

GP contract 2022/23

Central North Leeds PCN

Contract changes - practices

- All appointments which do not require triage are able to be booked online, as well as in person or via the telephone
- Require GP practices to respond to Access to Health Records Act requests for deceased patients and to remove the requirement for practices to always print and send copies of the electronic record of deceased patients to PCSE
- Quality Improvement modules on optimising patients' access to general practice and prescription drug dependency
- Weight Management Enhanced Service will continue
- Transition from Gardasil 4 to Gardasil 9 and move from a three-dose schedule to a two doses (except HIV and immunocompromised – 3 doses)
- End of MMR 10-11y catch-up and national MMR campaign
- Men ACWY Freshers programme will end

Practice funding

- Global sum will increase by 3% from £96.78 to £99.70
- The Out of Hours adjustment remains at 4.75%, increasing the value from £4.59 to £4.73
- Continuation of funding in global sum (£20 million) for 2022/23 for subject access requests. This had been due to cease beyond 2021/22 subject to records summarisation, which has not been completed
- QOF point value increases, due to changes in the average number of patients per practice, by 3.2% from £201.16 to £207.56
- Funding provides for a 2.1% uplift to staff pay

Contract changes - PCN

- Increase ARRS funding by £280m to £1bn as planned
- PCN clinical director funding reverts to £0.736 per patient (0.25WTE)
- Additional £43m for PCN leadership and development
- Investment and Impact Fund increased from planned £225m/999 points to £259.5m/1153 points with three additional indicators
- Many IIF indicators more difficult to achieve than 21/22 with harder thresholds
- Extended Access schemes merged giving PCNs responsibility
- Delay to Anticipatory Care plans until December 2022 and service to 23/24, and will be ICS led
- 22/23 preparatory year for digitally enabled personalised care and support planning for care home residents
- Early cancer diagnosis service modified

IIF indicators

Indicator wording	Points	Thresholds
HI-01 Percentage of patients on the Learning Disability register aged 14 years or over, who received an annual Learning Disability Health Check and have a completed Health Action Plan	£8.1m / 36 pts	49% (LT) 80% (UT)
VI-01 Percentage of patients aged 65 years or over who received a seasonal influenza vaccination between 1 September and 31 March	£9.0m / 40 pts	80% (LT) 86% (UT)
VI-02 Percentage of at-risk patients aged 18 to 64 years who received a seasonal influenza vaccination between 1 September and 31 March	£19.8m / 88 pts	57% (LT) 90% (UT)
VI-03 Percentage of patients aged two or three years on 31 August of the relevant financial year who received a seasonal influenza vaccination between 1 September and 31 March	£3.2m / 14 pts	45% (LT) 82% (UT)

IIF indicators

Indicator wording	Points	Thresholds
CVD-01: Percentage of patients aged 18 or over with an elevated blood pressure reading ($\geq 140/90\text{mmHg}$) (<i>Either (i) a last recorded blood pressure reading in the two years prior to 1 April 2022 $\geq 140/90\text{mmHg}$, or (ii) a blood pressure reading $\geq 140/90\text{mmHg}$ on or after 1 April 2022</i>) and not on the QOF Hypertension Register, for whom there is evidence of clinically appropriate follow-up to confirm (<i>one of within six months of 1 April 2022 (cohort (i)) or the first elevated blood pressure reading after 1 April 2022 (cohort (ii)): Ambulatory Blood Pressure Monitoring; Home Blood Pressure Monitoring; Change of medication followed by subsequent non-elevated reading; Same-day referral for treatment; Commencement of anti-hypertensive therapy</i>) or exclude a diagnosis of hypertension	£16.0m / 71 pts	25% (LT) 50% (UT)
CVD-02 Percentage of registered patients on the QOF hypertension register	£7.9m / 35 pts	Increase 0.6pp (LT) Increase 1.2pp (UT)
CVD-03: Percentage of patients aged between 25 and 84 years inclusive and with a CVD risk score (QRISK2 or 3) greater than 20 percent, who are currently treated with statins	£7.0m / 31pts	48% (LT) 58% (UT)
CVD-04: Percentage of patients aged 29 and under with a total cholesterol greater than 7.5 or aged 30 and over with a total cholesterol greater than 9.0 who have been referred for assessment for familial hypercholesterolaemia	£4.1m / 18 pts	20% (LT) 48% (UT)

IIF indicators

Indicator wording	Points	Thresholds
CVD-12: Percentage of patients on the QOF Atrial Fibrillation register and with a CHA2DS2-VASc score of 2 or more (1 or more for patients that are not female), who were prescribed a direct-acting oral anticoagulant (DOAC), or, where a DOAC was declined or clinically unsuitable, a Vitamin K antagonist.	£14.8m / 66 points	UT: 95% LT: 70%
CVD-15: Number of patients that were prescribed Edoxaban, as a percentage of patients on the QOF Atrial Fibrillation register and with a CHA2DS2-VASc score of 1 or more for men or 2 or more for women and who were prescribed a direct-acting oral anticoagulant (DOAC).	£14.8m / 66 points	UT: 60% LT: 40%
CAN-10: Percentage of lower gastrointestinal two week wait (fast track) cancer referrals accompanied by a faecal immunochemical test result, with the result recorded either in the seven days leading up to the referral, or in the fourteen days after the referral.	£5.0m/ 22 points	UT: 80% LT:40% (22/23), 65% (23/24)

IIF indicators

Indicator wording	Points	Thresholds
PC-01 Percentage of registered patients referred to social prescribing	£4.5m / 20 pts	1.2% (LT) 1.6% (UT)
EHCH-02 Percentage of care home residents aged 18 years or over, who had a Personalised Care and Support Plan (PCSP) agreed or reviewed	£4.1m / 18 pts	80% (LT) 98% (UT)
EHCH-04: Mean number of patient contacts as part of weekly care home round per care home resident aged 18 years or over	£2.9m / 13 pts	6 (LT) 8 (UT)
EHCH-06: Standardised number of emergency admissions per 100 care home residents aged 18 years or over	£6.1m / 27 pts	Improvement: Reduction of 0 (LT), 4 (UT)
AC-02: Standardised number of emergency admissions for specified Ambulatory Care Sensitive Conditions per 1000 registered patients (<i>ACSCs in scope: COPD, Diabetes complications, Convulsions and Epilepsy, Asthma, Congestive Heart Failure, Hypertension, Influenza and Pneumonia, Ear Nose and Throat Infections, Pyelonephritis, Cellulitis</i>)	£25.0m / 111 pts	Improvement: Reduction of 0 (LT), 1 (UT) Absolute: 10 (LT), 8 (UT)

IIF indicators

Indicator wording	Points	Thresholds
ACC-02 Number of online consultations on or after 1 October per 1000 registered patients	£4.1m / 18 points	5 per 1000 per week
ACC-06: Standardised percentage of survey respondents indicating that it was “easy” or “very easy” for them to make a general practice appointment, or to seek medical care or advice from their general practice	£25.0m / 111 pts	35th (LT), 65th (UT) percentile of performance from piloting
ACC-07: Specialist Advice utilisation rate (number of Specialist Advice requests per 100 outpatient first attendances) across twelve specialties identified for accelerated delivery (<i>Cardiology, Dermatology, Gastroenterology, Gynaecology, Neurology, Urology, Paediatrics, Endocrinology, Haematology, Rheumatology, Respiratory, Ear, Nose and Throat</i>)	£9.9m / 44 pts	6.6 (LT) 19 (UT)
ACC-08: Percentage of patients who had to wait two weeks or less for a general practice appointment	£16.0m / 71 pts	90% (LT) 98% (UT)
ACC-09: Number of referrals to the Community Pharmacist Consultation Service per 1000 registered patients	34 (0.65/1000/ week) single threshold	£6.1m / 27 pts

IIF indicators

Indicator wording	Points	Thresholds
SMR-01: Percentage of patients eligible to receive a Structured Medication Review who received a Structured Medication Review	£12.0m / 53 points	UT: 62% LT: 44%
SMR-02A: Percentage of patients aged 18 years or over prescribed both a Non-Steroidal Anti-Inflammatory Drug (NSAID) and an oral anticoagulant in the 3 months to 1 April 2022, who in the 3 months to 1 April 2023 were either (i) no longer prescribed an NSAID or (ii) prescribed a gastroprotective in addition to both an NSAID and an oral anticoagulant.	£0.9m / 4 pts	85% (LT) 90% (UT)
SMR-02B: Percentage of patients aged 65 years or over prescribed a Non-Steroidal Anti-Inflammatory Drug (NSAID) and not an oral anticoagulant in the 3 months to 1 April 2022, who in the 3 months to 1 April 2023 were either (i) no longer prescribed an NSAID or (ii) prescribed a gastroprotective in addition to an NSAID.	£0.9m / 4 pts	85% (LT) 90% (UT)
SMR-02C: Percentage of patients aged 18 years or over prescribed both an oral anticoagulant and an anti-platelet in the 3 months to 1 April 2022, who in the 3 months to 1 April 2023 were either (i) no longer prescribed an anti-platelet or (ii) prescribed a gastroprotective in addition to both an oral anticoagulant and an anti-platelet.	£0.9m / 4 pts	75% (LT) 90% (UT)
SMR-02D: Percentage of patients aged 18 years or over prescribed aspirin and another anti-platelet in the 3 months to 1 April 2022, who in the 3 months to 1 April 2023 were either (i) no longer prescribed aspirin and/or no longer prescribed an anti-platelet or (ii) prescribed a gastroprotective in addition to both aspirin and another anti-platelet.	£0.9m / 4 pts	75% (LT) 90% (UT)

IIF indicators

Indicator wording	Points	Thresholds
SMR-03: Percentage of patients prescribed a direct oral anti-coagulant, who received a renal function test and a recording of their weight and Creatinine Clearance Rate, along with a change or confirmation of their medication dose.	£2.9m / 13 pts	50% (LT), 75% (UT)
RESP-01: Percentage of patients on the QOF Asthma Register who were regularly prescribed* an inhaled corticosteroid over the previous 12 months <i>* 22/23: 3 or more ICS prescriptions; 23/24 onwards: 5 or more ICS inhalers.</i>	£7.0m/ 31 pts	71% (LT), 90% (UT)
RESP-02: Percentage of patients on the QOF Asthma Register who received six or more SABA inhaler prescriptions* over the previous 12 months <i>* From 23/24: who were prescribed 6 or more SABA inhalers</i>	£5.0m/ 22 pts	25% (LT), 15% (UT)
ES-01: Metered Dose Inhaler (MDI) prescriptions as a percentage of all non-salbutamol inhaler prescriptions issued to patients aged 12 or over	£6.1m / 27 pts	44% (LT), 35% (UT) intended 23/24 trajectory: 35%/25%
ES-02: Mean carbon emissions per salbutamol inhaler prescribed (kg CO2e)	£9.9m / 44 pts	22.1kg (LT), 18.0kg (UT) intended 23/24 trajectory: 18.0kg/ 13.4kg

Extended Access scheme

- Access scheme to combine the existing Extended Hours (EH) already within the PCN DES, and the existing Extended Access (EA) which is currently commissioned locally. (£87m extended hours, £367m extended access).
- Between 6.30pm and 8pm Mondays to Fridays and between 9am and 5pm on Saturdays. 7-8am with agreement if commissioner agrees
- Make appointments, mixture of face to face and remote, available a minimum of two weeks in advance using triage and same-day online booking where no triage required
- 60 minutes of appointments per 1000 PCN adjusted patients per week
- Can use ARRS workforce in addition to GPs and nurses. Must be GP cover
- Practices could use scheme to undertake routine work at different times of the day, such as health checks, smears, immunisations, SMRs, to reduce core hours practice workload

Early Cancer Diagnosis service specification

- Largely already done by practices in Leeds
- Review referrals
- FIT tests with 2 week wait referrals
- Tele-dermatology for cancer referrals
- Plan to increase proactive and opportunistic assessment for possible prostate cancer