Changes to the GP Contract in 2023/24

March 2023

Sheffield LMC

Letter from NHS England (NHSE) dated 6 March 2023 can be found here.

QUALITY AND OUTCOMES FRAMEWORK (QOF)

- QOF consultation: This was inevitable. We should prioritise this for 2023/24 at the LMC in terms of gathering constituents' views for when the consultation goes live - months at the least I suspect.
- QOF registers: £97m of funding associated with registers to be awarded to practices. In reality, it makes very little difference in that funding will be maintained. No financial incentive to engage with case finding and improving coded diagnostic data. Practices with good registers will continue to do well and ones with not so good registers will continue to do not so well, and everyone will lose the incentive to update registers.
- New indicators: £36m recycled from the existing pot, so no extra investment.
  a) Cholesterol indicators: Need details, and they may be similar to the existing Investment and Impact Fund (IIF) indicators.
  b) Mental health indicator: If this works out to be what they had in mind when they did the QOF consultation, then it will be a disaster. I hope they actually took the feedback on board. Otherwise, it will have a similar effect as the Vaccinations and Immunisations (V&I) QOF indicators, and significantly disadvantage practices with deprived populations.
  c) AF008: This has moved from IIF CVD-05 - need to know the QOF point value of this.
- Retired indicator:
  a) Rheumatoid arthritis review indicator FtF requirement - positive change.
- Reduced indicator:
  a) Dementia annual review indicator and will include shared decision making - negative change.
- Quality Improvement (QI) modules: Wellbeing and optimising demand - need to see the guidance when it comes out.

INVESTMENT AND IMPACT FUND (IIF)

- IIF indicators dropping from 36 to 5 - leaves about £1 per head roughly. Not a bad thing in that a lot of tick boxes will disappear. The flip side is that some positive indicators like Hypertension case finding and green prescribing will disappear, which will not go down well with some, particularly in Sheffield where we have very active and engaged GPs with interests in these areas. The remaining ones are:
  - Flu vaccinations (x2): 18-64 at risk group and 2-3 year group - ie the more difficult groups to reach (total of £30m for 133 points);
  - Learning Disabilities Health Checks (with amendment to add ethnicity) - £8.1m for 36 points;
  - Early Cancer Diagnosis (with PCA for FIT testing in PR bleeding) - £5m for 22 points;
  - 2-week access indicator - £16m for 71 points.
- £246m to improve patient experience of contacting the practice. This will essentially mean that the patient experience will determine whether practices are rewarded or not. Whilst the £172m will be paid to Primary Care Networks (PCNs), we need to make sure that this flows smoothly to practices. It is important that this is maintained at a practice level, and constantly shifting funding to citywide solutions moves care further away from practices and that is not good for patients or practices. There are not going to be no additional requirements attached to it. The remaining £74m will be paid as per the rules associated with the access improvement plan - one that practices and PCNs will not have the time or energy to actually do in the current climate. Commissioners need to support practices with this and enable care to be provided closer to patients and not focus on citywide solutions as the first option. The work associated with some of the retired IIF indicators will not disappear. Therefore, commissioners need to consider how important priorities like decreasing health inequalities and encouraging greener prescribing will be funded locally, as clearly the national rhetoric is not backed by funding from the national contract anymore.

ADDITIONAL ROLES REIMBURSEMENT SCHEME (ARRS)

- There are a number of changes to the ARRS, including adding Advanced Clinical Practitioner Nurses to the reimbursable roles, increasing the cap on Advanced Practitioners to 3 per PCN and removing the caps on Mental Health Practitioners (previous agreement available here) - positive change.
- The reiteration of the previously declared intention that staff employed through the scheme will be considered part of the core general practice cost base beyond 2023/24 - helpful confirmation.
- Reimbursing PCNs for the time that First Contact Practitioners spend out of practice undertaking education and training to become Advanced Practitioners is helpful.
- Including Advanced Clinical Practitioner Nurses in the roles eligible for reimbursement as Advanced Practitioners (APs) is also helpful. We do need to see the fine print though about who will qualify to be reimbursed.
- Apprentice Physician Associates (PAs) as a reimbursable role may benefit some.
- Review of ARRS - as per QOF above, we ought to be on the front foot and have our constituents' concerns collected in good time.

ACCESS

- There will be a change to General Medical Services (GMS) regulations to clarify that patients should be offered an assessment of need, or signposted to an appropriate service, at first contact with the practice. This move to 'One Contact Disposal' (OCD) is going to be very tricky and will break practices. An alternative view might be that it essentially means that some (probably all!) practices will need to run waiting lists for routine appointments. That may actually help to demonstrate the demand on the GP service, but not at the expense of completely breaking down the current ways of working. The urgent ones will, therefore, need to be signposted to an alternative service - Walk-in Centre (WIC), A&E, Pharmacy and so on. I suspect the impact on emergency services when GP practices are full will be significant.
- Enhanced Access review - another review for us to engage in!

RECOVERY PLAN

- Not much in the public domain yet, but a recovery plan to be published shortly will form the basis for the 'new' contract I suspect. We need to keep a close eye on this too. It is also difficult to understand the rationale of publication of new access requirements before a recovery plan. Then again, this contract update does not follow logic or reason in the main, so at least it is consistent with that theme.

PROSPECTIVE RECORD ACCESS

- This cannot be stopped, and I suspect we need to be in a place to understand how commissioners intend to support practices to achieve this.

VACCINATIONS AND IMMUNISATIONS (V&I)

- Too late for this year, but one positive change in the removal of the V&I repayment mechanism for practice performance below 80% coverage.
- For routine childhood programmes, along with changes to the childhood V&I indicators within QOF, will see the lower thresholds reduced to 81% - 89% and the upper thresholds raised to 96%. I hope there are some statistics to back this change from NHSE, but in short, as is obvious from the small tweaks, it is not going to make the problem disappear. Increases to the upper thresholds could make it more difficult for other practices.
- The new Personalised Care Adjustment for patients who registered at the practice too late (either too late in age, or too late in the financial year) to be vaccinated should help some practices.
- Other changes to Shingles and HPV seem reasonable and necessary.

CLOUD BASED TELEPHONY (CBT)

- Mandating it means that practices will obviously not have a choice to retain their normal telephony services. We need to discuss this with the commissioners as to how this will de rolled out across Sheffield.

GP RETENTION SCHEME

- The removal of the 4 session cap will help some. Forgive me for stating the obvious, but it will make next to no difference to retention of GPs.

GP REGISTRATION REQUIREMENTS

- The GMS contract regulations will be amended to remove the reference to the term 'medical cards' within the registration requirements.

WEIGHT MANAGEMENT ENHANCED SERVICE

- Continue as is for next year.

SUMMARY AND ACTION POINTS

1. 2.1% pay uplift to GPs and practice staff when the CPIH is 8.8% in January 2023 (latest).
2. The QOF tinkering will only result in more work.
3. Difficult to see how the changes to IIF will help practices.
4. ARRS tweaks are reasonable.
5. Access requirements will break General Practice and the wider NHS.
6. Recovery plan - too late.
7. Prospective record access - not the right time.
8. V&I - too late for this year, some improvements for next year.
9. GP retention scheme and CBT - not going to make a huge deal of difference in the scheme of things.
10. We have 3 potential reviews to feed into for next year.
11. Need local support for increasing costs in General Practice as there is no national support.
12. Need the QOF V&I indicator compensation programme to be formalised by NHS South Yorkshire Integrated Care Board (ICB) for this year.
13. Commissioners need to consider how important priorities like decreasing health inequalities and encouraging greener prescribing will be funded locally, as clearly the national rhetoric is not backed by funding from the national contract anymore.

DR KRISHNA KASARANENI
Executive Officer