list-style-type: none"> <li>• Further changes introduced - post review of heart failure, asthma, and COPD domains</li> <li>• Review of mental health domain</li> <li>• New QI modules</li> </ul>
<b>Digital</b>	<ul style="list-style-type: none"> <li>• Requirement for online presence, to give patients access online to correspondence and to no longer be using facsimile machines for either NHS or patient communications;</li> </ul>
<b>Out of area registration</b>	<ul style="list-style-type: none"> <li>• Potential out of area registration reform – post review</li> </ul>
<b>Vacs and Imms</b>	<ul style="list-style-type: none"> <li>• Changes to vaccination and immunisation arrangements – post review</li> </ul>
<b>Access</b>	<ul style="list-style-type: none"> <li>• Start of transition to new access arrangements – post review</li> </ul>
<b>2021/22 Key changes and development work</b>	
<b>Networks</b>	<ul style="list-style-type: none"> <li>• Cardio-vascular disease case finding requirements start</li> <li>• Prevention and inequalities requirements start</li> </ul>
<b>Workforce</b>	<ul style="list-style-type: none"> <li>• Additional Roles Reimbursement Scheme extended to include community paramedics</li> </ul>
<b>QOF</b>	<ul style="list-style-type: none"> <li>• Further changes introduced, including new QI modules</li> </ul>



<b>Digital</b>	<ul style="list-style-type: none"><li>• New digital-first support offer</li><li>• All patients will have the right to online and video consultations by April 2021</li></ul>
<b>Access</b>	<ul style="list-style-type: none"><li>• New access arrangements fully implemented - post review</li><li>• Patient reported access &amp; waiting times data published monthly</li></ul>