

GP contract 2022/23 update

BMA

GPC England



Overview of agreement for 2022/23

- 2022/23 will be the 4th year of the 5 year contract agreement
- Following a stalemate in negotiations between GPC England and NHS England, the changes published on 1 March and which come into effect from 1 April 2022, have not been agreed or endorsed by the BMA
- The five-year framework concludes at the end of March 2024; the default position is that the existing GMS contract (and its add-ons) at that time will automatically roll forward unless it is changed
- GPC England will be discussing and consulting LMCs about the shape of the contract from April 2024 onwards
- Set out below is guidance on the new changes to support practices in their decision making and next steps

Core contract changes and requirements

- Online patient registration – removal of wet signatures and the need for hard copies, although many practices and regions already offer this
- Online appointment booking – removal of 25% minimum, to be replaced with all directly bookable appointments that do not require triage, a new contractual requirement which goes beyond the five-year framework
- This change will allow practices to determine what is most appropriate to make available for online booking; an example of this is flu vaccination or COVID vaccination appointments
- Deceased patient records will no longer need to be printed and sent to PCSE (Primary Care Support England); practices will now legally be required to process access requests

Vaccinations and Immunisations

- HPV – transition from Gardasil 4 to Gardasil 9 during 2022/23 and the JCVI has advised a move from a three-dose schedule to a two-dose schedule (with doses given at least six months apart), for both those aged 15 and over, and for the national HPV MSM vaccination programme
- MMR – cessation of the 10 and 11-year-old catch-up programme along with practice participation in a national MMR campaign as per the current contractual requirement for practices to take part in one catch up campaign per year
- MenACWY Freshers programme – will come to an end on 31 March 2022
- IoS payments lost reinvested in public health budget

Practice level funding increase

- The five year framework agreed funding to provide pay uplifts in line with predicted inflation (as at April 2019)
- This year the funding provides for a 2.1% pay uplift for all GPs, practice staff and practice expenses, although GPC England sought additional funding given the economic changes (due in large part to the impact of the pandemic), but this was refused
- As per the five year deal, global sum will increase by 3% from £96.78 to £99.70 per weighted patient
- The OOH (Out of Hours) adjustment remains at 4.75%, increasing the value from £4.59 to £4.73
- There will be a continuation of funding in Global Sum (£20 million) for one additional year (2022/23) to reflect workload for practices from SARs (Subject Access Requests)
- No amendments are being made to the content of QOF, but the value of a QOF point will increase by 3.2% from £201.16 to £207.56

Practice level funding increase (cont.)

- ARRS funding has been uplifted from £746m to £1.027bn, as planned in the update to the five year deal
- The extension of the £43m for leadership and management, in addition to the existing £44m planned for PCN clinical directors as part of the five year deal, brings the total Clinical Director funding pot for 2022/23 to £87m
- IIF has been uplifted from £150m to £260m to reflect the planned uplift of £75m, plus an additional £35m agreed for specific purposes (Direct Oral Anticoagulants (DOACs) and Atrial Fibrillation, and FIT testing and 2WW cancer referrals), the value of an IIF point will remain at £200
- As described in the five year framework and subsequent updates, the two funding streams currently for the PCN DES extended hours (£1.44 per patient) and CCG-commissioned enhanced access (£6 per patient) will be combined under the Network Contract DES to fund a single, nationally consistent access offer with updated requirements, to be delivered by PCNs. More detail later

Health and Social Care (National Insurance) Levy

- GPC England sought agreement to cover the employer contributions for the uplift in National Insurance for the proposed 1.25% health and social care levy
- The Government has refused to provide this funding, despite the intention to cover the employer cost for all other public services, including secondary care employers

QOF overview

- NHSEI is not making any changes to QOF for 2022/23 beyond changing the topics for the QI (Quality Improvement) domain citing stability, but they will be fully reinstating QOF and all its requirements from April
- The proposed QI modules for 2022/23 focus on optimising access to general practice and prescription drug dependency
- NHSEI has declined additional support for childhood immunisations as part of the 22/23 contracting round, we believe changes should be made to these indicators to enable practices to deliver more for their patients without being financially penalised
- GPCE has highlighted the acute challenges practices will face in light of impact to IoS payments for many practices; this too has not been considered as part of the 22-23 contracting round

Enhanced service on obesity and weight management

- NHSEI has extended this service to 2022/23 with the same £11.50 per referral payment, but there will be a requirement for the explicit agreement of the patient for referral
- Previously £20M was allocated to this, however the expected number of referrals and engagement with the service means that this funding has not been utilised
- This year, it has been reduced to £11.5M, there was no willingness to consider increasing the IoS for referrals
- As this is an enhanced service, it remains optional for practices

- NHSEI is planning to implement changes to the PCN DES; while some of the principles were agreed in the five year framework, many of the details have not been agreed by GPC England
- Practices are reminded that the PCN DES and all it entails (Extended Hours Access and Enhanced Access, Medication Review and Medicines Optimisation, Enhanced Health in Care Homes, Early Cancer Diagnosis, CVD Prevention and Diagnosis, Tackling Neighbourhood Health Inequalities, Anticipatory Care, Personalised Care), IIF (prevention and tackling health inequalities and providing high quality care), are optional
- If practices decide they cannot accommodate the below changes and their patients would be better supported outside of the PCN DES, they are able to opt-out

PCN Enhanced Access

- The planned transfer of current CCG-commissioned extended access services was delayed as a result of the COVID-19 pandemic and delivery will now start from October 2022, with preparatory work from April 2022
- PCNs will be expected to provide a range of general practice services during enhanced access network standard hours (6.30pm-8pm weekday evenings and 9am-5pm on Saturdays), including vaccinations
- No additional requirement to deliver services on Sundays, however, PCNs will be able to provide a proportion of enhanced access outside of these hours, for example early morning or on a Sunday, where agreed with the commissioner
- PCNs will be required to provide 60 minutes per week per 1,000 patients, weighted using CCG (Clinical Commissioning Groups) primary medical care weighted populations
- Funding will be £7.46 per weighted patient

- NHSEI propose to implement the planned increase to the limit on Mental Health Practitioner reimbursement from one Whole Time Equivalent (WTE) to two WTE per PCN, subject to the additional role being agreed between the PCN and local mental health provider
- GPC England recognises the difficulty many PCNs have in recruiting Mental Health Practitioners; NHSEI advises that ARRS recruitment remains on track
- If this does not reflect your reality, then it is important to contact your commissioner and LMC to let them know that these figures are inaccurate and a misrepresentation of current reality in your regions

PCN Services

- The existing Early Cancer Diagnosis service requirements will be streamlined and simpler, focusing PCNs on national diagnosis priorities arising from evidence around lower than expected referral rates for prostate cancer
- Practices will be required to request FIT tests for suspected colorectal cancers where appropriate and focus on prostate cancer to increase proactive and opportunistic assessment of patients
- The implementation of the digitally enabled personalised care and support planning for care home residents element of the service for which 2022/23 will now become a preparatory year, with implementation of the requirement required by 31 March 2024
- The start date for Anticipatory Care and extension of planning period has been deferred to 1 April 2023

PCN DES – Investment and Impact Fund

- In August 2021, NHSEI released indicators which start from April 2022, these were not agreed with GPCE
- The indicators are SMR-01 (percentage of patients eligible to receive a Structured Medication Review who received a Structured Medication Review) and ACC-02 (number of online consultation submissions received by the PCN per 1000 registered patients)
- NHSE/I will also introduce three new indicators in relation to Direct Oral Anticoagulants (DOACs) and Atrial Fibrillation, and FIT testing and 2WW cancer referrals. Funding for these indicators is additional to the existing £225m funding envelope for the scheme (CVD-12; CVD-15; Can-10)
- GPCE team did not agree the changes that were published in August 2021, so by and large a £260M IIF investment embedded in 31 Indicators has not been agreed by the BMA, practices should read the full details of the current Investment and Impact Fund

Opting out of the PCN DES

- Practices have a right to opt-out of the PCN DES, the next regular opt-out period is expected to be 1 to 30 April 2022
- Opting out is not a breach of the contract (PCN DES or the core contract).

Practices who opt out:

- cease providing the services and any other responsibilities or activities required through the PCN DES service specification
- lose the funding currently provided through the PCN DES
- might lose ARRS staff (depending on the employment relationship the PCN has with the ARRS staff), and the non-DES services the ARRS staff provide (potentially increasing workload for practice staff or increasing staffing costs for the practice)
- might still hold liability for ARRS staff (depending on the employment relationship the PCN has with the ARRS staff) but would not receive the associated ARRS funding that currently supports their employment.

Contract Explainer and Safe Working

The BMA has produced a contract explainer and a safe working document, both of which are available on the BMA website

The explainer can be found in the pay and contracts section under the GP contract header

www.bma.org.uk/pay-and-contracts/contracts/gp-contract/gp-contract-changes-england-202223

The safe working document under the advice and support section – Managing workload

www.bma.org.uk/advice-and-support/gp-practices/managing-workload/safe-working-in-general-practice

Contract Summary

- As a team, GPC England negotiators worked in good faith, engaged in many conversations with a variety of stakeholders ranging from NHSEI, DHSC (Department of Health and Social Care) and the Secretary of State for Health and Social Care
- NHSEI seemed willing to understand the current day pressures being faced by GPs and their teams, but not prepared to act decisively to support the profession so that it can continue to deliver care to those who most desperately need it
- As a result, no agreement has been reached; these contract changes do not go far enough to support access, safe working or backlog pressures in the context of a raging pandemic that has impacted all matters of life across the world

GP campaign - time to rebuild general practice

- The BMA and the GPDF are funding the campaign which will urge the Government to deliver on its commitment to deliver an additional 6,000 GPs in England by 2024
- The campaign also demands that ministers and health leaders tackle the factors driving GPs out of the profession, such as burn out, and create a plan to reduce GP workload and improve patient safety