To:

- All GP practices in England
- Primary care networks:
  - clinical directors
- Integrated care boards:
  - primary care leads
  - chief executives
- NHS England regions:
  - regional directors
  - regional directors of commissioning
  - regional directors of primary care and public health
  - regional directors of primary care

NHS England
Wellington House
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28 February 2024

Dear colleagues,

Arrangements for the GP contract in 2024/25

The contract consultation for 24/25 has now concluded and I am writing to inform you of the final arrangements for the upcoming financial year.

General practice is central to the NHS, and the hard work of GPs and primary care staff is hugely valued and appreciated. Over the course of the last year, NHS England and the Department of Health and Social Care have listened closely to the views of the profession and patients and have worked hard to address these in the GP contract where possible. We have heard loud and clear the need for simpler and more flexible arrangements, which help practices free up time and improve patient access and experience.

In response to what we have heard, from April we will:

1. **Cut bureaucracy for practices** by suspending and income protecting 32 out of the 76 Quality and Outcomes Framework (QOF) indicators. The Investment and Impact Fund (IIF) indicators will be reduced from five to two and the Capacity and Access Payment (CAP) will increase by £46m to £292m by retiring three Investment and Impact Fund (IIF) indicators.

2. **Help practices with cash flow and increase financial flexibilities** by raising the QOF aspiration payment from 70% to 80% in 2024/25 and the Capacity and Access Improvement Payment (CAIP) will now start to be paid at any point in the year, once PCNs confirm they meet the simple criteria for payment.

3. **Give Primary Care Networks (PCNs) more staffing flexibility** by including enhanced nurses in the Additional Roles Reimbursement Scheme (ARRS) and giving PCNs and GPs more flexibility by removing all caps on all other direct patient care roles.

4. **Support practices and PCNs to improve outcomes** by simplifying the Directed Enhanced Service (DES) requirements.

5. **Improve patient experience of access** by reviewing the data that digital telephony systems generate to better understand overall demand on general practice in advance of winter.

Further changes and detail on the new arrangements are below in the annex to this letter.

Now we are outside of the five-year framework, we will return to the pay review body process (Doctors and Dentists Review Body, DDRB) as the established process for determining pay uplifts for public sector workers, when workforces are not in multi-year deals. As the DDRB has not yet made recommendations to Government, we have included a planning assumption of 2% for pay growth in the GP contract. A further uplift may be made following the Government's response to the DDRB for 2024/25.

Cutting bureaucracy for practices

We have heard concerns about bureaucracy with the GP contract. We are taking action, and as part of a higher trust approach, there will be a net reduction in the conditionality attached to QOF which will be streamlined through suspending and income protecting 32 indicators (out of 76 QOF indicators). For the income protected indicators, this will mean that practices will be awarded QOF points based on their performance in previous years, while points for the remaining live indicators continue to be conditional on their performance in the year at hand.

The Investment and Impact Fund (IIF) will be streamlined by reducing the number of indicators from five to two. Funding from the three retired indicators, relating to flu and access, will be redirected into the Capacity and Access Payment (CAP). The two retained indicators will be health checks for people with a learning disability and the use of FIT testing in cancer referral pathways, worth £13m.

Helping practices with cash flow and increasing financial flexibilities

We have heard from practices and the profession that economic pressures over recent years have been challenging, and that flexibilities are needed to help practices and networks to develop innovative delivery models and meet local patient priorities.

We are therefore making three changes in 2024/25 to support this:

- To help improve practice cash flow, the QOF aspiration payment threshold will be raised from 70% to 80% in 2024/25.
- The Capacity and Access Payment (CAP) will increase by £46m to £292m by retiring three Investment and Impact Fund (IIF) indicators. As in 2023/24, 70% of the funding will be paid to PCNs without any conditions via the Capacity and Access Support Payment (CASP) proportionate to their Adjusted Population, in 12 equal payments. PCNs have the discretion to use the funding according to local needs – for example, the supervision of ARRS staff or to increase the care home premium within the PCN.
- As above, the remaining 30% of the Capacity and Access Payment (CAP) will be paid to PCNs via the Capacity and Access Improvement Payment (CAIP). To improve cashflow, this will be paid to PCNs at any point in the year in monthly instalments once the PCN Clinical Director (CD) confirms to their ICB that all practices within a PCN have put in place one or more of the three individual components of the Modern General Practice Access model, which each attract 1/3 of the overall CAIP funding.

Give PCNs more staffing flexibility

We know that the ARRS has been hugely successful in expanding teams, increasing appointments and supporting the delivery of proactive care, but we have heard that PCNs would welcome more flexibility in how the scheme operates.

We are widening the number of reimbursable roles and removing role restrictions including:

- Enhanced nurses will be included in the scheme (capped at one per PCN - two where the list size is 100,000 or over).
- Caps on all other direct patient care roles will be removed.
- The recruitment of other direct patient care, non-nurse and non-doctor MDT roles will be allowed if agreed with the ICB.
- More flexibility will be introduced in funding arrangements for mental health practitioners.
- PCNs will now be able to claim reimbursement for the time personalised care roles undertake in training or apprenticeships.

We are changing the contract to make permanent the flexibilities to the Performers List Regulations, brought in during the COVID-19 pandemic. These enable practices to continue to engage a variety of medical professionals to operate as part of the primary care team.

Streamlining the PCN DES requirements and increasing autonomy

We have heard that the Network Contract DES has helped to establish at-scale working and the delivery of new services in general practice, but that practices and PCNs want more autonomy over how they can improve outcomes.

In response to feedback received, we are making the following three changes:

- While the Enhanced Access specification will remain as a separate specification with the arrangements unchanged in 2024/25, the remaining eight PCN service specifications will be replaced by one simpler overarching

specification.

- We are simplifying the PCN Clinical Director role specification by articulating the following key responsibilities: co-ordination of service delivery, allocation of resources, supporting transformation towards Modern General Practice and supporting the PCN role in developing Integrated Neighbourhood Teams.

- We will roll the PCN Clinical Director and PCN Leadership and Management Payment (£89m combined) into core PCN funding to give £183m in total. This is intended to provide PCNs with greater autonomy and to allow PCN Clinical Directors to lead their PCN in the way that best suits local arrangements.

Improving patient experience of access

We have heard that while many practices and networks have implemented some elements of the new operating model, they need time to embed all the changes that enable the delivery of Modern General Practice Access, which is why the Delivery Plan was a two-year plan.

In December 2023, GPs and their teams delivered an increase of 9% more appointments compared to pre-pandemic. This is an impressive achievement and we are determined to help practices continue to support patients.

We will shortly be publishing an update to the Delivery Plan including progress to date and the key milestones for 24/25. We will continue to support PCNs through contract funding – notably the increased CAP funding of £292m - as well as other available support offers.

We are asking PCNs and practices to review the data that digital telephony systems generate with a quality improvement focus, ahead of national extraction of this data from October 2024. The purpose of extracting this data will be to better understand overall demand on general practice in advance of winter.

Next steps

NHS England will now begin the process of implementing the 2024/25 contract changes with detailed guidance and further information to be published in the coming weeks.

NHS England will also host a webinar on Thursday 29 February at 5pm, to discuss the 24/25 contract. You can sign up online.

The consultation on the role of incentives schemes in general practice remains open until 7 March 2024 and we would like to hear all views.

DHSC will build on the engagement with the Expert Advisory Group - which brought together representatives of the profession including the GPCE, patients, Integrated Care Systems and other key stakeholders over to discuss the GP contract for 2024/25 – to convene a Taskforce on the Future of General Practice over the spring and summer. This will be a key opportunity for the Department and NHS England to hear from stakeholders about priorities for change, including through the 2025/26 contract.

Additionally, we will continue to work towards supporting general practice on significant issues that we know to be of concern, such as by improving the primary and secondary care

interface. Further information will be provided in the coming next steps update on the Primary Care Access Recovery Plan (PCARP).

We will also continue to support people currently on the Fellowship Scheme, which has been positively received, throughout 2024/25 and are considering the future of recruitment and retention schemes as we look at how best to support general practice.

We hope that the arrangements we are putting in place will further support you in delivering high quality healthcare to our patients.

The pace, determination and dedication of general practice is inspiring and on behalf of patients, we are grateful for your continued hard work.

Yours sincerely,

Dr Amanda Doyle OBE, MRCGP
National Director for Primary Care and Community Services
NHS England

Annex 1 – changes to the GP Contract in 2024/25

GP contract finance

1. There will be an overall increase in investment of £259m taking overall contract investment to £11,864m in 2024/25. This includes:

    a. a planning assumption of 2% pay growth for contractor GPs, salaried GPs, and other practice staff.
    b. a planning assumption of 2% pay growth uplift to the overall Additional Roles Reimbursement Scheme (ARRS).
    c. 1.68% inflation, in line with the Government's November 2023 GDP deflator.
    d. 0.38% ONS population growth.

2. As we are now outside the 5-year contract framework, GP contractors have returned to the remit of the Doctors' and Dentists' Pay Review Body (DDRB).

Core practice contract

The Quality and Outcomes Framework (QOF)

3. In response to feedback from the profession to streamline QOF and reduce bureaucracy, 32 indicators (out of the total 76 QOF indicators) will be income protected in 2024/25. This equates to 42% of QOF indicators. These indicators account for 212 of the 635 points that can be earned through the QOF scheme. For the income protected indicators, practices will be awarded QOF points based on their performance in previous years, while points for the remaining live indicators remain conditional on their performance in 2024/25.

4. The indicators selected for income protection have been assessed by a Clinical and Technical Reference Group chaired by NHS England as carrying a lower risk of deteriorating patient outcomes from incomed protection in 2024/25.

5. The 32 indicators which will be income protected (listed in the table below) include the 19 register indicators protected in 2023/24.

Clinical/Policy Area	ID	QOF points
Mental Health	MH021	6
Depression	DEP004	10
Asthma	AST008	6
Register Indicators x 19 covering a range of clinical areas	CAN001, CKD005, CHD001, HF001, HYP001, PAD001,	81

	STIA001, DEM001, DM017, EP001, LD004, MH001, OB003, OST004, PC001, AF001, AST005, COPD015, RA001.	
QI indicators x 6	All	74
COPD	COPD014	2
Smoking	SMOK005	25
Cancer	CAN004	6
Cancer	CAN005	2

6. Updated QOF guidance will be published setting out the detail of the suspension and income protection arrangements.

7. QOF aspiration payments will be increased from 70% to 80% in 2024/25 to support practice cash flow.

8. Indicator CHOL002 will be updated so that it is aligned with the new NICE NM252 indicator definition from 1 April 2024, ensuring that QOF maintains its strong link to the latest evidence-based guidance.

Digital Telephony data requirements

9. The amendments to the 2023/24 GP Contract require that when practices enter into any new digital telephone contract, it must be procured through the national framework.

10. In 2024/25 the GP Contract will be amended to require practices to provide data on eight metrics through a national data extraction, for use by PCN Clinical Directors, ICBs and NHS England.

11. These eight metrics are:

    a. call volumes
    b. calls abandoned
    c. call times to answer
    d. missed call volumes
    e. wait time before call abandoned
    f. call backs requested
    g. call backs made
    h. average call length time

12. This data will be used by ICBs and NHS England to support service improvement and planning, for example:

    - better insight into patient demand and access trends which systems can use to support understanding of operational pressure in general practice; and
    - better understanding patterns of demand and period of surge activity to inform commissioning of local services.

13. The requirement will come into force from October 2024 to allow practices time to review and understand their own data before it is shared as outlined.

Performers List

14. During the COVID-19 pandemic there was an amendment to the Performers List Regulations that intended to allow doctors other than GPs to deliver primary care services without being on the Medical Performers List (MPL) if they had a prescribed connection to a designated body in the Medical Profession (Responsible Officers) Regulations 2010; or were granted permission to practise as medical practitioners in hospitals owned or managed by such bodies.
15. Flexibilities similar to the COVID-19 amendment will be made permanent. Doctors that are employed or registered with bodies designated by the Medical Profession (Responsible Officers) Regulations 2010 (Schedule, Part 1 only) will be able to deliver primary care services without being on the MPL. There will be a corresponding change to the GP contract regulations.
16. These changes will permit GP practices and PCNs to employ doctors who are already employed, for example, by an NHS trust, NHS foundation trust or health board without the requirement for the doctor to also be registered on the MPL.
17. Supporting guidance will also be issued to clarify that non-GP doctors should not see undifferentiated patients, and that they continue to be required to operate within their sphere of competence.

Registering with a GP

18. NHS England has co-developed a new registration solution with patients and practices to make registering with a GP easier, simpler and standardised. Over 2000 practices have already adopted the solution which consists of an online registration service and a new paper form. Practices will be contractually required to adopt and offer both formats.

19. There will be a mobilisation period with both formats to be in place from October 2024.

Recognising the importance of continuity of care

20. In order to highlight the importance of continuity of care, whilst ensuring practices have flexibility to deliver services to best meet the needs of their patient population, the provisions in the GP Contract Regulations will be amended to explicitly require continuity of care to be considered when determining the appropriate response when a patient contacts their practice.

Vaccinations and Immunisations

21. The GP Contract will be changed in 2024/25 so that practices are required to:

    - share vaccination status (both vaccinated and unvaccinated) with the local Child Health Information Services (CHIS), and any other system nationally required, and support CHIS data cleansing.
    - improve data recording of vaccination status for all patients, including where they have arrived from overseas and where there is an unknown or incomplete history to offer vaccinations in line with the UK Schedule and Green Book.
    - improve data quality for vaccination events, with this being supported through a rationalisation of SNOMED codes used for vaccination event recording. following an impact assessment by NHS England, with practices ensuring they are using the relevant codes within their clinical system templates; and
    - maintain accurate and up-to-date patient vaccination records, including correcting vaccination records as and when they are made aware of any errors.

Changes to workforce data collection

22. Practices and PCNs will be required to submit workforce information on a quarterly basis to the National Workforce Reporting Service (NWRS) via changes to the GP contract and the Network Contract DES.

Digital tools for catchment areas

23. The GP Contract Regulations will be amended to require GP practices to use digital tools provided by NHS England to reproduce a digital copy of their practice boundary (including any branch site areas, whether coterminous or not). Practices will also be required to review and where necessary update GP practice boundaries where data quality is insufficient for the intended purpose.

24. Practices will also be required to produce a digital copy of a practice's agreed practice boundary where a new practice is established or merged or a catchment area change is agreed, either as part of a new contract or variation procedures.

Armed Forces Veterans

25. The GP Contract will be updated so that practices must have due regard for the requirements, needs and circumstances of Armed Forces Veterans when offering services and making onward referrals.

The Network Contract DES

The Additional Roles Reimbursement Scheme (ARRS)

26. The following changes will be made to the ARRS in 2024/25. They are intended to the increase the flexibility of the scheme by widening the reimbursable roles and removing role restrictions where possible:

- Enhanced practice nurses will be included in the roles eligible for reimbursement. This will allow nurses working at an enhanced level of practice and holding a (level seven or above) postgraduate certification or diploma in one or more specialist areas of care to be recruited via ARRS. As a new role, this will initially be capped at one per PCN (two where the list size is 100,000 or over).
- PCNs will be able to recruit other direct patient care non-nurse and non-doctor MDT roles, if agreed with their ICB.
- Where PCNs already have one mental health practitioner (MHP) in place, 50:50 funded by the PCN and the mental health provider, funding arrangements for subsequent MHP roles will be for agreement between the PCN and the mental health provider, subject to ICB approval. This could include additional MHPs being up to 100% funded through ARRS. All mental health practitioners will continue to be employed or engaged by the mental health provider.
- Caps on advanced practitioners will be removed.
- PCNs will be able to claim reimbursement for the time personalised care roles spend out of practice undertaking training or apprenticeships to obtain a level three occupational standard.

27. In 2024/25 the mechanism which allows commissioners to redistribute unclaimed funding from the Additional Roles Reimbursement Sum between PCNs will be removed from the Network Contract DES. We continue to encourage PCNs to recruit up to their individual entitlements.

The Capacity and Access Payment (CAP)

28. The Capacity and Access Payment (CAP) will continue in 2024/25. The overall amount of funding allocated to the CAP in 2024/25 will increase by £46m to £292m.

29. As was the case in 2023/24, 70% of funding will be paid to PCNs via the Capacity and Access Support Payment (CASP) without reporting requirements, proportionate to their Adjusted Population, in 12 equal payments.

30. The remaining 30% of funding will be available to PCNs via the Capacity and Access Improvement Payment (CAIP). This will be paid to PCNs in monthly instalments over the remainder of the financial year[1] once all practices within a network have put in place the components of the Modern General Practice Access model shown in the table below:

[1] Unless confirmation is provided in March 2025, in which case payment would be made in April 2025.

MGPA priority domain	All PCN practices to have following components in place and these continue to remain in place
1) Better digital telephony	Digital telephony solution implemented, including call back functionality; and each practice has agreed to comply with the Data Provision Notice so that data can be provided by the supplier to NHS England. Digital telephony data is routinely used to support capacity/demand service planning and quality improvement discussions.
2) Simpler online requests	Online consultation (OC) is available for patients to make administrative and clinical requests at least for the duration of core hours. Practices have agreed to the relevant data provision notice (DPN) so that data can be provided by the supplier to NHS England as part of the 'submissions via online consultation systems in general practice' publication.
3) Faster care navigation, assessment, and response	Consistent approach to care navigation and triage so there is parity between online, face to face and telephone access, including collection of structured information for walk-in and telephone requests. Approach includes asking patients their preference to wait for a preferred clinician if appropriate, for continuity.

31. Each PCN Clinical Director will need to provide assurance of this to their ICB. These conditions can be met at any point during the year and PCNs will receive payment in-year once they are met.

The Investment and Impact Fund (IIF)

32. As part of the changes to the GP Contract in 2023/24, the Investment and Impact Fund (IIF) was significantly streamlined with the number of indicators in the scheme reduced from 36 to 5 (worth £59m in 2023/24).

33. In 2024/25 the number of IIF indicators will be reduced further from 5 to 2 (retaining the indicators on learning disability health checks and FIT testing) and the funding from the other 3 indicators (flu and access) will be redirected into the Capacity and Access Payment (CAP). This will leave approximately £13m worth of funding within IIF for 2024/25.

PCN Clinical Directors requirements and funding

34. The PCN Clinical Director role description will be simplified and refocussed in 2024/25. It will focus on the following key responsibilities: co-ordination of service delivery, allocation of resources, supporting transformation towards Modern General Practice and supporting the PCN role in Integrated Neighbourhood Teams.

35. A more flexible funding pool will also be created for PCNs by rolling the Clinical Director Payment and PCN Leadership and Management funding (£89m combined) into Core PCN funding to give £183m in total.

The Network Contract DES service requirements

36. There are currently nine service requirements which are detailed in the Network Contract DES. A number of these are supported by non-contractually binding guidance documents.

37. Eight of the current PCN service specifications will be replaced by one simple overarching specification with a greater outcomes-focus. The new overarching specification will focus on supporting resilience and care delivery, improving health outcomes, reducing health inequalities and targeting resource to deliver proactive care.

38. The Enhanced Access specification will remain as a separate specification with the arrangements unchanged in 2024/25.

Enhanced Services

Weight Management Enhanced Service

39. The Weight Management Enhanced Service will continue in 2024/25. Practices will receive £11.50 per referral with total funding of £7.2m for the Enhanced Service.