GP contract update 2020-21

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2020/21 contract agreement

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- The 2020/21 contract agreement provides enhancements to the five-year contract framework agreed last year between GPCE and NHSEI across 2019-2023/24
- It builds on the Primary Care Networks created in 2019 (with additional funding and additional workforce), expands recruitment and retention initiatives for GPs (supported with additional funding), thus reducing workload, while retaining GP and partnership autonomy and ensuring GPs have a leadership role at the centre of primary care
- These changes will significantly increase funding into the contract (both at practice level and PCN)

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Primary Care Networks

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Primary Care Networks – DES amendments

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- Over 99% of practices across England are currently signed up to the Network Contract DES
- Improvements to the contract give PCNs greater certainty, confidence and funding to develop
- The following changes have been made to the Network Contract DES:
  - A requirement for community healthcare services to engage with the PCN for delivery of services (as part of NHS standard contract) and corresponding amendment to the DES for community healthcare services to be included in schedules
  - A requirement for mental health trusts to engage with PCNs with a provision of mental health practitioners to PCNs (as part of NHS standard contract) and corresponding amendment to the DES for community healthcare services to be included in schedules

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Primary Care Networks – DES amendments (2)

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- Can opt-out of the DES during April each year (and in exceptional circumstances at any time). For 2020-21, this window is extended to 2-months until 31 May 2020
- A requirement for CCGs to maintain the level of funding they provide for existing LES/LIS (especially in relation to care homes) to be recycled within primary medical services, with a strong recommendation for this to be for the same use as previously. Reinvestment proposals must be discussed with LMCs
- A 3-month grace period for vacancies within practice-funded baseline posts, from the point that the role becomes vacant, during which there will be no impact on PCN's claim under ARRS – this provides the PCN with time to recruit a replacement clinician (not necessarily like-for-like)
- CCGs will be required to assist PCNs with recruitment, to ensure full use of all funding

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Primary Care Networks – Service specifications

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- Significantly reduced and improved compared with initial drafts
- *Anticipatory care* and *Personalised care* will be deferred until 2021/22 after negotiation with GPC England
- *SMR, Care Homes* and *Early cancer diagnosis* specifications are significantly reduced (to 3 pages from over 20)
- There will be no contractual quantified targets
- Non-contractual guidance will be prepared for each service specification

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Primary Care Networks – Service Specifications

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- SMRs prioritised and linked to pharmacist capacity of the PCN with no requirement passed on for GPs to undertake these in the absence of that capacity
- No mandatory requirement for GPs to visit care homes on a fortnightly basis
- Care home premium of an annual payment of £120 per care home bed, to begin October 2020 (pro-rata)
- Where CCGs are paying more for additional care home work, this should continue
- Suggestion of OOH service for care homes removed
- Introduction of dashboard of indicators to support quality improvement discussion, not performance management
- From 2021 1/3rd of IIF will include domains related to service specifications

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Network services overview

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Network services phased into the DES in the coming years

2020/21

- Structured medication review
- Enhanced health in care homes
- Supporting early cancer diagnosis

2021/22*

- Anticipatory care (with community services)
- Personalised care
- Cardiovascular disease prevention and diagnosis, through case finding
- Action to tackle inequalities

***The content, and associated service specifications for these, will be subject to negotiation with GPC England**

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Primary Care Networks – ARRS changes

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- 100% reimbursement for all ARRS staff (including on-costs) up to the maximum reimbursable amount and within each PCNs ARRS sum; this includes staff currently within the ARRS and all the new staff groups

- Additional funding for inclusion in the ARRS:

  - £173m for 2020/21 increasing further (see separate slide)

- Workforce rises from 20,000 to over 26,000, including:
  - Pharmacy technicians, with MOCH technicians able to transfer to the ARRS (as CPs did)
  - Health Coaches and Care Navigators
  - Option, but not obligation, to recruit dieticians, podiatrists and occupational therapists
  - Increasing the AfC banding for paramedics from 6 to 7

- NHSE/I have written to CCGs and PCNs stating that unspent ARRS funding for 2019/20 can be used for new staff at 100% from now

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Primary Care Networks – ARRS changes (2)

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- Funding is guaranteed for those that continue to participate in the DES and these staff will be treated as an essential and recurrent part of GMS general practice expenditure beyond 2023/24

- TUPE arrangements in the future if necessary to remove redundancy risk and associated costs

- Practices will no longer need to find the funding for 30% staff costs and all other funding is therefore additional. Effectively meaning a large **reduction in expenses** for 2020/21

- £1.50 per patient can now be used for admin support or more CD time

- ICS funding to be used for organisation development support

- Enables practices to use released funding as they wish

- More practices may now wish to consider direct employment of staff

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ARRS funding update

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Allocation	19/20	20/21	21/22	22/23	23/24
Original ARRS allocation (£m)	110	257	415	634	891
New General Practice Workforce Package (£m)	0	173	331	393	521
Total	110	430	746	1,027	1,412

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Impact for the average PCN

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	19-20	20-21
Total funding per av. PCN	£236,977	£441,260

Role	Illustrative FTE
Clinical pharmacists	6
Pharmacy technicians	2
First contact physiotherapists	3.5
Physician associates	2.5
Social prescribing link workers/health and wellbeing coaches/care co-ordinators	5
Paramedics and other AHPs	2
Total (by 2023/24) at no cost to practices/PCN	21

PCNs will also benefit from the input of community MDT for assistance in delivery of the PCN services (ie increasing the time the PCN staff can provide to core general practice work

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PCN Investment and Impact Fund

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- The Investment and Impact Fund will be worth £40.5m in 2020/21, increasing to £150m in 2021/22, £225m in 2022/23 and £300m in 2023/24.
- QOF-like domains. Eight indicators are included in 2020/21, relating to seasonal flu vaccination, health checks for people with a learning disability, social prescribing referrals, and prescribing.
- Payment for each point earnt will vary by network and indicator based on a prevalence adjustment and a list size adjustment.
- From 2021/22 payment will be made monthly through aspiration payments (based on PCN devised aspired attainment level), similar to QOF, with reconciliation at year end. (There will be a single end of year payment for 2020/21).
- Achievement measured at PCN level – funding can be used at practice level
- Funding achieved to be spent on services and workforce expansion
- No longer needed to fund the 30% practice contributions to ARRS
- There is potential for additional funding related to access in-year

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PCN Investment and Impact Fund

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Title	Total funding	Potential value per average PCN
Prevention and tackling health inequalities		
Seasonal flu vaccine uptake 65+	£8m	£6400
Learning disability health checks	£6.25m	£5000
Providing high quality care		
Social prescribing referrals	£6.25m	£5000
Gastro-protective prescribing (3 sub-domains)	£6.25m	£5000
Creating a sustainable NHS		
Metered Dose Inhaler (MDIs) prescribing	£6.25m	£5000
Low value medicines prescribing	£7.5m	£6000

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Involvement in the DES

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In summary, practices will receive the following for engagement with the DES

- Additional fully-funded staff working in and for practices to help manage current workload
- Access to evening and weekend appointments to take pressure off day-time services (£1.45/patient already going to PCNs for Extended Hours Access, with £6/patient funding for Improving Access moving to PCNs by 2021)
- Access to £1.50/patient to contribute to management support for PCNs
- IIF monies for investment in practice workforce and services
- Retention of £1.76/patient practice payment for network participation

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GP recruitment and retention

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GP recruitment and retention

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- **Additional investment**
  - Additional investment of £94m, £117m, £114m and £103m in respective years for GP recruitment & retention
- **Supporting the partnership model**
  - £20,000 + on costs partnership loan – to be retained after 5-6 years; available to all new partners
  - Payment pro-rata based on 37.5 hours as full-time
  - £3,000 for the new partner for training
- **Supporting return to work**
  - Childcare costs (up to £2,000 per year) to support GPs returning to practice with children under 11 as part of I&R scheme. £1,000 for the portfolio route due to shorter length of placements
- **Supporting locum GPs**
  - Locum support scheme, with 1 session a month CPD for a minimum contribution of sessions – details to be agreed with Sessional GP Committee

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GP recruitment and retention (2)

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- Support and investment in GP training
  - Increase from 3,500 to 4,000 training places from 2021
  - GP trainees will spend 24 months in general practice training, up from 18 months
  - Expansion of the Targeted Enhanced Recruitment Scheme (from 276 places now, to 500 in 2021, to 800 in 2022) for under-doctored areas
  - All GP trainees offered 2 year GP Fellowship; 1 session a week CPD and £3000 per year for training

- Supporting mentors
  - Funded training provided and funding for practice to release for one session a week (provided also doing three clinical session) for highly experienced GPs to mentor newly qualified GPs entering the workforce through the GP Fellowship Scheme

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QOF and QI modules

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QOF indicators overview

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Amended indicators

- Updated asthma, COPD and heart failure domains with best clinical guidance

New indicator

- *The percentage of patients with non-diabetic hyperglycaemia who have had an HbA1c or FPG test in the preceding 12 months* - 18 points (10 recycled from CVD-PP001; 8 points from new funding):
- Investing an additional £10m into QOF within a new indicator bringing the total points available to 567 from 2020/21.

Retired indicator

- *CVD-PP001 In those patients with a new diagnosis of hypertension aged 30 or over and who have not attained the age of 75, recorded between the preceding 1 April to 31 March (excluding those with pre-existing CHD, diabetes, stroke and/or TIA), who have a recorded CVD risk assessment score (using an assessment tool agreed with NHS CB) of ≥20% in the preceding 12 months: the percentage who are currently treated with statins (10 points)*

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QOF indicators (Asthma)

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Agreed new wording	Points	Payment thresholds
AST005. The contractor establishes and maintains a register of patients with asthma aged 6 years or over, excluding patients with asthma who have been prescribed no asthma related drugs in the preceding 12 months	4	N/A
AST006. The percentage of patients with asthma on the register from 1 April 2020 with either: 1) a record of spirometry and one other objective test (FeNO or reversibility or variability) between 3 months before or 6 months after diagnosis; or 2) if newly registered in the preceding 12 months with a diagnosis of asthma recorded on or after 1 April 2020 but no record of objective tests being performed at the date of registration, with a record of spirometry and one other objective test (FeNO or reversibility or variability) recorded within 6 months of registration.	15	45-80%
AST007. The percentage of patients with asthma on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using a validated asthma control questionnaire, a recording of the number of exacerbations, an assessment of inhaler technique and a written personalised action plan	20	45-70%
AST008. The percentage of patients with asthma on the register aged 19 or under, in whom there is a record of either personal smoking status or exposure to second-hand smoke in the preceding 12 months	6	45-80%

QOF indicators (COPD)

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Agreed new wording (no points or threshold changes)	Points	Payment thresholds
COPD009. The contractor establishes and maintains a register of: 1. Patients with a clinical diagnosis of COPD before 1 April 2020 and 2. Patients with a clinical diagnosis of COPD on or after 1 April 2020 whose diagnosis has been confirmed by a quality assured post bronchodilator spirometry FEV1/FVC ratio below 0.7 between 3 months before or 6 months after diagnosis (or if newly registered in the preceding 12 months a record of an FEV_1/FVC ratio below 0.7 recorded within 6 months of registration); and 3. Patients with a clinical diagnosis of COPD on or after 1 April 2020 who are unable to undertake spirometry	8	N/A
COPD010. The percentage of patients with COPD on the register, who have had a review in the preceding 12 months, including a record of the number of exacerbations and an assessment of breathlessness using the Medical Research Council dyspnoea scale	9	50-90%

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QOF indicators (Heart failure)

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Agreed new wording	Points	Payment thresholds
HF005. The percentage of patients with a diagnosis of heart failure after 1 April 2020 which has been confirmed by: 1. an echocardiogram or by specialist assessment between 3 months before or 6 months after entering on to the register; or 2. if newly registered in the preceding 12 months, with a record of an echocardiogram or a specialist assessment within 6 months of the date of registration.	6	50-90%
HF003. The percentage of patients with a current diagnosis of heart failure due to left ventricular systolic dysfunction, who are currently treated with an ACE-I or ARB	6	60-92%
HF006. The percentage of patients with a current diagnosis of heart failure due to left ventricular systolic dysfunction, who are currently treated with a beta-blocker licensed for heart failure	6	60-92%
HF007. The percentage of patients with heart failure on the register, who had a review in the preceding 12 months, including an assessment of functional capacity and a review of medication to ensure medicines optimisation at maximum tolerated doses	7	50-90%

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QI modules

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- Two modules to be introduced:
  - Earlier cancer diagnosis
  - Care for those with learning disabilities
- Replace the modules for 2019-20 on Prescribing safety and End of life care
- The QI domains continue to be worth 74 points

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Vaccinations and Immunisations

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Vaccinations & Immunisations

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- Funding within global sum has been fully retained and will be used for call/recall, administration associated with V&I and outbreaks (major and national outbreaks will be agreed separately on an ad hoc basis)

- Significant reform to payment mechanism and incentives to increase vaccine coverage and population outcomes for childhood immunisations
  - Phased approach over the next two years
  - Initially MMR in 2020/21, and then from 2021/22 for all other individual childhood immunisations, will attract a £10.06 item of service fee (IOS)
  - Practices achieving less than 80% of their target cohort will not receive payment for the first 50% of their cohort, but will receive IOS for each immunisation administered above the 50%
  - Those achieving over 80% of their target cohort will receive the IOS for each immunisation administered
  - In limited circumstances practices may be able to retain the full payment when coverage remains low as a result of patient or practice list demographics

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Vaccinations & Immunisations (2)

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- 70%/90% cliff-edge targets will be removed from 2021/22
- Practices will receive a monthly 'aspiration payment' similar to QOF, based on previous achievement, which will be reconciled at year-end
- Additional investment means significant majority of practices should gain from the new arrangements
- IIF funding will also encourage influenza uptake at PCN level
- Childhood immunisations will be part of QOF from 2021/22

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Other agreements for 2020/21

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Other contractual agreements

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- **Post-natal maternal health checks**
  - £12m funding has been secured for 6-8 week maternal checks
  - Funding for child health surveillance and maternity additional service maintained and arrangements will be become part of essential services
- **Patient registration**
  - New regulations requiring practices to ensure patients lists are regularly updated and to manage registration arrangements for patients who move out of practice area, and for patients who only fall into one practice's area when there is a breakdown of relationship
- **Termination of contract**
  - New regulation will be introduced to terminate core contract when CQC registration has been revoked (having exhausted all appeals)
- **Premises Cost Directions**
  - The PCDs have been agreed as part of the overall package and are being drafted

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Other agreements

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- **Reducing bureaucracy**
  - An amendment to regulations to allow other clinicians to be able to complete fit notes
  - DHSC will initiate a full cross-government review of bureaucracy in general practice (e.g. blue badges, sick notes for missing school exams, legal aid applications etc)
  - NHSE and GPCE will work together to agree other initiatives to reduce bureaucracy (e.g. workload transfer from hospitals, national training standards, appraisal and revalidation)
- Non-contractual encouragement for practices to offer to refer appropriate patients to weight management services where available
- Core staff offer to recommend to practice for their staff
- CCGs required to provide annual primary care funding report to LMCs

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Other agreements

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- Digital
  - The digitisation of Lloyd George records starts in 2020. Subject to the piloting, publication of national guidance and ongoing work with the JGPITC, the implementation process could start from April 2020
  - From April 2020, practices will offer all patients online access to all prospective data on their patient record, unless exceptional circumstances apply – this is dependent on the functionality being in place, including for redaction
  - NHS England will look at how third-party redaction software could be made available to general practice to further support practices to deliver full historic online access to records for their patients
  - From April 2020, practices will have an up-to-date and informative online presence, with key information being available as standardised metadata for other platforms to use

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Pay and pensions

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Pay & pensions

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- **Salaried GP pay dependent on DDRB award**

- **Pay transparency**
  - Any GP, director, practice staff or subcontractor whose NHS pensionable earnings exceeds £150k, will have their name and salary included on a nationally published list
  - Similar to current pay transparency for senior NHS managers and medical directors
  - £150k threshold will be uplifted each year in line with the agreed pay uplifts
  - Requirement for contractors to self-declare, and passing on this obligation to self-declare to practice staff and subcontractors
  - NHS Digital earnings and expenses annual report could be amended to include anonymous data on number of GPs by earnings banding (e.g. up to £20k, £20k-40k etc, up to the £150k) accounting for WTE

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Pay & pensions

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- **Enhanced Shared Parental Leave**
  - Committed to agreeing arrangements for Enhanced Shared Parental Leave for salaried GPs as soon as possible in 2020/21
- **Gender Pay Gap**
  - Committed to investigate the gender pay gap in general practice with a view to agreeing in the next round of negotiations a set of initiatives to reduce it; this will require further improvements in data collection of WTE earnings
- **Pensions**
  - NHS England will be writing to all practices to inform them that NHS England will act on their behalf to cover the annual allowance tax charge for all GPs opted into scheme pays. When that individual retires and claims their pension, the NHS will pay off the tax charge for 2019/20 (including interest accrued)
  - Increased employer contribution for NHS pensions will be met centrally as per last year, and that this will be the case for at least the duration of the GP contract deal (i.e. to March 2024)

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Overall contract funding

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Funding changes for 2020/21

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	2019/20	2020/21	Increase	
Global Sum price per weighted patient	£89.88	£93.46	£3.58	4.0%
Value of QOF point	£187.74	£194.83	£7.09	3.8%
Out of Hours adjustment (%)	4.82%	4.77%		
Out of Hours adjustment (£ amount)	£4.33	£4.46		

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Overall contract funding

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- Practice contract value rises by an additional £20m in 2020/21 beyond previous agreement
- DES rises in value by £166m from £552m to £718m in 2020/21
- Includes increase in ARRS funding from £257m to £430m
- ARRS £344,000 per average PCN in 2020/21 becoming £1.13m per PCN in 2023/24
- By 2023/24 the ARRS is worth over £1.4bn, with £1.4bn more than last year's deal promised invested over the four year period
- Average PCN will get £574,000 in 2020/21 rising to £1.901m by 2023/24
- Average practice will have income of £1.3m by 2023/24
- Removal of need to find 30% staff costs effectively means a £110m reduction in expenses for 2020/21
- No annual requirement to cover above inflation indemnity cost rise

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Impact for average practice

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	19-20	20-21
Practice contract baseline	£8.116bn	£8.323bn
Total funding per average practice	**£1,189,693**	**£1,220,066**
Year on year growth per av. practice	£15,900	£30,373
Cumulative growth av. practice	£15,900	£46,363

The above is made up of:

- Increase to global sum
- Network participation payment (£1.76pp)
- S7a V+I increases
- QOF increase

In addition to this, practices will be able to make use of:

- £120 per bed, care home payment
- IIF outcome funding
- Potential access incentive payment
- Saving 30% on workforce expenses

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GP contract agreement
2020/21

PCNs

Funding elements that will go to PCNs

- Baseline PCN funding (£1.50 per patient)
- Clinical director funding (£0.722 per patient)
- ARRS (additional roles reimbursement scheme) funding per weighted patient (variable)
- Investment and Impact Fund (variable)
- Extended Hours funding (£1.45 per patient)
- Care Home premium (£120 per bed per year)
- PCN share of workforce

Practices

Funding elements that will go direct to GP practices

- Global sum (£93.46, up 4%)
- Practice participation payment (£1.76)
- Vaccs & Imms payments
- QOF (£194.83, up 3.8%)
- Funding and staff from the PCN stream
- Increased number of GPs through the recruitment and retention stream

Additional elements

Premises – provides input to both GP practices and PCN streams. Funding and improvements are essential to ensure delivery for both practices and PCNs

Digital - development and support to be provided from NHS England for digitising records and developing online services

Pensions – provides input to all three streams. Resolving the issues of GP pensions is essential to ensure the delivery of the whole primary care system.

Local funding retained - requirement for CCGs to maintain existing levels of funding, Improving Access £6 per patient with better use of appointments for routine care

GPs and staff

Incentivising GP recruitment and retention, as agreed in the GP contract negotiations (some for the GP, some for practices, some through other routes).

- Partnership premium (£20,000 per new partner)
- Business management training (£3,000 per new partner)
- Improvements to the Induction and Refresher Scheme
- Fellowships (following GP training)
- Increased number of training places
- 24 months of GP training in general practice
- Targeted Enhanced Recruitment Scheme – 276 places increasing to 800
- Mentor Scheme introduced
- New locum support scheme

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Further info

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- BMA website guidance on the 2020/21 agreement: https://www.bma.org.uk/collective-voice/committees/general-practitioners-committee/gpc-england/gp-contract-agreement-england-2020-2021

- NHS England contract page which sets out guidance and links to further resources on contract changes: https://www.england.nhs.uk/gp/gpfv/investment/gp-contract/

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