



Dear colleagues,

Briefing: GP Contract Changes 2024/25

NHS England have now confirmed arrangements for the GP contract in 2024/25.

Quality Outcomes Framework

The Quality and Outcomes Framework (QOF) is a system designed to remunerate general practices for providing good quality care to their patients, and to help fund work to further improve the quality of health care delivered. New indicators, or changes to indicators are agreed as part of the GP contract negotiations every year. These indicators have points attached that are given to GP practices based on how they are doing against these measures, thereby releasing funding.

In general, they cover:

- management of some of the most common chronic conditions, for example asthma and diabetes
- management of major public health concerns, for example smoking and obesity
- providing preventative services such as screening or blood pressure checks

In the new GP Contract, QOF will be streamlined through suspending and income protecting 32 indicators (out of 76 QOF indicators). For the income protected indicators, this will mean that practices will be awarded QOF points based on their performance in previous years, while points for the remaining live indicators continue to be conditional on their performance in the year at hand.

Investment and Impact Fund (IIF)

The Investment and Impact Fund (IIF) is like QOF, but rewards PCNs (groups of General Practice), rather than single practices. The scheme is focused on supporting PCNs to deliver high quality care to their population, and the delivery of the priority objectives articulated in the NHS Long Term Plan and in Investment and Evolution; a five-year GP contract framework.

The scheme contains indicators that focus on where PCNs can contribute significantly towards the 'triple aim':

- improving health and saving lives (e.g. through improvements in medicines safety)
- improving the quality of care for people with multiple morbidities (e.g. through increasing referrals to social prescribing services)
- helping to make the NHS more sustainable.

The Investment and Impact Fund (IIF) in 24-25 will be streamlined by reducing the number of indicators from five to two. Funding from the three retired indicators, relating to flu and access, will be redirected into the Capacity and Access Payment (CAP). The two retained indicators will be health checks for people with a learning disability and the use of FIT testing (Fit Testing is a method for checking that a specific make, model and size of tight fitting facepiece matches an individual's facial features and can provide an adequate seal to the wearer's face) in cancer referral pathways, worth £13m.

Helping practices with cash flow and increasing financial flexibilities

NHSE have heard from practices and the profession that economic pressures over recent years have been challenging, and that flexibilities are needed to help practices and networks to develop innovative delivery models and meet local patient priorities.

They are therefore increasing The Capacity and Access Payment (CAP), paid to PCNs by £46m to £292m. This payment is used by PCNs to support their practices in improving access.

Give PCNs more staffing flexibility

The Additional Roles Reimbursement Scheme (ARRS) has been successful in expanding the professional teams aligned to general practice e.g., community pharmacists providing medicines support, or First Contact Physiotherapists providing support with musculoskeletal problems such as neck or back pain.

NHSE are increasing the number of roles:

- Enhanced nurses will be included in the scheme (capped at one per PCN - two where the list size is 100,000 or over).
- Caps on all other direct patient care roles will be removed.
- The recruitment of other direct patient care, non-nurse and non-doctor MDT roles

will be allowed if agreed with the ICB.

- More flexibility will be introduced in funding arrangements for mental health practitioners.
- PCNs will now be able to claim reimbursement for the time personalised care roles undertake in training or apprenticeships.

Improving patient experience of access (Digital Telephony)

In December 2023, GPs and their teams delivered an increase of 9% more appointments compared to pre-pandemic.

NHS England are asking PCNs and practices to review the data that digital telephony systems generate with a quality improvement focus, ahead of national extraction of this data from October 2024. The purpose of extracting this data will be to better understand overall demand on general practice in advance of winter.

In 2024/25 the GP Contract will be amended to require practices to provide data on eight metrics through a national data extraction, for use by PCN Clinical Directors, ICBs and NHS England.

These eight metrics are:

- call volumes
- calls abandoned
- call times to answer
- missed call volumes
- wait time before call abandoned
- call backs requested
- call backs made

This data will be used by ICBs and NHS England to support service improvement and planning, for example:

- better insight into patient demand and access trends which systems can use to support understanding of operational pressure in general practice; and
- better understanding patterns of demand and period of surge activity to inform commissioning of local services.

The requirement will come into force from October 2024 to allow practices time to review and understand their own data before it is shared as outlined.

Registering with a GP

NHS England has co-developed a new registration solution with patients and practices to make registering with a GP easier, simpler and standardised. Over 2000 practices have already adopted the solution which consists of an online registration service and a new paper form. Practices will be contractually required to adopt and offer both formats. There will be a mobilisation period with both formats to be in place from October 2024.

Armed Forces Veterans

The GP Contract will be updated so that practices must have due regard for the requirements, needs and circumstances of Armed Forces Veterans when offering services and making onward referrals.