

**The Five Year Framework for the GP Contract
 Primary Care Commissioning Committee Meeting**

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21 March 2019

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Purpose of Paper	
To provide a summary of GP Contract Framework, published by NHS England in February 2019.	
Key Issues	
<p>NHS England published a five year framework for the GP Contract in February 2019, this:</p> <ul style="list-style-type: none"> • confirms the 10 year direction of travel for primary care • translates the NHS Long Term Plan commitments into a framework for the GP Contract; • provides an overview of funding commitments for the period. <p>These changes align closely with the CCGs goals for primary care and provide an opportunity to move forwards to transform care outside of hospital in the City.</p>	
Is your report for Approval / Consideration / Noting	
Noting	
Recommendations / Action Required by the Primary Care Commissioning Committee	
The Primary Care Commissioning Committee is asked to note the contents of the report.	
Governing Body Assurance Framework	
<i>Which of the CCG's objectives does this paper support?</i>	
<p>2. To improve the quality and equality of healthcare in Sheffield</p> <p>4. To ensure there is a sustainable, affordable healthcare system in Sheffield.</p>	
Are there any Resource Implications (including Financial, Staffing etc)?	
No	
Have you carried out an Equality Impact Assessment and is it attached?	
Not required for this report	
<i>Have you involved patients, carers and the public in the preparation of the report?</i>	
Not required for this report.	

The Five Year Framework for the GP Contract
Primary Care Commissioning Committee meeting
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1. Introduction

The purpose of this paper is to provide a summary of GP Contract Framework, published by NHS England in February 2019. This will support a presentation to the Committee at the meeting on 21 March 2019 on Primary Care plans for 2019/20 and beyond.

2. Background

An agreement between NHS England and the BMA General Practitioners Committee, the Framework translates the commitments of the NHS Long Term Plan (LTP) into a five year framework for the GP contract.

Confirming the 10 year direction of travel for primary care, the Framework acknowledges five shared goals: delivering increased investment, addressing the big challenges in workforce and workload, delivering expanded services, improved quality and outcomes described in the LTP in an achievable timeframe, demonstrating value for money, and acknowledging the need to test and cost proposed future changes before national roll-out.

3. Headlines - Key Changes

- Core general practice funding will increase by £978 million per year by 2023/24.
- Primary Care Network (PCN) DES to ensure general practice plays a leading role in integrated networks of 30 – 50k patients.
- By 2023/24, the PCN contract will invest £1.47 million per typical network including funding for around 20,000 more health professionals.
- Additional actions to support staff recruitment and retention including a Fellowship Scheme and training hubs
- Specifications for new network services including cancer early diagnosis and inequalities
- New shared savings scheme for PCNs so GPs benefit from their work to reduce avoidable A&E attendances, admissions and delayed discharge, and from reducing avoidable outpatient visits and over-medication through a pharmacy review.
- A state-backed indemnity scheme from April 2019 for all general practice staff including out-of-hours.
- Additional IT funding to allow both people and practices to benefit from the latest digital technologies including web and video consultations.

- Reform of the Quality and Outcomes Framework (QOF) to bring in more clinically appropriate indicators e.g. diabetes, blood pressure control and cervical screening.
- Extra access funding of £30 million a year will expand extended hours provision across PCNs and from 2019 see GP practices taking same-day bookings direct from NHS 111 when clinically appropriate.

4. Further Details

4.1. Five Year Funding Arrangements

- Increase practice funding by almost £1bn over five years, with a further £1.8bn to support the formation of PCNs of 30,000-50,000 patients, which all GP practices will be expected to join by July 2019.
- Network funding will be delivered via a directed enhanced service (DES) and allow networks to employ one social prescribing worker and a clinical pharmacist
- For 2019 the GP contract will increase by 1.4% in addition to funding through networks, which includes a 2% uplift for GP and staff pay and expenses, an uplift for funding to develop networks, an adjustment for state-backed indemnity and an increase in the value of some vaccinations to bring them all up to £10.06.
- The contract increase includes £20m recurrent funding to cover the costs associated with subject access requests now practices required to provide free under the GDPR and £30m for practices to make appointments available to NHS111.
- In 2020/21 core funding will see a 2.3% uplift, 2021/22 will deliver a 2.8% uplift, 2022/23 will see a 2.5% uplift and in 2023/24 funding will increase by 2.7%.

4.2. Workforce

- PCNs guaranteed funding for 20,000+ new staff in new roles by 2023/24, £891m annually
- Other staff funded from core - increased to £987m new annual investment
- Primary care fellowship scheme and training hubs established
- Extension of current recruitment and retention schemes
- Funding for rises in employer superannuation schemes.
- Proposals to address GP superannuation issues
- NHS England to reimburse locum costs for GPs taking shared parental leave in the same way as for maternity leave.

4.3. Indemnity Costs and Coverage

- Centrally funded scheme from April 2019 to cover all staff groups and out of hours
- Funded through one off permanent adjustment to the global sum and centrally funded subsequently, practice funding still rises by 1.4% in 2019/20

4.4. Improved Quality and Outcomes Framework

- Retire 28 indicators worth 175 points and re-use points:

- new quality improvement domain – prescribing safety and end of life care (74 points)
- new clinical indicators – diabetes, bp, cervical screening
- More precise personalised care adjustment introduced to replace exception reporting
- Review HF, asthma and COPD domains for 2021/22

4.5. Primary Care Networks

- Funded from July 2019 via new DES, network agreement between practices and specification, with automatic entitlement subject to registration requirements (May 2019)
- Leadership from local GP as Clinical Director - CDs will work together to address divide between primary and community services
- Networks will receive 100% recurrent funding to employ social prescribers and 70% funding for clinical pharmacists in 2019/20. In future years they will receive 70% funding for physiotherapists and physician associates (from 2020/21) and paramedics (from 2021/22) as they are introduced.
- By 2023/24 there will be 22,000 additional staff working in primary care networks and by 2024 a typical network will have five clinical pharmacists (equivalent of one per practice), three social prescribers, three first contact physiotherapists, two physician associates and one community paramedic.
- Up to £1.799b nationally by 2023/24 including recurrent £1.50/head and new contribution to clinical leadership through six funding streams:
 - network engagement funding paid directly to practices for engagement with the network via the statement for financial entitlement
 and five streams paid to the nominated provider:
 - network administration payment - a recurrent £1.50 per patient from CCG funding
 - workforce funding as specified above
 - clinical lead funding - the clinical lead post will be funded on the basis of 0.25 WTE GP per 50,000 patients
 - extended access - the extended access DES will be transferred into the network DES
 - national network service specifications (from 2020) will include standard national processes, metrics and expected benefits for patients. Five will start by April 2020: structured medication reviews, enhanced health in care homes, anticipatory care (with community services), personalised care and supporting early cancer diagnosis. The other two start by 2021: cardiovascular disease case-finding and locally agreed action to tackle inequalities. The specifications will be developed by the GPC and NHS England as part of annual contract negotiations.
- DES specification (March 2019) with CCG option to add local investment through supplementary networks services
- New funded primary care development programme delivered through ICS

4.6. Urgent Care Services

- Primary care networks supporting joined up delivery of urgent care in the community
- Transfer CCG commissioned enhanced access services to Network Contract by April 2021
- From July 2019 extended hours DES introduced across networks until March 2021
- Access review in 2019 – revised access arrangements to be implemented from 2020 reflected in Network Contract
- Implement 111 booking into practices from 2019
- £30m recurrent funding to global sum from 2019/20
- GP activity and waiting times to be published from 2021 to highlight variation and new patient reported experience measure

4.7. IT and Digital Technologies

- Practice access to a data protection officer through CCG to support on GDPR issues.
- GP IT Futures to continue funding and support to IT infrastructure
- Additional funding to PCNs from 2021 with national supplier framework
- Right to digital first primary care for all patients by April 2021 (including web and video consultation)
- Full digital access to records from 2020 and electronic repeat prescription as default from April 2019
- Review out of area registration and patient choice

4.8. Other and New Services

- Review of Vaccination and Immunisation requirements and screening in 2019, HPV catch-up extended for girls and introduced for boys, item of service payment for MMR catch-up
- Practices cannot host or advertise private GP providers offering core services
- Publication of GP earnings over £115,000 from 2019/20
- New network dashboard – metrics covering population health, urgent and anticipatory care prescribing and hospital use
- Network investment and impact fund indicators Increase to £300m by 2023/24 – performance against key inc. A&E attendances, admissions, discharge, and outpatients spending to be agreed with the ICS.
- Testbed for GP contract arrangements – GP clusters in PCNs will develop to test changes

5. Next Steps

The NHs Long Term Plan and GP Contract Framework fit closely to the CCG overarching strategy for care outside of hospital, and the objectives of developing:

- Person centred care;

- Integrated models of delivery;
- Early intervention and prevention.

The framework provides great opportunities to move forwards by providing additional staffing, a focus on community and primary care integrated working and support to network development through DES funding and support.

The next steps will be:

- Complete SCCG assessment, gap analysis, prioritisation and planning;
- Communication to primary care (collaboration with PCC and LMC) confirming requirements, expectations and offer of support.

6. Action for Primary Care Commissioning Committee

The Primary Care Commissioning Committee is asked to note the contents of the paper.

Paper prepared by: Abby Tebbs, Deputy Director of Strategic Commissioning and Planning

On behalf of: Nicki Doherty, Director of Delivery, Care Outside of Hospital