

Mword issue 43

7 February 2020

Dear Colleagues have just one key item for you today. The 2020/21 GP Contract – some light in the tunnel Yesterday GPC England accepted a package for the 2020/21 contract, following the massive reaction to the DES specifications, as evidenced by your amazing responses to my survey last month. NHSE&I has agreed substantial changes to the specifications, and, with careful management at practice and PCN level, to significant investment enabling funding to be directed towards partnerships and core general practice. This investment in partnerships and the core is a welcome start, but will need further work to ensure it is improved upon through to the year 2021/22. This is particularly so in London, where, as Pulse showed last year, our total practice income and global sums sit at the bottom of the national range.

Here are the top line changes:

The new value of the Global Sum from 1 April will be £93.46.

The new value of a QOF point will be £194.83.

A ‘New to Partnership Payment’ of £20,000 (strings attached) plus training support, a locum support scheme, changes to the existing Induction and Refresher Scheme to cover some childcare costs and a new national supporting mentors scheme.

100% reimbursement for all roles in the Additional Roles Reimbursement Scheme, freeing up the existing £1.50 per head to contribute to management support for PCNs, and any monies you may be contributing from your core practice funds.

Between 2020/21 and 2023/24, the scheme will expand to 26,000 additional roles.

Funding entitlements increase from £257m to £430m next year and, in 2023/24, from £891m to £1,412m.

Payment arrangements for vaccinations and immunisations to be reformed, QOF to be updated.

PCN service specifications reduced and improved.

Investment and Impact Fund introduced worth £40.5m in 2020/21.

Taken together, more funding available at practice level.

Regarding the DES Specifications it has been agreed that:

The volume of Structured Medication Reviews undertaken will be determined and limited by the clinical pharmacist capacity of the PCN.

The proposed requirement for fortnightly face to face medical input to the care homes is replaced with a requirement for medical input to be ‘appropriate and consistent’ but with the frequency and form of this medical input to be based on local clinical judgement by the PCN.

The new ‘Care Home Premium’ will provide an additional and specific contribution of £120 per bed per year. This will be £60 in the first year as the requirement to deliver services to care homes will not start until October 2020.

CCGs will be required to maintain the level of funding they provide for existing LES/LIS (especially in relation to care homes) within primary medical care, with a strong recommendation for this to be for the same use as previously (eg, a care homes LES funding would supplement the PCN care homes service spec). There will be a requirement for reinvestment proposals to be discussed with LMCs.

It is explicitly written into the DES that PCNs cannot be contractually responsible for any failure by community service providers for non-delivery of their part of the service.

The agreement and other details can be found on our website. This was regarded by the negotiators as the best deal available and was subsequently accepted by the committee. We will all – practices, PCN CDs, federations, LMCs and commissioners – now need to see that the deal comes to fruition in London at local level, and that practices are supported to provide the core services that bring so much professional reward and which patients rightly expect. As ever I welcome your feedback at mword@lmc.org.uk, and know that my team of experts and leaders here at Londonwide LMCs will always be by your side. Michelle

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