

To all practices Surrey and Sussex LMCs

8th February 2019

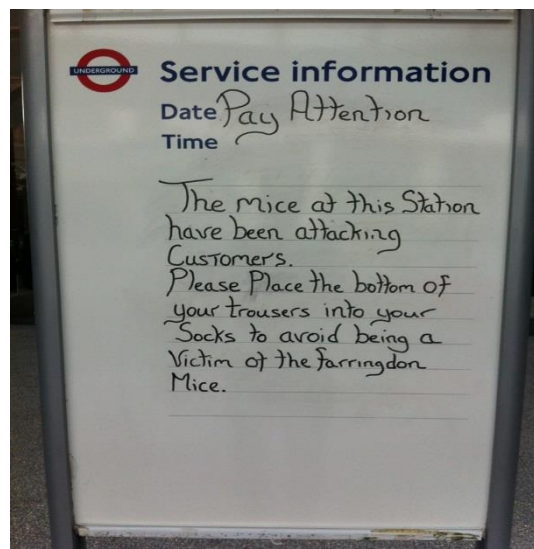
Dear Colleagues

GP Contract Agreement April 2019

In previous years I have written one letter to cover the annual GP contract changes; this year in view of the complexity of change the LMC will send out a series of updates for colleagues following this one, covering all areas of the contractual changes, but noting there are still many details to be published; in particular the Indemnity Scheme's operational arrangements, including potential links with the current Indemnity Organisations, have yet to be finalised. The national template Primary Care Network (PCN) Network Agreement, which will need to be signed by each constituent GP practice, and the Network Contract DES specification, will be published in March 2019.

Because there is value in collective discussion and hearing other people's questions and comments, I would also encourage colleagues to attend one of the six Contract Roadshows the LMC is organising during March/April including a GPC Executive Team Roadshow on 26th March in Crawley; flyers for these Roadshows have been sent to all practices and colleagues are welcome to attend whichever is most convenient.

My attention was recently drawn to this 'whiteboard' message placed at an Underground Tube Station.



I think all colleagues will appreciate it is important not to necessarily believe everything that is being written or said as commentary about this Contract Agreement, which uniquely covers a period of five years.

There are seven agreed goals within the Agreement, these being to: -

- **Increase the primary care workforce available to practitioners:** This will be done by guaranteeing recurrent 70% funding for the costs of additional clinical pharmacists, physicians associates, first contact physiotherapists, and first contract community paramedics, and 100% funding of additional social prescribing link workers. This will be achieved via an **Additional Roles Reimbursement Scheme**, that will be accessed via the **[Primary Care] Network Contract DES**. The current GPFV recruitment and retention schemes will be retained, and NHS England will support a new Primary Care Fellowship Scheme.
- Permanently transfer the current and future costs of clinical negligence within General Practice [including OOHs] for all staff groups, to a **state-backed indemnity scheme**, whose membership will be free.
- **Improve the Quality and Outcomes Framework (QOF)** by implementing the findings of the joint NHS England/GPC QOF Review. The QOF financial envelope remains the same at 559 points, but 28 indicators (175 points) are being retired. 101 points will go towards 15 indicators, mainly focused on diabetes, blood pressure control and cervical screening, the balance of 74 points will create a **Quality Improvement Domain**. In 2019/20 the two Quality Improvement modules within this Domain will be prescribing safety and end-of-life care.
- Introduce a **[Primary Care] Network Contract Direct Enhanced Service [DES]** to support the development of Primary Care Networks (PCNs). There will be 100% population cover by PCNs, with a (national template) Network Agreement and a NHSE funded PCN Clinical Director. PCNs will be able to access the **Additional Roles Responsibilities Scheme**, and up to seven national **Network Service Specifications** will be delivered over the course of the five-year Agreement period. CCGs will be able to add local investment via **Supplementary Network Services**.
- **Assist in the integration of urgent care services;** these include the Extended Hours DES, current CCG-commissioned Enhanced Access (Hub) services, and 111. This will take time, especially given the variety of current local commissioning arrangements, and so during 2019/20 only responsibility for the Extended Hours DES will be transferred to PCNs; over time it is envisaged however that PCNs will deliver Urgent Care Services directly (or via a sub-contract) via the Network Contract DES. This does not affect the OOHs opt-out.
- **Enable practice digital technologies to improve patients' care and their use of NHS services.** There is an array of mainly non-contractual changes to support these IT aspirations.

- Support the **NHS Long Term Plan commitments relevant to primary care**; these will take the form of national **Network Service Specifications** and be subject to negotiation; at present it is envisaged these will be, from April 2020:
- - structured medication reviews
 - enhanced health in care homes
 - anticipated care [with community services]
 - personalised care
 - supporting early cancer diagnosis

and from April 2021:

- cardiovascular disease case finding
- locally agreed actions to tackle inequalities

Network delivery of these services will be supported by an additional Network Investment Impact Fund.

- **Give five-year funding clarity and certainty for practices.** Core Contract funding [excluding the Network DES] will rise as below: -

Year	Cumulative Increase (million)	% Annual Increase
2019/20	£109	1.4%
2020/21	£296	2.3%
2021/22	£525	2.8%
2022/23	£741	2.5%
2023/24	£978	2.7%

This in aggregate includes a final settlement adjustment to secure the State-backed Indemnity Scheme, the 1% increase deferred from 2018/19 which was contingent on reaching a 2019/20 Contract Agreement and increases for SARS, 111 appointments and the transfer to PCNs of responsibility for the Extended Hours DES.

In addition, I would remind colleagues the MPIG decrement and reinvestment process and the seniority payments transfer to Global Sum will be complete by 2020/21.

The LMC would therefore intend to provide practices with dedicated updates in relation to:

- The Additional Roles Reimbursement Scheme
- The General Practice Indemnity Scheme (noting advice will also become available from your current Indemnity Organisation)
- Changes to QOF
- The [Primary Care] Network Contract DES including proposed national Network Service Specifications and Extended Hours DES
- IT
- Five Year practice funding settlement
- Other Miscellaneous contract changes

I hope this will be helpful for practices and in relation to any discussions with CCGs; I would again encourage colleagues to attend a convenient Roadshow. I would also welcome queries in relation to the contract if not obviously addressed by the guidance available, including from the BMA at

<https://www.bma.org.uk/collective-voice/committees/general-practitioners-committee/gpc-england/gp-contract-agreement-england>

With best wishes

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Julius', with a stylized, flowing script.

Dr Julius Parker
Chief Executive