

**North East and North Cumbria Integrated
Care Board GP Contract Changes update 2023-24**

**Report of Sarah Burns, Joint Head of Integrated Strategic
Commissioning for North East and North Cumbria Integrated Care
Board (NENC ICB) County Durham and Durham County Council**

Purpose of the Report

- 1 To brief Health and Wellbeing Board on the changes to the national GP Contract in 2023-24, announced by NHS England on the 6 March 2023.

Executive summary

- 2 The Chancellor of the Exchequer, in his Autumn Statement, set out a commitment to improve General Practice access starting in 2023. General practice is now treating more patients than it did pre-pandemic, but accessing services remains an issue for many patients.
- 3 The changes to the GP contract in 2023/24 set out the requirements of General Practice, supported by their Primary Care Networks (PCNs), to improve general practice access, patient experience, and satisfaction.
- 4 NHS England intend to support access, patient experience, and satisfaction improvements by making changes to the national Investment and Impact Fund (IIF) and Quality Outcomes Framework programmes. These are existing national schemes designed to incentivise general practice and PCNs to raise quality standards for patients. The changes to these schemes will re-purpose national funding which can be used by PCNs to support improvements to general practice access and overall patient experience.

Changes in the GP Contract focus on:

- Improvements in access, patient experience, and satisfaction
- Changes to Investment and Impact Fund and Quality Outcomes Framework which incentivise general practice and PCNs to achieve certain quality targets

- Increased flexibility of Additional Roles Reimbursement Scheme (ARRS) designed to increase the workforce in general practice and reduce the pressures on doctors and senior nurses
 - Immunisations and vaccinations target changes which means general practice must achieve higher vaccination uptake rates to gain financial reward.
- 6 NHS County Durham Clinical Commissioning Group enhanced the national IIF and QOF schemes with the introduction of a Local Incentive Scheme (LIS) for general practice in County Durham; a scheme which enabled financial incentives to be achieved by practice also based on achieving certain quality targets. The County Durham LIS scheme (called LIAISE) is differentiated from the national schemes, as it focuses on targets based on the needs of local people in County Durham, versus the national generic targets set out in IIF and QOF.
- 7 However, certain quality indicators were not included in County Durham's LIS as they were featured in either IIF or QOF. With the number of indicators in both national schemes reducing, the now NENC ICB may need to reflect their emission in the next County Durham iteration of LIS. With limited funding some indicators may need to be prioritised with existing funding but at the detriment of other previously included quality targets.

Recommendation(s)

- 7 The Health and Wellbeing Board is recommended to:
 - (a) Receive the presentation for information and to note the contents of this report.

Background

- 8 The Chancellor of the Exchequer, in his Autumn Statement, set out a commitment to improve General Practice access starting in 2023. General practice is now treating more patients than it did pre-pandemic, but accessing services remains an issue for many patients.
- 9 The changes to the GP contract in 2023/24 set out the requirements of General Practice, supported by their Primary Care Networks (PCNs), to improve general practice access, patient experience, and satisfaction.
- 10 NHS England intend to support access, patient experience, and satisfaction improvements by making changes to the national Investment and Impact Fund (IIF) and Quality Outcomes Framework programmes. These are existing national schemes designed to incentivise general practice and PCNs to raise quality standards for patients. The changes to these schemes will re-purpose national funding which can be used by PCNs to support improvements to general practice access and overall patient experience.

Main implications

Access requirements

- 11 **Offer of assessment will be equitable for all modes of access:** To ensure consistency in the access that patients can expect, the GP contract will be updated to make clear that patients should be offered an assessment of need, or signposted to an appropriate service, at first contact with the practice. Practices will therefore no longer be able to request that patients contact the practice at a later time. The re-purposed IIF and QOF funding will support practices and PCNs working towards achieving this during 2023 recognising the changes that will need to be made.
- 12 **Prospective (future) record access to be offered by 31st October 2023:** To make it easier for patients to access their health information online without having to contact their practice, the GP contract will be updated so new health information is available to all patients (unless they have individually decided to opt-out or any exceptions apply) by 31 October 2023 at the latest. This builds on the 1,400 practices that are already automatically offering 6.5m patients this access. NHS England will continue to provide support to practices as more patients gain online access to their records.

- 13 Mandate use of the cloud-based telephony (CBT) national framework:** From the end of 2025, all analogue ISDN and PSTN lines will be removed for use in all home and business settings. From this point, only cloud-based platforms will be supported. Digital telephony (CBT) provides greater functionality for practices and patients. This includes call queueing or call back which provide a better patient experience when the lines are busy as well as management information and data to support practices gain insight and improve their responsiveness further.
- 14 Changes to Investment and Impact Fund and QOF QI modules**
The number of indicators in the IIF will be reduced from 36 to five (worth **£59m**) and will focus on a small number of key national priorities: two indicators related to flu vaccinations, learning disability health checks, early cancer diagnosis and 2- week access indicator.
- 15 The remainder of the IIF will now be worth £246m and will be entirely focused on improving patient experience of contacting their practice and receiving a response with an assessment and / or be seen within the appropriate period (for example same day or within 2 weeks where appropriate, depending on urgency). 70% of the total funding, equating to £172.2m, will be provided as a monthly payment to PCNs during 2023 / 24 via the Capacity and Access Support Payment.
- 16 The remaining 30% of the total funding, equating to £73.8m, will be assessed against an access improvement plan agreed with the commissioner in quarter 1 of 2023/24. At the end of March 2024 ICBs will assess for demonstrable and evidenced improvements in access for patients and then award funding. ICBs will be provided with guidance to assist in determining the appropriate payment.
- 17 Quality Outcomes Framework indicators will be reduced from 74 to 55 (a reduction of 25%), releasing £97m of funding. Two new cholesterol indicators (worth 30 points = £36m) will be added to QOF along with a new overarching mental health indicator.
- 18 This year's QOF Quality Improvement modules will focus on workforce wellbeing and optimising demand and capacity in General Practice with an emphasis on using data to analyse potentially avoidable appointments and build on care navigation and use of wider workforce or local services to reduce pressure on General Practice.

Increased flexibility of ARRS

- 19 Recruitment through the Additional Roles Reimbursement scheme (ARRS) has been strong, and as of 31 December 2022 stands at 25,262 additional FTE. PCNs are on track to meet the 26k target for March 2024 over a year early.
- 20 To support PCNs to recruit the teams that they need, there are several changes to the ARRS, including adding Advanced Clinical Practitioner Nurses to the reimbursable roles, increasing the cap on Advanced Practitioners to three per PCN and removing the caps on Mental Health Practitioners.
- 21 During 2023/24 NHS England will review the ARRS to ensure that it is tailored to deliver future ambitions for general practice. Staff employed through the scheme will be considered part of the core general practice cost base beyond 2023/24, and PCNs can offer permanent contracts where appropriate.

Immunisations and Vaccinations

- 22 There will be changes to childhood vaccinations. These include the removal of the vaccination and immunisations repayment mechanism for practice performance below 80% coverage for routine childhood programmes along with changes to the childhood vaccination and immunisation indicators within QOF which will see the lower thresholds reduced to 81% - 89% (dependent on indicator) and the upper thresholds raised to 96%.

Risks & Mitigation

- 23 Given the increase in demand for NHS services across the board, the contract's focus on access is expected with improvements funded from the reductions in Investment and Impact Fund (IIF) and the Quality and Outcomes Framework (QOF) indicators.
- 24 NHS County Durham Clinical Commissioning Group enhanced the national IIF and QOF schemes with the introduction of a Local Incentive Scheme (LIS) for general practice in County Durham; a scheme which enabled financial incentives to be achieved by practice also based on achieving certain quality targets. The County Durham LIS scheme (called LIAISE) is differentiated from the national schemes, as it focuses on targets based on the needs of local people in County Durham, versus the national generic targets set out in IIF and QOF.

25 However, certain quality indicators were not included in County Durham's LIS as they were featured in either IIF or QOF. With the number of indicators in both national schemes reducing, the now NENC ICB may need to reflect their emission in the next County Durham iteration of LIS. With limited funding some indicators may need to be prioritised with existing funding but at the detriment of other previously included quality targets.

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Appendix 1: Implications

Legal Implications

Not applicable.

Finance

Not applicable.

Consultation

Not applicable.

Equality and Diversity / Public Sector Equality Duty

Not applicable.

Climate Change

Not applicable.

Human Rights

Not applicable.

Crime and Disorder

Not applicable.

Staffing

Not applicable.

Accommodation

Not applicable.

Risk

Not applicable.

Procurement

Not applicable.