

Primary Care Network (PCN) Conference

Sheffield
LMC



SATURDAY 8 FEBRUARY 2020

**ED WALLER, DIRECTOR FOR PRIMARY CARE STRATEGY
AND NHS CONTRACTS, NHS ENGLAND (NHSE)**

Ed Waller presented the highlights of the contract.

This year's agreement does not replace last year's but builds on it.

There is an improved Additional Roles Reimbursement Scheme (ARRS) offer with 100% re-imburement for roles. The roles have also been expanded to include podiatrists, health co-ordinators ... but not at the expense of delivering services already delivered by community services. These staff will help to deliver the expected extra 50 million appointments in primary care.

The core practice contract rises by £20m, the PCN Directed Enhanced Service (DES) rises by £166m in 20/21. An average PCN will get £574k in 20/21 rising to £1.9m in 23/24 compared with income of £1.3m for an average practice.

The ARRS will expand to include primary care paramedics and Mental Health workers in 21/22. University practices were unhappy about the delay in Mental Health workers but NHSE were awaiting results from the pilots around the country.

The baseline staff issue remains but there is now some flexibility. Networks will not lose funding for the equivalent ARRS role for 3 months if there has been the loss of an equivalent baseline member of staff.

100% re-imburement should free up the £1.50 per head that networks receive to cover management roles or extend Clinical Director (CD) funding.

NHSE prefer a shared model of workforce employment with reassurances for staff working in these roles that can be TUPEd across to a new provider. This should provide greater security for staff employed under ARRS.

NHSE would like to see redistribution of money across other PCNs if there is some underspend. If there is recurrent underspend by 1 PCN then Clinical Commissioning Groups (CCGs) will "support" them to review why. There does not, however, appear to be a guarantee that underspend will always go to primary care!

Anticipatory care and personalised care are deferred until next year but this will mean there are 4 new specifications next year.

The Care Homes part of the DES will start from 1 October 2020 and be £60 per bed in 20/21 then £120 per bed afterwards. It is expected that Care Homes will be aligned to a single PCN but NHSE and the General Practitioners Committee (GPC) made aware that this would be difficult to implement given patient choice and the fact that some Homes sit within the footprint of a number of Networks.

The Care Homes Locally Commissioned Services (LCSs) should not end until October 2020 and there is an expectation that services funded by CCGs over and above National specification should continue, but again there is no guarantee CCGs will do this. It is expected that freed-up LCS funds will be re-invested in General Practice and primary care.

INVESTMENT IMPACT FUND (IIF)

This is a Network version of the Quality and Outcomes Framework (QoF). Funding associated with it has been reduced from £70m to £40.5m with the money invested elsewhere in the PCN DES.

There are 8 indicators in the IIF:

	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

In 21/22 this will rise to £150m with £30m to reward better access for patients.

PCN SIGN-UP TO THE DES

Auto-enrolment into the DES will commence in 21/22. This means that practices will have to opt out and NHSE have reduced that option to a 1 month window to leave in 21/22 but there is a 2 month window in 2020 until 31 May.

The Network is expected to describe its partnerships and relationships with community services.

GP RECRUITMENT

6000 new doctors but half expected to be trainees, which raises the question of supervision of these roles (as well as ARRS roles).

There will be an offer of a Fellowship for 2 years after Vocational Training Scheme (VTS) ends to all qualifying GPs. Mentorship for these GPs is expected to be 450 in the first year and will attract backfill of 1 session per week to the mentors.

£20k golden hello extended probably for the next 2 years.

ASPIRATIONS

- There are ongoing discussions with the Department of Health & Social Care (DHSC) over improved employment practices for staff in primary care and proposals will appear as soon as possible.
- Releasing time to care - the aim is to reduce bureaucracy and DHSC will look at how this might be achieved.
- Tackle boundary between primary and secondary care to make it easier for services to be delivered on discharge.
- Improving access for patients is another priority but the review is not completed yet. There is a need for better data to understand the types and number of appointments available and DHSC is trying to develop a better and more “real-time” patient experience measure.
- Digital services, eg online consultations.

VACCINATIONS AND IMMUNISATIONS

- These become an essential service - with protected core funding.
- Item of Service (IoS) fee for each jab £10.06.
- There is a new QoF domain on uptake of immunisations.
- “PCNs ideally placed to improve flu vaccine coverage”.
- Flu vaccination forms part of the 8 targets in the IIF.
- Pre and post exposure vaccinations will be included.

QoF

- Updates on a number of domains to mirror NICE guidance, eg Asthma and COPD.
- Annual HbA1c test for those with “pre-diabetes”.
- Early cancer diagnosis and Learning Disability reviews.
- Improvements in maternity services.

OTHER

- Other clinicians will be able to complete fit notes.
- CCGs will have to report to LMCs how money is spent.

CONCERNS RAISED ON THE DAY

Many CDs are keen to progress with this agenda but there were many questions around the ARRS scheme.

- Difficulty recruiting, particularly in rural areas.
- Although there are new categories some of these are less relevant. University practices were keen to bring forward Mental Health workers but NHSE clear that there will be no flexibility beyond what is stated.
- PCNs cannot offset an underspend regarding 100% re-imburement of 1 member of staff against an overspend on another.
- Premises will remain a big problem but it is unlikely that funding for improvements will be targeted at individual practice level, only at PCN level and in conjunction with other providers.
- There will now be 4 specifications for next year not 2. The GPC is calling an extra LMC Conference to discuss the profession’s response to these to assist negotiations next year.
- There will be no funding for relocation of staff.

- Apart from social prescribers there will be no inherent management costs included in the ARRS.
- There was little in the package for management - the 100% ARRS reimbursement will free up the £1.50 for management!
- Many CDs were asking about tax implications - see separate report.

I asked about the lack of support in the contract for individual practices, particularly struggling practices that may close (1 in 6 practices have closed or merged since the inception of NHSE). Both NHSE and the GPC expect these problems to be resolved by the associated Networks!!! This is not contractual as the Practice contract is with NHSE not PCN. I envisage there will be changes to Networks over time with little acceptance or support to deal with this problem.

DR ALASTAIR BRADLEY
Chair