

February 2019

PSNC Briefing 008/19: A five-year framework for GP contract reform to implement the NHS Long Term Plan

At the end of January 2019, NHS England published a [five-year framework for GP services](#) agreed with the British Medical Association (BMA) General Practitioners Committee (GPC) in England and supported by Government. It implements commitments in the [NHS Long Term Plan](#) for changes to the GP contract and sets the direction for primary care for the next five years.

This PSNC Briefing sets out a summary of the key aspects of the framework, which are of most relevance to community pharmacy teams and Local Pharmaceutical Committees.

Summary:

- Core general practice funding will increase by £978 million per year by 2023/24;
- A contract will be introduced from 1st July 2019. This addition to the main GP contract will ensure general practice plays a leading role in every [Primary Care Network \(PCN\)](#) and means that there will be much closer working between networks and their [Integrated Care System \(ICS\)](#). This will be supported by a PCN Development Programme which will be centrally funded and locally delivered;
- By 2023/24, the PCN contract is expected to invest £1.799 billion, or £1.47 million per typical network covering 50,000 people. This will include funding for around 20,000 more health professionals including additional clinical pharmacists. Larger teams of health professionals will work across PCNs, alongside existing community health teams, providing tailored care for patients and allowing GPs to focus more on patients with complex needs;
- All patients will have the right to digital-first primary care, including web and video consultations by 2021; and
- All practices will be offering electronic re-ordering of repeat prescriptions from April 2019 and patients will have digital access to their full medical records from 2020.

Addressing the workforce shortfall

NHS England says the biggest challenge facing general practice is a workforce shortfall and helping to fix this is the top priority. The workforce shortfall is being caused by several factors including population growth, declining average time commitment from GPs and early retirement. Increasing the number of nurses, doctors and other staff groups working in general practice will be supported by increased funding for the core GP contract, which will rise by £978 million a year by 2023/24.

NHS England is also providing funding as part of the Additional Role Reimbursement Scheme, starting from 1st July 2019, which will see additional posts in five specific primary care roles: clinical pharmacists, social prescribing link workers, physician associates, first contact physiotherapists and first contact community paramedics. These roles were chosen for several reasons, including the expectation that they will help reduce GP workload, improve practice

efficiency and deliver NHS Long Term Plan objectives. The roles are expected to become an integral part of the core GP model throughout England.

By 2023/24, a typical PCN covering 50,000 patients could choose to have its own team of approximately six whole time equivalent clinical pharmacists, which would broadly mean one pharmacist per practice. It is envisaged that these teams of clinical pharmacists would undertake varied and tailored roles including undertaking structured medication reviews, improving medicines optimisation and safety, supporting care homes, as well as running practice clinics. The pharmacists currently funded under the Clinical Pharmacists in General Practice Scheme and the Pharmacists in Care Homes Scheme will be brought within the new PCN funding system.

The document states that each PCN will be able to decide which provider organisation employs the additional staff, including clinical pharmacists. This could be a single lead practice, a GP federation, or a community, mental health or an NHS trust (or voluntary sector organisation) if the network and that party agree.

The document also states that NHS England and Health Education England will establish primary care training hubs from 2020/21; these will enable more consistent provision of training and continuing professional development for primary care staff in the community.

Improving the Quality and Outcomes Framework (QOF)

Following an NHS England review published in July 2018, the QOF is being updated. Some less-useful indicators are being retired and points are being recycled into more clinically appropriate indicators, including reducing iatrogenic harm and improving outcomes in diabetes care and aligning blood pressure control targets with National Institute for Health and Care Excellence (NICE) guidance.

Two Quality Improvement modules will also be added to QOF, within a new quality improvement domain. NHS England and GPC England have worked with the Royal College of General Practitioners (RCGP), NICE and the Health Foundation to develop these, which cover prescribing safety and end-of-life care. The document notes that the prescribing safety module will dovetail with at least four complementary changes: (a) the expansion of clinical pharmacists in general practice; (b) the nationally-backed roll-out of the pharmacist-led information technology intervention for medical errors (PINCER or equivalent) by the Academic Health Science Networks; (c) the drive to tackle polypharmacy for complex patients, including in care homes; and (d) the Quality Payments Scheme for community pharmacy.

NHS England recommended that these prescribing safety quality improvement activities should involve the whole practice team and practices are encouraged to engage with colleagues in community pharmacy where practicable.

The Network Contract Directed Enhanced Service (DES)

The NHS Long Term Plan says that PCNs will become an essential building block of every ICS. It also notes that PCNs are about provision of services not commissioning, and they are not new organisations. Through the Network Contract DES, general practice will take the leading role in every PCN. By October 2018, 88% of practices in England had already chosen to join or lead a PCN.

The Network Contract is an extension of the core GP contract, rather than a separate contract, which must be offered to all practices. It goes live from 1st July 2019, providing resources over a five-year period. The Network Contract has three main parts: National Service Specifications (what practices must deliver); Network Financial Entitlements (funding) and Supplementary Network Services (Clinical Commissioning Groups (CCGs) and PCNs may develop local schemes and add these as an agreed supplement to the Network Contract, supported by additional local resources).

GPC England and NHS England are committed to achieving 100% geographical coverage of the Network Contract DES by 1st July 2019. PCNs will typically cover at least 30,000 people and will not tend to exceed 50,000 people. Each PCN must have a boundary that makes sense to its constituent practices, to other community-based providers and to its local community.

A PCN must appoint a Clinical Director as its named, accountable leader, responsible for delivery, who will also provide strategic and clinical leadership to help support change across primary and community health services.

A PCN cannot exist without its constituent practices, but its membership and purpose should be much wider. The NHS Long Term Plan sets out a clear ambition to deliver 'triple integration' of primary and specialist care, physical and mental health services, and health with social care.

All PCNs will have a Network Agreement which sets out its collective rights and obligations as well as how it will partner with non-GP practice stakeholders. It will also include a patient data-sharing requirement, in order to support safe and effective delivery of patient care.

PCNs will be the foundation of all ICSs and every ICS will have a critical role in ensuring that PCNs work in an integrated way with other community staff and providers; collaboration arrangements with other local organisations will form a distinct part of every Network Agreement.

Support for PCNs

PCNs will be guaranteed a cash payment of £1.50 per registered patient. Many CCGs already provide support in kind for their PCNs, for example, through seconding and paying for staff to help with particular functions; this support is expected to continue. During 2019, NHS England will establish a new national development programme for PCNs, working with ICS leaders and national bodies including GPC England, RCGP, the National Association of Primary Care and the NHS Confederation Community Network.

Going 'digital-first' and improving access

NHS England will continue to ensure provision of IT infrastructure for general practice via the GP IT Operating Model, and GP IT Futures will replace the current [GP Systems of Choice](#) framework from December 2019.

Through ICS, NHS England will also ensure that predictive analytical tools are available to PCNs. These will help them identify those groups of people who are most at risk of adverse health outcomes and increasingly predict which individuals are most likely to benefit from different health and care interventions.

NHS England wants all patients to have access to digital primary care services, as rapidly as possible. For many patients, digital is expected to become their channel of choice when interacting with the NHS. This is likely to be particularly true of 16-25-year olds. NHS England will work with Universities UK on developing digital primary care support for students; a focus on mental health will be included.

Specific digital improvements

- All patients will have the right to online and video consultation by April 2021;
- All patients will have online access to their full record, including the ability to add their own information, as the default position from April 2020;
- All practices will be offering and promoting electronic ordering of repeat prescriptions and using electronic repeat dispensing for all patients for whom it is clinically appropriate, as a default from April 2019;
- All practices will ensure at least 25% of appointments are available for online booking by July 2019;
- Whilst a practice leaflet remains important, to recognise the changing habits of patients, all practices will need by April 2020 to have an up-to-date and informative online presence;

- All practices will be giving all patients access to online correspondence by April 2020;
- By April 2020, practices will no longer use fax machines for either NHS or patient communications;
- From October 2019, practices will register a practice email address with the Medicines and Healthcare products Regulatory Agency Central Alerting System and act on alerts where appropriate.

Practices will also have the critical role in creating and updating care plans for all appropriate patients, in as near to real-time as possible, to the Summary Care Record and to Local Health and Care Records when they are available.

Protecting the comprehensive model of NHS primary care

From 2019, it will no longer be legal for any NHS GP provider – either directly or via proxy – to advertise or host private paid-for GP services that fall within the scope of NHS-funded primary medical services. NHS England will consult on expanding this specific ban on the provision of paid-for GP services to other providers of mainly NHS services.

Joining-up the urgent care system

NHS England will work with stakeholders including GPC England to evolve and implement a single coherent access offer that PCNs will make, for both physical and digital services. This will deliver convenient appointments ‘in hours’, reduced duplication and better integration between settings such as NHS 111, urgent treatment centres and general practice.

Joining up with NHS 111

The [Digital Minor Illness Referral Service](#) has shown that many patients who would normally be advised to attend general practice can be successfully diverted to community pharmacies. NHS England will now explore how these services can be rolled out nationwide as rapidly as possible, as part of negotiations led by the Department of Health and Social Care with PSNC on the Community Pharmacy Contractual Framework. These potential changes, if implemented, will have an impact in helping to reduce in-hours and out-of-hours workload for GPs. In parallel, NHS England will also test models of redirecting patients who present in general practice to community pharmacy, described in the NHS Long Term Plan as a ‘pharmacy connection scheme’.

The revised contract will expect NHS 111 to be able to directly book appointments at practices on behalf of callers, however, the NHS England Long Term Plan notes that they anticipate that NHS 111 could be directing more patients away from general practice to pharmacies, than are directly booked into general practice appointments.

Seven national service specifications

The increase in investment under this agreement includes the introduction of seven specific national service specifications under the Network Contract DES. These services are focused on areas where PCNs can have significant impact against the ‘triple aim’:

- Improving health and saving lives (for example, from strokes, heart attacks and cancer);
- Improving the quality of care for people with multiple morbidities (for example, through holistic and personalised care and support planning, structured medication reviews, and more intensive support for patients who need it most including care home residents); and
- Helping to make the NHS more sustainable (for example, by helping to reduce avoidable hospital admissions).

1. Medication Review and Optimisation

This service will be directly enabled by clinical pharmacists working in PCNs, to tackle over-medication of patients including inappropriate use of antibiotics, withdrawing medicines no longer needed, as well as supporting medicines optimisation. It will focus on priority groups, for example, asthma and chronic obstructive pulmonary disease, the Stopping Over Medication of People with a Learning Disability programme, frail elderly, care home residents, and patients with complex needs.

2. Enhanced Health in Care Homes

This service comprises a structured set of evidence-based interventions, including medication review by clinical pharmacists, and it is already being widely implemented across the country, building on work undertaken in the care home vanguard sites.

3. Anticipatory Care requirements

This service focusses on introducing more proactive and intense care for patients assessed as being at high risk of unwarranted health outcomes including patients receiving palliative care.

4. Personalised Care

This service specification is intended to avoid over-medicalising care, and ensuring patients are asked by the primary care team “What matters to you?”, not just “What’s the matter with you?”

The recently published [Comprehensive Model of Personalised Care](#) has six main evidence-based components: (i) shared decision-making; (ii) enabling choice; (iii) personalised care and support planning; (iv) social ‘prescribing’ and community -based support; (v) supported self-management; and (vi) personal health budgets and integrated personal budgets.

5. Supporting Early Cancer Diagnosis

PCNs will have a key role in helping to ensure that all their GPs are using the latest evidence-based guidance to identify people at risk of cancer; recognise cancer symptoms and patterns of presentation; and make appropriate and timely referrals for those with suspected cancer.

6. Cardiovascular (CVD) Prevention and Diagnosis

Better prevention, diagnosis and management of CVD is the biggest single area where the NHS can save lives over the next ten years, through fewer strokes and heart attacks. PCNs have the critical role in realising this NHS Long Term Plan ambition, principally through secondary prevention.

The document also notes that too many patients are still living with undetected and under-treated high-risk conditions such as hypertension, raised cholesterol and atrial fibrillation. A new CVD national prevention audit for primary care will support continuous improvement. Through a testbed cluster, NHS England will also test the most promising approaches to detecting hitherto undiagnosed patients, including through pharmacies, as well as managing patients with high risk conditions who are on suboptimal treatment.

7. Tackling Neighbourhood Inequalities

NHS England will develop this through a testbed cluster, involving PCNs with high levels of inequalities. The cluster will seek to work out what practical approaches have the greatest impact at the 30-50,000 people neighbourhood level and can be implemented by PCNs. The service specification will include good practice which can be adopted everywhere, tailored to reflect the specific context of the PCN’s neighbourhood and agreed with their CCG.

Vaccination and Immunisation Review

A review of vaccination and immunisation procurement, arrangements and outcomes will take place in 2019 with its output implemented through the 2020 and 2021 contracts. The review’s purpose is to reduce complexity, improve value and increase impact and not cut practice income.

It will also be the forum for developing proposals on changes to the GP payments system to reflect a potential central flu vaccine procurement route, including any revised arrangements to improve the rate of uptake. NHS England notes that it is possible that in the future, some vaccination programmes could be delivered more efficiently at network level rather than at individual practice level, freeing up time for GPs and practice staff to undertake other activities.

Network dashboard

From April 2020, every network will be able to see the benefits it is achieving for its local community and patients and its relative progress on key metrics contained in a new national Network Dashboard.

Funding for the GP Contract

Funding for the core GP contract (i.e. excluding the Network Contract DES) is now agreed and fixed for each of the next five years, and increases by £978 million in 2023/24. The value of the Network Contract DES will rise over the five years to be worth up to £1,799 billion in 2023/24.

GPs with total NHS earnings above £150,000 per annum will be listed by name and earnings in a national publication, starting with 2019/20 income. The Government will look to introduce the same pay transparency across other independent contractors in the NHS at the same time.

If you have queries on this PSNC Briefing or you require more information please contact the [PSNC Services Team](#).