

## NHS ENGLAND – BOARD PAPER

<p><b>Title:</b></p> <p>Developing the NHS long term plan: primary care reform</p>
<p><b>Lead National Director:</b></p> <p>Ian Dodge, National Director, Strategy and Innovation</p>
<p><b>Purpose of Paper:</b></p> <p>As part of the new NHS Long Term Plan, we want to reform the GP contract, originally designed fifteen years ago. Drivers of reform include:</p> <ul style="list-style-type: none"> <li>(i) Changing patient needs, linked to our growing and aging population;</li> <li>(ii) Pressures on general practice including workforce;</li> <li>(iii) Primary care network development;</li> <li>(iv) Faster application of digital technology; and</li> <li>(v) Specific reviews of Quality and Outcomes Framework (QOF), the funding formula, premises, the GP partnership model, as well as major change to professional indemnity.</li> </ul> <p>Within that wider context, the NHS England Board is asked to approve publication of the report of the Review of the GP Quality and Outcomes Framework, and proposals to future-proof payment for digital-first primary care. Public feedback is requested by 31 August, in the light of which NHS England will seek to agree specific changes with the BMA General Practitioners' Committee in England (GPC(E)) to start taking effect from 2019/20.</p>
<p><b>Patient and Public Involvement:</b></p> <p>Patient and public participation is important to this work. A number of patient reference groups have been held as part of the QOF review in London, Leeds and Bristol, along with two workshops for national charities and an event with people with a learning disability, autism or both. Patient engagement on the digital proposals will take place in July including through a webinar that will cover a number of aspects of the proposed GP contract negotiating remit. NHS England welcomes views from clinicians, managers, patients and members of the public.</p>
<p><b>The Board invited to:</b></p> <ul style="list-style-type: none"> <li>• Note the planned joint work with the BMA on contract reform;</li> <li>• Approve the attached reports; and</li> <li>• Launch the engagement exercises on the QOF Review and on payments for digital-first primary care</li> </ul>

## Developing the NHS long term plan: primary care reform

### GP contract reform

1. As part of the forthcoming Long Term NHS Plan, 2019 could herald the most substantial changes to the GP contract since 2004. The drivers of reform include:
  - (i) the implications and opportunities arising from the recent NHS funding settlement in allowing us to take forward our ambitions for sustaining and strengthening general practice as the foundation of NHS care; and its critical role in improving outcomes, quality, and moderating avoidable utilisation of more expensive hospital-based care as well as over-medication;
  - (ii) tackling the **pressures on general practice including workforce** recruitment, retention, and skill-mix, by building on the work of the GP Forward View and going further;
  - (iii) alongside our ongoing commitment to General Medical Services and to the practice, **supporting the nationwide development of 1000-1500 primary care networks** as an expanding service delivery unit. This includes: a) the full integration of primary care as part of a more joined up wider urgent care system, including 111, pharmacies, Urgent Treatment Centres and Emergency Departments; b) the expansion of anticipatory and coordinated care teams for the increasing number of people with complex needs, drawing on the work of the vanguards; and c) for primary care to lead the way in personalised care that empowers patients (e.g. through shared decision making, personalised care planning, patient activation and personal budgets) and connects better with local communities (e.g. through social prescribing). Support for networks could take the form of a new national 'network contract', for example as an enhanced service;
  - (iv) supporting the **faster full application of digital technology**, for the benefit of patients and practices alike; and
  - (v) an **array of specific reviews** of Quality and Outcomes Framework (QOF), the Carr-Hill funding formula, GP premises, the GP partnership model, as well as fundamental change to professional indemnity arrangements.
2. NHS England and the BMA GPC(E) will work together on associated contractual changes to GMS, including those steps that can be taken in time for 2019/20. Most funding for general practice goes through the General Medical Services contract, with changes involving negotiation with the General Practitioners Committee (GPC) of the British Medical Association (BMA).
3. NHS England has taken over from NHS Employers direct responsibility for developing and agreeing changes to the contract with BMA GPC(E). The new NHS England negotiation team comprises: Ian Dodge (chair), Ed Waller (NHSE Director of Primary Care Contracts), Dr Abid Irfan (GP, and Chair West Berkshire CCGs), Kathy Winfield (Chief Officer, West Berkshire CCGs and ICS lead), Dr Amanda Doyle (GP, Chief Clinical Officer Blackpool CCG and Lancashire ICS lead), and Dr Nikki Kanani (GP Bexley and Deputy Primary Care Medical Director, NHS England).
4. Today the NHS England Board is asked to consider two specific facets: the report of the Review of the Quality and Outcomes Framework, and proposals for funding reform to reflect emerging models of digital-first primary care.

5. Subject to Board approval, the purpose of sharing these reports publicly is threefold. To allow us to listen and take into consideration the views from GPs and practice staff about how changes could impact on their income and workload. To test with patients that we are focussing on the right priorities for them; and in the case of the digital proposals, to test with digital providers how we can better support and spread proven innovations positively and fairly.

## The Review of the Quality and Outcomes Framework

6. NHS England has made a number of commitments to review QOF, both publicly through the General Practice Forward View, Next Steps on the NHS Forward View, and also as part of negotiations with the BMA GPC. And so NHS England has conducted a formal review process, which started in September 2017.
7. Three overarching objectives for a reformed scheme are that it:
  - delivers **better patient care**, particularly by enabling more holistic person-centred care and incentivising on-going quality improvement;
  - supports practices to move into a role in which they can **optimally impact demand on the wider system**, and so optimise the use of finite NHS resources; and
  - supports **stability and sustainability in general practice**, at a time when workload is high and the profession is reporting high levels of stress and concern.
8. The review process was designed to incorporate views and evidence from the wide constituency of stakeholders involved in QOF, and to go through a transparent methodology in order to reach a balanced assessment of future opportunities. To assist, we formed a senior external Advisory Group and a Technical Working group, complemented by supporting reference groups, workshops, surveys and a review of existing evidence.
9. The review has involved the following stakeholders:
  - the profession (represented by GPC and RCGP on the Advisory Group and within wider practice staff reference groups). At the England LMC conference in 2017 the representatives voted to retain QOF, although this followed a vote the previous year seeking to scrap it. RCGP went to council in April 2018 and agreed to continue feeding into proposals for reform, but with mixed opinion on whether change at this time would be positively received by members;
  - Public Health England (represented on the Advisory Group) who champion the of public health indicators and make frequent use of associated data;
  - CCGs (represented on the advisory group through NHS Clinical Commissioners, and also engaged directly via reference groups) who both use the data from QOF and who have in a number of instances sought to implement local variations to QOF in order to deliver on local objectives (originally encouraged as a benefit of delegated commissioning, but paused in 2017 for the duration of this review);
  - National patient groups and charities (engaged directly through an event and follow-up survey) who strongly advocate both for indicators in domains related to their patient group, but also for a patient-centred and evidence-based approach to reforms;
  - patients and the public (represented on the Advisory Group through a lay member and engaged directly through reference groups) who are affected by the impacts that QOF has on the quality and experience of care they receive;

- the academic community (represented through a technical working group) who reiterate the importance of the evidence-based nature of QOF, and offer a spectrum of views on potential reforms, which have been taken into account in the proposals.
10. The report of the Review is attached. The advisory group members support the publication of the full report of work undertaken in the review, as the basis for a transparent engagement including with the profession. The members of the advisory group are named within the report. They have agreed its contents and all co-signed a joint foreword.
11. Chapter 5 of the report sets out the proposals. In short, the Review proposes five main changes, subject to further engagement and negotiations:
- (i) **to modify indicators** to improve efficacy and impact where there is good evidence (for example through a more targeted approach to population segments) - accounting for up to half the scheme
  - (ii) **to update and rebrand exception reporting**, to be termed the personalised care adjustment for all indicators. This would operate at the individual indicator level rather than the domain level, which would bring it into closer alignment with the way in which clinical decisions are taken and patient choice is expressed. It would also improve data quality and reduce scepticism around the use of the mechanism;
  - (iii) **to include a new quality improvement (QI) domain**, applying quality improvement cycles to address around 3 priority areas each year. This would utilise points freed up through indicator retirement as below;
  - (iv) **to undertake moderate retirement of indicators**, identified through a transparent indicator assessment methodology. A case could be made for up to a quarter of current indicators;
  - (v) whilst the Review concluded that wide-scale implementation of a network QOF may be premature, it proposes to run a **national trial of a network level QOF**, with a select number of sites.
12. Whilst it is likely to take a number of years to phase in all of the reforms to QOF described in the report, and to learn from evaluations of new components (particularly the QI domain and network trial), there was consensus amongst the advisory groups that this was the likely direction of travel, and well aligned with current strategic priorities. NHS England and the GPC will remain mindful of the workload implications and the views of GPs once the report is public.

## Updates to GP payments in light of the growth of digital-first primary care

13. Digital systems will be integral to a modern, efficient and responsive health service. Well-designed digital tools are already helping to provide care and services that are convenient for patients, efficient for the NHS and which get people the right care for them, as quickly as possible. Over the next decade NHS England will be seeking to support faster, full adaption of digital delivery in primary care.
14. One of the challenges is ensuring that the way we commission, contract and pay for care keeps up with the opportunities digital innovation offers – ensuring that new technology is safely integrated into health and care pathways, whilst not unfairly destabilising existing services. There are concerns, for example, that the rapid

expansion of digital-first practices is leading to patient selection effects not being adequately captured in the GP funding formula.

15. With fair funding in mind, NHS England has reviewed the funding implications of digital-first models in the attached report. Our analysis concludes that there are a number of ways in which the payments for general practice may need to be updated to account for the emergence of digital-first primary care providers. It is important to recognise that this is a first step, informed by the evidence available but inevitably followed by further debate as our understanding of new delivery models evolve and mature. We also seek wider views about how primary care funding models can best support innovation.
16. In summary, we conclude that three specific aspects of the current funding arrangements may lead to excessive redistribution to digital-first models. We propose:
  - amendment of the rurality index payment to apply to patients living within a practice catchment area only, rather than to all patients;
  - the amendment of the London adjustment to apply to patients resident in London, rather than registered in London; and
  - a reduction in the payment to practices for patients who live outside of their catchment area (and to whom they are therefore not obliged to provide home visits).
17. The vast majority of practices would not be impacted significantly, and in fact would gain marginally from the redistribution of funds through the formula towards in-area patients. This is fairer, and as such, removes the potential for providers to seek to maximise income by advertising to patients from particular locations. As further evidence emerges it may be appropriate to make further updates reflecting different patient characteristics and costs of service delivery.

## Next steps

18. NHS England welcomes views on both documents by 31 August 2018, in order to inform subsequent discussions and negotiations with the BMA GPC, and allow the possibility of implementation from 2019/20. There is not a precedent for consulting on proposals of this kind, which will be the subject of negotiation. However, in this case, NHSE and GPC are agreed that an open engagement exercise on both the attached reports will helpfully inform negotiations.

## Recommendations

19. The Board is asked to:
  - Note the planned joint work with the BMA on contract reform;
  - Approve publication of the attached reports; and
  - Launch engagement exercises on reform of the Quality and Outcomes Framework (QOF) and updates to GP payments in light of the growth of digital-first primary care.

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