



Redmoor
Health

GP Contract 2023-2024



KEY THEMES

- Supporting PCNs to improve access
- Improving patient experience and satisfaction
- Free up workforce capacity
 - IIF Impact and Investment Fund changes
 - QOF Quality Improvement Modules

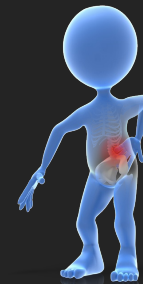


ACCESS REQUIREMENTS



ASSESSMENT OF NEED

- Offer patients an “assessment of need or signposted to an appropriate service on first contact with the Practice”.
- Practices will no longer be able to request patients contact the practice at a later time





PROSPECTIVE (FUTURE) RECORDS ACCESS

- To be offered by 31/10/2023 at the latest
- Existing requirements in the GP contract relating to providing access to historic coded and full records will be amended so they are consistent with access to information under GDPR
- Guidance to follow on how to offer, promote and provide online access to patient records
- Make it easier to access their health information online without having to contact their practice

CLOUD TELEPHONY

- Mandatory use of Cloud Based Telephony (CBT) by End 2025
- Procured only from Better Purchasing Framework (BPF) (once current contracts expire)
- CBT offers patients and practices greater functionality
 - Call queueing
 - Call back
 - Management information & data
- Improving Practice responsiveness and patient experience



IIF | QOF | QI

IMPACT & INVESTMENT FUND

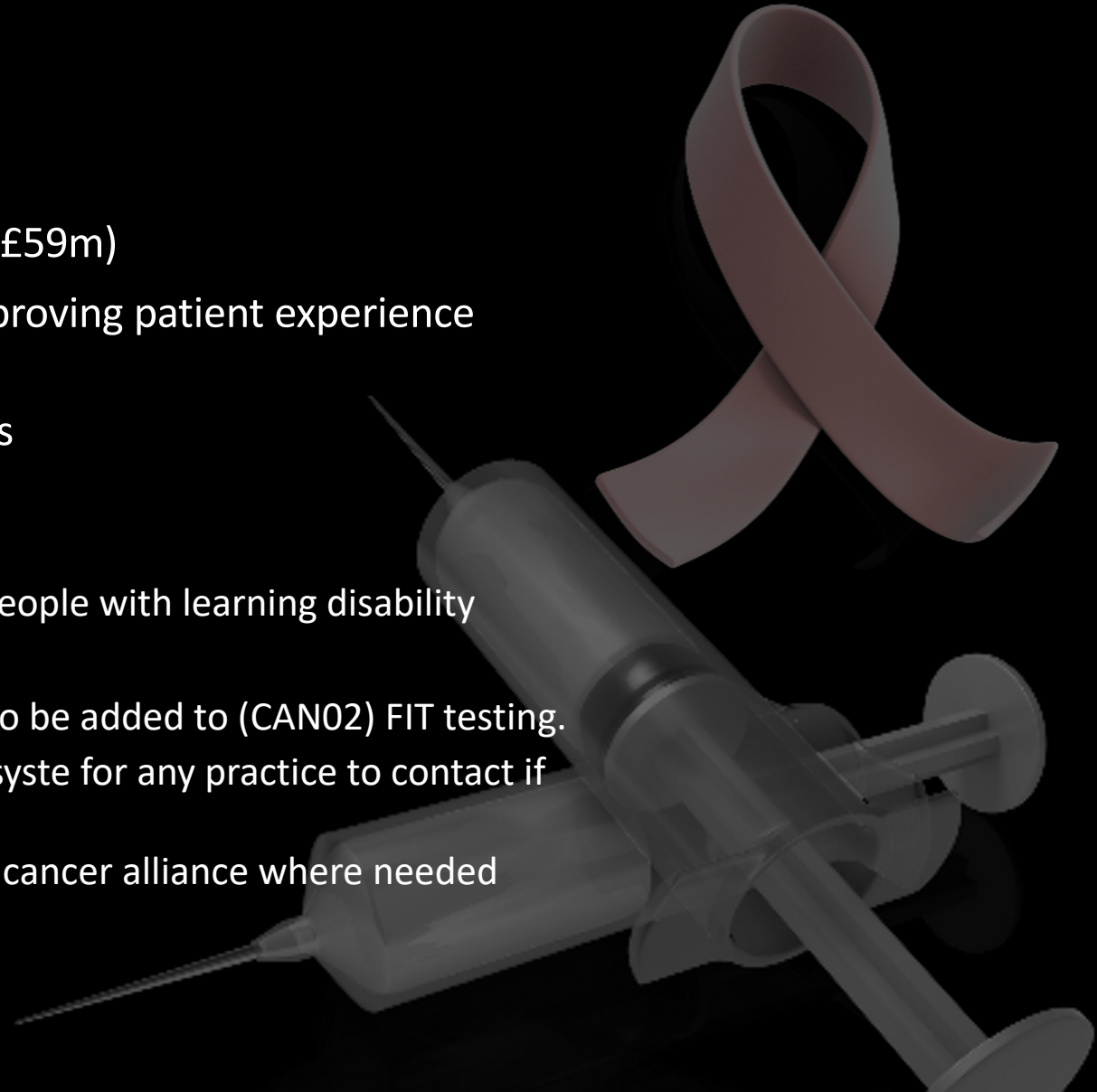
QUALITY IMPROVEMENT FRAMEWORK

QUALITY IMPROVEMENT MODULES



IIF

- Reduce indicators from 36 to 5 (worth £59m)
- Remaining IIF will focus entirely on improving patient experience (£246m)
- Focus on small number of key priorities
 - Influenza vaccinations
 - Learning Disability Health Checks
 - Amendment to add ethnicity of people with learning disability
 - Early Cancer Diagnosis
 - Personal Care Adjustment (PCA) to be added to (CAN02) FIT testing.
 - National supply chain escalation system for any practice to contact if supply issues arise.
 - Funding for FIT kits from regional cancer alliance where needed
 - 2-week access indicator



IIF

- 70% funding paid monthly directly to PCNs (£172.2m) via Capacity and Access Support Payment during 2023-2024
- 30% assessed against an access improvement plan agreed with commissioner in Q1 of 2023/2024
 - End March 2024 ICBs will assess demonstrable and evidenced improvements for patients and award funding
 - Additional guidance to follow for ICBs determining appropriate payments



QOF

- Income protecting all register indicators releasing £97m
- 2023/24 all QOF register points to be awarded based on 2022/23 outturn once finalised.
- Reduced indicators from 74 to 55 (25% reduction)



QOF - INDICATORS

- **New Indicators**

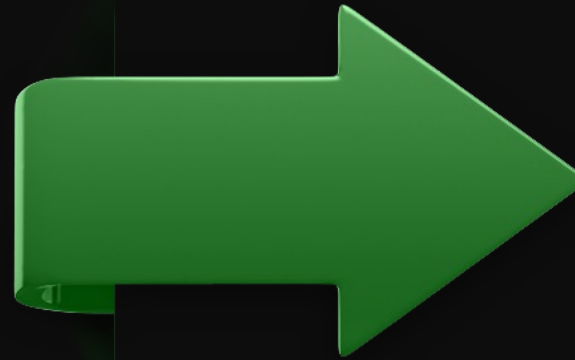
- 2 Cholesterol indicators (30 points)
- Overarching mental health indicator

- **Retired Indicators**

- AF007 – to be replaced with a similar indicator from IIF 2022/23
- RA002 – the percentage of patients with rheumatoid arthritis on the register who have had a face-to-face review in the preceding 12 months.

- **Amended Indicators**

- DEM004 – Annual dementia review – value reduced and mode of review to include through shared decision making with the patient.



QOF QI MODULE

QI Modules will focus on

1. Workforce wellbeing
2. Optimising demand and capacity
 - Emphasis on using data to analyse potentially avoidable appointments
 - Build on care navigation and use of wider workforce or local services



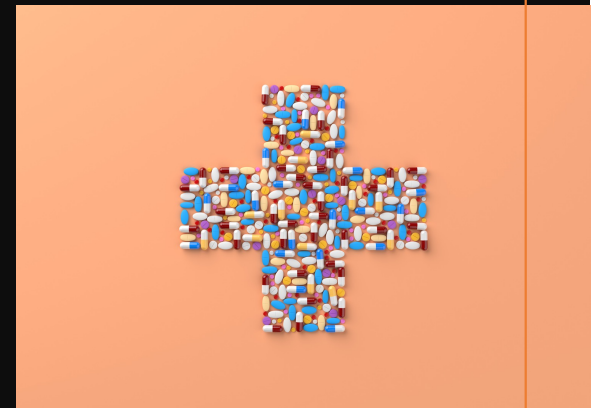
ADDITIONAL ROLES REIMBURSEMENT SCHEME (ARRS)



ARRS

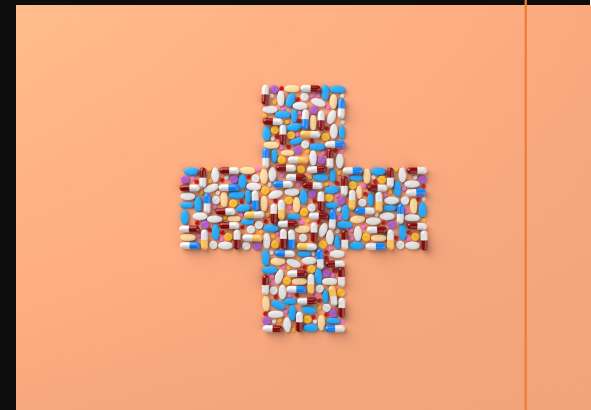
- Advanced Clinical Practitioner Nurses to be added to reimbursable roles
- Cap increase for Advanced Clinical Practitioners from 2 to 3 per PCN*
- Cap removed on Mental Health Practitioners
- Funding for training and development time out of practice by First Contact Practitioners training to become Advance Practitioners.
- Apprentice Physician Associates (PAs) as reimbursable role

**where list size = 99000 or fewer and from 3 to 6 where list size is 100,000 or over.*



ARRS

- NHSE review of ARRS in 2023/24 planned
 - Employed ARRS staff to be considered core general practice cost beyond 2023/24 and PCNs can offer permanent contracts where appropriate
- PCNs encouraged to recruit and make full use of their ARRS entitlement
- Clinical Pharmacist role description change to clarify that supervision is permitted by Advanced Practice Pharmacists.



IMMUNISATIONS & VACCINATIONS



IMMS & VACS

- Removal of vaccination and immunisation repayment mechanism for Practice performance below 80% cover for routine childhood programmes. Removing clawback for Practice performance below 80%.
- Changes in childhood vaccination and immunisation indicators in QOF
 - Lower threshold reduced to 81%-89% (VI003 and VI002)
 - Upper threshold raised to 96% (VI001)
 - Personalised care adjustment for patients registered at the practice too later (either in age or in the financial year) to be vaccinated in accordance with the UK national schedule.
- No additional requirement to be added to PCN service specification 2023/24 – although best practice guidance will be published for PCNs.





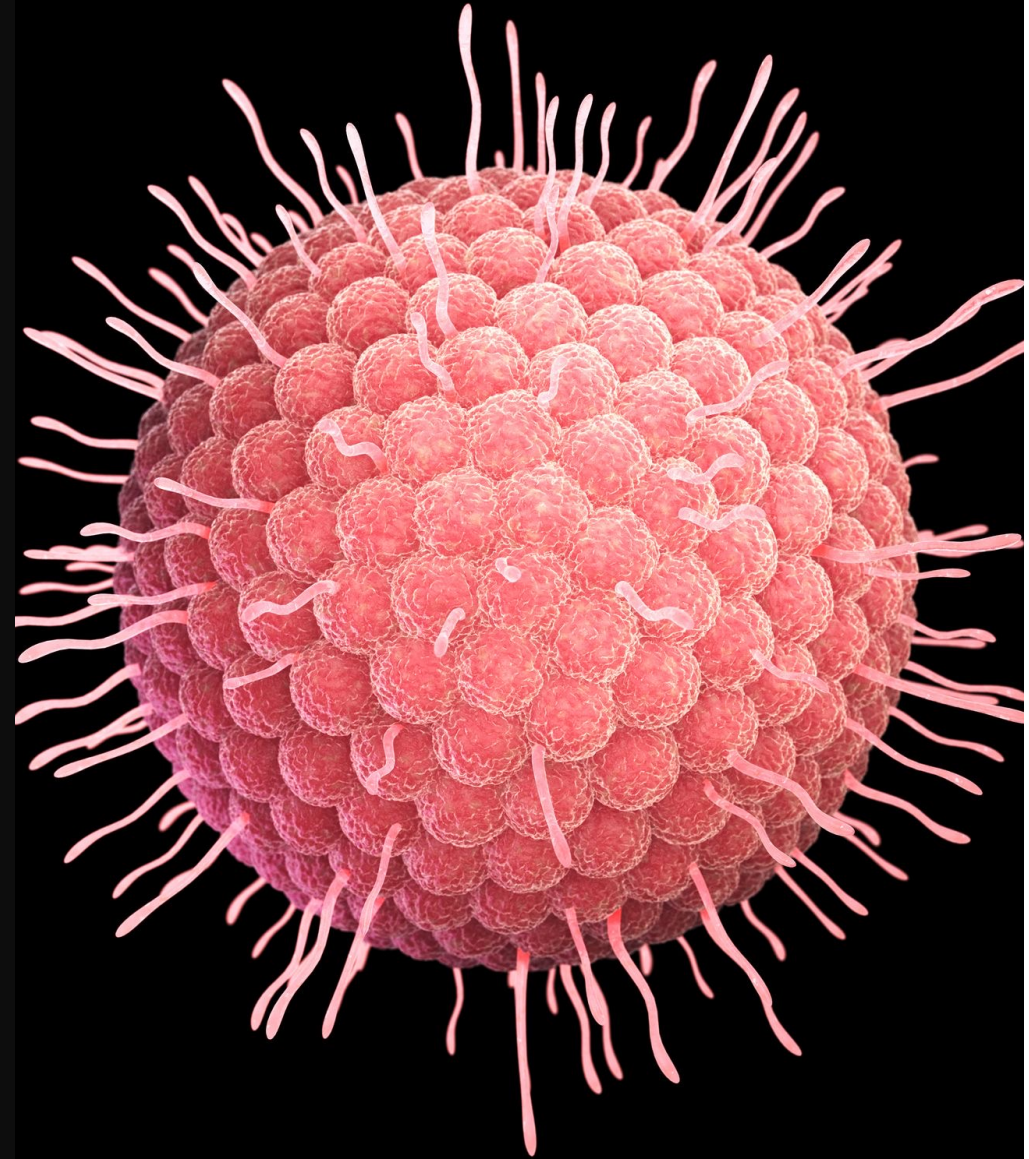
HPV

- JCVI recommendation to move from two dose schedule to one from routine adolescent programme up to the age of 25yrs:
 - From 1st September 2023
 - Opportunistic or on request vaccination within General Practice for those up to 25 yrs (Girls - born after 01/09/1991 and Boys born after 01/09/2006).
- IoS payment to remain £10.06 per dose administered.

SHINGLES

From 1st September 2023


- Replace Zostavax with 2-dose Shingrix as Zostavax goes out of production
 - 2-dose Shingrix from current 70-79 cohort
 - Expansion of immunocompromised to offer 2-dose Shingrix to individuals aged 50yrs +
 - Expansion of immunocompetent cohort to offer 2-dose Shingrix routinely to individuals aged 60 yrs.+ remaining opportunistic up to and including 79 yrs. old.
 - Expansion of cohort over 5yrs
 - 1st September 2023 – 31st August 2028 – Shingrix offered to those turning 70 and those turning 65years of age in each of the five yrs. they become eligible.
 - 2nd 1st September 2028 – 21 August 2033 - Shingrix offered to those turning 65 and those turning 60 years of age in each of the five yrs. they become eligible.
 - Practice call/recall for cohorts as they become eligible to be implemented from 1st September 2023 as well as catch up call/recall for newly eligible immunocompromised 50-69 year old cohort.
 - Shingles GPES extraction to be updates to reflect changes
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UNCHANGED PROGRAMMES

The following programmes will continue unchanged for 2023/24:

- 6-in-1 (DTaP/IPV/Hib/HepB)
 - MenB
 - Rotavirus
 - PCV (infant pneumococcal)
 - Hib/MenC
 - MMR provision to remain unchanged for both the 0-5-year-olds programme and 6 years and over programme
 - 4-in-1 pre-school booster (DtaP/IPV)
 - 3-in-1 booster (td/IPV)
 - Men ACWY (provision for those aged up to 25 years who miss the schools programme)
 - PPV (65-year-olds and 2-64-year olds in defined clinical risk groups)
 - HepB (Babies)
 - Pertussis (pregnant women).
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WEIGHT MANAGEMENT ENHANCED SERVICE

- Continues in 2023-2024 retaining £11.50 referral payment.



GP RETENTION SCHEME

- 4 session cap within GP retention scheme to be removed permanently.
- Sessions worked above the cap to be funded by employing Practice



PCN SERVICE SPECIFICATIO N

No additional requirements

Best Practice Guidance to Follow
from NHSE

