8th December 2021

**To all practices in Surrey & Sussex LMCs**

Dear Colleagues

**Update: NHS England GP Contract changes December 2021 – March 2022**

I am writing further to my letter of 7th December as NHS England has now published further details of the temporary 2021/22 GP Contract changes being made. These acknowledge the impact of the JCVI [Joint Committee on Vaccination and Immunisations] guidance in the light of the emerging Omicron variant and the COVID-19 Vaccination Programme.

**Colleagues should use the accompanying NHSE guidance for further details, referenced QOF tables are in Appendices 1 and 2 of this letter and Appendices 3 and 4 refer to IIF indicators.**

In summary:

**QOF**

The following QOF indicators will be paid on 2021/22 practice performance.

* The four vaccination and two immunisation indicators (table 1) 75 points.
* The eight prescribing indicators (table 2). These will have an enhanced QOF point value of 46 points, giving a value of 90 points in total.
* The nineteen disease register indicators (table 3) 81 points.

The QI [Quality Improvement] domain will be paid in full (Table 7).

The QOF indicators newly introduced in 2021/22, for which there is no historic performance which can be used as the basis for income protection, are being reallocated, their points (46) are moving to the eight prescribing indicators, as above.(table 4)

The remaining QOF indicators will be income protected either on 2018/19 achievement (table 5), or, in the case of indicators relating to diabetes and hypertension, the 2019/20 achievement (table 6) . These represent 244 and 71 points respectively.

As noted in my earlier letter, the LMC has contacted your CCG to initiate a confirmatory assurance process so that practices will be eligible for income protection; eligibility applies to all practices regardless of their participation in the COVID Vaccination Enhanced Service.

Colleagues should note all QOF activity that is undertaken should be coded and CQRS will continue to operate. Aspiration payments will be made as usual, but NHSE have warned there may be a delay in 2021/22 QOF (and also IIF) payments. Under current plans, QOF will recommence from April 2022.

**Investment and Impact Fund [IIF]**

Colleagues should refer to Appendices 3 and 4 in NHS England’s letter.

* The three flu immunisation indicators and the appointment categorisation indicator (VI-01, VI-02, VI-03 and ACC-01) will be paid on 2021/22 PCN achievement

(Appendix 3).

* All other IIF indicators are suspended (Appendix 4).

The suspended IIF indicators comprise £112.1 million investment that will be allocated as below:

* £62.4 million to PCNs on a weighted patient basis, subject to confirmation from the PCN this fund will be reinvested into services or workforce.
* £49.7 million will be allocated on a registered list size basis after the 2021/22 financial year, subject to *“All practices within a PCN being signed up to Phase 3 of the*

*COVID-19 Vaccination Enhanced Service as at 31st December and remaining signed up until 31st March 2022 and actively delivering the Programme”.*

Practices not currently signed up would need to do so by 10th December, as assurance and January 2022 go-live date will follow.

There may be exceptional circumstances where a CCG may agree an individual practice may not participate but the PCN may still be eligible for payment.

CQRS will still operate for IIF indicators, and the IIF will, under current plans, recommence from April 2022.

**Other Contractual Arrangements**

The Minor Surgery DES will be income protected from 1st December 2021 – 31st March 2022, with payments to practices made on the basis of the corresponding period from 1st December 2018 – 31st March 2019. This applies to practices “participating in the vaccination programme”.

Routine Health Checks on request from patients > 75 who have not had a consultation in the previous 1 year, and for newly registered patients, can be deferred during the 1st December

2021 – 31st March 2022 period. Again, this applies to practices participating in the vaccination programme, and if this is considered clinically appropriate.

**(For dispensing practices only)**

The Dispensary Services Quality Scheme [DSQS] is being amended so that a minimum of 7.5%, rather than 10% of dispensing patients are required to have medication reviews, focussing on patients who are considered to be at higher risk or would derive most benefit from such a review.

**Additional telephony support**

NHSX have agreed with Microsoft that General Practice may use MS Teams telephony functionality for outbound calls, freeing up existing lines for incoming calls. Practices may keep their current telephony supplier. This offer is available until 30th April 2023. Further communication about this offer will follow.

I hope this further background is helpful; please contact the LMC with any queries.

With best wishes



**Dr Julius Parker**

Chief Executive