

# **GP Contract Changes 2024/25**

**Adults and Health Overview and Scrutiny  
Committee  
May 2024**

- General Practices are independent contractors that work for the NHS under the General Medical Services (GMS) contract
- DHSC listened to views of the profession and patients to understand priorities for the GMS contract
- New contract addresses these views where possible
- Key messages from consultation:
  - the need for simpler and more flexible arrangements, which help practices free up time and **improve patient access and experience**
- New contract was published in late February 2024

# Key Changes

- 1. Cut bureaucracy for practices** by suspending and income protecting 32 out of the 76 Quality and Outcomes Framework (QOF) indicators. The Investment and Impact Fund (IIF) indicators will be reduced from five to two and the Capacity and Access Payment (CAP) will increase by £46m to £292m by retiring three Investment and Impact Fund (IIF) indicators
- 2. Help practices with cash flow and increase financial flexibilities** by raising the QOF aspiration payment from 70% to 80% in 2024/25 and the Capacity and Access Improvement Payment (CAIP) will now start to be paid at any point in the year, once PCNs confirm they meet the simple criteria for payment
- 3. Give Primary Care Networks (PCNs) more staffing flexibility** by including enhanced nurses in the Additional Roles Reimbursement Scheme (ARRS) and giving PCNs and GPs more flexibility by removing all caps on all other direct patient care roles
- 4. Support practices and PCNs to improve outcomes** by simplifying the Directed Enhanced Service (DES) requirements
- 5. Improve patient experience of access** by reviewing the data that digital telephony systems generate to better understand overall demand on general practice in advance of winter

# Cutting Bureaucracy

## Cut bureaucracy for practices

For QOF income protecting 32 out of the 76 indicators based on performance in previous years. For the other 44 indicators funding based on actual performance

IIF reduced to two indicators:

- Learning disability health checks
- Early cancer detection (FIT testing)

Three previous indicators removed:

- Seasonal influenza vaccination (18-65, at risk groups and children age 2-3)
- Percentage of patients who time from booking to appointment was less than 2 weeks

**Money from retired indicators added to Capacity and Access Payment**

## **Help practices with cash flow and increase financial flexibilities**

QOF aspiration payment raised to 80% - practices will be paid 80% of their expected income from QOF upfront

Capacity and Access Improvement Payment (CAIP) will now start to be paid at any point in the year, once PCNs confirm they meet the simple criteria for payment

## **Reducing delays in accessing funding that can improve services**

# PCN Staffing Flexibility

## **Give Primary Care Networks (PCNs) more staffing flexibility**

New roles that can be funded via the ARRS scheme e.g. enhanced services  
Removing caps on recruitment of other direct patient care roles

# Support to Improve Outcomes

Simplifying the Directed Enhanced Service (DES) requirements

Enhanced Access specification will remain as a stand-alone specification

Remaining eight service specifications will be replaced by one simpler overarching specification

Simplifying the PCN clinical director role and key responsibilities

- Co-ordination of service delivery
- Allocation of resources
- Supporting transformation towards Modern General Practice
- Supporting development of Integrated Neighbourhood Teams

PCN Clinical Director Payment and PCN Leadership and Management Payment to become core PCN funding to give PCNs more autonomy (£183m nationally)

# Improve experience of access

Digital telephone contracts to be procured through the national framework

GP Contract amended to require practices to provide data on 8 key metrics:

1. Call volumes
2. Calls abandoned
3. Call times to answer
4. Missed call volumes
5. Wait times before call abandoned
6. Call backs requested
7. Call backs made
8. Average call length time

Data will be used to provide:

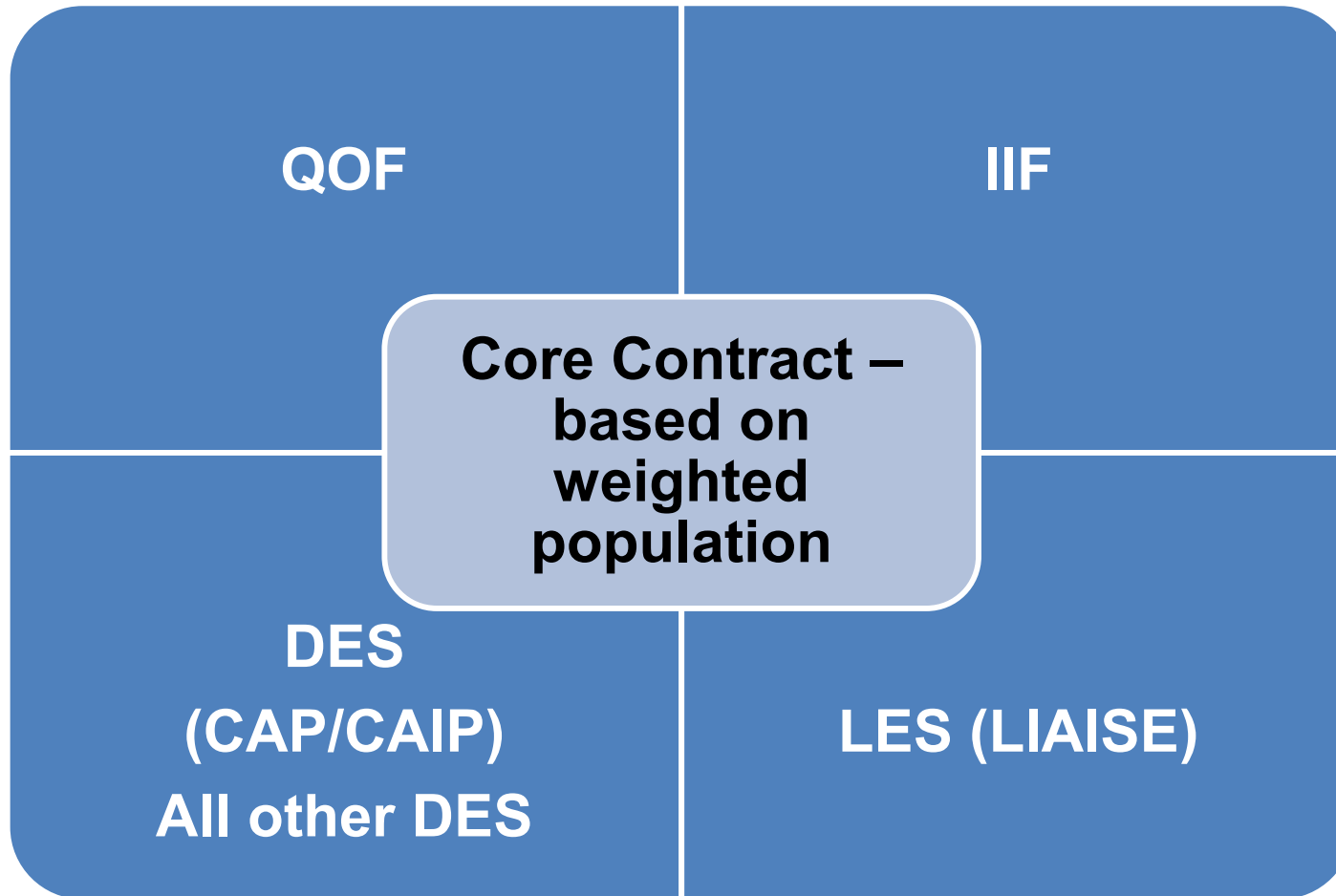
- Better insight into patient demand and access trends which aid understanding of operational pressures
- Better understanding of patterns of demand and period of surge activity to inform commissioning of local services



- Locally developed scheme targeted at areas of need
- Ensures that Durham GPs sign up to a range of 'must do's
- Go further on a range of local and national targets e.g. improve coding of CYP with LD diagnosis, have an allocated SEND champion, health checks for LD/SMI
- Wide range of clinical service delivered in practice to avoid the need to go to hospital e.g. phlebotomy, ear care, ECGs, cryotherapy
- Shared care arrangements
- Delivers savings and provides improved experience
- Giving 111 access to appointments
- Engagement with patients – Practice Participation Groups

Revised every year based on previous performance and new emerging priorities

# How GP Services are Funded



# Useful Reference Information

# Jargon Busting

GP = General Practice – the organisation that provides general medical services to their registered population

GP = General Practitioner – offers general medical services to patients of all ages. They are physicians who treat acute and chronic illnesses and provide preventative health care and education. They also refer patients to specialists

PCN = Primary Care Network – groups of practices working together to focus on local patient care

INT = Integrated Neighbourhood Team – work collaboratively to provide care in a more integrated way across health, social care and public health

TAP = Teams Around Patients – Primary care, social care and community nursing staff working together to support joined up health and care based on PCN geographies

DES = Directed Enhanced Service – nationally agreed services that must be offered to all practices. Commissioners must ensure that the service is provided for a population

LES = Locally Enhanced Service – Can be developed by local commissioners to enhance core provision and are not nationally agreed.

QOF = Quality and Outcomes Framework – voluntary reward and incentive programme. Rewards practices for quality of care they provide and is measured at practice level

IIF = Investment and Impact Fund – rewards performance based on national priorities. Similar to QOF but measured on the performance of a PCN rather than practice level

CAP = Capacity and Access Payment is funding that is designed to give practices space, funding and licence to make improvements to help manage demand and improve experience of access

CAIP = Capacity Access and Improvement Payment – funding based on commissioner assessment of improvements against the following three indicators

- Better digital telephony
- Simpler online requests
- Faster care navigation, assessment and response

IIF = Investment and Impact Fund – an incentive scheme focussed on supporting PCNs to deliver high quality care for the population and to support achievement of priority objectives in the NHS Long Term Plan.

ARRS = Additional Role Reimbursement Scheme – funding for practices to recruit additional roles to PCNs to create bespoke multi-disciplinary teams

# PCNs/INTs

Integrated Neighbourhood Teams	Primary Care Network	Practice	Registered List Size	Weighted List Size
Chester le Street	Chester le Street	Bridge End	7987	8899
		Sacriston	10741	11413
		Middle Chare	9378	10469
		Great Lumley	5364	5823
		Pelton and Fellrose	9633	11070
		Cestria	12775	13710
		Villages	4211	5259
		<b>Chester le Street Total</b>		
<b>Chester le Street Total</b>			<b>60089</b>	<b>66643</b>
Derwentside	Derwentside	Drs Lambert & Ng	5259	6589
		Tanfield View	10875	12992
		Consett	17112	19763
		Stanley	12278	14196
		Queens Road	15711	17185
		Lanchester	4127	4887
		Browney House	2602	3012
		Oakfields	7605	9000
		The Haven	1718	2238
		Leadgate	6012	6812
		Annfield Plain	3552	4222
		Cedars	5987	6358
		<b>Derwentside Total</b>		
<b>Derwentside Total</b>			<b>92838</b>	<b>107255</b>

# PCNs/INTs

Integrated Neighbourhood Teams	Primary Care Network	Practice	Registered List Size	Weighted List Size
<b>Durham</b>	<b>Claypath and Uni</b>	Claypath	34077	25405
		<b>Claypath and Uni Total</b>		<b>34077</b>
	<b>Durham East</b>	Belmont & Sherburn	6217	6855
		West Rainton	5461	6635
		Coxhoe	7325	8960
		Cheveley Park	4920	5233
		Bowburn	4306	4456
		<b>Durham East Total</b>		<b>28229</b>
	<b>Durham West</b>	The Medical Group	26788	31491
		Dunelm	14239	14971
		Chastleton	10656	11507
		<b>Durham West Total</b>		<b>51683</b>
<b>Durham Total</b>			<b>113989</b>	<b>115514</b>
<b>Durham Dales</b>	<b>Bishop Auckland</b>	Station View	9860	12109
		Auckland Medical	15440	18387
		Bishopgate	13458	16075
<b>Bishop Auckland Total</b>		<b>38758</b>	<b>46571</b>	
	<b>Teesdale</b>	Woodview	2559	3352
		Old Forge	2675	3188
		Barnard Castle	10864	12573
		Pinfold	2949	3608
		Gainford	3591	4187
		Evenwood	2185	2572
		<b>Teesdale Total</b>		<b>24823</b>
	<b>Wear Valley</b>	Willington	9160	10939
		North House	13554	15626
		Weardale Practice	7157	9553
<b>Wear Valley Total</b>		<b>29871</b>	<b>36117</b>	
<b>Durham Dales Total</b>			<b>93452</b>	<b>112169</b>

# PCNs/INTs

Integrated Neighbourhood Teams	Primary Care Network	Practice	Registered List Size	Weighted List Size
<b>Easington</b>	<b>Durham Coast</b>	East Durham	18258	23766
		Wingate	3447	4327
		Bevan	8216	10498
		Southdene	3538	4273
<b>Durham Coast Total</b>			<b>33459</b>	<b>42863</b>
	<b>Easington Central</b>	Blackhall And Peterlee	9991	12813
		William Brown	15828	19584
		Horde Group	8102	10222
		<b>Easington Central Total</b>		
	<b>North Easington</b>	Murton	7309	9221
		Marlborough	11177	13478
		New Seaham	4666	5325
		Byron	8382	9917
		Silverdale	6468	7203
		<b>North Easington Total</b>		
<b>Easington Total</b>			<b>105382</b>	<b>130625</b>
<b>Sedgefield</b>	<b>Sedgefield 1</b>	Hallgarth	5231	6504
		Bewick Crescent	13354	15909
		Jubilee	12095	13708
		Peaseway	12221	13575
		<b>Sedgefield 1 Total</b>		
	<b>Sedgefield North</b>	St Andrews	15174	17104
		Ferryhill And Chilton	14897	17727
		Bishops Close	8698	10139
		Skerne	16651	20602
		West Cornforth	2780	3298
<b>Sedgefield North Total</b>			<b>58200</b>	<b>68869</b>
<b>Sedgefield Total</b>			<b>101101</b>	<b>118566</b>
<b>Grand Total</b>			<b>566851</b>	<b>650772</b>

- £s per head of weighted population (£ Block, £ quality)
- Practices must commit to delivering a gateway criteria to eligible of the scheme: Core contract, PCN DES, elements of UEC, QOF, MO workplan, DVT Pathway, IC+ Beds
- All 61 practices have signed up to deliver
- Practices must deliver the whole block to receive payment (with exception for frailty & 2ww skin cancer which have hard targets/claw back amounts applied)
- Under achievement in the quality section results in funding being clawed back



# LIAISE Block

- Engagement with ICB & Patients
- Improving access – offering video consultations where appropriate
- Supporting UEC Network
- Supporting Integration work and aging well
- Primary Care Navigation
- Physical Health checks for patients with SMI
- Allow access for system partners to work where room available
- GNRH analogue therapy
- Ear Care
- Phlebotomy for secondary care outpatients
- Staff covid & flu vaccinations
- Developmental work to improve uptake for flu vaccs in pregnant women

# LIAISE Block cont...

- Various follow up bloods for cancer patients, Chronic Lymphocytic Leukaemia, Monoclonal Gammopathy of unknown significance, post bariatric follow up, Chemotherapy monitoring , Gender Dysphoria
- Denosumab injections and appropriate monitoring
- ABPI assessments
- COVID, Pulse oximetry at home, support long covid pathways, vaccs programme as requested by JCVI
- 2ww skin cancer – target for quality images
- ECG, 24 hour ECG, BP@home,
- Cryotherapy
- Wound care
- Deliver respiratory, MSK, urology pathways
- Calprotectin tests and FiT testing in accordance with the regional GI pathway
- Prescribing of peri-procedural or obstetric low molecular weight heparin will be managed by secondary care who will retain prescribing and clinical responsibility
- B12 injections as appropriate
- Shared care drugs

# LIAISE Quality & Prescribing

- Practices must actively invite a minimum of 90% of eligible patients for COVID vaccinations
- Flu vaccinations - A minimum of 75% of adults aged 65 and over
- Flu vaccinations - target of 75% for vaccination of people with COPD
- Fly vaccinations - minimum of 50% of pre-school (2 and 3 year old) infants
- AHCs, to 76% of people by 2025 (aged 14 and over) on their Learning Disabilities QOF register
- Work to improve coding of CYP with LD diagnosis
- Have an allocated SEND champion
- 60% AHC for patients with SMI
- 90% of patients referred within the 2 week wait for suspected cancer will receive the appropriate patient information leaflet
- Work to reduce prescribing on: Antibiotics amoxicillin, Opioids, Gabapentinoids
- Polypharmacy workstream