

Cheshire Local Medical Committee Ltd A Practice Guide to the GP Contract Agreement 2020/21

Investment and evolution: A five-year framework for GP contract reform to implement *The NHS Long Term Plan*

A resource for 2020/21
Version 1: February 2020

This is a Practice Guide to the GP Contract Agreement 2020/21 developed and issued by Cheshire LMC. No part of the document supersedes the actual guidance or notes issued by NHS England. It is our intention to update the guide on our web site as the detailed instruction on various sections is released.

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Introduction

GPC England has negotiated a deal for the coming year. 'New' parts of the agreement will be introduced throughout the year. There are some important changes and we would advise you to take the time for partners and other GPs in the practice to study the detail. If required we will provide an updated version of this guide.

The changes should provide much needed support and resources for general practice, expanding the workforce, reducing workload, increases to funding, retaining GP and partnership autonomy and ensuring GPs have a leadership role at the centre of primary care.

Set out in sections, this guide aims to summarise:

- The different contract changes and the funding streams available
- What the opportunities can mean for your practice
- Relevant criteria to be met
- Where to find more information

We hope that this guide will save you time and effort! If you have any feedback or suggestions for improvement, please email them to Cheshire LMC at WGreenwood@cheshirelmc@org.uk

The LMC continues to be committed to working with the local CCG(s) to ensure that as much of the available funding and support flows into your practice. You can learn more about these planned changes by looking out for items in our e-newsletter and on the LMC website. As further detailed guidance is received the LMC will provide updates via our e-newsletter 'Heartbeat' and when appropriate we will be hosting sessions on key elements.

William Greenwood
Chief Executive

Contract Agreement Headlines

The BMA has the negotiating rights for GP contracts, on behalf of the profession. These rights are delegated to GPC England to negotiate and to agree (or not) to contract change.

The Committee voted (71%) in favour of the contract agreement on behalf of the profession (as duly elected representatives), and therefore this contract was agreed.

The main changes are:

- * The new value of Global Sum from 1st April will be £93.46.
- * The new value of a QOF point will be £194.83.
- * More roles added to the Additional Roles Reimbursement Scheme.
- * Between 2020/21 and 2023/24, the scheme will expand to 26,000 additional roles.
- * All roles to be reimbursed at 100%, freeing up the existing £1.50/head to contribute to management support for PCNs.
- * Funding entitlements increase from £257m to £430m next year and, in 2023/24 from £891m to £1,412m.
- * Extra investment will fund new GP training, recruitment and retention measures with £20,000 plus training support for every new partner.
- * Payment arrangements for vaccinations and immunisations to be reformed with an item of service fee for childhood vaccinations, beginning with MMR in 2020/21.
- * QOF to be updated.
- * PCN service specifications significantly reduced and improved.
- * Investment and Impact Fund introduced worth £40.5m from April 2020/21.
- * Fellowship in General Practice programme.

CCGs will be expected to provide LMCs with an annual report to enable them to monitor local investment in general practice. There is also reference to the important role of LMCs throughout the agreement document.

The GPC are planning a number of contract roadshows to share the agreement in more detail. We recommend you attend one of these sessions if possible. The LMC will attend at least one of the events and provide further updates.

From April 2020 to boost the GP partnership model a New to Partnership Payment guarantees first-time partners a £20,000 one off payment, plus £3,000 funding for business training. Initially this is in the form of a 'loan' but it becomes permanent after a number of years in post (awaiting final guidance). The Induction and Refresher Scheme will be expanded and enhanced to provide more support to GPs returning to general practice, including those with childcare or other caring responsibilities.

A new Locum Support Scheme will provide greater support to locum GPs, in return for a minimum time contribution. An enhanced shared parental leave scheme is to be introduced for general practice.

Overall Investment Funding and Global Sum

Description:

General practice funding will increase from £257m to £430m over the next year and by 2023/24 from £891m to £1,412m. PCNs will wish to look towards the Investment and Impact Fund which starts on 1st April. It is worth £40.5m in 2020/21 (further details awaited). What is known is that at least £30m will be used to reward better access to GP services (rising to £100m by 2023/24. At least 33% of the fund will support achievement of PCN 'services' over time.

The overall global sum will rise by 4% to £93.46 per patient. QOF points will be worth £194.83.

A new payment for 'new' full time partners (37.5 hours per week) has been introduced (detail awaited) and there is a new GP Fellowship programme being launched. We understand the initial funding for new partners will be 'a loan payment' which will automatically convert to a permanent payment after a specified number of years. New partners will have a definition but likely to be GPs who have never before been a partner. Other professional groups may qualify at some point.

New partners will benefit from a one off £3,000 business training allowance.

For PCNs the Additional roles reimbursement scheme will now be 100% reimbursement for the staff with some additional support in terms of recruitment.

Timeline:

Starts 1 April 2020 and continues into 2023/24.

LMC comment:

The extra investment in general practice is long overdue. As an LMC we endorse and support the partnership model for general practice. We also see the value of working at scale for certain deliverable services and extra resilience for individual practices.

A number of the enhancements in this year's contract negotiation are welcome and are clearly enabled by the professions strong rebuttal of the original contract offer by NHSE.

The GP Partnership model receives support and is likely to stay. NHS England have agreed a £20k golden 'hello' to first time (37.5 hours per week) new partners, along with £3k for business training, an overdue development to prepare new GPs for partnership. However, this incentive will be in the form of a loan which is written off only after an undecided length of time (NHS England suggest 5 years).

QOF Changes

Description:

Changes this year have been limited. QOF is being revised with 97 points recycled into 11 more clinically appropriate indicators. £10m of additional funding will support a new indicator on non-diabetic hyperglycaemia worth 18 points.

This will bring the total number of available QOF points to 567.

In 2020/21, the quality improvement modules are Learning Disabilities and Supporting Early Cancer Diagnosis.

Asthma Domain (see S6.3 of the full contract agreement for details of these domains)

There will be improvements to the register, diagnosis and ongoing care of patients.

COPD Domain

There will be improvements to the accuracy of diagnosis and ongoing care of patients.

Heart Failure

There will be improvements to the accuracy and timeliness of diagnosis and focus upon ongoing review and medication optimization.

Diabetes

A new indicator will be introduced to incentivise practices to offer an annual HbA1c test in people known to have non-diabetic hyperglycaemia.

Timeline:

QOF implementation guidance will be published by the end of March 2020.

LMC comment:

QOF provides vital core income to cover practice staff pay and expenses. These changes are intended to address inefficiencies in the current QOF scheme and are also clearly designed to help secure early progress on clinical priorities identified in The NHS Long Term Plan.

We have noted the limited changes to QOF over recent times. The LMC has questioned if there an intention to replace QOF by the Impact and Investment Fund (see later section) at a future date i.e. 2024/25?

Network Contract DES

Description

The DES continues to be 'voluntary' but NHSE and the BMA expect 100% uptake. To qualify for funding practices will need to be signed up to a network and appoint a Clinical Lead. Following that your network will have to work towards seven 'service specifications' based on the aims of the NHS Long Term Plan.

Service Specifications

The much discussed service specifications have been rewritten and scaled back. Full details are not repeated here but can be found in section 7 of the contract agreement – <https://www.bma.org.uk/-/media/files/pdfs/collective%20voice/committees/gpc/bma-update-to-the-gp-contract-agreement-2020-2024.pdf?la=en>

The Structured Medication Review and Medicines Optimisation, Enhanced Health in Care Homes and Supporting Early Cancer Diagnosis service specifications have now been changed in the light of the consultation responses.

A new care home premium payment worth £120 per bed per year will be introduced from 30 September 2020. Every care home will be supported by a single PCN with a named GP or GP team. By 31 July a delivery plan for the new service should be agreed by the PCN with community provider partners.

From 2021/22, at least one third of the PCN Investment and Impact Fund will support effective delivery against the service specifications. The remaining four service specifications

- CVD diagnosis and prevention

- Tackling inequalities,

- Personalised care and

- anticipatory care –

will be introduced in 2021/22, following negotiation with GPC England.

From April 2020 every PCN will be offering a social prescribing service. Where the Network Contract DES delivers services that were previously funded locally, that investment must be reinvested by the CCG into primary medical care.

From April the new Network Dashboard will include key metrics to allow PCNs to see the benefits it is achieving for its local community and patients. It will include indicators on performance against the Impact and Investment Fund by PCN and constituent practice.

It will also include data and indicators relating to the seven PCN service specifications to support local quality improvement, as well as wider information on population health and prevention, workforce, access and hospital use. The dashboard will be available to all PCNs, and help identify areas of opportunity to reduce variations within and across PCNs and improve services for patients.

Timeline:

From April 2020 (but developing over the year).

LMC Comment:

The DES will continue to be an important addition to the core GMS contract. During 2020/21 it will continue to evolve. More detail will be provided over the next two years but the direction of travel is set for practices to work at scale.

Following the contract negotiation feedback, the **timeline** for rollout has been **extended** since the draft proposals were released in December. Requirements for improving cardiovascular disease diagnosis, addressing health inequalities and providing personalised and anticipatory care will be delayed until 2021/22. The number of specifications needed to be delivered in year has been reduced from 5 to 3. Only structured medication reviews, enhanced health in care homes, and supporting early cancer diagnosis remain, with the other four to follow next year (two were always planned to be implemented from 2021). PCNs are also to “provide access to a social prescribing service in 2020/21,

The agreement for 100% reimbursement means that other funding, including the £1.50 per patient, is now fully available for the PCN to fund the leadership and transformation work needed for the PCN to deliver their potential. The funding for these roles is guaranteed until the next contract negotiation in 2023/24 but what happens after this is uncertain, however, the recently published update to the GP contract states that the additional roles employed under the PCN DES, “will be treated as part of the core general practice cost base beyond 2023/24” (1.20). This means £1.13M of additional roles funding (for the “average” PCN) will at that point become part of the core contract.

As an LMC we note that of the 45 pages containing the details of the updates to the GP contract, virtually half (22 pages) are dedicated to PCNs and PCN initiatives. The main changes to the GP contract are already now coming through PCNs. With all the effort and resource that has gone into establishing PCNs it seems highly unlikely that at the end of the current five year agreement that they will be scrapped in our view.

Practices are going to have to consider carefully that they are directly receiving the benefit of the new roles and the new sources of funding afforded by the DES funding. You can't leave it to others to sort out, and rely solely on the income you receive directly (i.e. not via the PCN). Over time the PCN will become more established and the ability to shape and influence it will become less for each individual practice. Practices need to work now to make sure the PCN is working for them and their population.

Additional Role Reimbursement

Description:

To accelerate the pace of recruitment all roles will be reimbursed at 100% of actual salary plus defined on-costs up to maximum reimbursable amounts. This should free up the £1.50 per head PCN funding to be used in full for PCN development and Clinical Director support.

For the average PCN additional roles funding will therefore be £344,000 in 2020/21 and rise to £1,130,000 in 2023/24.

The reformed scheme expands the number of reimbursable roles from 2 in 2019 to 10 in 2020/21. The expanded roles include physician associates, pharmacy technicians, health and wellbeing coaches, care co-ordinators, OTs, dieticians and podiatrists.

There is more flexibility in the calculations of 'additionality' so clinical pharmacists, physios and physician associates are now interchangeable within the baseline calculations. There will be a 3 month grace period introduced for vacancies in practice funded baseline roles.

In order to avoid unmet employment liabilities there will be options for –

- employment via community services
- guaranteed funding during contract period for staff engaged where practices remain in the DES, and these staff are treated as part of the core GP cost baseline beyond 2023/24
- CCGs to seek to transfer staff to a new provider should all the PCN practices withdraw from the DES.

CCGs will be required to make available

- 'light touch' workforce planning offer
- offer 'batch' recruitment across PCNs
- Brokering of rotational or hosting arrangements with other providers
- redistribution of staff as a fall back position

Previously the additionality calculation has operated on a role-by-role basis. From 1 April 2020, PCNs may substitute between clinical pharmacists, first contact physiotherapists and physician associates within their practice-funded baseline, with the agreement of their commissioner which will not be unreasonably withheld. This will help prevent the operation of the Additional Roles Reimbursement Scheme from inadvertently stagnating the local service model.

Under the current rules, where there is an unexpected short-term vacancy in a practice-funded role counted within the Additional Roles Reimbursement Scheme baseline, this would automatically lead to a commensurate reduction in claims by the PCN for an additional such role. This can create challenges in the working arrangements and financial flows between individual practices and the network in which they operate. A three-month 'grace period' will now be enabled for vacancies in these practice-funded baseline roles.

Other than pharmacy technicians, for whom a baseline was established in March 2019, the five further roles now added to the scheme in 2020/21 are employed on a small scale in primary care. When declared by PCNs they will be deemed to be additional roles.

It is up to each PCN to decide the distribution of roles required, limited only by differentially available supply of different roles

As set out in the Additional Roles Reimbursement Scheme guidance each PCN will be allocated a single combined maximum sum under the scheme. The sum will be based upon its weighted population share. The weighting takes account of the relative costs and workload associated with service delivery, including deprivation and health inequalities, age profile and deprivation. To ensure consistency and fairness in allocations, the basis for weighting is the same as for the practice global sum. A ready reckoner will be made available for PCNs.

Timeline:

From April 2020 (but developing over the year).

LMC comments: The LMC welcomes the latest flexibilities in the proposed changes. Practices need to review the proposed use of these additional roles both in terms if their PCNs and just s importantly in terms of the benefits to the practice. Exploring the most cost effective way of engaging these additional staff and the ways in which each practice is not exposed to risk.

100% reimbursement is to be provided for the new roles, removing the need for a 30% contribution from practices/the £1.50 per head. This won't solve the problem of being able to recruit into the roles at the funding levels available, but it tackles the major issue of sourcing the 30%. Six new roles have also been added to the list that PCNs can use this funding to recruit from: pharmacy technicians; care coordinators; health coaches; dietitians; podiatrists and occupational therapists.

The funding for these roles will continue in the core GP contract beyond 2023/24, and should practices withdraw from the PCN DES the roles would TUPE to the new provider removing concerns about future liabilities.

Investment and Impact Fund

Description:

Available in 2020, a new *Network Dashboard* will set out progress on network metrics, covering population health, urgent and anticipatory care, prescribing and hospital use. Metrics for the seven new services will be included.

The national Network Investment and Impact Fund (IIF) will be established from April. The fund is being introduced as part of the Network Contract 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. 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 service specifications.

In light of revisions to plans for the service specifications, in 2020/21 the IIF will be worth £40.5m with the rest of the original £75m reinvested within the wider GP contract package to support three new commitments set out in this document: postnatal checks, diabetes QOF points, and the care homes premium. 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 monies earned. This can take the form of a simple reinvestment commitment.

This is intended to help networks make faster progress against the dashboard and *NHS Long Term Plan* goals. Part of the Investment and Impact Fund will be dedicated to NHS utilisation, which could cover:

- i) A&E attendances;
- ii) emergency admissions;
- iii) hospital discharge;
- iv) outpatients; and
- v) prescribing.

How much?

£40.5m in 2020/21.

Timeline:

Five years from 2020.

LMC Comment:

It is interesting that QOF seems to have less and less changes each year. Will the IIF become the new PCN DES 'QOF'? It appears a points based system, with a number of areas each with indicators allocated a certain number of points. There are upper and lower thresholds beyond which no payment is made, with a sliding scale rewarding performance in between

CCG Funding Report

CCGs will be required to provide an annual primary care financial report to the LMC to allow the LMC to monitor local spend and allocations.

Timeline:

2020 details to be confirmed.

LMC Comment:

The Cheshire CCGs have already committed to work with the LMC on this issue and work is already underway as part of the CCG merger proposals for a single CCG. A review of all current LESs and other discretionary funding streams is underway.

Vaccination and Immunisation

Description:

Vaccination and immunisation becomes an essential service in 2020. The findings of the vaccinations and immunisations review will be implemented over the next two years. The payment model is being overhauled to support improved vaccination coverage. New contractual core standards will be introduced and item of service payments will be introduced and standardised across all routine programmes over the next two years.

This will begin with measles mumps and rubella (MMR) in 2020/21 and extend to other vaccines from April 2021. New incentive payments will be introduced to maximise population coverage as part of QOF, replacing the current Childhood Immunisation Directed Enhanced Service (DES).

How much?

The global sum that **practices** receive will be protected and there will be a clear set of core delivery standards. The item of service fee for the delivery of each dose of all routine and annual vaccines will be £10.06. In addition to flu and adult vaccines, this will cover –

Diphtheria

Tetanus

Poliomyelitis

Pertussis

Haemophilus influenza type B (HIB)

Hepatitis

Rotavirus

Pneumococcal conjugate vaccine (PCV)

Meningococcal B infant

Haemophilus influenza type B and Meningitis (HIB/MenC)

Practices with lower (less than 80% coverage) will automatically repay a portion of their item of service fees on that vaccine according to a formula (repayment = value of IOS fee x 50% of eligible cohort size).

LMC Comments:

Coverage incentives will operate for vaccinations which benefit from a 'heard' immunity effect or which are policy priorities. For routine scheduled vaccinations this incentive will operate at a practice level and form part of a new QOF domain from April 2021.

The childhood immunisation DES will be ended. The new QOF domain will reward incremental improvements in performance, unlike the current dual threshold based approach of the DES.

PCNs could ensure their practices work together on this. Later this year NHSE will introduce an incentive for flu coverage for the 65+ group.

Timeline:

2020/21

Introduce £10.06 IOS payment for MMR 1 & 2

Introduce incentive worth £6.5m for networks to improve seasonal flu uptake for over 65s (this will be in collaboration with local community pharmacies (so worth liaison via PCNs).

2021/22

Expand application of £10.06 and introduce repayment mechanism

New QOF domain starts

Restructure of flu incentives at network level

Retire childhood immunisation DES

Maternity Medical Services

Maternity medical services become an essential service with a universal 6-8 week post-natal check for new mothers, backed by £12m of additional funding. From 2020/21 a new non-contractual requirement for GPs will be to offer to refer people with obesity into weight management services, where this is clinically appropriate and where commissioned services exist.

Timeline:

Changes start April 2020.

Fellowship in General Practice

A two year fellowship in general practice will now be offered as a guaranteed right to all GP trainees on completion of their training. Fellows will get guaranteed funding mentorship and funded continuing CPD opportunities of one session per week. Plus they will have rotational placements within or across PCNs to develop their experience.

The fellowship programme will also be open to newly qualified nurses (further details awaited)

Timeline:

From 1 April 2021 all new trainees to GP training will automatically be enrolled.

Improving Access

This follows the previous programmes around –
Better data
Digital first services
Extended hours
Joined up services with urgent care

Further details will be announced during the year but forms part of the Governments drive to release

There will also be a major new access improvement programme developed in the first part of 2020. The programme will establish best practice to improve appointment booking, reducing the waiting times for urgent/ non-urgent appointments, and reducing demand for A & E attendances. These will likely commence in October 2020 for practices and PCNs. This will be incorporated in the time to care work and also set access standards in primary care.

Timeline:

Work will commence in April 2020 with the introduction of the first actions by October 2020.

Supporting Mentorship Scheme

A new national scheme which will offer highly experienced GPs the opportunity to mentor newly qualified GPs entering the workforce through the fellowship programme.

Training will be provided to all mentors and practices reimbursed to release these GPs to do a session a week to undertake mentoring. Implementation will be led by STPs closely with Training Hubs. The national aim is to support around 450 GPs through the scheme in the first year of operation.

TimeLine:

To be confirmed.

LMC Comment:

This is a subject the LMC considered in 2017/18 as a programme to implement. At the time we did not feel we had a resource to do it justice. We will review our previous discussions on this topic for both GPs and Practice Managers.

Releasing Time to Care

The Government is to undertake a fast track review of bureaucracy in general practice with the BMA. Work is underway to amend the regulations so that other clinicians can complete fit notes.

The digitisation of Lloyd George medical records is due to start this year.

Timeline:

To be confirmed.

Other Contractual & Non- Contractual Matters

This is an important and diverse section. Pages 56-58 contain important changes for removing violent patients, removing out of practice area patients, subcontracting under the Network DES and other items.

Within the section of the new contract agreement (page 58) there are some important changes proposed to the Premises Cost Directions which impact on those GPs who may be considering improvements to general medical service estate.

Locum GPs

Groups of PCNs will be directly supported to create an offer to GPs who want to continue to work on a locum basis. Through the Locum Support Scheme each locum will receive a funded session of CPD per month in exchange for a minimum contribution of sessions per week to the group of PCNs.

In 2020/21, implementation will be supported by ICS/STPs and LMCs, working closely with training hubs and local PCNs. Full coverage will be established as soon as possible during the year.

Timeline:

April 2020.

LMC Comment:

The Locum Support Scheme will fund personal development time for locum GPs dependent on a minimum number of weekly sessions worked. It's not disclosed what this minimum will be or who will decide it. The Mentor Scheme aims to connect GPs towards the end of their careers with those at the start, with formal training and funded time for mentorship. The LMC has discussed GP mentorship in the past but this seems a great way to retain more experienced GPs and to properly fund mentoring activity. The LMC has some planned local training in 2020/21 for both new GPs and those in mid/ late career stages.

Frequently Asked Questions

As with our previous contract guide issued in 2019 this section will be expanded over the coming months as questions are shared with the LMC

LMC Support and Programmes

Our planned development programmes this year are aimed at GPs and include –
NextGen GP Programme (5 evening sessions over 5 months)
Mid Career GP Programme (up to 5 sessions over 5 months)
The Portfolio GP (a short series of events)
GP Pre-retirement Planning (a number of ad hoc sessions)
Practice Premises Development
Ad Hoc Hot Topic sessions for Practice Managers
An Annual Development Day Conference (following on from our successful PCN/ICP event in September 2019)

We will also review earlier discussions on a local mentorship programme for GPs and Practice Managers.

Pastoral Care Scheme

We relaunched our pastoral care scheme in April 2018. It is available to any GP working in a levy paying Cheshire practice.

As the pressures within practices ever increase, there is a growing need for this.

Our Pastoral Network has been in existence for several of years. It is made up of a number of experienced advisors, who are current or recently retired GPs, available and trained to provide personal and confidential support to any local GP undergoing any kind of personal difficulty or crisis.

The personal difficulties which could give rise to a request for our advisors' services include:

- Domestic or family matters, such as a marriage break-up or bereavement
- Professional matters, like being subject to a patient complaint, performance review investigation or referral to the GMC
- A breakdown in relationships at work, with professional partners, employers or staff
- Health problems ranging from coping with a disability or depression, to serious mental health problems, or an addiction to drugs or alcohol

Nature of help provided

Our pastoral advisors may offer telephone advice, but will also be happy to meet with the doctor needing help, and where appropriate, others concerned about their welfare. Their objective is to help the doctor in question get through the crisis. They will provide confidential advice, interceding where appropriate, with other agencies on the doctor's behalf, or signposting them to other sources of help and advice.

Check out our web site or contact the LMC Medical Director or Chief Executive who will put you in touch with our service.

We welcome all practical measures to support GPs. Please also remember that the LMC is always available to provide GPs with a listening ear, to provide pastoral support and to support GPs in relation to performance matters.

Check out our Heartbeat newsletter in the coming months for more details of dates and venues.

Business Support

The LMC supports practices with a wide range of advice and general support. In 2019/20 we funded and delivered a comprehensive practice manager development programme and several one off topical sessions for GPs and Practice Managers including PCN development, bid writing and negotiation skills, and premises development. We can also be:

- A critical friend – someone to test your ideas on who will give you honest feedback
- Impartial – the LMC has no conflicts of interest as a provider or funder
- A useful source of information and expertise on both clinical and management/leadership aspects of your plans

We are also currently provide the following within our resources –

Think Tank Session

A session with an experienced LMC member or officer focused on developing your ideas. This session can be used early in your thinking process to develop your PCN or if you are considering a practice merger. It's about open discussion, generating ideas, obtaining a different perspective and starting to pull out key themes to be developed. It's also an opportunity to spot weaknesses and areas for further development. Contact the LMC Chief Executive about PCN work or check out our merger briefing document on the LMC web site.

Sounding Board Session

Once you have something down in writing we can be your sounding board. Send it to us in confidence and we'll review it, sending you back any ideas, comments and questions. We'll look at it from the funder, commissioner or regulator perspective and try to be as ruthless as they will be.

Pitch It Session

If you are developing a service bid some commissioners require a presentation. Even when this is not the case, being able to 'pitch' your bid (Dragon's Den style) requires you to know your material inside out and more importantly, being able to communicate the key elements to others.

The LMC can provide an hour-long 'Pitch It' session inviting you to present your (almost) finished proposal to a panel of LMC members/officers. As well as valuable rehearsal time, we will seek to give you constructive feedback to help you make those all-important final enhancements to your ideas.

To take advantage of any of our bidding support sessions email us or call the LMC Chief Executive to book your session.

Availability of sessions will be limited in number and will be allocated on a first come first served basis.

Reference List

BMA contract guidance

<https://www.bma.org.uk/-/media/files/pdfs/collective%20voice/committees/gpc/bma-update-to-the-gp-contract-agreement-2020-2024.pdf?la=en>

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Cheshire LMC is a member based organisation, independently funded by its member practices. It is the only representative voice in the local NHS that is recognised by statute. We exist to represent and support you.

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