

The GP Contract 2024/25 and the Road Ahead

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Programme

- 2023/24
- Contract Negotiation process
- What did GPC England propose
- The current Contract offer
- The Road Ahead



2023/24 Significant Contractual and NHS England decisions



- 6% uplift in staff expenses element of GP Contract incorporated into Global Sum
- First year any supplementary funding was agreed in recognition of the gap between DDRB Award and % Global Sum uplift
- Imposed implementation of full prospective access to Medical Records
- Introduction of the Pharmacy First Scheme
- Introduction of Medical Examiner arrangements
- Loss of GP New To Partnership Scheme [April 2023] and GP Fellowship Scheme



GPC England 2023/24



- New GPC England Officer Team
 - Dr Katie Bramall-Stainer GPC England Chair
 - Drs Samira Anane, Julius Parker and David Wrigley elected Deputy Chairs
- Successful LMC England Conference
- Elected Policy Leads and Groups now in place



Negotiation process I

- October 2023 to January 2024: series of face-to-face meetings including individualised discussions
- NHS England and DHSC
- GPC England produced a series of papers with a menu of options
- Chair of GPC England met with Ministers several times to highlight the importance of 2024/25 as a crucial year for General Practice
- GPC England priorities:

STABILITY: SAFETY: HOPE



Negotiation process II

- Contract offer considered by GPC England on 1st February 2024
- Unanimously rejected: GPC England Officer Team were asked to try and continue negotiations, and did so at numerous levels
- Final offer unchanged
- Published 28th February
- To be put to Referendum of Profession during March
- Anticipated imposition in April



Longer Term Contractual Reform

- GPC England described 2024/25 as a 'stepping stone year' and NHS England borrowed this phrase
- nGMS 2004 took over two years to negotiate during a:
 - Very different political and financial climate
 - Very different profession
- Noting the General Election, the earliest a fully reformed GP Contract could be delivered is April 2026 , and April 2027 may be more realistic
- Therefore, GPC England's strategy remains to phase in change during 2024/25 and 2025/26
- LMC England Conference in November 2023 held detailed workshops considering the form of any new Contract



Context of 2024/25 Negotiations I



- End of the 2019/20 five-year multiyear deal
- End of PCN DES; although ARRS funding is secure
- 2024/25 is a stepping stone year
- NHS England had a one-year financial mandate
- Last two negotiating rounds resulted in an imposed contract



Context of 2024/25 Negotiations II

- General Election during 2024
- New Secretary of State for Health: Victoria Atkins MP
- New Minister for Primary Care: Andrea Leadsom MP
- Any new Administration will have a new political mandate
- Outcome of election, and size of any majority is unclear
- GPC England continues to engage with politicians of all persuasions



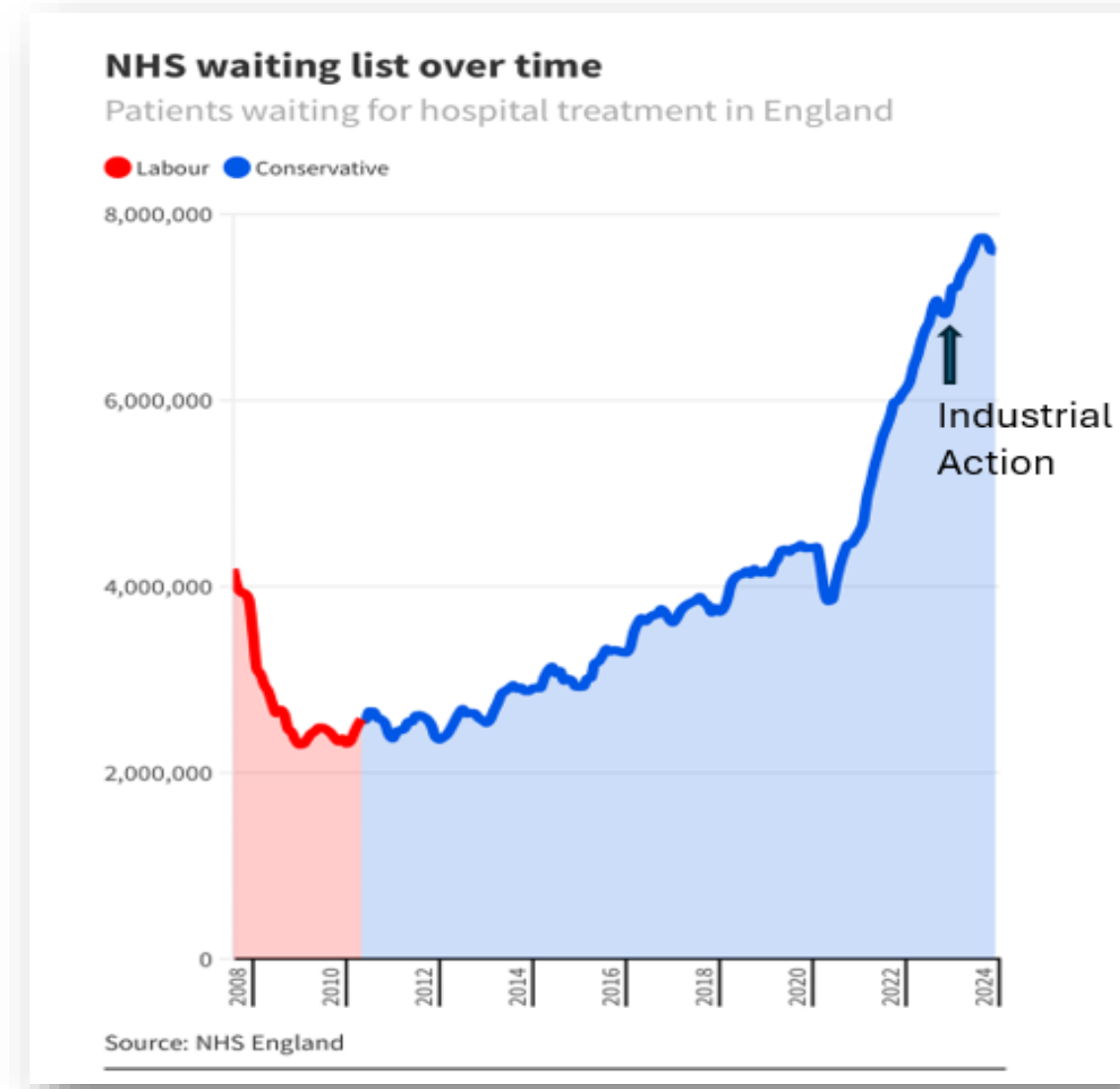
Context of 2024/25 Negotiations III



- Backdrop of unprecedented BMA Industrial Action
- Consultants considering next steps
- SAS Doctors have just rejected their pay offer by 62%
- Junior Doctors: no obvious progress and continuing strike action
- Creating further pressure on hospital services and affecting the morale of all doctors, and other colleagues
- Backlog of investigations, procedures, and outpatient appointments as NHS Waiting Lists continues their seemingly inexorable rise



NHS waiting list over time



Context of 2024/25 Negotiations IV



- Financial pressures on practices demonstrated by GPC England Finance Survey
- Includes further pressures, including the increase in National Minimum and Living wage from April 2024 [9.8% for those > 21]
- Cost of living pressures for practice staff
- Increasing competition from other employers



GPC England Proposals during Negotiations I

Finance

- Increase Core Contract Funding by 8.7%
- Increase IoS fee for all SFE Para 19 Vaccinations from £10.06 to £12.19
- Increase SFE reimbursement rates for sickness [Para 9(5)(a) and (6)] and parental leave [Para 10(5)] from £1751.52 to £2122.84 [£1143.06 to £1385.39]
- In line with CPI inflation [21.2%]



GPC England Proposals during Negotiations II



PCN DES I

- Move ARRS funding to GP Core Contract
- Allow maximum flexibility and autonomy in ARRS recruitment, recognising both local population needs and recruitment challenges
- Recruitment of GP Nurses
- Recruitment of GPs with extended roles [such as safeguarding/frailty]



GPC England Proposals during Negotiations III

PCN DES II

- Allow practices to use a proportion of Enhanced Access appointments for their own registered patient lists, to encourage continuity
- Ringfence funding for GP Supervision of ARRS staff
- Mandated increase in EHCH Bed Premium to £12 per month
- Continue to distinguish the importance of the PCN CD role



GPC England Proposals during Negotiations IV



QOF

- Move QOF funding into GP Core Contract
- Increase QOF Aspiration payments from 70%
- NHS England Consultation on Incentive Payments closes shortly

Vaccination and Immunisation

- Amend Personalised Care Adjustment [Exemption] rules to allow informed dissent



Current 2024/25 Offer



“General Practice is central to the NHS, and the hard work of GPs and primary care staff is hugely valued and appreciated”



Current 2024/25 Offer

Financial

- Overall increase in GP Contract of £259 million taking overall investment to £11,864 million [2.23%]
- Comprises:
 - 2% uplift Contract
 - 2% uplift ARRS allocation
 - 1.68% inflation [GDP Deflator]
 - 0.38% ONS population growth



Current 2024/25 Offer

QOF

- 32 indicators (out of 76) income protected
- Payment based on historic achievement, but with 2024/25 disease prevalence, QOF point value and List Size adjustments [Draft SFE]
- Represents 212 out of 635 points
- QOF aspiration payment rises to 80%
- Only changed Indicator is CHOL002



Current 2024/25 Offer

Vaccination and Immunisation

- Share information with CHIS [Child Health Information Service]
- Maintain up to date records of immunisation status, including patients from overseas
- When there is an unknown and/or incomplete history, offer immunisations in line with UK schedule and Green Book
- Use SNOMED coding [NHS England reviewing this process]



Current 2024/25 Contract Offer



ARRS Recruitment

- Enhanced Practice Nurses
 - Enhanced level of practise with Level 7 or above certificate or diploma in a specialist area of care [PCN > 100K.2]
- If 50:50 Mental Health Practitioners in place, additional 100% ARRS funded roles can be recruited, subject to ICB approval. These MHPs must remain employed/engaged by local mental health provider
- Caps on advanced practitioner removed
- Reimbursement for out-of-practice training for personalised care roles
- Other direct patient care [non-GP/non-Nurse] roles can be recruited with ICB approval
- ARRS allocation distribution mechanism removed



Current 2024/25 Contract Offer



Investment and Impact Fund [IIF]

- Indicators further reduced from five to two
- Only remaining indicators will be LD Health Checks and FIT testing [£13 million]
- Other funding being transferred to Capacity and Access Payment [£46 million]



Current 2024/25 Contract Offer



- **Capacity and Access Payment [CAP]**
- Increases to £292 million
- 70% paid as the Capacity and Access Support Payment [CASP] without any reporting requirements, in twelve equal monthly payments
- NHS England states PCNs have full discretion in terms of how this payment is used: colleagues may wish to test this by:
 - Increasing the EHCH bed premium
 - Ringfencing a proportion of funding for GP supervisory responsibilities as is noted in NHS England's letter



Current 2024/25 Contract Offer



Capacity and Access Improvement Payment [CAIP]

- Comprises the remaining 30% of CAP
- Paid in full in monthly payments from when the PCN CD confirms all Core member practices have put in place the components of the “Modern General Practice Access” model
- This model comprises:
 - Cloud Based Telephony solution implemented
 - Simpler on-line requests
 - Faster care navigation, assessment and response
- All components must be signed off to access CAIP.



Current 2024/25 Contract Offer

Cloud Based Telephony Data Requirements

- Procurement of any new digital telephone contract via the national framework [this was part of the 2023/24 Contract]
- Practices required to agree a Data Provision Notice allowing National data extraction of eight metrics, these being:
 - Call volume; calls abandoned; call times to answer; missed call volumes; wait time before call abandoned; call backs requested; call backs made; average wait times
- From October 2024
- Data will be used to:
 - Provide insight into patient demand and access trends
 - Better understand patterns of demand and surge to inform commissioning of local services



Current 2024/25 Contract Offer

PCN DES Service Requirements

- Nine current service requirements
- One, the Enhanced Access specification, is not changing for 2024/25
- The other eight are being replaced by “*one simple overarching specification with greater outcomes-focus*” which will apparently be:
 - Supporting resilience and care delivery
 - Improving health outcomes
 - Reducing health inequalities
 - Targeting resources to deliver proactive care



Current 2024/25 Contract Offer



PCN Funding and Clinical Directors role

- The Clinical Director Payment, PCN Leadership and Management funding, and Core PCN funding is being aggregated to give a £183 million funding allocation
- PCN CD role description will be simplified and PCN CDs will be expected to focus on :
 - Co-ordination of service delivery
 - Allocation of resources
 - Supporting transformation towards 'Modern General Practice'
 - Supporting PCN role of Integrated Neighbourhood Teams [INTs]



Current 2024/25 Contract Offer



National Enhanced Weight Management Service

- Will continue in 2024/25, with unchanged referral payment [£11.50] and funding envelope [£7.2 million]



Current 2024/25 Contract Offer



Registering with a GP

- Introduction of a combined on-line registration process and new paper form
- Piloted in >2000 practices
- To be adopted by October 2024

Digital Tools for Catchment Areas

- Use NHS England digital tool to produce a digital copy of their practice boundary
- Maintain an updated version



Current 2024/25 Contract Offer



Armed Forces Veterans

- Practices must have *“due regard for the requirements , needs and circumstances of Armed Forces Veterans when offering services and making onward referrals”*

Recognising the Importance of Continuity of Care

- Continuity of care to be considered when determining the appropriate response when a patient contacts their practice



Current 2024/25 Contract Offer



Changes to Workforce Data Collection

- To be submitted quarterly to the National Workforce Reporting Service [NWRS]
- Both practices and PCNs



Current 2024/25 Contract Offer



Performers List Regulations

- During the pandemic, the Performers List Regulations were amended to allow doctors not on the Medical Performers List [MPL] to undertake primary medical services
- This change is now being made permanent
- Such doctors must have a Responsible Officer [RO] via a designated body
- Cannot see undifferentiated patients
- Must continue to practice within their sphere of professional competence



Doctors and Dentists Pay Review Body [DDRB]



- Following the 2019/20 multiyear deal, for 2024/25 the BMA will submit information to the DDRB for both Contractor and Salaried GPs
- NHS England have stressed the significance of the 2024/25 DDRB Award in the context of this years Contract offer
- Consultant negotiations have secured changes in the way DDRB operates
- BMA submission in relation to GPs is available



What do NHS England think they have achieved

- Reduced bureaucracy [QOF, IIF, simplification of PCN DES specifications]
- Help cash flow [QOF aspiration, CAIP]
- Give PCNs more flexibility in terms of staffing [ARRS]
- Improve patient experience [telephony]
- They admit the offer does not really help practice financially [*“tiny difference”*]



Referendum of Profession 7th – 27th March



- GPC England always intended to put 2024/25 offer to the profession
- All GPs including Registrars can vote, but will need to be BMA members
- Will be simple Y/N answer, not a survey
- Result available for GPC England meeting on 28th March



Referendum Question

**Do you accept the 2024/25 GMS Contract for General Practice
from Government and NHS England?**

Yes or No





JOIN.
VOTE.
WIN.

The GP contract
referendum
7-27 March



Speak up

for your patients and profession

**YOU NEED TO BE A BMA
MEMBER TO TAKE PART**

Industrial Action [IA] for Doctors

- Trades Union law requires both a majority and a 50% turnout of those entitled to vote for a legitimate mandate, both for:
 - Industrial Action [IA]
 - Action Short of a Strike [ASOS]
- Once achieved , the mandate lasts for six months
- The Strikes [Minimum Services Levels] Act 2023 enables the Secretary of State for Health to achieve a balance between the right to strike and the need for the public to be able to access key services during strikes, although this has not been implemented for health sector



BMA processes for IA

- BMA is the recognised National Medical Trades Union with negotiating rights
- Any Branch of Practice IA requires BMA approval ; because of the financial, workload, and professional implications
- This will include:
 - The nature of the Trades Union dispute
 - The role of IA in resolving the dispute
 - The feasibility of achieving the desired outcome via IA
 - The likely engagement and support of Branch of Practice Members
- Only BMA members can vote, so to have a voice , GPs will need to join the BMA
- Timescales mean this is a late Spring/Summer discussion



Industrial Action for General Practitioners Contractors [Partners]



- Taking Industrial Action as a partner is more complicated than as a salaried employee
- GMS/PMS Contracts include provisions for Commissioners to issue Remedial and Breach Notices in the event of a failure to deliver the contract
- GPC England will provide comprehensive advice to partners
- If IA is taken, maximum participation will be important
- GPC England has also provided guidance to LMCs , who can disseminate advice, and coordinate discussions, but not encourage [“incite”] IA



Non-Contractual Action that might be taken

- Distinguish between action taken in pursuit of an Industrial Dispute , and action individually decided on, which may be discussed and co-ordinated by LMCs, because of circumstances at a GP practice, which may be common to other practices
- May decide to take action that is in line with another organisations contract, such as the Trust National Standard Contract, for examples; Med 3s, patient queries following referral and for investigations, post-operative reviews



Other possible examples of Non-Contractual Action

- No engagement with 'Advice and Guidance' or 'Advice and Refer'
- Switch off non-contractual data-sharing agreements
- No proformas to accompany referrals
- No further Shared Care Agreements
- No baseline investigations to support specialist prescribing
- No unresourced patient registers/call and recall arrangements
- There are others...



BMA Safe Working Guidance

- **Safe for you; Safe for your patient; Safe for your profession**
- GPC England strongly encourages all GP practices to consider how they will implement the BMAs Safe Working Guidance
- Needs to be partner led, but involve practice team
- Engage your PPG
- Inform Healthwatch and your commissioners (via your LMC)
- CQC is being kept updated



GP Action 2024

"**There are unknown unknowns**" is a phrase from a response United States Secretary of Defense Donald Rumsfeld gave to a question at a U.S. Department of Defense (DoD) news briefing on February 12, 2002, about the lack of evidence linking the government of Iraq with the supply of weapons of mass destruction to terrorist groups.^[1] Rumsfeld stated:

Reports that say that something hasn't happened are always interesting to me, because as we know, there are known knowns; there are things we know we know. We also know there are known unknowns; that is to say we know there are some things we do not know. But there are also unknown unknowns—the ones we don't know we don't know



GP Action 2024

- GPC England/LMCs have been asked to coordinate WhatsApp Groups in anticipation of GP Action 2024
- Plan is to engage as many GPs as possible, cascade information from GPC England, and enable debate and feedback
- Episodically active
- First event will be the GP Referendum in March





Follow the Surrey and Sussex LMCs
channel on WhatsApp:
<https://whatsapp.com/channel/0029VaDBiZxHwXb4Q9htwr0P>



A Reminder about LMC Buying Group Membership

The LMC Buying Group helps GP practices save money on products and services they regularly buy. The Buying Group have negotiated excellent discounts on a wide range of products and services from their approved suppliers.

Buying Group membership is completely free and there is no compulsion to use all the suppliers. They do the hard work associated with finding the most competitive suppliers in cost and customer service, so they save you time as well as money on your purchasing!

Although the Buying Group was originally set up to help GP practices save money on the products and services they regularly buy, membership is now also open to GP Federations and Primary Care Networks.

If you're not sure whether you're a member and/or have access to the Buying Group website (this is where you can view the pricing/discounts and get quotes) then contact the Buying Group team on 0115 979 6910 or info@lmcbuyinggroups.co.uk. They can also help you with any questions you might have about your membership or the suppliers.



Why use the Buying Group?

- ✓ No membership fees
- ✓ Excellent negotiated discounts from a range of suppliers
- ✓ Quality products and services
- ✓ Free cost analysis for members
- ✓ No need to 'shop around' anymore – we've done the hard work already!
- ✓ Access to a recruitment platform to advertise your clinical and non-clinical roles for free and a premium 'Featured Job' package for a small fee.
- ✓ Access to a community resource hub