Agenda Item: 17.29

NHS
West Norfolk
Clinical Commissioning Group

Subject:	GP contract changes
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Submitted to:	West Norfolk Primary Care Co-Commissioning Committee
Purpose of Paper:	For Information

Executive Summary

This report provides information to the Committee on contractual changes as a result of the 2017/18 GMS contract negotiations.

KEY RISKS (in relation to CCG strategic objectives and statutory duties)

Clinical & Quality: Contract changes will need to be monitored by the CCG under delegated commissioning

Finance and Performance: Contract changes will need to be monitored by the CCG under delegated commissioning

Reputation: The CCG routinely reviews any reputational risks associated with its work on Primary Care.

Legal: The CCG ensures that it is acting within its statutory obligations in relation to primary care development.

Patient focus: Not applicable

Information Governance: Not applicable

Conflicts of Interest: The Primary Care Co-Commissioning Committee has been set up to ensure that the CCG acts within the guidance on conflicts of interest.

Equality Impact Assessment: Not applicable.

Reference to relevant risk on the Governing Body Assurance Framework: Not applicable. However it is intended to include the risks associated with the CCG taking on delegated commissioning within the Governing Body's Assurance Framework in future.

RECOMMENDATION:

The Committee is asked to note the update provided in this report

1. Background

Contract negotiations have been held between NHS Employers (on behalf of NHS England) and the BMA's General Practitioners Committee (GPC) on amendments that will apply to GMS contractual arrangements in England from 1 April 2017.

This paper provides the detail of these negotiations.

2. Contract Uplift and Expenses

Nationally, it has been agreed that an investment of £238.7 million will be made in the contract for 2017/18. This investment is to uplift the contract and to take into account increasing expenses, covering:

- A pay uplift of 1% based on DDRB (Review Body on Doctors' and Dentists' Remuneration) formula, and uplift on expenses of 1.4% using latest OBR (Office of Budget Responsibility) inflation forecast for CPI (Consumer Price Index).
- Payments for indemnity costs that will be made based on registered patients at 51.6p per patient
- An increase in the value of a QOF (Quality and Outcomes Framework) point
- The payment fee for the Learning Disabilities Health Check Scheme will increase from £116 to £140 per health check

3. Carr-Hill formula

Negotiations on changes to the Carr-Hill formula will begin shortly. Full implementation of any agreed changes will be effective from 1 April 2018 at the earliest.

4. QOF

It has been agreed that for 2017/18 there will be no change to the number of QOF points available, the clinical or public health domains and no changes to QOF thresholds. However, the CPI (Contractor Population Index) will be adjusted to reflect the changes in list size and growth in the overall registered population for one year from 1 January 2016 to 1 January 2017.

5. Directed Enhanced services (DESs)

5.1 Learning Disabilities Health Check Scheme

The payment for the Learning Disabilities Health Check Scheme will increase from £116 to £140 per health check. A new learning disabilities health check template has been developed by NHS England for practices to use if they so choose. All other requirements of the enhanced service will remain unchanged.

5.2 Core opening hours and extended hours access DES

The Extended Hours Access DES will continue unchanged until 30 September 2017. In relation to the extended hours access DES new conditions will be introduced from October 2017 which will mean that practices who regularly close for a half day, on a weekly basis, will not ordinarily qualify for the DES.

5.3 The Avoiding Unplanned Admissions DES

The Avoiding Unplanned Admissions DES will cease at 31 March 2017. Nationally, funding of £156.7 million will be transferred into global sum, weighted and without the out-of- hours deduction applied, and used to support the new contractual requirement on Identification and Management of Patients with Frailty (see below).

6. Identification and Management of Patients with Frailty

A new contractual requirement is to be introduced from 1 July 2017. Practices will use an appropriate tool, e.g. Electronic Frailty Index (eFI) to identify patients aged 65 and over who are living with moderate and severe frailty.

For those patients identified as living with severe frailty, the practice will deliver a clinical review providing an annual medication review and where clinically appropriate discuss whether the patient has fallen in the last 12 months and provide any other clinically relevant interventions. In addition, where a patient does not already have an enriched Summary Care Record (SCR) the practice will promote this by seeking informed patient consent to activate the enriched SCR.

Practices will code clinical interventions for this group appropriately. Data will be collected on the number of patients recorded with a diagnosis of moderate frailty, the number of patients with severe frailty, the number of patients with severe frailty with an annual medication review, the number of patients with severe frailty who are recorded as having had a fall in the preceding 12 months and the number of severely frail patients who provided explicit consent to activate their enriched SCR. NHS England will use this information to understand the nature of the interventions made and the prevalence of frailty by degree among practice populations and nationally. This data will not be used for performance management purposes or benchmarking purposes.

7. National diabetes audit (NDA)

Practices will be contractually required to allow collection of data relating to the NDA from July 2017 at the earliest.

8. NHS Digital Workforce Census

Practices will be contractually required to allow collection of data relating to the NHS Digital Workforce Census from July 2017 at the earliest. Nationally, recurrent funding of £1.5 million has been agreed to support this requirement and will be added to global sum allocations without the out of hours deduction applied.

9. Data collection

A new contractual requirement will be introduced, from July 2017 at the earliest, for practices to allow data collections for a selection of agreed retired QOF indicators (INLIQ) and retired DESs

10. Registration of prisoners

A new contractual change will be introduced, from July 2017 at the earliest, to allow prisoners to register with a practice before they leave prison. This agreement will include the timely transfer of clinical information, with an emphasis on medication history and substance misuse management plans, to the practice from the prison to enable better care when a new patient first presents at the practice.

11. Access to healthcare

Contractual changes have been agreed that help to identify patients with a non-UK issued EHIC or S1 form or who may be subject to the NHS (Charges to Overseas Visitors) Regulations 2015.

Practices will be required to provide all new patients with a revised GMS1 form, which includes supplementary questions to determine a patient's eligibility to healthcare. For those patients who self-declare that they hold either a non-UK issued EHIC or a S1 form, the practice will be required to manually record that the patient holds either a non-UK issued EHIC or a S1 form in the patient's medical record and then send the form and supplementary questions to NHS Digital (for non-UK issued EHIC cards) or the Overseas Healthcare Team (for S1 forms) via email or post.

The Department of Health has agreed to provide practices with hard copy patient leaflets which will explain the rules and entitlements overseas patients accessing the NHS in England.

It has also been agreed that NHS England and GPC will work with GP system suppliers to put in place an automated process, as soon as possible, to replace the manual process. This will include discussions on development of systems to support collection of GP appointment data for these patients.

Once the technical solution to automatically collect this data is in place, we have agreed that further discussions on implementing the system to support collection of the data will take place.

New national recurrent investment of £5 million will be added to global sum allocation, without the out of hours deduction applied, to support this requirement.

12. GP retention scheme

Improvements have been made to the GP retention scheme to encourage GP's seriously considering leaving or who have already left to consider remaining for a longer period.

GPs can be on the scheme for a period of up to five years. In exceptional circumstances this could be extended by a further 24 months.

13. Payments for sickness leave cover

Changes to the arrangements for making sickness leave payments have been agreed, as follows:

- To allow for cover to be provided by external locums or existing GPs already working in the practice but who do not work full time.
- An amendment to the qualifying criteria for reimbursement to begin when the absence is two or more weeks (as opposed to current arrangements which is linked to patient numbers and the period of absence).
- An increase in the maximum amount payable to £1,734.18 per week. Payments will no longer be discretionary and will be payable where the absence is two or more weeks.
- Sickness leave payments will not be made on a pro-rata basis and will be the lower of actual or invoiced costs up to the maximum amounts as set out in the Statement of Financial Entitlements (SFE).

These changes will be applicable as from 1 April 2017 and all other requirements will remain unchanged.

14. Parental leave payments

It has been agreed that parental leave payments will not be made on a pro-rata basis and will be the lower of actual or invoiced costs up to the maximum amounts as set out in the SFE. All other requirements will remain unchanged.

15. Business Improvement District (BID) levies

Agreement has been reached for eligible practices to be reimbursed for costs relating to BID levies. The reimbursement is to be made via the Premises Costs Directions on submission of a paid invoice. Payment of the BID levies will not be a discretionary payment.

16. Care Quality Commission (CQC) Fees

CQC Fees will be reimbursed directly. Practices will present their CQC invoices to the CCG (where delegated powers exist) or the NHS England regional team and they will be reimbursed as part of the practice's next regular payment.

17. Vaccinations and immunisations (V&I)

There have been a number of minor changes to the V&I schedule, with adjustments slight tweaks around eligibility for vaccinations.

18. GMS digital

Building on the work of recent years to develop high quality secure electronic systems and pro-actively encourage patients and practices to use them, changes agreed for 2017/18 will be taken forward through **non- contractual working arrangements which we will jointly promote in guidance.**

Recognising the importance of cyber security, practices will want to ensure that they have strong underpinning information governance which supports their and patients' use of all electronic systems. **Non-contractual changes to joint guidance** have been agreed that will promote:

- Practice compliance with the ten new data security standards in the National
- Data Guardian Security Review,
- Practice completion of the NHS Digital Information Governance toolkit including attainment of level 2 accreditation, and familiarisation with the July 2016 Information Governance Alliance guidance
- An increased uptake of electronic repeat prescriptions with reference to co-ordination with community pharmacy
- An increased uptake of electronic referrals to 90 per cent where this is enabled by secondary care
- Continued uptake of electronic repeat dispensing to a target of 25 per cent with reference to CCG use of medicines management and co-ordination with community pharmacy
- Uptake of patient use of one or more online service to 20 per cent including, where possible, apps to access those services and increased access to clinical correspondence online
- Better sharing of data and patient records at local level, between practices and between primary and secondary care.

19. Indemnity Inflation

When the GP Indemnity Review was published, NHS England agreed to make payments to practices to cover indemnity inflation experienced in 2016/17 and 2017/18.