

Focus On: Welsh ‘COVID Contract Changes’

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1. Introduction

The COVID Pandemic has affected the delivery of General Practice in Wales in many different ways. This has necessitated rapid and dynamic change in service provision by all concerned. Whilst safety of our members during the Pandemic is the absolute priority, it is also essential that practices can adopt these changes in a stable economic environment.

The following contractual variations having been negotiated by GPC Wales with Welsh Government, for 2019-20, with specific reference to the impact of the COVID-19 Pandemic:

- QAIF Relaxation
- QAIF Quality Improvement “Roll Over”
- Enhanced service Relaxation & Recovery arrangements
- Care Home Enhanced Service
- Notional Rent
- QOF / QAIF transition payment
- Bank Holiday DES

QAIF

a) QAIF Relaxation 2019/2020

The measures taken by Welsh Government to support practices in preparing for and responding to pandemic include suspending reporting on QAIF for the 2019/2020 cycle and rolling the QI projects over into the second year.

Achievement Payments for QAIF (QA and QI) year 2019/2020

The LHB must pay GMS contractors a payment for the QAIF (QA and QI) year beginning with 1st October 2019 and ending with 30th September 2020, the sum of which must be assessed on 30th September 2020 and calculated on the basis that the contractor has achieved all 567 points available for the QAIF (QA and QI) year 2019/20 at the value of £179 per point, with such sum paid to GMS contractors on 31st December 2020.

Aspiration Payments – QA and QI 1 October 2020 to 30 September 2021

The LHB must pay Aspiration Payments for the period beginning with 1st October 2020 and ending with 30th September 2021 to GMS contractors at the rate the GMS contractor received under paragraph 5.1, divided into 12 instalments and paid on a monthly basis.

Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 2) Directions 2020

In summary, the Statements of Fees & Entitlements (SFE) amendment directions provide for –

- 567 points awarded in full to all practices at 30th September 2020 in respect of the first year of QAIF and paid at 31st December 2020.

b) Quality Improvement (QI) projects within QAIF

In addition to the QAIF relaxation agreement, as outlined above, the deadline for completion of QI projects was extended from 30th September 2020 until 30th September 2021; an extension of one year to allow practices to refocus efforts during the COVID pandemic.

For clarity, the activity of the QI projects will be rolled over into 2020/21 QAIF cycle with achievement assessed at 30th Sept 2021 and paid end of Dec 2021.

Enhanced Services

a) Relaxation

On 17th March the temporary contract changes were introduced to ensure the NHS in Wales was able to continue to provide care support and support to the most vulnerable people in our communities.

We wrote to all practices on 23rd March to inform you of our agreement with Welsh Government to enable practices to focus on preparing for COVID-19 by relaxing certain elements of the GMS contract, such as suspending most enhanced service activity while maintaining financial income for practices.

1. Support to relax Enhanced Services
2. End of Financial year reporting requirements - apart from Access all reporting requirements pushed back to 30 September.
3. QI projects in QAIF - deadline extended until 30 September 2021
4. PPV suspended for 3 months initially.

With the exception of the Access Standards, all reporting requirements were delayed to 30 September, a measure designed to reduce pressure on general practice during this time.

Reporting against the General Practice Access Standard was not relaxed. As such reporting against the standard, using the template 24 binary questions developed by health board Heads of Primary Care was still required by 31st March 2020. However, practices did not need to provide supplementary evidence for the standards.

Welsh Government directed a pragmatic high trust approach from Health Boards and practices' responses should only be challenged in exceptional circumstances.

b) Recovery

As part of the First Minister's 'traffic light system' to unlock society and the economy, Welsh Government has determined it appropriate to start putting certain structures back into place.

With that in mind, if the pandemic remains on its current trajectory with no significant increase in incidence, the Enhanced Services will be re-introduced on 1st July 2020 through a phased process with full activity from 1st October 2020 (taking into account safety considerations).

This will allow practices to put systems back in place to resume activity, on a case by case basis depending on the nature of each service, in line with the reintroduction of reporting requirements which were delayed until 30th September 2020.

During this phased approach, there will remain no requirement for Post Payment Verification (PPV) and payment will continue be made at 2019-20 levels until 30th Sept 2020.

PPV will be reinstated from 1st October 2020.

We are aware that some practices will have had changes in capitation in the last 12 months and hence potentially will see increases in required provision of enhanced services, upon reintroduction, when compared to historical figures. In order to protect against these fluctuations amendments against the SFE directions have been agreed (see below).

Practices are already reintroducing elements of routine care which were suspended, however there are likely to remain significant restrictions in terms of delivery to take account of social distancing, estates issues and PPE/cleaning requirements of F2F delivery which will affect the pace of this.

The reinstatement of contractual requirements does **not** set out an expectation that all services will return to normal within that timescale; while over the initial peak, we are not out of the woods yet. The reintroduction of services must be considered carefully according to local circumstances and in discussion with health boards and local medical committees.

It is jointly recognised that suspension measures would be reinstated should we see a second spike in COVID-19 cases.

There is a substantial amount of work still to do to in preparing a wider GMS recovery plan for Wales, which can be flexed to suit local circumstances, that is jointly agreed by Welsh Government, Health Boards and representatives of the profession. We intend on working closely with Welsh Government and other partners on this.

“Payments for Enhanced Services Suspended due to COVID-19

2A.— (1) A GMS contractor who provides an enhanced service suspended in accordance with direction 2 for the financial year 2020/21 is entitled to receive a payment in the sum of whichever is the greater of—

(a) the claim submitted for that enhanced service by the GMS contractor for the relevant quarter of financial year 2020/21, pursuant to the relevant Directions for that enhanced service, or
(b) the payment the GMS contractor received pursuant to the relevant Directions for that enhanced service in the same quarter of financial year 2019/20 claimed for in sub-paragraph (a).

(2) A GMS contractor who provides an enhanced service suspended in accordance with direction 2 for a part of financial year 2020/21 but subsequently decides to withdraw its provision of that enhanced service, is entitled to receive a payment—

(a) where the GMS contractor provided the enhanced service for less than 13 weeks of financial year 2020/21, in the sum of whichever is the greater of—

(i) the claim submitted for that enhanced service by the GMS contractor for the relevant period of financial year 2020/21, pursuant to the relevant Directions for that enhanced service, or

(ii) the payment the GMS contractor received for that enhanced service in the same period of financial year 2019/20 claimed for in paragraph (i); or

(b) where the GMS contractor provided the enhanced service for at least 13 weeks of financial year 2020/21, is the sum the contractor would be entitled to receive in accordance with paragraph (1).

(3) A GMS contractor who provided an enhanced service for the financial year 2019/20 which has been suspended in accordance with direction 2 is not entitled to receive any payment for that enhanced service for the financial year 2020/21 if the GMS contractor—

(a) has not been commissioned to provide that enhanced service for the financial year 2020/21, or

(b) has been commissioned to provide, but subsequently gives the Local Health Board notice of its decision to withdraw the provision of, that enhanced service for the financial year 2020/21.”.

Directions to Local Health Boards as to the Statement of Financial Entitlements (COVID-19 Suspension of Enhanced Services) (Amendment) Directions 2020

In summary, the Enhanced Services Recovery Directions provide for:

- the enhanced services to be continued/reinstated where practical whilst ensuring payment protection at last year’s values or the claim for payment this financial year until 30th September 2020 whichever is the greater
- no reporting on enhanced services up to 30th September 2020
- post payment verification suspended until 1st October 2020
- revoking the Directions to Local Health Boards as to the Statement of Financial Entitlements (COVID-19 Suspension of Enhanced Services) Directions 2020.

c) Care Homes

The General Practitioners Committee (Wales) (GPCW) were recently approached by Welsh Government (WG) to review and repurpose the existing Care Home DES. It was widely recognised by all parties that the DES was in place to enhance the proactive care of care

home residents, increase advanced care planning, reduce unnecessary admissions and deliver a holistic structured approach to reviewing care home residents' medical needs. However, WG reported that feedback from the care home sector suggested that whilst we were operating in a pandemic, the pressing needs of those working in very challenging and difficult circumstances in care homes were different to those before Covid-19 arrived and that they felt the impact of COVID-19 in care homes meant the current agreement was no longer fit for purpose. We felt it important to engage in any discussions that could aid our care home colleagues who are clearly working in very difficult circumstances to care for our most vulnerable population.

The main requests and aims WG communicated to GPCW were to:

- Strengthen relationships with practices further by introducing planned regular contact and 'ward rounds' to discuss and review residents and
- Enhance care homes ability to directly access urgent clinical advice.
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To this end, after significant renegotiation of the original WG draft, we have agreed a time limited Covid-19 revision to the DES to March 2021. This will involve:

- Care homes being given a direct number to contact the practice when an urgent problem arises with an expectation that an urgent response and advice will be given by the practice.
- Weekly ward rounds with a suitable clinician from the practice team to discuss residents' concerns and proactively deliver care in a timetabled fashion.
- In order to free up GP time the requirement for 2 structured clinical reviews each year has been replaced with the 'ward round' based review system.
- Enhanced medication reviews will still be undertaken annually.
- The 'Unscheduled Care reviews' will be replaced by 'Mortality reviews' where deaths will be explored for future learning and reflection.

Care Homes and GPs have been mutually operating in new ways during the pandemic with more remote contact and problem solving in order to reduce footfall and enhance infection control protocols. The interim DES allows for these ward rounds to continue remotely where appropriate and discussions will trigger individual review, though clearly some of these will need to be physical visits or face-to-face appointments to examine and assess patients adequately and safely. It is up to the practice who conducts the weekly round and any assessments, so long as they are sufficiently qualified to do so. The 'Unscheduled Care reviews' will be replaced by Mortality reviews, the depth and detail of which should be decided on a case by case basis - where the death is natural, expected, the death certificate does not include Covid-19 as a cause of death and involved an advance care plan, then these death reviews may simply be undertaken as brief reflections of these circumstances, rather than a full SEA.

GPCW felt that by rapidly renegotiating the service to conform to the stated needs of those working in the Care Home sector, GPs are further showing their support and holistic involvement in delivering the best service they can for this vulnerable population. This

agreement is designed for the current pandemic and by nature time limited. There is an agreed obligation to review and renegotiate a replacement DES before its expiry on 31/3/2021.

We are confident GP practices will continue to deliver high quality services and support to Care Home residents and staff as they have throughout the pandemic to date.

d) Notional Rent

a) Branch Surgery Closure

There will have been practices that early on in the Pandemic phase needed to close branch surgery premises, in order to rationalise their service provision. Under these circumstances the rental reimbursements were guaranteed to continue under an alteration to the Premises Cost directions.

2.—(1) A contractor who receives financial assistance for recurring premises costs in accordance with Part 5 of the National Health Service (General Medical Services – Premises Costs) (Wales) Directions 2015, but is unable to provide general medical services from their practice premises in accordance with their GMS contract as a result of the COVID-19 pandemic, will continue to receive financial assistance for recurring premises costs for the period during which the contractor is unable to provide general medical services from the practice premises.

The National Health Service (General Medical Services –Recurring Premises Costs during the COVID-19 Pandemic) (Wales) Directions 2020

b) Notional Rent reviews

In order to protect practices from any potential losses related to Notional rent valuations, as a result of generalised property devaluation in the COVID Pandemic, a temporary change to the Premises Cost directions has been negotiated. This will apply in relation to notional rent reviews between 1st April 2020 and 31st March 2021.

Desktop Notional Rent reviews will continue during this period. Where there has been no material change to the premises since the last valuation this will be protected at the greater value of the current or new valuation.

The extract from the SFE is shown below:

6. If the premises are owner-occupied premises, the following assumptions are to be made by the appointed valuer about the nature of the notional lease upon which the notional rent payments are to be based. The notional lease—

a) is to be a new lease for a term of 15 years, with rent reviews every 3 years when—

(i) where there is no material change in the GMS eligible floor area of the premises used for service delivery or the number of car parking spaces since the previous market rent valuation, the reviewed rent will be the greater of—

(aa) the market rent at the date of the review, or

(bb) the rent that was being paid immediately before the relevant rent review date; or

where there has been a material change in the GMS eligible floor area of the premises used for service delivery or the number of car parking spaces since the previous market rent valuation, the reviewed rent may rise or fall, and is reflective of market conditions at the review date.

The National Health Service (General Medical Services – Premises Costs) (Wales) (Amendment) Directions 2020

In summary, the SFE changes to Notional rent agreements:

- This would only apply to notionally held premises whose triennial review date falls within the agreed time period, leases have their own contractual terms.
- The initial agreed time period would be 12 months, at which point we will review if there is a need to extend.
- Agreeing to maintain rental levels at a minimum (existing) level, has the effect of introducing upward only review within the agreed time period, which is then effective for a 3-year period (until next triennial review).
- The one caveat being that there is no material change in floor area and car parking for GMS reimbursement and the premises is in use for service delivery.

e) QOF / QAIF Transition Payment

The GPC Wales team have argued that the ending of QOF and the introduction of QAIF, with a six-month gap in between, has created a defunding of practices that practices were not informed of by Welsh Government. However, the Welsh Government's position is that the ending of QOF and introduction of QAIF on a new annual cycle was openly negotiated and agreed as part of the overall 2019/20 contract package.

As a group of negotiators, we have engaged with Welsh Government officials making representations to rectify this 'shortfall'.

From an early stage in discussion we made a coherent argument for the justification of the "Cluster Domain" as work completed in 'Good faith' and were quickly aligned upon the principle to honour these 200 points.

However, this left a 'with-held' amount representing the remainder of the inactive clinical domains. The contentious issue is how this could be evidenced as work done. There are no centralised records of QOF points achieved in this time period & with our position of 'practices would have achieved parity with previous year's pre QOF relaxation' and Welsh Government's 'what points were actually achieved in the first 6 months' being poles apart we were at an impasse.

Whilst we have strongly argued that the unpaid 6/12 achievement money for the clinical domains should be honoured, one of our original options was a one off financial correction to practices reflecting the achievement moneys.

Being in a financial environment, predicated around the COVID Pandemic, the negotiating team felt that a solution combining the QOF/QAIF transition shortfall and a QAIF relaxation could be brokered.

Whilst we recognise that this agreement is not a direct 'point for point' replacement, but pragmatically, in the environment created by COVID, is the best deal on the table providing benefit to all practices across Wales by:

1. creating a solution for our impasse
2. Agreeing a QAIF relaxation deal
3. Funding for relaxed work e.g. dementia reviews
4. Ensuring that no one is caught short by unintended literal consequences of QI deferment - made at the height of pandemic escalation

The LHB must pay GMS contractors a payment for the cluster domain in respect of the period beginning with 1st April 2019 and ending with 30 September 2019 ("the transitional period"), the sum of which must be calculated on the basis of there being a maximum 200 cluster domain points available for each financial year, divided by 2 to reflect the 6-month duration of the transitional period and multiplied by 30% to reflect the 70% aspiration payment GMS contractors received for that same period. The value per point is £179 and the LHB must pay GMS contractors this payment

Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 2) Directions 2020

In summary, the SFE amendment Direction provide for –

- the cluster activity undertaken by practices during the transitional period between QOF and QAIF in 2019 to be paid at 30th June 2020 at £179 per point.

f) Bank Holiday DES

A time limited specific Bank Holiday enhanced service was negotiated by GPC Wales and the Welsh Government which set out a model for the provision of General Medical Services during the pandemic, on bank holidays, Easter Saturday and Easter Sunday.

The purpose of this Enhanced Service was to cover the provision of essential services to patients requesting a consultation during specific hours of a bank holiday weekend. The objective was to reduce the avoidable and preventable demand on emergency departments and GP-OOH services at a time when hospitals would be working at capacity with the pandemic. This also ensured no precedent was set that would allow Bank Holidays to be viewed as potentially core GMS should any similar crisis unfold in the future.

The Health Boards by direction must have offered practices the opportunity to participate in this Enhanced Service on Good Friday and Easter Bank Holiday Monday.

In addition, the Health boards may offer practices the opportunity to participate in the Enhanced Service on the Saturday or Sunday of the Easter Bank Holiday weekend and on the Bank Holidays in May and August.

Contact us

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