February 2020

PSNC Briefing 008/20: Changes to the GP contract in 2020/21

This PSNC Briefing provides a summary of the changes to the General Medical Services (GMS) contract in 2020/21, which are of most relevance to community pharmacy, including LPC officers and members and Primary Care Network (PCN) pharmacy leads, so they are aware of the changes when in conversation with GPs, Local Medical Committees and PCN Clinical Directors.

Introduction

On 6th February 2020, NHS England and NHS Improvement (NHSE&I) and the GP Committee (GPC England) of the British Medical Association (BMA) announced the details of wide-ranging changes to the GMS contract, which will be implemented in 2020/21. The changes update the 5-year GMS contract agreement, which the two parties made in 2019.

Update to the GP contract agreement 2020/21-2023/24

NHSE&I letter announcing the agreement

Additional staff for PCNs

A range of additional measures will be introduced, to secure 26,000 extra staff under the Additional Roles Reimbursement Scheme and 6,000 extra doctors working in general practice. The agreement highlights that these commitments are now first order priorities for the entire NHS.

The Additional Roles Reimbursement Scheme was established in 2019 with the advent of PCNs and it is the route via which the employment of clinical pharmacists and other health professionals across PCNs is funded by the NHS. Five roles were initially included in the scheme, with clinical pharmacists and social prescribing link workers to be funded in 2019/20, followed by physician associates and first contact physiotherapists from 2020/21 and community paramedics from 2021/22. The new agreement includes six additional roles in the scheme:

- Pharmacy technicians;
- Health and wellbeing coaches;
- Care coordinators;
- Occupational therapists;
- Dieticians; and
- Podiatrists.

For 2020/21 and 2021/22 only, in recognition of workforce supply constraints, the default expectation is that PCNs will not recruit more than one additional individual pharmacy technician under the scheme, or two in those PCNs with a population of over 100,000 patients. The agreement states that this limitation is unnecessary where Clinical Commissioning Group (CCG) agreement, on behalf of the local system, confirms that local supply constraints are not an issue and will be reviewed for 2022/23.

From April 2020, all roles within the scheme will be reimbursed at 100% of actual salary plus defined on-costs, up to

the maximum reimbursable amounts set out in the agreement; this compares to the current 70% reimbursement, which has held back some PCNs from recruiting clinical pharmacists this year.

Reimbursement at 100% of costs and the inclusion of pharmacy technicians within the scheme may mean that pharmacists and pharmacy technicians staff employed in community pharmacies are now more likely to be recruited by PCNs in the year ahead, creating a further workforce challenge for some pharmacy contractors.

The agreement says CCGs and systems are expected to explore different ways of supporting PCNs. These should include the immediate offer of support from their own staff to help with co-ordinating and running recruitment exercises and brokering arrangements to support full-time direct employment of staff by community partners, or to support rotational working across NHS trusts, as well as community pharmacy.

NHSE&I and GPC England note they are seeing increasing examples of rotational working across the country and they strongly endorse this approach. This approach to cross-sector working has been successfully utilised by some pharmacy contractors, working with their LPC, to provide clinical pharmacists to PCNs using appropriately qualified community pharmacists. However, while this certainly is an option PCNs could use, it is unclear whether the financial arrangements would necessarily make commercial sense for pharmacy contractors.

Supporting the general practice partnership model

To support recruitment and retention, the agreement states that partnerships and in particular the number of GP partners will be given a boost by the New to Partnership Payment. This new national scheme is primarily designed to attract early to mid-career GPs into partnership opportunities.

From 1st April 2020, new partners will benefit from a £3,000 business training allowance and a guaranteed one-off payment of £20,000 for a full-time GP to support their establishment as a new partner. The scheme will be available to all GPs and other professional groups, such as nurses and pharmacists who have never before been partners and are offered partnerships. This again, may increase the attractiveness of careers within general practice to current community pharmacist employees, causing workforce challenges to pharmacy contractors.

Releasing time to care

The document says the Government will instigate a swift and full review of cross-Government bureaucracy in general practice with the BMA. This will consider what actions the Government could take to reduce the bureaucratic burden on GPs and other health practitioners within general practice in order to free up valuable time.

In parallel, NHSE&I will review, with GPC England, the Royal College of General Practitioners and wider stakeholders, a range of current requirements, such as mandatory training requirements, how to remove unnecessary barriers for patient self-referral and how to improve the e-Referral and electronic prescribing systems. This may provide an opportunity for improving the electronic repeat dispensing (eRD) functionality of GP clinical systems, which in turn could result in increased use of eRD by GPs.

The document also notes that the newly established NHS Community Pharmacist Consultation Service (CPCS) will relieve pressure on GP practices and subject to the successful evaluation of ongoing pilots, the service will be expanded, with referrals from other settings, including general practices during 2020/21.

Improving access for patients

The document notes that the additional Government investment in primary care capacity under the agreement is for the purpose of improving patients' experience of accessing primary care and cutting waiting times. Progress towards delivering the extra 50 million appointments, promised by politicians during the general election campaign, will be driven mainly by increasing staff numbers in general practices.

Every PCN and practice will be offering a core digital service offer to all its patients from April 2021. This will be delivered through a new national supplier framework and other support activity, alongside improvements to IT infrastructure, more online services for patients and using digital tools to increase flexibility in how staff work and care for patients.

Such digital primary care offerings to patients may present opportunities for the systems to be configured to stream appropriate patients to community pharmacy instead of a general practice appointment, where appropriate services are in place, such as the GP CPCS (which is currently being piloted in several sites across England) or locally commissioned services.

The document also commits NHSE&I to developing and then consulting on options for creating a newly expanded role for PCNs in joining up and running urgent care in the community, as an option rather than an obligation. This would be intended to enable better integration of primary care with urgent care and increase PCN's ability in being able to moderate increases in A&E demand. As this agenda starts to develop, LPCs will want to ensure that they are part of any local discussions to make sure the role of community pharmacy in urgent care is fully recognised.

Reforming arrangements for vaccinations and immunisations

The 2020/21 agreement starts to make changes to the longstanding arrangements for vaccinations and immunisations which have been considered during 2019 by NHSE&I's review of vaccination and immunisation. The document notes that the current payment system is far from optimal, as it is unnecessarily complicated, with wide variations in payment rates and approaches for different vaccines.

Reforms have been agreed to address these weaknesses, providing a more effective set of incentives to increase vaccine coverage and improve population outcomes. Vaccinations and immunisation will become an Essential service which should be available to the whole practice population, rather than an Additional service, as it currently is. All practices will be expected to offer all routine, pre- and post-exposure vaccinations and NHS travel vaccinations to their registered eligible population, as the overwhelming majority already do.

NHSE&I and GPC England have defined five core components for the service:

1) All practices will have a named lead for vaccination services who takes responsibility for ensuring that the core standards and contractual requirements are met, that opportunities for vaccination are maximised and there is appropriate liaison with others within (e.g. community pharmacies) and beyond the PCN;
2) Practices should ensure the availability of sufficient trained staff and convenient, timely appointments to cover 100% of their eligible population. Appointments should be available at a range of times across the working week, including using the PCN extended hours service at evenings and weekends;
3) Practices should ensure their call/recall and opportunistic offers are being made in line with national standards. Some areas already use text-based reminders, and all practices must move towards this as soon as the infrastructure is in place;
4) Practices should participate in agreed national catch-up campaigns. For 2020/21, this will be a continuation of the MMR catch-up in 10/11 year olds; and
5) Practices should adhere to defined standards for record keeping and reporting of coverage data for contract monitoring and payment purposes and for population coverage monitoring.

NHSE&I will standardise the item of service (IoS) fees for the delivery of each dose of all routine and annual vaccines at £10.06, fixed for the remaining three years of the contract deal.

The document states that PCNs, as the vehicle for collaboration between GP practices and community pharmacy, are ideally placed to take the lead on improving flu vaccine coverage. Additional general practice incentives for flu, beyond the IoS, will therefore be channelled through the PCN Investment and Impact Fund (IIF). This will start in 2020/21 with an indicator worth £8m for flu vaccination coverage in over 65s. NHSE&I expect there to be an aligned

incentive for community pharmacy in the Pharmacy Quality Scheme (PQS). Further information for pharmacy contractors on the 2020/21 PQS will be published in due course.

These changes to the vaccination arrangements for general practice may also open up some further opportunities for collaborative working between general practices and community pharmacy. PSNC is lobbying NHSE&I for community pharmacies to be able to provide a wider range of NHS vaccinations, to support the work of general practices, many of which are struggling with vaccination workload at this time. LPCs may also want to explore local opportunities for commissioning with CCGs, particularly where vaccination rates for specific vaccines are well below target levels.

Obesity

The Government has pledged to empower people with lifestyle related conditions, such as obesity, to lead healthier lives. From 2020/21, a new non-contractual requirement for GPs to offer to refer people with obesity into weight management services, where this is clinically appropriate and where commissioned services exist will be introduced. Local Authorities are the main commissioners of weight management services under their public health responsibilities, but NHSE&I will seek to commission additional weight management services for those who are both obese and living with either type 2 diabetes or hypertension in areas with the greatest unmet need from 2021/22 onwards.

PCN service specifications

In 2019, draft PCN service specification were developed through a process of engagement, including input from expert working groups comprising representation from patients, working GPs and other clinicians, and other stakeholders. NHSE&I then published the drafts for comment prior to negotiating them with GPC England.

This generated a high and unambiguous level of concern, particularly but not solely from general practice. NHSE&I published **a summary of the feedback** on 30th January 2020. The major concerns raised included the workforce and workload implications of the initial drafts, the resources to support the work and the implied performance management approach.

NHSE&I and GPC England have agreed a significantly revised approach:

- Final requirements for three of the service specifications for 2020/21 have been rewritten (Structured Medication Review (SMR), Enhanced Health in Care Homes and Supporting Early Cancer Diagnosis);
- Two of the five service specifications – Anticipatory Care and Personalised Care - are deferred until 2021/22. These and the CVD Diagnosis and Prevention, and Tackling Health Inequalities specifications will now be reworked and negotiated with GPC England prior to their introduction in 2021/22; and
- The volume of SMRs undertaken will be determined and limited by the clinical pharmacist capacity of the individual PCN.

At this time, examining the available detail of the service specifications, PSNC sees the most potential for community pharmacy to play a significant role in the CVD Diagnosis and Prevention service which will be introduced in April 2021.

The 5-year Community Pharmacy Contractual Framework agreement included a pilot, funded by the Pharmacy Integration Fund, to test how best to commission a hypertension case-finding service from community pharmacies, in order that such a service could be commissioned nationally to augment the work of PCN teams in delivering the CVD Diagnosis and Prevention service. The pilot is currently being planned, ahead of the rollout of testing in several sites across England later in 2020.

Structured Medication Review and Medicines Optimisation

From 1 April 2020, each PCN will introduce SMRs, which will involve:

- Using appropriate tools to identify and prioritise patients who would benefit from an SMR, which will include

those in care homes; with complex and problematic polypharmacy, specifically those on 10 or more medications; those on medicines commonly associated with medication errors; those with severe frailty, who are particularly isolated or housebound patients, or who have had recent hospital admissions and/or falls; and people using potentially addictive pain management medication;

- Actively working with the CCG to optimise quality of prescribing of antimicrobial medicines, medicines which can cause dependency, metered dose inhalers, where a low carbon alternative may be appropriate and nationally identified medicines of low priority; and
- Working with community pharmacies to connect patients appropriately to the New Medicine Service (NMS).

The potential for pharmacy contractors to provide clinical pharmacists to PCNs has been discussed above. LPCs and pharmacy PCN leads should seek to discuss the final point above regarding NMS with the senior clinical pharmacist and clinical director within each PCN.

The Investment and Impact Fund

The IIF will be introduced as part of the Network Contract Directed Enhanced Service (DES) in 2020/21, with PCNs rewarded for delivering objectives set out in the NHS Long Term Plan and the five-year agreement document.

At least £30m of the £150m IIF for 2021/22 will reward better access, rising in 2023/24 to at least £100m of the £300m total. From 2021/22 onwards, an expected £30m will support implementation of the vaccinations and immunisation changes, and at least a third of IIF funding will be directly linked to indicators related to the PCN service specifications.

Monies earned from the Fund must be used for workforce expansion and services in primary care. Each PCN will need to agree with their CCG how they intend to reinvest the monies earned.

The IIF will operate in a similar way to the Quality and Outcomes Framework (QOF):

- It will be a points-based system, containing domains relating to the NHS 'triple aim' (prevention and tackling health inequalities; providing high quality care; and creating a sustainable NHS). Within the domains, there will be areas described by individual performance indicators, the number of which will grow during the scheme's expansion. Each indicator will be allocated a certain number of points, with the number of points indicating the relative allocation of funds. Payments will be proportional to points earned, with an adjustment for list size and (where relevant) prevalence of conditions;
- It will have aspiration payments from 2021/22. The aspiration payment will need to be approved by the PCN's aligned CCG before any funds are disbursed; and
- Indicators will reward PCNs for attainment in relation to national goals. They will be structured very similarly to QOF, albeit with calculation of attainment and payment at the network rather than practice level.
- Each indicator will have a lower performance threshold below which no payment is made, and an upper performance threshold above which no payment is made. There will be a sliding scale relating attainment to reward for performance between the lower and upper thresholds.

The indicators of particular interest to community pharmacy are set out in the table below.

Indicator	Indicator value (£m)	Indicative value for average PCN	Upper Threshold	Lower Threshold
Percentage of patients aged 65+ who received a seasonal flu vaccination (1 September-31 March)	8	£6,400	77%	70%
Gastro-protective prescribing - Percentage of patients prescribed a non-steroidal anti-inflammatory drug without a gastro protective (age 65+)	6.25	£5,000	30%	43%

Gastro-protective prescribing - Percentage of patients prescribed an oral anticoagulant and anti-platelet without a gastro-protective (age 18+)			25%	40%
Gastro-protective prescribing - Percentage of patients prescribed aspirin and another anti-platelet without a gastro-protective (age 18+)			25%	42%
Metered Dose Inhaler prescriptions as a percentage of all inhaler prescriptions (excluding salbutamol)	6.25	£5,000	45%	53%
Spend per patient on 20 of the 25 medicines on the national list of items that should not routinely be prescribed in primary care	7.5	£6,000	PCN spending goal	60% above PCN spending goal

As noted above, the flu vaccination target is expected to link to a complementary criterion in the PQS. Work already undertaken by community pharmacy teams via the PQS, to identify high-risk use of NSAIDs will support some of the gastro-protective prescribing indicators.

The Network Agreement

The Network Agreement documents the collaboration between all constituents of the PCN. Like the partnership agreement of a GP practice, it sets out the arrangements and responsibilities of each member. The 5-year GP contract agreement committed to amending the Network Contract DES from 2020/21 to include collaboration with non-GP providers as a requirement, and that the Network Agreement will be the formal basis for working with other non-GP providers and community-based organisations.

From April 2020, in order to deliver the requirements of the Network Contract DES, PCNs will need to agree with their local community services provider, community mental health provider and community pharmacies how they will work together. This will be supported by a requirement in the Network Contract DES for each PCN to outline in Schedule 7 of the Network Agreement the details of the collaboration agreement reached with its community services provider and community pharmacy.

LPCs and pharmacy PCN leads will want to discuss collaboration which could be detailed in the network agreement with PCN clinical directors, including reflecting any relevant elements of the 2020/21 PQS. PSNC will provide further guidance on this in due course.

Other changes to the contract

The following contractual changes are planned for 2020/21:

Digital

From April 2020:

- GP practices should no longer use fax machines for either NHS or patient communications where there is a secure electronic alternative;
- GP practices must offer all patients online access to all prospective data on their patient record unless exceptional circumstances apply. In addition, GP practices will make online access to the full historic digital record available to patients on request; and
- GP practices will need to have an up-to date and informative online presence, with key information being available as standardised metadata for other platforms to use.

Pay transparency

From October 2020, the Regulations will be amended to require contractors and sub-contractors to submit self-

declarations annually if their NHS superannuable earnings are over £150,000 per annum – starting with 2019/20 income. Salaried GPs and locums will also be expected to declare NHS earnings over £150,000 per annum along with company directors, employees and others engaged through companies contracted or sub-contracted to provide primary medical services, howsoever remunerated. Individuals with total NHS earnings above £150,000 per annum will be listed by name and earnings bands in a national publication.

Sub-contracting under the Network Contract DES

The agreement notes that restrictions on sub-contracting of clinical services under the GP contract arrangements are impacting on the ability of PCNs to enter into agreements with other organisations to support the delivery of the Network Contract DES.

From October 2020, to support PCNs to deliver the requirements of the Network Contract DES, amendments to the GP contract will be made to make clear that onward sub-contracting of clinical matters will be allowed, but only in relation to the Network Contract DES and where permission of the commissioner is granted. This change will potentially support the future sub-contracting of pharmacy contractors to provide some aspects of the PCN services commissioned via the Network Contract DES.

Several non-contractual changes have also been agreed including:

Reducing the carbon impact of inhalers

The NHS has committed to reducing the carbon impact of inhalers used in the treatment of respiratory conditions by 50%. All inhaler prescriptions, Structured Medication Reviews or planned Asthma Reviews taking place in primary care should prompt consideration of moving patients to lower carbon options, where it is clinically appropriate to do so.

This may result in an increase in the number of patients prescribed inhaler devices which they have not previously used, to whom community pharmacy teams will be able to offer support via the NMS (subject to relevant service requirements being met).

If you have queries on this PSNC Briefing or you require more information, please contact the Services Team.