

GP contract 2021/22 update

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GPC England



Overview of agreement for 2021/22

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- 2021/22 will be the 3rd year of our 5 year contract agreement
- In order to support the continued response of General Practice to the COVID-19 pandemic, including the vaccination programme, NHSEI and GPCE have agreed to minimal changes from 1 April 2021, including delays to previously agreed elements
- This presentation sets out interim contractual arrangements which will apply from 1 April 2021 – a small number of changes will be implemented mainly relating to funding commitments already made and to assist in the pandemic and its impact
- These arrangements will remain under review, depending on the progression of the pandemic and the progress of the COVID vaccination programme, and further changes will be agreed between NHS England and GPC England to reflect current circumstances

Practice level funding increase

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Practices will receive an uplift to the contract of £253m, which includes for pay uplifts (at 2.1%), expenses uplift (at 2.1%), population growth, additional S7a funding for vaccinations and immunisations, additional funding into QOF. This will be at a time when there will be wider public sector pay restraint/freezes

Inflation currently (Jan 2020): CPI 0.6, RPI 1.2

	2018	2019	2020	2021	2022	2023
	£8,007m	£8,116m	£8,323m	£8,576m	£8,792m	£9,029m
Annual increase		£109m	£207m	£253m	£216m	£237m
Cumulative increase		£109m	£316m	£569m	£785m	£1,022m
Annual % increase		1.4%	2.6%	3.0%	2.5%	2.7%
Cumulative % increase		1.4%	4.0%	7.0%	9.5%	12.2%

Global Sum, OOH% and QOF point value

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Figure	2020/21	2021/22	£	%
Value of QOF point	£194.83	£201.16	£6.33	3.3%
Global Sum	£93.46	£97.28	£3.82	4.1%
Out of Hours adjustment (%)	4.77%	4.72%		
Out of Hours adjustment (£)	£4.46	£4.59	£0.14	3.0%

QOF overview

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QOF will be based on the indicator set from 20/21, with limited changes:

- V&I: four indicators have been agreed to comprise the new V&I domain, transferring almost £60m from the childhood immunisation DES to QOF increasing the total value of QOF
- An additional £24m into QOF from April to strengthen the SMI physical health check indicator set and support uptake
- Revised indicator wording for CAN003 and introducing a new cancer indicator
- Size of QOF increases from 567 to 635 points

QI modules for 21/22 will be a repeat of (with slight modification to account for the impact of the pandemic upon care) Learning Disabilities and Supporting Early Cancer Diagnosis QI modules from 20/21

Remote working when clinically necessary will continue to be an acceptable way of delivering QOF reviews

Serious mental health and cancer QOF indicators

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Clinical area	Indicator ID	Indicator wording	Points	Thresholds
SMI	MH007 added back	The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of alcohol consumption in the preceding 12 months	4	50-90%
	NEW	The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of a lipid profile in the preceding 12 months (in those patients currently prescribed antipsychotics, and/or have pre-existing cardiovascular conditions, and/or smoke, and/or are overweight) or preceding 24 months for all other patients	8	50-90%
	NEW	The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of blood glucose or HbA1c in the preceding 12 months	8	50-90%
Cancer	NEW	The percentage of patients with cancer, diagnosed within the preceding 12 months, who have had the opportunity for a discussion and informed of the support available from primary care, within 3 months of diagnosis.	3	70-90%
	CAN003 amended	The percentage of patients with cancer, diagnosed within the preceding 24 months, who have a patient Cancer Care Review using a structured template within 12 months of diagnosis.	6	50-90%

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 began 2020/21 and completed 2021/22
 - Initially MMR in 2020/21, and 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

Vaccinations & Immunisations (2)

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- 70%/90% cliff-edge childhood immunisation DES 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

New Vaccination and Immunisation Domain

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Indicator ID	Indicator wording	Points	Payment thresholds	Points at lower threshold
NM197 (adapted)	The percentage of babies who reached 8 months old in the preceding 12 months, who have received at least 3 doses of a diphtheria, tetanus and pertussis containing vaccine before the age of 8 months.	18	90-95%	3
NM198	The percentage of children who reached 18 months old in the preceding 12 months, who have received at least 1 dose of MMR between the ages of 12 and 18 months	18	90-95%	7
NM199	The percentage of children who reached 5 years old in the preceding 12 months, who have received a reinforcing dose of DTaP/IPV and at least 2 doses of MMR between the ages of 1 and 5 years.	18	87-95%	7
NM201	The percentage of patients who reached 80 years old in the preceding 12 months, who have received a shingles vaccine between the ages of 70 and 79 years.	10	50-60%	0

Enhanced service on obesity and weight management

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- Given the significant focus of the pandemic on obesity and weight management, we have agreed to discuss the introduction of a new enhanced service on obesity and weight management in early 2021/22
- The aim is to introduce new measures to tackle obesity as early as circumstances allow during 2021/22, supported by additional funding from government
- Need assurance that weight management services are in place and freely accessible in all areas of the country

PCN fact sheet



PCNs established:

1 July 2019



Coverage
(% of practices
included within
a PCN)



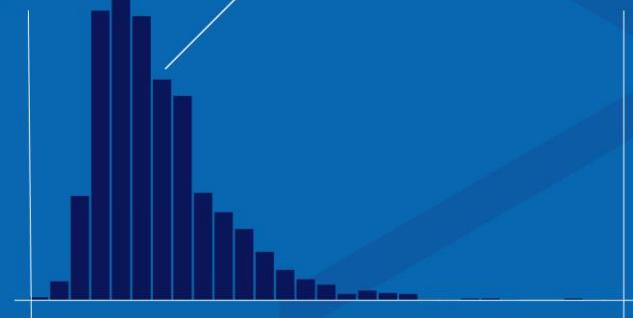
Total number of
PCNs in England:

1,286

Average PCN size
(no of registered patients):

48,160

Range:



Min: **14,605**

Max: **263,827**

LMC England Conference November 2020: "*Conference notes that the BMA GPC (GP committee) England has never secured a robust democratic mandate for the PCN DES and so again asks the GPC England to secure a firm mandate from the entire profession by means of ballot before negotiating any extension or changes to the PCN DES for the year 2021 / 2022.*"

Ballot of whole profession took place January 2021: '**Prior to any further negotiations, extension or changes for 2021/22, do you give GPC England a mandate for the PCN directed enhanced service?**'

Yes: 80% (3619)

No: 20% (915)

Total validated votes: 4,534

Funding streams with significant increases already agreed for 2021/22:

- £1.76 per patient Network Participation Funding (to practices)
- £1.50 per patient Core PCN Funding
- £120 per bed for care home premium
- ARRS to increase from £430m to £746m
- IIF to increase from £24.25m (amended due to pandemic) to £150m
- Access scheme worth £454m (£87m extended hours, £367m extended access)
– full implementation delayed until 2022/23

Changes to continue as planned

- ARRS increase in funding (£430m in 20/21 to £746 in 21/22)
- Expansion of ARRS roles (additional roles extended from ten to twelve in October 2020, with the inclusion of Nursing Associates and Trainee Nursing Associates) now expanded further to include paramedics, AHPs and MHPs to commence in April 2021)
- IIF increase in funding (£24.25m in 20/21 to £150m in 21/22)

Changes to be delayed

- Additional four service specifications will **not** be introduced from April 2021, given reprioritisation necessitated by the pandemic
- More phased approach to the introduction of new IIF indicators for 21/22 (exact indicators and dates to be agreed)
- Access offer to be developed over summer 21, and implemented from April 22

New changes agreed

- CP transfer from the Clinical Pharmacist in General Practice scheme allowed from 1 April to 30 Sept 21
- London weighting for ARRS

- Reimbursable at indicative Band 7 level, but with the ability for PCNs to engage at the top of Band 6
- If a paramedic does not yet have Level 7 capability in clinical practice, they will be engaged via a rotational model as part of a training pathway until they achieve that level

PCN DES: Advanced Practitioners

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An advanced practitioner reimbursement tier may apply to the following PCN roles, and will be reimbursed at band 8a:

- Clinical Pharmacist
- Physiotherapist
- Occupational Therapist
- Dietician
- Podiatrist
- Paramedic

Initially limited to one AP per PCN under 99,999 registered population, and two for PCNs larger than that, until the HEE advanced practitioner registration process has been established and implemented (expected by October 2021)

PCN DES: Mental Health Practitioners

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- PCNs will be entitled to an embedded mental health practitioner, employed and provided as a service by the PCN's local provider of community mental health services, funded under a local agreement
- 50% of the funding will be provided from the mental health provider and 50% by the PCN
- 1 WTE in 21/22, increasing to 2 WTE in 22/23 and 3 WTE by 23/24
- For PCNs with more than 100,000 patients the entitlements are double
- These staff will be additional to mental health practitioners and co-located IAPT practitioners already embedded within general practice

- Clinical Pharmacists that remain on the Clinical Pharmacist in General Practice scheme will be able to transfer to PCNs and be reimbursed under the ARRS
- This transition period will be in place from 1 April 2021 to 30 September 2021. The previous transfer arrangements from 19/20 will apply

PCN DES: Inner and outer London weighting

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- For PCNs in the London region, the maximum reimbursement amounts per role within the ARRS will now include inner and outer London weighting on top of maximum current ARRS reimbursement amounts
- For 2021/22, this will be reinforced through the Network Contract DES
- Provides greater flexibility to use annual increase to ARRS funding for London without impacting ARRS allocations outside London

- Implementation of planned PCN DES services will be delayed, and will not be implemented in April 2021
- Minor modifications to the SMR and Early Cancer Diagnosis service requirements in 21/22:
 - Patients should be considered for a SMR if prescribed potentially addictive pain medication, now clarified as opioids, gabapentinoids, benzodiazepines and Z-drugs
 - PCNs should review and identify any specific actions to address unwarranted variation in cancer outcomes
 - PCNs will be encouraged to play an active role in encouraging and facilitating the sharing of capacity for cervical screening across the practices within the network
- No changes are proposed to the care home service requirements for PCNs
- As with current services, there will be no targets within any future service specifications. Related indicators would be within the IIF once agreed

PCN DES – new services

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- Four further services were due to be introduced from April 2021
 - Cardiovascular Disease Diagnosis and Prevention
 - Tackling Neighbourhood Inequalities
 - Anticipatory Care, jointly with community service providers
 - Personalised Care
- All services link to the recruitment of sufficient ARRS staff
- In order to support practices and PCNs over the coming year with their pandemic response, including the COVID vaccination programme, NHSEI has agreed to delay the introduction of the services

PCN DES – Investment and Impact Fund

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- The IIF was restarted in October 2020, with the low value medicines indicator and low carbon inhaler indicator removed
- The four indicators currently remaining in 2020/21 are:
 - Flu indicator for 65 years and over
 - Learning disability health checks indicator
 - Social prescribing indicator
 - Medicines safety indicator, co-prescribing with gastro-protection, measured with Q3 and Q4 data only
- Flu, LD and social prescribing indicators will continue in 2021/22

PCN DES – Investment and Impact Fund 2021/22

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- IIF funding will increase to £150m in 2021/22
- Discussions are on-going about potential indicators, and the timing of introduction, and could focus on:
 - Supporting COVID response and tackling health inequalities
 - Vaccination uptake
 - **PCN services:** Supporting delivery of the PCN service requirements
 - **Access:** Supporting improved access to and experience of general practice
 - **Sustainability:** Reducing carbon emissions, to support the NHS Net Zero commitment

PCN DES – combining and simplifying access schemes

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- NHSEI and GPCE have agreed to delay the implementation of new access scheme arrangements until April 2022, except where PCNs and CCGs have already agreed the transfer of responsibilities before then and where it still makes sense to do so
- Access scheme is proposed to combine the existing Extended Hours (EH) already within the PCN DES, and the existing Extended Access (EA) which is currently commissioned locally. (£87m extended hours, £367m extended access). Some PCNs already have responsibility for both schemes
- Access scheme can continue to be used to support the COVID vaccination programme
- It is intended that practices and PCNs could the combined scheme to undertake routine work at different times of the day, such as health checks, smears, immunisations, SMRs, to reduce core hours practice workload
- Digital services encouraged, enabling flexible home working, and shared arrangements with neighbouring PCNs, but a GP would need to be available
- Further details to be agreed between GPCE and NHSEI

GP workforce terms and conditions

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- GPCE and NHSEI committed to ensuring all general practice workforce have good contractual terms and conditions
- NHSEI will undertake a data collection survey to get an accurate baseline of current terms and conditions of practice staff
- Following this, we will jointly develop good practice guidance on employment terms and conditions in general practice, to publish in year
- We will explore how general practice gender pay gap information can be made more transparent in a way which respects individual privacy and does not result in undue additional burdens upon practices, with a view to agreement and implementation in year

GP practice core digital requirements

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Practices must offer:

- online consultations that can be used by patients, carers and practice staff on a patient's behalf to gather information and support triage, enabling the practice to allocate patients to the right service for their needs. Online and video consultation tools and functionality will be the responsibility of the CCG to provide
- the ability to hold a video consultation between patients, carers and clinicians
- two-way secure written communication between patients, carers and practices
- an up to date accessible online presence, such as a website, that links to an online consultation system and other online services
- signposting to a validated symptom checker and self-care health information (e.g. nhs.uk) via the practice's online presence and other communications
- shared record access, including patients being able to add to their record
- request and management of prescriptions online
- online appointment booking
- Current arrangement where practices which have implemented and operate a 'total-triage' / 'triage-first' model do not have to meet the 25% online booking contract requirement, will be extended
- Practices will enable patients to use an online method to inform their practice of a change of address, contact details or of their demographic information

Other items

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- DHSC/NHSEI bureaucracy reviews are exploring changes to fit notes, DWP reports and other requests from practices to reduce practice workload
- Retain improvements and reduced workload of appraisal
- Simplify the contract by transferring the cervical screening additional service into essential services. The practice arrangements would not change
- Clarification that digital services are allowed to be delivered by contractors through locations other than practice premises, in line with current practice
- The removal of the requirement for patient consent in use of eRD made under the pandemic regulations will become a permanent change
- A contractual requirement for a more timely transfer (28 days) of patient records when patients move between practices will be introduced

Supporting pandemic response and COVID vaccination programme

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- 2020/21 QOF, DES and LES income protection
- £150m (£30m per month November-March) COVID-19 Capacity Expansion Fund for practice workforce expansion and support
- Appraisal is voluntary
- COVID vaccination programme enhanced service: £12.58 x2 item of service fee per vaccination
- Additional funding for care home vaccinations (£30 for first doses administered 14 Dec–17 Jan, £20 18-24 Jan, £10 25-31 Jan; £10 for all second doses administered), and £10 for vaccination in other residential settings
- NHSEI has agreed to provide £10 per visit to support the vaccination of all housebound patients, applying retrospectively from 14 December 2020. This will apply to first doses and second doses separately
- £1000 for rebooking 2nd appointments in January
- Up to £950 per week (a maximum of £2500 per PCN grouping) for additional admin support in January to ensure that all records for vaccination of priority cohorts are up to date
- GP practice groups responded quickly and effectively, delivering approximately 70% of all vaccinations

Contract Summary

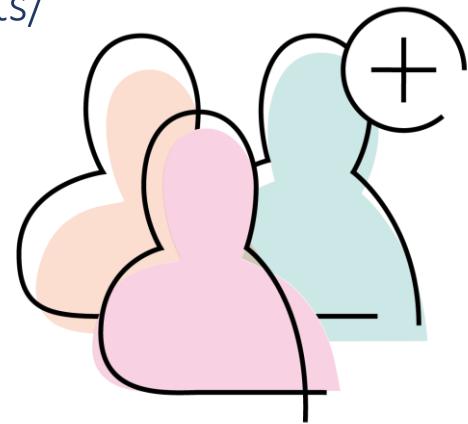
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- Increased above inflation (currently 0.8%) practice and PCN funding
- Vaccinations and immunisation IoS and QOF changes to remove current enhanced service (but no new work)
- £24m additional funding for QOF for mental health domain
- Increased ARRS workforce options, London weighting flexibility and 50% additional funding added to cover cost of mental health worker
- Delay in new service specifications and IIF
- Digital changes in line with experience during the pandemic
- Continued focus on supporting practices with pandemic response and COVID vaccination programme

Membership benefits for GP Practices



- Employer Advisory Service (HR service/partnership agreements/tribunal support)
- BMJ Learning
- BMJ magazine and BMJ.com
- BMA Pensions service
- Independent financial advice
- Learning and development
- Well being service



Standard membership £38 a month
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Membership queries: support@bma.org.uk