

Focus On: Welsh GP Contract 2019/20

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1. Introduction

Welsh Government and GPC Wales have agreed the Welsh GP contract for 2019/2020. Please see below for an overview of the contract changes and some useful guidance.

The full directions, statement of financial entitlement and guidance can be found on the [Welsh Government GMS Contract website](#).

A list of key resources relating to the contract can be found at [Appendix A](#).

2. Key changes

a) Financial

The following funding arrangements having been reached for 2019-20:

- An uplift of 3% to the expenses element of the contract for general expenses.
- Investment of £9.2 million for the implementation of the 'Access to In-hours GP Services' standards.
- A further £3.765 million going into Global Sum this year, to fund the infrastructure needs of practices in working towards achievement of the in hours access standards.



- An investment of up to £5 million in the new Partnership Premium to incentivise partnership working as the preferred model for GMS delivery and to encourage new GPs to take up partner roles. The premium available to all GP partners regardless of length of service.
- Implementation of a State backed Indemnity Scheme, GMPI
- DDRB pay uplift of 2.5%
- The rising cost of superannuation contributions for 2019/20 will be met centrally and monies paid to the Pensions Agency. Welsh Government have confirmed that this money will be recurrent in future years.

With these elements taken into account, the new Global Sum payments will be made at a value of £91.19 per weighted patient and backdated to 1 April 2019 (in comparison to £89.63 for 2018/19, and the post indemnity reduction figure of £86.75 as of April 2019)

b) Non-financial changes

Coupled with the financial changes, we have reached agreement on a number of activities as part of the reformed contract. The changes this year include:

- A focus on the role of clusters, working collaboratively to plan and deliver services locally. Practices are now automatically members of a cluster, through the terms of the core contract.
- A cluster planning process with clearly defined output and activity indicators included in the new Quality Assurance and Improvement Framework (QAIF). Clusters will have a role in planning delivery of Directed Enhanced Services; this does not affect the primacy of practices in choosing to offer DESs.
- The existing QOF indicators will be replaced with a revised improvement focused Quality Assurance and Improvement Framework (QAIF), to include the introduction of a “basket” of Quality Improvement Projects to be delivered at a cluster level with a focus on Patient Safety. See next section for full detail.
- Regulations will be drafted by Welsh Government in consultation with GPC Wales, in order to allow for the sharing of patient data for specific purposes and in line with General Data Protection Regulations (GDPR).
- A “Last Person Standing” agreement has been reached specifying the approach LHBs will take in providing support to practices that have new build premises approved by the LHB that are struggling with their lease.
- A commitment to undertake further work on Premises as a priority for the 2019-20 contract year, to seek to address the wider premises issues faced by practices which are known to affect sustainability.

3. Transition from QOF to QAIF

The Quality Assurance and Improvement Framework (QAIF) has been introduced as part of the contract reform, it replaces the Quality and Outcome Framework (QOF), which was originally introduced as part of the new GMS contract in 2004.

[Quality Assurance and Improvement Framework Guidance for the GMS Contract Wales](#) has been published by Welsh Government, concerning the detailed changes to the various domains within QAIF.

The QAIF consists of three domains, and like QOF is remunerated via a points system. There is a total of 567 pts for the two core QAIF domains, together with 200 pts for Access.

Points have a value of **£179 per patient**, which represents an uplift from the 18/19 QOF point value of £173 per patient.

The QOF Aspiration payments, paid monthly April to September, will stand as a bridge between the different quality schemes and are not recoverable, nor will they be offset against any future income streams.

Practices need to be aware of the new timeframes for Achievement payments (see changes below for QAIF QI, QA & Access cycles) but can be reassured that detailed financial modelling by BMA shows that practices are not financially disadvantaged by the transition. The payment schedule is illustrated in [Appendix B](#).

The three domains of QAIF are described below:

a) Quality Assurance

▪ Clinical indicators

i) Active indicators (total 81 pts)

- Clinical registers (33pts)
- Flu (20 pts)
- Dementia (28pts)

ii) Inactive indicators (101pts)

▪ Cluster network indicators (total 200pts)

The Cluster Network domain was previously established under QOF. From 2019-20 onwards there is a shift in relation to cluster membership with 'mandatory membership of GP cluster network' becoming a core contractual requirement.

- i) engagement at 5 meetings (40 pts)
- ii) contributing to cluster Integrated Medium Term Plans (IMTP) - due for completion by September each year, (80 pts)
- iii) delivery of outcomes for relevant services (80 points).

b) Quality Improvement (total 185pts)

- i) Mandatory Patient safety project (65pts)
- ii) QI project 1 (60pts)
- iii) QI training - year 1 only (60pts)
(Replaced by QI project 2 in year 2 at 60 points)

The annual QAIF cycle for both the Quality Assurance and Quality Improvement domains is **1 October to 30 September**.

Aspiration Payments for QAIF will be paid at 70% of the 2018/19 QOF Achievement Payment and will be divided into 12 instalments and paid on a monthly basis from 1 October 2019 to 30 September 2020.

The practice achievement payment for QA and QI is to be calculated in accordance with the provisions set out in the Statement of Financial Entitlement (SFE), adjusted by the practice registered patient list against the average practice registered patient list for Wales, taken at 1 July, and rebased each subsequent year.

This achievement payment will be made at quarter end following the QAIF cycle i.e. December 31st.

The average practice list size as of 1st Jan 2019 was 7769. This figure is rising and expected to continue to rise, with practice closures and mergers continuing to decrease the denominator.

The Clinical inactive indicators for 2019- 20 will be awarded as achieved at full point value.

c) Access Domain (total 125pts)

The Access standards domain is an area of new work, which is funded by an investment of £9.2 million of new money into the contract, which practice can access by meeting the access standards in full or in part.

Additionally, in 2019/20 financial year there has been an uplift of £3.765 million into Global Sum this year to fund the infrastructure needs of practices in working towards achievement of the in-hours access standards. This is recurring money within the Global Sum but will be used to fund other elements and projects in future.

Details of the Access Standards, groupings, evidence, reporting, payment arrangements and achievement are set out in the [Access guidance published by the Welsh Government](#).

Achievement for the Access domain will be assessed at **31 March each year**, with **achievement payments paid at 30 June**. There are no aspiration payments for Access Standards.

The practice achievement payment for access, as described in the Statement of Financial Entitlement (SFE) is calculated using the practice points achieved, adjusted by the practice registered patient list size against the average practice registered patient list for Wales.

There are two groups of standards, with each Access standard as its own QAIF indicator. Practices can receive full or partial payment depending on achievement:

a) Group 1

- Less than 3 standards = no payment (0 points)
- 3 standards = 60% payment (30 points)
- 4 standards = 80% payment (40 points) A
- All standards in Group 1 = 100% payment (50 points)

(Standard 3 relating to bilingual introductory messaging must be one of the achieved standards in order to receive any payment outlined above. There are no Aspiration payments for the Access domain.)

b) Group 2

- Practices will be required to undertake all three standards in order to receive payment (50 pts)

c) Quality Payment

- A quality payment of 25 points will be awarded to a contractor for achievement of all Group 1 and Group 2 Standards.

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4. Partnership Premium

A Partnership Premium Scheme has been introduced to rebalance the focus on partnership as an attractive career option. This new system will make incentive payments available to all GP partners.

This new scheme will sit alongside the Seniority Payment Scheme, which remains in place but is now closed to new applicants.

GPs currently in receipt of seniority can choose between the two schemes or migrate to the new scheme at a future date. However, once migrated, GPs will not be able to revert to the Seniority Payment Scheme.

[An explanatory document for the Partnership Premium](#), published by Welsh Government, provides summary of both the existing Seniority Payment and the new partnership premium scheme, together with a selection of FAQs.

The scheme also includes a senior premium, under which GP partners with 16 years or more service will receive an additional £200 per clinical session (up to the maximum of 8 sessions per week).

Under the terms of the Statement of Fees and Entitlements, this is 16 years of Reckonable Service calculated in accordance with paragraphs 15.3 to 15.9. This therefore counts reckonable service in exactly the same way as in the seniority scheme

5. Enhanced Services

Although there have been no changes to the Direct Enhanced Services during this round, there is a program of review to be undertaken in 2019/20. This includes:

- A commitment to review all Directed Enhanced Services to enable cluster delivery when appropriate. Enhanced Services will be planned at a cluster level and feature in the cluster plan, but the practice would continue to have primary rights over delivering DESs for their own patients to ensure continuity of care. Where a practice is unable to provide a DES, the cluster will be offered the opportunity to deliver the DES to the patients of that practice.

- The withdrawal of the current Mental Health Directed Enhanced Service (DES) in 2019-20.
- Subject to final agreement on funding arrangements, two new DES specifications will be introduced during 2019.
 - Suicide prevention training for GPs
 - anti-psychotic medication reviews for patients living in the community with dementia
- Further work to finalise potential changes to DESs in relation to Learning Disabilities and Minor Surgery.

6. Indemnity

The cost of compensation awards in clinical negligence claims has been spiralling out of control for some time. This has nothing to do with care and treatment provided by GPs, where standards remain high, but it is a result of the legal and economic environment. For example, when paying compensation on behalf of GP members MDOs are still required by law to fund awards that are calculated on the basis that care will be provided in the private sector, and not the NHS.

This position was worsened when the discount rate, which is used to calculate compensation awards, was reduced from 20 March 2017. This had the effect of doubling and even trebling some high value claims and has resulted in pay-outs that could amount to £27 million, and even £37 million (these two awards were agreed by NHS Resolution in October 2018).

The only way to reduce the cost of claims is for the Government to reform the law. While it has taken some steps with the Civil Liability Act 2018 to address the discount rate to an extent, the costs of indemnity would still continue to escalate year on year, making it increasingly unaffordable for GPs.

After lobbying from the BMA, with support from RCGP, the Governments in England and Wales decided to implement state-backed schemes, which are similar in operation yet separate, to take the burden of paying for indemnity away from GPs.

The Welsh scheme, General Medical Practice Indemnity (GMPI) came into force on 1 April 2019. The scheme is operated by the Legal & Risk Services (L&R) department of NHS Wales Shared Services Partnership.

A full [BMA Wales Focus on Indemnity FAQ document](#) is available and regularly updated

The GMPI scheme only covers clinical negligence claims arising from NHS Wales GMS work and vicarious liabilities. Therefore, GPs and practices will need to ensure they have “top up” indemnity for:

- Private non-NHS work (such as forms / insurance work)
- Out of hours work (please note that the **clinical** part of any claim for Out of Hours work, excluding Shropdoc, is currently covered by Welsh Risk Pool and not GMPI. Shropdoc is covered by GMPI.

- Private medical services (including private joint injections / coils / minor surgery, administration, most travel vaccine and some forms)

GPs are also strongly encouraged to ensure that they have access to advice and assistance with other medico-legal matter such as:

- advice and assistance with medico-legal problems arising from professional work such as disciplinary, regulatory and criminal investigations e.g. Health Board, GMC, the police and coroners.

Whilst we fully appreciate that the manner in which the funding arrangements for the new scheme were imposed was, and still is, contentious to many, the one-off reduction to Global Sum to provide for the new scheme does offer long-term, perpetual protection against inevitable increases in indemnity costs.

The full effect on practice expenses will only become truly apparent when each of the defence organisations finalise their ongoing renewal costs.

7. Last Person Standing

it was jointly recognised that there is a need to address Last Person Standing (LPS) for individuals who are experiencing an immediate threat to the continued viability of their practice.

As part of the new GMS Contract for 2019-20, the Welsh Government agreed to provide guidance outlining when Health Boards are to consider support in an LPS case. The Guidance set out in the Welsh Health Circular, to be issued in October 2019, aims to bring consistency of application in all parts of Wales.

Broadly speaking, the expectation is that Health Boards consider support where contractors meet an agreed set of pre-conditions, where such support will enhance the practice's viability and there is a need for primary medical services to continue from the practice's premises.

In particular, the Welsh Government committed to offering "rental guarantees" in relation to certain Third-Party Developer (3PD) properties in Wales where Health Boards have been involved in the development from the outset (as opposed to those premises where any element of ownership has been transferred).

Contact us

To get in touch with GPC Wales please email: info.gpcwales@bma.org.uk

Appendix A: Key resources

- Welsh Government GMS Contract Site
www.wales.nhs.uk/sites3/page.cfm?orgid=480&pid=99340
- Statement of Financial Entitlements (SFE)
www.wales.nhs.uk/sites3/page.cfm?orgid=480&pid=6070
- BMA Focus On indemnity
www.bma.org.uk/-/media/files/pdfs/collective%20voice/committees/gpc/gpc%20wales/focus%20on%20state%20backed%20indemnity%20in%20wales%20v2.pdf?la=en
- Links to SSP GMPI web pages
www.nwssp.wales.nhs.uk/general-medical-practice-indemnity
- PP guidance
www.wales.nhs.uk/sites3/Documents/480/Partnership%20Premium%20Guidance%20for%20GMS%20Contract%20Wales%20%202019-20%20%28%20Updated%20to%20address%20queries%29.pdf
- QAIF guidance
www.wales.nhs.uk/sites3/Documents/480/Guidance%20for%20GMS%20Contract%20Wales%20-%20Quality%20and%20Improvement%20Framework%202019-20.pdf
- Guidance on Access to In-Hours GMS Services Standards
www.wales.nhs.uk/sites3/Documents/480/Guidance%20for%20the%20GMS%20Contract%20Wales%20-%20Access%20to%20In-Hours%20GMS%20Services%202019-20%20%28%20Updated%20Standard%20vii%20-%20Pre-bookable%20appointments%29.pdf
- WHC on Last Person Standing liabilities
Forthcoming in October 2019

Appendix B: Illustration of payment schedule for QOF/QAIF transition

QOF - QAIF Transition Payment Timeline

