CHESHIRE LMC

LOCAL MEDICAL COMMITTEE LIMITED

Local representation and support for all Cheshire GPs

Cheshire Local Medical Committee Ltd

A Practice Guide to the GP Contract Agreement 2020/21

PCN DES Update

Investment and evolution:

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

A resource for 2020/21

PCN DES Update Version 1: May 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.

Introduction

This guide is a 'special' update on the detail of the PCN DES and is an addition to the broader contract guide issued in February this year. It reflects the latest detail and also the impact of Covid-19 working.

We hope that this guide will be helpful. If you have any feedback, questions or suggestions for improvement, please email them to Cheshire LMC at wgreenwood@cheshirelmc.org.uk

The LMC continues to be committed to working with our local PCNs and our CCG 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

19 May 2020

Primary Care Networks: Directed Enhanced Service

Introduction

Practices have until the end of May to sign up to the PCN DES for 2020/21. Much has changed since the draft service specifications were published just before Christmas. There was general agreement that the original service specifications which were published for consultation were not 'fit for purpose'. In addition the resources that were being made available via the proposed PCN DES were not sufficient to meet the additional work.

Following a period of negotiations between NHS England and the GPC significant additional funding was agreed, this included changes to the PCN DES, as well as a number of other areas for new investment (**see Appendix A**).

Please remember that because of the increased demands on general practice caused by Covid-19 practices have been asked to divert their resources to meet this demand. NHS England have guaranteed 'practice income' and ensured there would be no loss from the global sum, local contracts, DESs and QoF. In dialogue with the LMC Cheshire CCG has also been very supportive in this respect. In addition, the requirements of the DES have been delayed until later this year and therefore there is no expectation that these can be delivered in the current environment.

A number of GPs and practices have contacted the LMC asking for advice about the new PCN Directed Enhanced Service. Whilst we have provided replies each practice will need to make their own mind up based on individual circumstances.

It is important to recognise that the NHS Long Term Plan has set out the developments that will be expected over the next 5 – 10 years. Two key components of this are the removal of the historic divide between primary and community care and the development of Primary Care Networks (PCNs) with an expansion of their role as GP-led organisations based in the community and working with other partners. It is our view that this is not likely to change.

Income Summary: The Offer

Practices/PCNs can access the following additional funding for engagement with the DES:

Network participation payment £1.76 (per weighted patient per year funding to practice)

All other funding to PCN per registered patient per year

Network support payment	£1.50
Clinical Director payment	£0.722
Investment and Impact Fund (IIF)*	£0.27 – for Covid response
Investment and Impact Fund	£0.47 – available
Care Home bed fund	£120 per bed (full year)
Additional Roles reimbursement	Dependent on staff employed
Extended hours	£1.45

- Nationally IIF funding is worth £40.5m for 2020/21 increasing to £300m in 2023/24 (worth £240k for the average PCN of 44,000)
- In 2021/22 the £6/per patient for improved access is to be invested in PCNs (worth £264k for the average PCN)
- In 2021/22 funding for GP Fellows will go to PCNs (as yet details are not known).
- Additional roles funding available for 2020/21 is £430m (or £344,000 for an average PCN of 44,000)
- Additional roles funding is expected to be worth £1.412bn by 2023/24 (or £1.1m for an average PCN)

The LMCs view of the PCNs and the new PCNs DES

The LMC has been supportive of the PCNs and their development and has organised a number of past workshops and events. There are currently 18 PCNs in Cheshire covering a population of about 760,000.

There was a period in 2019 where is seemed difficult to recruit to the additional roles, everyone seemed to want PCNs to do things to help them but there was not the resource to deliver that much. Many practices rightly felt that the risk of employment with only 70% reimbursement was too great to take on. The new PCN DES has addressed many of the concerns.

The funding for the Additional Roles Reimbursement Scheme (ARRS) has increased to 100% and the risk of employment has been significantly reduced. Following robust negotiation all the targets have been removed from the service specifications. The Impact and Investment Fund can provide additional funding to PCNs to enhance the staff available to support practices.

We have seen over the last 2 months how PCNs have become more important as practices have worked closely together in their PCNs to create hot and cold sites, shared resources and the Clinical Directors have become an important voice in the local health care system and they have become very influential. It is our view that this will mean that in the post- Covid world PCNs will become more important and not less important.

In reality that means practices must decide whether they want to continue to have control over the future of PCNs and therefore the primary care agenda or whether they are prepared to let other providers take the lead.

The LMC's view is that we strongly support the independent contractor status and the partnership model of General Practice. There will be some circumstances where the partnership model is not the most appropriate model and therefore others could be considered. The PCN should remain as an extension to the practice and this can form part of a collaboration of a number of practices in a geographical area or by a single 'super practice', the choice remains with individual practices and no one else.

It is important that we also recognise that the new contract for community services and mental health requires those providers to configure their services on the footprint of a PCN and remove the barriers between primary and community service.

As an LMC we are always interested to learn from others. Bedfordshire and Hertfordshire LMC produced a helpful guide for their practices and concluded there are five key factors practices need to consider when making their decision, include:

1. How well do you function as a group of practices with the existing PCN?

   Working relationships are critical to any successful organisation.

2. How supportive is your CCG?

   Cheshire CCG is engaged with PCNs and sees them as an important part of the future local health and care system.

3. How much of the work in the current DES specification do you already do?

   As an LMC we have looked at this closely and discussed this in detail with the specialist Solicitors and Accountants, in addition to GPs and Practice Managers and we believe that most practices are already delivering much of what is being asked for in the PCN DES but do not have the benefit of the additional funding and staff.

4. How reliant on the PCN funding are you?

   This is a factor that only individual practices can answer. Practices should be clear the intention of NHS England is that over the next 5 years, the vast majority of new funds will be invested in primary care, will be invested via PCNs.

5. How much capacity do you have to do additional work?

   This is important to consider, and as an LMC believe that anyone employed through the Additional Roles Reimbursement should spend a good 70% of their time taking work off practices and the rest of their time helping to deliver the DES.

What if you change your mind later?

For an individual practice they can decide not to sign up to the DES and then the funding for their practice would normally go to the PCN, who would be responsible for delivering the services for the patients of the practice who opted out of the DES. The PCN would decide how to deliver those services and how to use the additional money they would receive, the opted-out practice would not have a say in this.

If all practices in a PCN opted out of the DES, the CCG would need to commission the service from another provider and this could be a GP federation or a community services provider. As an LMC we would favour solutions that kept resources within the control of general practice. The DES is offered on an annual basis and there would be no current guarantee that this would then be offered to the practices the following year.

The details of the PCN DES are as follows:

Additional Roles Reimbursement (ARRS)

Originally this was intended to fund 20,000 additional staff members in general practice based on 70% reimbursement of costs for pharmacists, MSK extended scope practitioners, physicians associates and paramedics and 100% funding for a social prescriber (not all in year one).

The new DES has increased the number of additional staff from 20,000 to 26,000, by 2023/24 with 100% funding for all roles. In 2020/21 there was originally £257m invested in the ARRS rising to £891m by 2023/24. By increasing the reimbursement to 100% and additional £171m will be invested increasing to an additional £521m in 2023/24.

The risk of employment has been reduced by moving from 70% to 100% reimbursement. In addition, if a PCN resigns from the DES, a new provider would need to be found by the CCG and the staff

would be TUPED to the new provider and as a result the practices in that PCN would lose control of the funding and staff. This would mean practices would avoid redundancy costs.

The 'Ask'

Duty of co-operation All practices (regardless of whether they are signed up to PCD DES or not) are required to co-operate with other practices in their PCN area, inform patients of PCN services, support wider co-operation with other non-GP providers, enter in data sharing arrangements and share non-clinical data.

PCN Structures The requirements to have a network agreement and clinical director remains extant. There will be a requirement to develop a PCN dashboard.

Workforce By 31/08/2020, each PCN needs to complete and return the workforce planning template, setting out its ARRS recruitment plans and by 31/10/2020 indicative intentions through to 2023/24.

Service Specifications for 2020/1

Originally there were 5 service specifications and now they have been reduced to 3, which are:

- Structured Medication Reviews
- Enhanced Health in Care Homes
- Early Detection of Cancer

Structure Medication Reviews

You should use appropriate tools to identify patients who would benefit from a SMR:

- Residents of care homes
- Patients on 10 or more medications
- Medications commonly associated with medication errors (see IIF, QoF quality indicators, local prescribing incentive schemes)

No target on numbers and you can only deliver if you have a clinical pharmacist.

Ensure invitations sent to patients explain the benefits to patients and what to expect.

This must be done by a qualified prescriber or one on a recognised course.

SMR recorded and coded in the patient's record.

Work with CCG on quality – antibiotics, opiates, MDI low carbon, low priority medications.

Work with community pharmacies to connect patients appropriately to the new medicines service which supports adherence to newly prescribed medicines.

This has been delayed until October, as stated there are no targets and should be delivered if you have the resource of a pharmacist to do this. Remember that your Additional Roles staff are there to help you and your practice with your workload.

Enhanced Health in Care Homes (EHCH)

In some areas, practices have aligned single practices to a care home. This is not a requirement and is more easily achieved outside large conurbations. Where this has been achieved there are advantages in terms of developing stronger working relationships and greater efficiencies.

By 31 July 2020:

- Agreed the PCN's aligned care homes with the CCG.
- Plan (with other providers where necessary) how the EHCH will operate.
- Support Aligned Care Home residents to be to be registered with a PCN practice.
- Ensure a lead GP (or GPs) is nominated/ appointed.

By 30 September 2020:

- Work with other service providers to establish MDTs to deliver EHCH.
- Have established arrangements for the MDT to develop personalised care and support plans with Aligned Care Homes residents.

As soon as is practicable, and by no later than 31 March 2021:

- Establish protocols with care home and other providers for information sharing, shared care planning, use of shared care records, and clear clinical governance.

From 1 October 2020:

- Deliver a weekly 'home round' for the PCN's Care Home residents:
    - Based on MDT defined clinical judgement (not every resident needs to be reviewed/seen weekly)
    - With consistency of staff in the MDT, save in exceptional circumstances.
    - With appropriate and consistent medical input from a GP or geriatrician.
    - Using digital technology to support the weekly home round.
- Through MDTs develop/refresh personalised care and support plans for all residents:
    - within seven working days of admission;
    - with the patient and/or their carer;
    - based on principles and domains of Comprehensive Geriatric Assessment;
    - drawn, where practicable, on existing assessments;
    - And make all reasonable efforts to support delivery of the plan;
    - identify and/or engage in locally organised shared learning opportunities;
    - support discharges from hospital and transfers of care between settings.

Cheshire CCG is working with practices/PCNs and the LMC to try to ensure this is delivered and the resource required is made available to achieve this.

Early diagnosis of cancer

What is required is:

Review referral practice for suspected cancer, including recurrent cancers by:

- Look at trends
- Use of RDS
- Safety netting
- Information

Contribute to improving the uptake of national screening programmes by:

- Work with PHE and Cancer Alliance to increase uptake of screening – also work on one low-

participation group.

Support delivery of first two items through a community of practice between practice-level clinical staff that will support peer to peer learning and case-based discussion

Important to note that as well as being a service specification it is also one of the quality improvement activities in the QoF and worth 37 points.

The Impact and Investment Fund

This will operate in a similar way to QoF but at PCN level – the funding will go to the PCN.

Year 1 – eight indicators worth £40.5m

Seasonal flu vaccination, Learning Disabilities health checks, social prescribing referrals, prescribing (8 domains).

New indicators added every year and funding will increase to reflect this.

By 2023 IIF worth £300m or £240k for an average PCN of 44,000.

In 2021/22 – there will be an aspiration payment paid monthly.

Money must be used for workforce expansion and services in primary care.

The IIF will not start operating till later in this financial year. PCNs will receive 27p per patient to help them meet the demands of delivering services in the Covid19 period. For the average PCN of 44,000 this equates to £11,888.

LMC Comment

Each practice will make a decision about the PCN DES and how important this is to the future of their practice and to their patients.

There are direct financial benefits for the practice for signing up to the DES which includes the £1.76 per weighted patients which is for participation in the DES. The greater benefit comes from the funding that goes to the PCN. It must be remembered that the PCN funding is a DES and is therefore an optional part of the practice contract, defined by the practice or practices that make up the DES.

Practices will have access to resources via their PCN which will include:

- £1.50 per patient to administer the PCN
- Funding for a Clinical Director
- Funding for additional staff (ARRS) – funded at 100% (£205,000 for 2020/21 increasing to £1.1m in 2023/24 based on an average PCN)
- IIF – must be used to fund staff (£36,000 for 2020/21 increasing to £240,000 in 2023/24 Based on an average PCN)

It is expected that CCGs and in future Integrated Care Partnerships i.e. East Cheshire and West Cheshire (or wider Integrated Care Systems i.e. Cheshire & Merseyside) will invest above and beyond this to help develop other services in the community. For example in some areas (nationally) PCNs have also had additional investment for new services such as paediatric hubs, primary care mental health workers, paramedics and home visiting services.

The Government recognised the lack of investment in primary care and agreed to increase the investment significantly over the next five years. Much of the new investment will go to primary care

via PCNs with the aim of increasing the number of GPs and other clinical staff, incentivising practices to work together, giving a greater focus to defined populations and communities and giving general practice a greater voice in the NHS.

Many of our PCNs have shown their real value over the last few weeks and there is little doubt that what we have seen so far is only the start for the PCNs. Practices must decide whether they want to lead this and have control over this ensuring this will benefit their patients and practices or whether they allow others to undertake this role.

Appendix A – Contract investments (in addition to the PCN DES)

Access

From April 2021 – extended hours and improved access funding becomes part of Network DES. The aim would be to give PCNs greater freedom to develop their services utilising the current £6/patient invested in improved access.

There will also be greater flexibility in use of extended hours to increase uptake of screening, vaccinations and management of Long Term Conditions.

Access improvement programme - £30m in 2021/22 – increase to £100m by 2023/24 – which will form part of the Impact and Investment Fund:

- Patient experience
- Better access
- Data submission

NHS England is going to review Access during the next year

Increased Number of GPs – the magic 6,000 additional GPs!

Despite the commitment in 2015 to recruit 5,000 more GPs by 2020, this has not been achieved. The commitment remains but has been increased to 6,000.

The aim is to achieve this via:

- Increase in the number of doctors in training
- Increasing the number of training places for GPs from 3,500 to 4,000
- Increasing the time GP Trainees spend in general practice – an increase from 18 months to 2 years
- Offering a Primary Care Fellowship for 2 years, for all doctors on completion of their GP training
- Increased investment in general practice to increase the number of GPs working in practices
- The £20,000 incentive for new clinical partners (detail awaited)
- The £3,000 training budget for new partners.
- £400m national investment to aid recruitment and retention.

QoF Changes

There have been a number of QoF changes in the following areas:

- Asthma
- COPD

- Heart Failure
- Pre-diabetes

The quality improvement modules for this year are:

Learning Disabilities:

- Increase uptake of annual health check,
- Optimise medication – STOMP
- Identify reasonable adjustments use social prescriber to help with health and wellbeing

Early diagnosis of cancer:

- Increase uptake of screening breast, bowel and cervical
- Improve referral and safety netting
- Support role out of early cancer diagnosis service

Global sum payment – becomes an essential service

- £164.5m will be added to the global sum to reflect this.

Significant outbreak management will not be included in the global sum.

For 2020/21 the *Item of Service payment* will apply to all Measles, Mumps and Rubella (MMR) vaccines (£10.06)

From 2021/22 this will be extended to include the following childhood vaccines:

- Diphtheria, tetanus, poliomyelitis, pertussis, haemophilus influenza type B (HiB), hepatis B ;
- Rotavirus;
- Pneumococcal conjugate vaccine (PCV);
- Meningococcal B Infant;
- Haemophilus influenza type B and Meningitis C (HiB/MenC).

Incentive payments from 2021 will be included in the Impact and Investment Fund - please note the payments that will go to the PCN and are in addition the payments to practices.

- Looking at benefits for herd immunity – e.g. MMR will for part of a new QoF domain will reward incremental improvement
- PCN IIF – increase flu vaccination coverage in over 65s (£8m)
- For 2021/22
  Item of Service payment to cover all routine vaccinations
  New QoF Domain for all routine vaccinations (£40m)
  Restructure and consolidate all flu incentives at network level through IIF (£30m)
  Retire existing childhood immunisation DES from April 2021

Maternity services

- This becomes an essential service
- Mother post-natal check separate to child
- Focus on mother’s mental health and general wellbeing in addition to normal post-natal check
- An additional £12m is being added to the global sum to reflect the new requirement.

The child health surveillance additional service will also become an essential service.

Process Requirements

As a practice if you wish to remain signed up the PCN DES you do not need to do anything. If you do wish to opt-out you need to notify the CCG by 31st May 2020.

Separate to this decision you need to complete the PCN Network Contract DES participation form 2020/21 which the CCG will circulate. This details any changes to the make up of your PCN and the CCG are keen to get these back as soon as possible as they are being pressured by NHSE to complete these returns.

Funding changes for 2020/21

	2019/20	2020/21	Increase
Global Sum price per weighted patient	£89.88	£93.46	4.0%
Value of QOF point	£187.74	£194.83	3.8%
Out of Hours adjustment (%)	4.82%	4.77%	
Out of Hours adjustment (£ amount)	£4.33	£4.46	