

# GP Contract Changes 2023-24



Better for everyone

# GP Contract Changes from 2023-24

## Access

- Forthcoming publication of **General Practice Access Recovery Plan** (incentivised by diversion of Investment and Impact funding (IIF) – see below)
- Ensuring patients should be offered an assessment of need or signposted to an appropriate service at first contact with the practice. Modelling incumbent systems in County Durham.

## Investment and impact fund (IIF) and Quality and Outcomes Framework (QOF)

- Reduction in the number of IIF indicators from 36 to five. A Capacity and Access support payment (CASP) of £172.2m now linked to improving access (the how set out in a forthcoming Access Recovery Plan).
- Remaining IIF funding (Capacity and Access improvement payment (CAIP) £73.8m) to be focussed on improving patient experience.
- 25% reduction in the number of QOF indicators. QOF has also been streamlined to support teams, with the number of indicators reduced from 74 to 55 (a reduction of 25%), releasing £97M of funding.
- QOF quality improvement (QI) modules to focus on workforce wellbeing and optimising demand and capacity in general practice.



# Additional Roles

- Advanced Practitioners role options now to include Advanced Clinical Practitioner Nurse. Limit increased to up to 3 Advanced Practitioners per Primary Care Network (PCN).
- New role - Apprentice Physician Associate.
- New role - Digital and Transformation Lead – limited to one whole time equivalent (WTE) per PCN.
- Mental Health Practitioners – restriction / limit on numbers removed, however mental health Trust would need to agree and be able to fund their 50%

# Investment & Impact Fund (IIF) Changes

- The number of indicators has been reduced from 36 to five to support a small number of key national priorities: flu vaccinations, learning disability health checks, early cancer diagnosis and 2-week access indicator. The value of these indicators will be £59m.
- The remainder of the IIF will now be worth £246m and will be entirely focused on improving patient experience of contacting their practice and being assessed and/or seen within the appropriate timeframe (for example same day or within 2 weeks where appropriate).
- The Learning Disability Health Checks Indicator will be amended by adding a requirement to record the ethnicity of people with learning disabilities.
- Clinicians are encouraged to continue to use FIT tests for patients with signs of systems of suspected colorectal cancer, including those with rectal bleeding, in line with the British Society Gastroenterology and Association of Coloproctology of Great Britain and Ireland guidance.
- Additional support will be provided where practices are struggling to access tests. This will involve setting up a national 'supply chain' escalation system that any GP practice can contact if local supply issues arise. In addition, support is available from the regional cancer alliance to fund FIT kits where needed.

# New/ revised IIF indicators

IIF ID	Description
VI-02	Percentage of patients aged 18 to 64 years and in a clinical at-risk group who received a seasonal influenza vaccination between 1 September 2023 and 31 March 2024
VI-03	Percentage of children aged two or three years on 31 August 2023 who received a seasonal influenza vaccination between 1 September 2023 and 31 March 2024
HI-03	Percentage of patients on the QOF Learning Disability register aged 14 years or over, who received an annual Learning Disability Health Check and have a completed Health Action Plan in addition to a recording of Ethnicity
ACC-08	Percentage of appointments where time from booking to appointment was two weeks or less
CAN-02	Percentage of lower gastrointestinal two week wait (fast track) cancer referrals accompanied by a faecal immunochemical test (FIT) result, with the result recorded in the twenty-one days leading up to the referral.



# Mitigation for IIF changes

A number of indicators have been revised or combined to sharpen their focus. The indicators that have been discontinued due to re-purposing of the funding, will either be monitored via another route such as LIAISE (2023/24), another aspect of the PCN DES specification or a focused project currently in progress by the ICB in Durham.

- Vaccination and Immunisation – focus on highest risk population remains.
- Tackling Health Inequalities – focus on people with learning disabilities remains, with addition of ethnicity recording.
- Cardio Vascular Disease prevention – all removed. Potential to include in LIAISE. Note: Atrial Fibrillation indicator has now been included in Quality and Outcomes Framework (QOF).
- Personalised Care – social prescribing target removed, however Social Prescribing Link Workers are integral to delivery of the Personalised Care and Tackling Health Inequalities specifications of the Network Contract Directed Enhanced Service (DES), which focuses on population cohorts with unmet needs.
- Access – shift of focus to timescales – ensuring patients have more timely access to a range of general practice staff, including additional roles.
- Enhanced Health in Care Homes – all removed. However County Durham are currently undertaking a focused project to increase and extend levels of integrated working; improve workforce skills and improve levels of care being provided to people living in care homes. There is also the opportunity to include in LIAISE.
- Cancer – change to reduce the timescales for recording FIT test results.
- Structured Medication Reviews – all removed. Potential to include in either LIAISE or Medicines Optimisation Plans.



Better for everyone

# Capacity & Access Improvement

- 70% of the total 'repurposed' IIF funding (National Capacity and Access **Support** Payment), equating to £172.2m, will be unconditionally paid to PCNs, proportionally to their Adjusted Population, in 12 equal payments over the 2023/24 financial year;
- The remaining 30% of the total funding (Local Capacity and Access Improvement Payment), equating to £73.8m, will be assessed against 'gateway criteria' at the end of March 2024 by ICBs and paid to PCNs for demonstrable and evidenced improvements in access for patients. The maximum a PCN could earn is £1.185 multiplied by the PCN's Adjusted Population as of 1 January 2023 (based upon improvement evidenced across all three areas):
  - Patients' experience of contact
  - Ease of access and demand management
  - Accuracy of recording in appointment books
- By 12<sup>th</sup> May 2023 – PCNs to develop an access improvement plan that is agreed with the ICB.
- Based on the PCN's improvement in these three key areas, ICBs will make an assessment of the appropriate value of funds to be released, after 31 March 2024 (£73.8 million).
- All assessments should consider the challenges a PCN faces such as their starting point at April 2023, differences driven by demographics, improvement against the starting point baseline and the accuracy of available data. The planning phase undertaken in April 2023, to allow as much time as possible for execution of plans.
- The commissioner will instruct PCSE Online to make the appropriate payment to the Nominated Payee of the PCN by no later than 31 August 2024.

# Changes to Quality and Outcomes Framework (QOF)

- In 2023/24, all the QOF register indicators points will be awarded to practices, based on 2022/23 outturn once finalised, releasing £97m of funding and reduce the number of indicators in QOF from 74 to 55 (a reduction of 25%).
- Two new cholesterol indicators (worth 30 points~£36 million) will be added to QOF along with a new overarching mental health indicator.
- One indicator (AF007) will be retired and replaced with a similar indicator from IIF in 2022/23.
- This year's QOF QI 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.



# Questions