

# GP Contract Agreement 2020/21 Headlines



## MARCH 2020

### SIGN-UP TO THE NETWORK CONTRACT DIRECTED ENHANCED SERVICE (DES)

- Sign-up will need to be completed by 31 May 2020 for 2020/21.
- There will be auto-enrolment after that, with a one month window for a practice to declare it is not signing up to the DES.
- This will end 30 April in subsequent years.

### COLLABORATION AGREEMENT

- There will be a requirement in the DES for each Primary Care Network (PCN) to outline in Schedule 7 of the Network Agreement the details of the collaboration agreement reached with its Community Services provider(s) and Community Pharmacy.

### ADDITIONAL ROLES REIMBURSEMENT SCHEME (ARRS) (£7.131 per weighted patient)

- Original roles: Pharmacists, social prescribers, physician associates, physiotherapists.
- New roles from 2020: Pharmacy Technicians, Care co-ordinators, Health coaches, Dietitians, Podiatrists and Occupational Therapists.
- New roles from 2021: Community paramedics and mental health workers.

### 2020/21 Maximum Annual Reimbursement Rates

Role	AfC band	Maximum reimbursable amount over 12 months (with on costs)
Clinical pharmacist	7-8A	55,670
Social prescribing link worker	Up to 5	35,389
First contact physiotherapist	7-8A	55,670
Physician associate	7	53,724
Pharmacy technician	5	35,389
Community paramedic	7	N/A - reimbursement available from 2021/22
Occupational therapists	7	53,724
Dietitians	7	53,724
Chiropodists / podiatrists	7	53,724
Health and wellbeing coach	Up to 5	35,389
Care co-ordinator	4	29,135
Mental health practitioners	TBC (from 2021/22)	TBC (from 2021/22)

- £2400 reclaimable for social prescriber for management costs included in above.
- Role recruitment requires “*agreement of commissioner which will not be unreasonably withheld*”, but it is up to PCNs to decide what staff they need and can recruit.
- The overall PCN sum for ARRS is weighted.
- The DES is an extension of the existing practice contract. The Scheme gives general practice the choice to hire additional staff under its direct control, to be part of the PCN team and is a major boost to the independent contractor model. “*These staff will be treated as part of the*”

*core general practice cost base beyond 2023/24 when we consider future GP contract funding, like the practice global sum;”*

- There is a 3 month grace period if a practice loses a commensurate baseline member of staff.
- Reimbursement for all roles 100% including on-costs, freeing up £1.50 per head, BUT is this enough to manage a £1m+ organisation?
- Assurances of TUPE for ARRS staff if all practices in a PCN decide to leave the DES.
- PCNs are advised to establish with commissioners early on the roles they wish to recruit to. Clinical Commissioning Groups (CCGs) will support recruitment. This may include staff (but VAT implications). Rotational employment is possible.

## **2020/21 Additional Roles Workforce Planning Timetable**

<b>Task</b>	<b>Date</b>
PCN discusses and works out its intentions	From now
Each PCN seeks to accelerate recruitment exercises that are being planned, supported by CCG staff if requested	From now
Each PCN submits its intentions to its CCG	By no later than 30 June 2020
Each CCG confirms an effective local plan. This must be agreed with PCN Clinical Directors, before being shared with Regions	By no later than 31 July 2020
Regional engagement and support	Early June 2020 onwards
CCGs declare amount for in-year redistribution to other PCNs	By end July and again in October 2020

- Premises considerations should include PCN provision of extra staff and services.

## **MORE DOCTORS**

- 6000 extra doctors (no guarantee they are fully qualified GPs / no guarantee of timescale).
- Increased Trainee numbers - 4000 per annum by 2022 and they will spend 2 years in general practice and only one in hospital, but they need trainers, space and supervision.
- Targeted Enhanced Recruitment Scheme encouraging Trainees to take up posts in under-doctored areas expanded.
- GP Trainees leaving the scheme from 2021 will have the opportunity of a 2 year Fellowship as well.
- International Medical Graduates (IMGs) will get a 5 year contract.
- The Fellowships will extend to nurses.
- First time partners (full-time 37.5 hours) will get £20k loan converted to gift after 5 years + £3.3k business training.
- Mentors scheme for senior GPs to support juniors 1 session a week paid. Managed through the South Yorkshire and Bassetlaw Integrated Care System (ICS) and Workforce Training hubs.
- Locum support scheme that will include protected monthly CPD.
- GP Retention Scheme will be reviewed.
- Childcare costs added to the Induction and Refresher Scheme.

## **RELEASING TIME TO CARE**

- This will review bureaucracy, including simplifying Appraisal.

## **IMPROVING ACCESS FOR PATIENTS**

- 50 million more appointments with ARRS staff.
- A real-time patient experience measure - but non evaluated EQ-5D not particularly good. How to implement?
- Will need to measure waiting times as the aim is to cut wait for appointments!
- Access Improvement Programme will look at how to improve booking experience, moderating demands for A&E. Quarters 3&4 will see some implementation.
- Digital IT - a new National supplier framework but no details yet.
- Extended Hours - this will be introduced for 2021 but will be a universal offer including extended hours, extended Access and urgent care!



## VACCINATIONS AND IMMUNISATIONS

- Practices need a named lead.
- These will become essential services deliverable by all practices with targets. There will be an Item of Service (IOS) fee of £10.06. MMR is first to change in 20/21; other vaccines follow in 2021.
- Target incentives will operate at practice level as part of a new Quality and Outcomes Framework (QOF) domain. However “we have agreed that we will recoup a portion of the IOS paid from practices with lower coverage”.
- Flu vaccination incentive scheme will be on a PCN basis under the Impact and Investment Fund (IIF).
- Travel vaccinations and post exposure will continue to be covered in the global sum.

## QOF

- Asthma, COPD and heart failure changes + new target for non-diabetic hyperglycaemia. This includes new diagnostic criteria.
- The 2 new Quality Improvement domains are:
  - Learning disability - increased health checks and medicines optimisation.
  - Supporting early cancer diagnosis - improved participation in screening and improved referral / safety netting.
- Non-contractual obesity guidance.

## MATERNITY SERVICES

- 6-8 week baby and maternal checks become core activity. Global sum uplift to account for this.

## PCN SERVICE SPECIFICATIONS

This will be supported (!) by a network dashboard.

## STRUCTURED MEDICATION REVIEWS (SMRs)

*“The volume of SMRs undertaken will be determined and limited by the clinical pharmacist capacity of the PCN”*

- Use appropriate tools to identify and prioritise patients who would benefit from a Structured Medication Review, which will include those:
  - in care homes;
  - with complex and problematic polypharmacy, specifically those on 10 or more medications;
  - on medicines commonly associated with medication errors; and
  - with severe frailty, who are particularly isolated or housebound patients, or who have had recent hospital admissions and / or falls; and using potentially addictive pain management medication.

## ENHANCED HEALTH IN CARE HOMES (£120 per bed per annum)

- By 31 July 2020, agree the care homes for which it has responsibility with its CCG, and have agreed a simple plan about how the service will operate with local partners (including community services providers).
- From 30 September 2020, deliver a weekly ‘home round’ for people living in the care home(s) who are registered with practices in the PCN. The home round must:
  - prioritise residents for review according to need based on MDT clinical judgement and care home advice (this is not intended to be a weekly review for all residents);
  - have consistency of staff in the MDT, save in exceptional circumstances; and
  - include appropriate and consistent medical input from a GP or geriatrician, with the frequency and form of this input determined on the basis of clinical judgement.Digital technology may support the weekly home round and facilitate the medical input.

- For the purposes of these requirements, a ‘care home’ is defined as a CQC-registered care home service, with or without nursing.

NOTE - Care Quality Commission (CQC) Definition: *A care home is a place where personal care and accommodation are provided together. People may live in the service for short or long periods. For many people, it is their sole place of residence and so it becomes their home, although they do not legally own or rent it. Both the care that people receive and the premises are regulated.*

*Examples of services that fit under this category:*

- Residential home
- Rest home
- Convalescent home
- Respite care
- Mental health crisis house
- Therapeutic communities.

## SUPPORTING EARLY CANCER DIAGNOSIS

- Review referral practice for suspected cancers.
- Work with Cancer Alliance, Public Health England (PHE) etc to increase uptake in screening.
- By April 2020 every PCN must offer a social prescribing service.
- CCGs MUST re- invest funding for local schemes in primary care services.

## INVESTMENT AND IMPACT FUND (IIF)

- Network QoF.
- Monies earned from the Fund must be used for workforce expansion and services in primary care, as agreed with the CCG.

**TABLE 6: 2020/21 IIF INDICATORS AND THRESHOLDS**

Indicator	Indicator value (£m)	Indicative value for average PCN	Upper Threshold	Lower Threshold
Percentage of patients aged 65+ who received a seasonal flu vaccination (1 September-31 March)	8	£6,400	77%	70%
Percentage of patients on the LD register who received an LD health check	6.25	£5,000	80%	49%
Number of patients referred to social prescribing per 1000	6.25	£5,000	8 referrals per 1000 population	4 referrals per 1000 population
Gastro-protective prescribing - Percentage of patients prescribed a non-steroidal anti-inflammatory drug without a gastro protective (age 65+)	6.25	£5,000	30%	43%
Gastro-protective prescribing - Percentage of patients prescribed an oral anticoagulant and anti-platelet without a gastro-protective (age 18+)			25%	40%
Gastro-protective prescribing - Percentage of patients prescribed aspirin and another anti-platelet without a gastro-protective (age 18+)			25%	42%
Metered Dose Inhaler prescriptions as a percentage of all inhaler prescriptions (excluding salbutamol)	6.25	£5,000	45%	53%
Spend per patient on 20 of the 25 medicines on the national list of items that should not routinely be prescribed in primary care	7.5	£6,000	PCN spending goal	60% above PCN spending goal

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