Department of Health
An Roinn Sláinte
Männystrie O Poustie
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General Medical Services Contract

Northern Ireland Contract Assurance Framework

2026/27

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Section 1: Northern Ireland Contract Assurance Framework (NICAF)

The Northern Ireland Contract Assurance Framework has been negotiated between the Department of Health (DoH) and the Northern Ireland General Practitioners Committee (NIGPC) and provides the details of the requirements to ensure compliance with GMS Contract and the delivery of General Medical Services. The NICAF is the overall return for the GMS Contract.

Aims

The delivery of the GMS Contract is assured through a strengthened, holistic and consistent assurance mechanism. A key goal of the Contract Assurance Framework is to promote stability and accountability in the delivery of GMS.

The Framework ensures that all General Practices in Northern Ireland evidence and provide assurance on the delivery of the GMS Contract.

GP Practices continue to actively adopt and implement the elements of the Framework through the requirements within the GMS Contract.

NICAF aims to:

- Promote stability in GMS;
- Ensure accountability in delivery of GMS; and
- Aid progress in respect of the review of the funding model for GMS and associated contractual arrangements.

The NICAF includes a system of checks that are proportionate that enables the use of available data and technology to help plan resources and delivery of services.

The NICAF outlines the requirements of the GMS Contract that all GP Practices are required to deliver. This Framework will not only include and highlight all GMS ‘core services’ under the 2004 contract, but will also include services classed as additional and within the Clinical Care Domain, where it has been consulted and agreed where necessary with NIGPC. NICAF provides assurance for the entirety of the GMS Contract.

Overview of Northern Ireland Contract Assurance Framework



The NICAF is a comprehensive governance assurance process to evidence/provide assurance on the delivery of General Medical Services through the General Medical Services Contract. The components are as follows:

1) Northern Ireland Contract Assurance Framework;
2) Agreed processes for assessing contractor's compliance against contractual requirements;
3) An agreed escalation process for managing concerns to include an appeals process.

Principles of Assurance

The key principles of the NICAF process:

1) **Integrity** – ensuring that information is accurate, reliable and trustworthy;
2) **Independence** – maintaining an unbiased perspective and avoiding conflicts of interest;
3) **Professional competence and due care** – conducting General Medical Services with skill, diligence and in accordance with regulations and relevant standards;
4) **Transparency and communication** – clearly communicate findings, conclusions and recommendations to stakeholders.

The NICAF should:

- be open and transparent in process;

- be proportionate in execution;
- make use of existing and new sources of data;
- use agreed standards and measures;
- be consistently applied across Northern Ireland
- set out processes that are formative and supportive where possible; and provide a clear articulated approach to escalation if concerns exist.
- Ensure coding of data is maintained in line with previous and new guidance.

Domains

The NICAF consists of 6 domains, with a range of indicators in each domain. Practices are required to provide evidence/assurance with the framework on an annual basis (with emphasis and focus to be discussed and agreed with NIGPC) aiming to promote stability and accountability in the delivery of GMS.

1) Contractual and Statutory
2) Sustainability
3) Practice Systems
4) Clinical Governance
5) Clinical Care
6) Access

SPPG will centrally manage and monitor the NICAF. Any aspect of NICAF may be subject to verification checks by SPPG.

Enablers

1. Leadership
2. Workforce
3. Culture
4. Data and Information
5. Quality Improvement
6. Whole-Systems Perspective

Data Sources

Multiple data sources can be used to support the implementation and monitoring of NICAF to include:

1. General Practice Intelligence Platform/GPIP-QOF;
2. General Practice Returns – Activity Returns, Financial Data;
3. BSO FPS Data;
4. Adverse/Serious Adverse Incident Reporting;

5. Complaints;
6. CCG (e.g.) ED Attendances;
7. Post Payment Verification Reports;
8. Enhanced Services Activity Data;
9. Prescribing Data/Compass Reports;
10. Crisis Response Team Data/Information;
11. Vaccine Management System;
12. GPOOH Data (Admissions/ED);
13. Health Needs Assessment Data (PHA/GPIP)

This list is not exhaustive and is expected to be modified when required.

Review and Development process for the Northern Ireland Contract Assurance Framework

The NICAF has been consulted and agreed where necessary with NIGPC.

SECTION 2: NORTHERN IRELAND CONTRACT ASSURANCE FRAMEWORK PROCESS

The aim of this section is to set out the detail of how NICAF is applied consistently across all GP practices in Northern Ireland, based on the Principles of Assurance. The NICAF aims to help promote stability and accountability in the delivery of GMS.

The Strategic Planning and Performance Group will require submission of evidence/assurance across 6 domains.



The NICAF domains and indicators have been consulted and agreed where necessary with NIGPC.

Assessment criteria for evidence returned will be developed, consulted and agreed where necessary, to ensure a consistent standard that all Practices are working towards.

The NICAF consists of four stages:

- Stage 1 – Practices work through the requirements outlined in Annex 1;
- Stage 2 – SPPG will review the data submitted by Practices;
- Stage 3 – Practice Visits identified through NICAF;
- Stage 4 – Practice Governance Visit Report.

SPPG will use the NICAF to identify those Practices requiring a Contract and Governance Visit. Every Practice in Northern Ireland will receive a Contract and Governance Visit at least once in a three-year period.

Annex 2 provides further information on the four stages of NICAF.

NICAF
ANNEX 1

NICAF

Contractual and Statutory Domain

Practices are required to submit evidence/provide assurance as outlined in the table below.

	Contractual and Statutory	Requirement of Practices/Contractors	Due Date
1	Signed Contract	Signed GMS Contract with all required signatures to be submitted to SPPG.	To be confirmed
2	The Practice provides patients with a leaflet which is available to patients.	**Evidence:** • Practice provides evidence they have a practice leaflet (paper copy or digital) in line with GMS Contract. **Assurance:** • Practice provides an assurance confirming they have reviewed their practice leaflet at least once in every period of 12 months and made any amendments necessary to maintain its accuracy.	30th April 2027
3	The Practice has an agreed procedure for handling patient complaints which complies with the NHS complaints procedure and is advertised to the patients.	**Assurance:** • Practice to submit declaration confirming: 1) The practice has a complaints procedure in line with the GMS Contract. 2) The practice adheres to the complaints section as outlined in the GMS Contract and the HSC Model Complaints Handling Procedure. 3) They have a designated individual responsible for complaints. 4) The practice is aware how to report complaints to SPPG. 5) The practice will submit a monthly return to SPPG regarding all closed complaints received. 6)That complaints records are kept separate from patient medical records. 7)That practices retain copies/records of complaint received for the retention period. Note: GMS Contract – Complaints Part 6	30th April 2027

		Please note : The HSC Model Complaints Handling Procedures | NIPSO is a statutory requirement and replaces the Department of Health's HSC Complaints Procedure Directions and Guidance. All HSC providers are required to adhere to the new statutory HSC Model Complaints Handling Procedure.	
4	Where patients are requesting to join the practice list, the practice does not discriminate on the grounds of: **1.** Race, gender, social class, age, religion, sexual orientation or appearance; and **2.** Disability or medical condition.	**Evidence:** • Practices to submit: 1) Their procedure or protocol (in line with the GMS Contract/Regulations) for patients requesting to join the practice list; 2) Completed template on refusals to register patients on the practice list; 3) Their written removals policy (that is in line with GMS regulations) and provides confirmation that the practice team are aware of the policy; and 4) Completed template of notification of removals from the practice list to be submitted to SPPG. • Practice to submit declaration regarding whether the practice has any outstanding actions for the practice to perform in GP Links/Registrations? If Yes, Practices are to advise how many and any possible reasons for this. The Health and Personal Social Services (General Medical Services Contracts) Regulations (Northern Ireland) 2004 (legislation.gov.uk)   Contractual-and-Stat utory-Indicator-4-Renu Contractual-and-Stat utory-Indicator-4-Refi	30th April 2027 .

5	The practice adheres to the requirements of the Medicines Act for the storage, prescribing, dispensing, recording and disposal of drugs including controlled drugs.	**Evidence:** • Practice to submit evidence on Guidance for Managing Controlled Drugs. **Assurance:** • Practice to submits declaration confirming: 1) The practice adheres to the requirements of the Medicines Act for the storage, prescribing, dispensing, recording and disposal of drugs including controlled drugs; 2) The practice reviews their prescribing data compared with other practices and actions any findings appropriately; 3) The practice reviews its prescribing security process in line with regional guidance; 4) The number of hours from requesting a prescription to availability for collection is 48 hours or less (excluding weekends and bank holidays); 5) Where patients are prescribed repeat medicines their clinical record contains an indication for each drug and an annual review.	30th April 2027
6	The practice provides assurance on the handling, management and use of all CDs by the practice complies with legislative and best practice requirements for the prescribing, supply, administration of controlled drugs, and clinical monitoring of patients who have been prescribed controlled drugs.	**Assurance:** • Practices provides assurance on the handling, management and use of all CDs by the practice complies with legislative and best practice requirements for the prescribing, supply, administration of controlled drugs, and clinical monitoring of patients who have been prescribed controlled drugs.	30th April 2027
7	Batch numbers are recorded for all vaccines administered.	**Assurance:** • Practice submits declaration that Batch Numbers are recorded for all vaccines administered.	30th April 2027

		Please note: evidence of batch numbers recorded for all vaccines administered to be retained at practice level.	
8	The practice has a policy for consent to the treatment of children that conforms to the current Children's Act or equivalent legislation.	**Evidence:** • Practice submits their policy for consent to the treatment of children that conforms to current legislation.	30th April 2027
9	The premises, equipment and arrangements for infection control and decontamination meet the minimum national standards.	**Assurance:** • Practice submits declaration to SPPG for the minimum national standards for infection control and decontamination. Note: Practices may wish to refer to the Premises Policy Statement.	30th April 2027
10	The practice ensures that all healthcare professionals who are employed by the practice are currently registered with the relevant professional body on the appropriate part(s) of its Register(s) and that any employed General Practitioner is a member of a recognised medical defense organisation and registered on a primary care performers list (or equivalent).	**Assurance:** The practice provides an assurance that: • All healthcare professionals who are working in the practice are currently registered with the relevant professional body on the appropriate part(s) of its Register(s). • any General Practitioner working in the practice (including locums) is a member of a recognised medical defence organisation and on the Northern Ireland Primary Medical Performers List.	30th April 2027
11	All professionals working in the practice are covered by appropriate indemnity insurance.	**Assurance:** • Practice to submit declaration that all professionals working in the practice are covered by appropriate indemnity insurance for the contracting year.	30th April 2027

12	The practice has a system to allow patients access to their records on request in accordance with current legislation.	**Assurance:** • Practice submits declaration confirming they have a written copy of the system regarding patients access to their records on request in accordance with current legislation to SPPG. • Practice confirms the practice system is in line with BMA guidance on access to medical records and GDPR legislation.	30th April 2027
13	There is a designated individual responsible for confidentiality.	**Evidence:** • Practice submits the detail of designated individual responsible for confidentiality. • Practice provides evidence of current/valid registration with the ICO (Registration Certificate to be provided).	30th April 2027
14	If the records are computerised, there are mechanisms to ensure that the data are transferred when patients leave the practice.	**Evidence:** • Practices to submit policy/protocol on mechanisms to ensure the full patient record is transferred when patient leaves the practice (to include protocol on offsite storage if utilised by the practice). **Assurance:** Practices submit declaration confirming: • Confirming that mechanisms are in place to ensure the data/patients notes are transferred when patients leave the practice within 4 weeks which is in line with GP2GP transfer. • Practices confirm achievement of Paperlight Accreditation/Reaccreditation to support GP-2-GP.	30th April 2027

15	If the team uses a computer, it is registered under and conforms to the provisions of the Data Protection Act.	**Assurance:** Practice submits declaration confirming: • The practice has clearly defined arrangements for backing up computer data, back-up verification and safe storage of back-up tapes. • All elements of the SPPG's (DoH) recommended procedures for protecting GP Clinical System are followed.	30th April 2027
16	The practice has a written procedure for the electronic transmission of patient data which is in line with national policy.	**Evidence:** • Practice submits evidence of written procedure for the electronic transmission of patient data which is in line with national policy to SPPG.	30th April 2027
17	The practice complies with current legislation on employment rights and discrimination.	**Assurance:** • Practice submits declaration confirming compliance with current legislation on employment rights and discrimination.	30th April 2027
18	All staff have written terms and conditions of employment conforming to or exceeding the statutory minimum.	**Assurance:** • Practice submits declaration confirmation that all staff have written terms and conditions of employment conforming to or exceeding the statutory minimum. Note: Employment policies should be recorded. Policies should be consistent with current legislation and indicate a date when the policy has been reviewed.	30th April 2027

19	The practice meets the statutory requirements of the Health & Safety at Work Act and complies with the current Approved Code of Practice in Management of Health and Safety at Work Regulations.	**Assurance:** • Practice submits declaration confirming practice meets the statutory requirements of the Health & Safety at Work Act and complies with the current Approved Code of Practice in Management of Health and Safety at Work Regulations.	30th April 2027
20	Individual healthcare professionals should be able to demonstrate that they comply with the national child protection guidance.	**Assurance:** • Practice submits declaration confirming that individual healthcare professionals can demonstrate that they comply with the national child protection guidance.	30th April 2027
21	All practices have in place systems of clinical governance which enable quality assurance of its services and promote quality improvement and enhanced patient safety.	**Evidence:** • Practices submits details of nominated clinical governance lead (The Clinical Governance Leads name and GMC number to be provided). **Assurance:** • Practice submits assurance of systems in place on clinical governance which enable quality assurance of its services and promote quality improvement and enhanced patient safety.	30th April 2027
22	For minor surgery, patients consent to any surgical procedures.	**Evidence:** • Practice submits policy for consent for minor surgery. **Assurance:** • Practice submits assurance that patients' consent is recorded. • Minor surgery - patients consent to any surgery.	30th April 2027
23	A) Vaccines are stored in accordance with manufacturers' instructions.	**Assurance:** • Practice submits declaration to confirm vaccines are stored in accordance with manufacturers' instructions.	30th April 2027

		https://primarycare.hscni.net/pharmacy-and-medicines-management/resources/vaccines/	
	B) For vaccination and immunisation, consent to immunisation, or contraindications if they exist, are recorded in the records.	**Evidence:** • Practice submits policy for consent for vaccination and immunisation. **Assurance:** • Practice submits assurance that all vaccinations and immunisations, consent to immunisation, or contraindications if they exist, are recorded in the records.	30th April 2027
	C)For vaccination and immunisation, fridges in which vaccines are stored have a maximum thermometer daily reading that takes place on working days and that cold chain guidance is adhered to.	**Assurance:** • Practices to submit assurance their cold chain policy is in line with current guidance. https://primarycare.hscni.net/pharmacy-and-medicines-management/resources/vaccines/ **Assurance:** • The practice submits a declaration confirming that there were no cold chain failures in the contracting year. OR **Evidence:** • In the event of a cold chain failure, the practice submits completed check list from practice cold chain policy or an adverse incident form or significant event analysis in the contracting year. **Assurance:** • Practices to submit declaration for vaccination and immunisation, fridges in which vaccines are stored have a maximum thermometer daily reading that takes place on working days.	30th April 2027

	D)For vaccination and immunisation, staff involved in administering vaccines are trained in the recognition of anaphylaxis and able to administer appropriate first-line treatment when it occurs.	**Assurance:** • Practices to submit statement confirming: 1) The practice possesses the equipment and in-date emergency drugs to treat anaphylaxis. 2) There is a system for checking the expiry dates of emergency drugs on at least an annual basis. 3) There is a training log of all staff involved in administering vaccines. 4) Staff involved in administering vaccines are trained in the recognition of anaphylaxis and are able to administer appropriate first-line treatment when it occurs/administer appropriate first-line treatment. 5) They are actively recording vaccinations (Flu/Covid/Shingles) on VMS.	30th April 2027

NICAF
Sustainability Domain

Practices are required to submit evidence/provide assurance as outlined in the table below.

	Sustainability Domain	Requirement of Practices/Contractors	Due date
1	The practice has an up-to-date signed Partnership Agreement in place.	**Assurance:** • Practice provides assurance they have a partnership agreement in place which is updated as and when required e.g. new partner.	30th April 2027
2	Resources funded by SPPG/HSC are not being utilised in GMS-core hours (8.00am-6.30pm) to deliver a Private Primary Medical service to patients not registered with the practice (excluding those who are not ordinarily resident in NI).	**Assurance:** • Practice submits declaration confirming practice resources funded by SPPG/HSC are not being utilised to deliver a private primary medical service in GMS-core hours (8.00am-6.30pm) to patients who are not registered with the practice (excluding those who are not ordinarily resident in NI).	30th April 2027
3	The practice has arrangements in place for business continuity in the event of unforeseen pressures as far as is practical.	**Assurance:** • Practices to provide declaration they have a Business Continuity Plan in place which is updated on an annual basis. SPPG will undertake a review during the practice visit process.	30th April 2027

NICAF
Practice Systems Domain

Practices are required to submit evidence/provide assurance as outlined in the table below.

	Practice Systems Domain	Requirement of Practices/Contractors	Due Date
1	The practice has a robust system/protocol in place for the call/recall of patients as clinically appropriate.	**Evidence:** • Practice submits written protocol of (operational) robust system for the call/recall of patients as clinically appropriate **Assurance:** • Declaration submitted that the practice uses the clinical system diary to record when a review is due, searches are carried out monthly or as clinically appropriate and patients are called into clinic. Clinician uses template to record review and to input follow-up date.	30th April 2027
2	Practice system for acting on information about patients seen by other trained clinical professionals in out of hours services.	**Evidence:** • Practice submits written procedure as to how they action the information about patients seen by other trained clinical professionals in out of hours services. **Assurance:** • Practice to submit declaration confirming that all Staff – both clinical and administrative are aware of the practice system.	30th April 2027
3	Practice has a system and appropriate processes in place to align hospital letters, investigations, reports and results as appropriate to the patients record on the practices clinical system. Practice has a process for reviewing and actioning blood results requested by the Practice.	**Evidence:** • Practice submits procedure on their system/processes to align hospital letters, investigations, reports and results as appropriate to the patients record on the practices clinical system. • Practice submits procedure for reviewing and actioning blood results requested by the practice. **Assurance:** • Practice submits declaration that workflow iro hospital letters, lab reports etc are cleared on timely basis as clinically appropriate.	30th April 2027

4	Practice system to alert the out-of-hours service or duty doctor to patients receiving end of life care.	**Assurance:** • Practice submits declaration in respect of the system for transfer of information from the practice to OOH about patients that the GP anticipates may die from a terminal illness in the next few days and hence may require medical services in the OOH period. All GPs should be aware of the system.	30th April 2027
5	The practice has clearly defined arrangements for backing up computer data, back-up verification, safe storage of back-up tapes and authorisation for loading programmes where a computer is used.	**Assurance:** • Submission of a declaration confirming the practice has a policy which defines who is responsible for backing up data, how it is done, how often and storage. Cyber security policy should include authorisation to load programmes. Correspondence – Primary Care Intranet (hscni.net) Cyber Security – Appendix A – Primary Care Intranet (hscni.net)	30th April 2027
6	The Practice has systems in place to ensure the regular and appropriate inspection, calibration, maintenance and replacement of equipment including: a defined responsible person, clear recording, systematic pre-planned schedules, reporting of faults.	**Assurance:** • The practice submits declaration confirming they have a system in place which includes risk assessment and a schedule of inspection, calibration and maintenance. This should also include electrical equipment.	30th April 2027
7	The practice has a system in place for checking defibrillator is working on a regular basis.	**Assurance:** • Practice submits declaration that it has a system in place for checking defibrillator is working on a regular basis. Practice submits declaration confirming they check the defibrillator is working (on a regular basis) which is in line with manufacturers requirements.	30th April 2027
8	Staff have had basic life support training.	**Evidence:** • Practice submits current/valid evidence training record that clinical staff have underdone training every 18 months, and admin staff have undergone training every 3 years.	30th April 2027

9	Antenatal care, Child Development checks and Cervical Screening are offered according to current agreed local guidelines.	**Assurance:** • Practice submits declaration confirming antenatal care, child development checks and Cervical Screening are offered according to current agreed local guidelines.	30th April 2027
10	Practice Gift Register.	**Assurance:** • Practice provides declaration confirming they have/hold Practice Gift Register template in line with requirements of GMS Contract. Practices are required to maintain a register of gifts with a value of more than £100. Practices should be prepared to provide evidence upon request by SPPG.	30th April 2027
11	Practice complies with relevant legislation and considers guidance and alerts issued by the SPPG and the Department.	**Assurance:** • Practice submits declaration confirming they comply with relevant legislation and considers guidance and alerts issued by the SPPG and the Department.	30th April 2027
12	Practice reports Adverse Incidents as required by the SPPG (DoH) and undertakes regular significant event analysis. Learning points are shared with the team.	**Assurance:** • Practice confirms they have protocol on reporting Adverse Incident to SPPG • The practice submits declaration confirming they undertake regular significant event analysis.	30th April 2027
13	The hepatitis B status of all doctors and relevant practice employed staff is recorded and immunisation recommended if required in accordance with national guidance.	**Assurance:** • Practice submits declaration confirming status of all of all doctors and relevant practice employed staff to ensure compliance.	30th April 2027
14	GP Practice Profile on GPIP.	**Evidence:** • Practice to populate/maintain data/information on GP Practice profile tab on GPIP.	30th April 2027

		Assurance: • Practice submits declaration confirming GP practice profile will be maintained and kept accurate and up to date.	

NICAF
Clinical Governance Domain

Practices are required to provide assurance as outlined in the table below.

	Clinical Governance	**Requirement of Practices/Contractors**	**Due Date**
1	Maintenance of patient records and actioning of all patient correspondence.	**Assurance:** • Submission of practice declaration confirming all clinical staff are aware of how to correctly record consultations (including home visits and telephone advice). • The practice submits a declaration confirming they have a designated place for the recording of drug allergies and adverse reactions in the patient record and are these clearly recorded so that they are easily accessible by all clinicians. • Practice submits declaration that all registered patients have their notes summarised (as efficiently as possible) and does the practice have a system to ensure that patient summaries are kept up-to-date to include clearly recording any drug allergies or adverse reactions. • Practice submits declaration confirming staff are adequately trained in the recording of drug allergies/adverse incidents and all clinicians should be able to access these easily. • The Practice submits declaration that records, clinical correspondence (including hospital letters) and investigation reports are available electronically in date order and confirmation these are monitored sporadically to ensure happening. Staff managing records/letters etc should be adequately trained.	30th April 2027

2	The practice participates in the General Practice Intelligence Platform (GPIP). The practice works with the SPPG on data quality improvement initiatives identified through GPIP.	**Assurance:** • Practice submits declaration to confirm participation in the General Practice Intelligence Platform (GPIP) and that the practice will work with the SPPG on data quality improvement initiatives identified through GPIP.	30th April 2027
3	The practice has undertaken clinical governance activity in each of the following areas: Audit/QI; Evidence-based practice; Risk management; Education and training; Patient involvement (as appropriate); and Practice systems.	**Assurance:** • Practices submits declaration that they have recorded their Clinical governance activity using a template provided by SPPG. Practices should be prepared to provide evidence upon request by SPPG.   Clinical Governance Template Practice_Gc Clinical Governance Template Practice_Gc	30th April 2027

NICAF
Clinical Care Domain

Practices are required to continue to code appropriately to record that good clinical care is being maintained.

Practices must ensure key dates and end of year responsibilities for the GPIP-QOF system are adhered to. SPPG will issue correspondence to advise Practices of the required actions.

	Clinical Care	Requirement of Practices/Contractors
1	Atrial fibrillation (AF)	• Practices should refer to the Clinical Care Domain Guidance. • Practices to continue to deliver care to these patients in line with good clinical care and as clinically appropriate.
2	Coronary heart disease (CHD)	• Practices should refer to the Clinical Care Domain Guidance. • Practices to continue to deliver care to these patients in line with good clinical care and as clinically appropriate.
3	Heart failure (HF)	• Practices should refer to the Clinical Care Domain Guidance. • Practices to continue to deliver care to these patients in line with good clinical care and as clinically appropriate.
4	Hypertension (HYP)	• Practices should refer to the Clinical Care Domain Guidance. • Practices to continue to deliver care to these patients in line with good clinical care and as clinically appropriate.
5	Stroke and transient ischaemic attack (STIA)	• Practices should refer to the Clinical Care Domain Guidance. • Practices to continue to deliver care to these patients in line with good clinical care and as clinically appropriate.
6	Diabetes mellitus (DM)	• Practices should refer to the Clinical Care Domain Guidance. • Practices to continue to deliver care to these patients in line with good clinical care and as clinically appropriate.
7	Non-diabetic hyperglycaemia (NDH)	• Practices should refer to the Clinical Care Domain Guidance.

		• Practices to continue to deliver care to these patients in line with good clinical care and as clinically appropriate.
8	Chronic Kidney Disease (CKD)	• Practices should refer to the Clinical Care Domain Guidance. • Practices to continue to deliver care to these patients in line with good clinical care and as clinically appropriate.
9	Asthma (AST)	• Practices should refer to the Clinical Care Domain Guidance. • Practices to continue to deliver care to these patients in line with good clinical care and as clinically appropriate.
10	Chronic obstructive pulmonary disease (COPD)	• Practices should refer to the Clinical Care Domain Guidance. • Practices to continue to deliver care to these patients in line with good clinical care and as clinically appropriate.
11	Dementia (DEM)	• Practices should refer to the Clinical Care Domain Guidance. • Practices to continue to deliver care to these patients in line with good clinical care and as clinically appropriate.
12	Mental health (MH)	• Practices should refer to the Clinical Care Domain Guidance. • Practices to continue to deliver care to these patients in line with good clinical care and as clinically appropriate.
13	Cancer (CAN)	• Practices should refer to the Clinical Care Domain Guidance. • Practices to continue to deliver care to these patients in line with good clinical care and as clinically appropriate.
14	Palliative care (PC)	• Practices should refer to the Clinical Care Domain Guidance. • Practices to continue to deliver care to these patients in line with good clinical care and as clinically appropriate.

15	Influenza vaccination	• Practices are to continue to deliver care to these patients in line with good clinical care and as clinically appropriate as outlined in the ES service specification. • Practices should also refer to the Clinical Care Domain Guidance. **Assurance:** Practices to submit assurance based on having: 1) register of patients in the Green Book at risk groups. 2) having a call process (and possibly also a recall process). 3) having data recording process including VMS update. 4) policy for checking staff training including review of PGDs prior to vaccination sessions.
16	Cervical screening (CS) Cervical Screening Rates (5-year coverage)	• Practices should refer to the Clinical Care Domain Guidance. • Practices to continue to deliver care to these patients in line with good clinical care and as clinically appropriate.
17	Childhood Immunisation Uptake of scheduled childhood vaccinations at age Uptake of the 6 in 1 vaccination for babies at one year	Practices are to continue to deliver care to these patients in line with good clinical care and as clinically appropriate as outlined in the ES service specification. Under the core contract practices are required to: **Evidence:** • Practice to submit their Childhood Immunisations Scheme plan to SPPG.  Clinical-Care-Indicato r-17-Childhood-Immu **Assurance:** • Practice submits declaration confirming they meet their obligations under its Childhood Immunisations Scheme plan.

	Clinical Care	Requirement of Practices/Contractors
1	Learning Disabled	• Practices should refer to the Clinical Care Domain Guidance. • Practices to continue to deliver care to these patients in line with good clinical care and as clinically appropriate.
2	GP Long Term Condition Care and Key Information Summaries (Was - Anticipatory Care Planning and KIS)	• Practices should refer to the Clinical Care Domain Guidance. • Practices to continue to deliver care to these patients in line with good clinical care and as clinically appropriate.
3	Additional monitoring of Amber drugs	• Practices should refer to the Clinical Care Domain Guidance. • Practices to continue to deliver care to these patients in line with good clinical care and as clinically appropriate. Note: Only those drugs listed under the Amber Drugs section in the Clinical Care Guidance Document are funded.
4	Chronic Respiratory	• Practices should refer to the Clinical Care Domain Guidance. • Practices to continue to deliver care to these patients in line with good clinical care and as clinically appropriate.
5	Anti-coagulation monitoring (include NOAC)	• Practices should refer to the Clinical Care Domain Guidance. • Practices to continue to deliver care to these patients in line with good clinical care and as clinically appropriate.
6	Structured Brief Advice for Alcohol	• Practices should refer to the Clinical Care Domain Guidance. • Practices to continue to deliver care to these patients in line with good clinical care and as clinically appropriate.

NICAF
Access Domain

Practices are required to submit evidence/provide assurance as outlined in the table below.

	Access Domain	Requirement of Practices/Contractors	Due Date
1	Workforce	**Evidence**: Practices to submit names, roles, GMC numbers, demographics, and working patterns of all doctors working in the practice. **Evidence:** Practices to complete agreed survey for all staff (excluding doctors).	30th April 2027
2	Appointment planning and management	**Assurance**: Practices to submit declaration that they maintain a mix of appointment types; assess and review regularly.	30th April 2027
3	Appointment planning and management	**Assurance**: Practices to submit declaration that they ensure a proportion of GP appointments are pre-bookable following care navigation.	31st January 2027
4	Appointment planning and management	**Assurance**: Practices to submit declaration that they provide adequate same-day appointments and triage.	30th April 2027
5	Appointment planning and management	**Assurance:** Practices to submit declaration that they offer appointments on at least 5 mornings and 4 afternoons per week. Please note: On the week of a bank holiday there should be no half-day closing.	30th April 2027
6	Appointment planning and management	**Evidence:** Submit policy on managing appointment demand and types offered	30th April 2027
7	Care Navigation Training	**Evidence:** Practice to ensure all non-clinical staff trained in last 3 years on care navigation. Training record to be submitted.	30th April 2027
8	Practice access to building	**Assurance:** Practices to submit declaration that doors are open and entry is not restricted by any means during practice opening hours (e.g., staff, buzzer, telephone to gain entrance).	31st January 2027

9	Walk-in Access	**Assurance:** Practices will provide assurance that staff are available to receive patients who present in person requesting an appointment and such patients are able to make an appointment request and have their clinical need assessed or triaged on an equivalent basis to patients contacting the practice through other routes.	31st January 2027
10	Phone System and VoIP	**Assurance:** Practice to retain the text of all routine telephone greeting messages used throughout the day. Practices must ensure that telephone arrangements through core opening hours provide patient with an effective route to speak with the practice. Messages should not communicate a total refusal to assess the needs of any patient contacting the practice.	31st January 2027
11	Direct Line to SPPG	**Evidence:** Provide a business-use contact number for SPPG Primary Care. Landline /mobile	31st January 2027
14	Digital Services Use/Patients Facing Services	**Assurance:** Practices to submit declaration confirming/promotion of online and other digital services (e.g., repeat prescriptions).	30th April 2027
15	Repeat Prescription Process	**Assurance:** Practices to submit declaration confirming alternative process to reduce phone line pressure.	30th April 2027
17	General Practice Activity Data	**Evidence:** The practice continues to standardise how GMS activity is captured and coded in GPIP and baselining of activity based on GPIP data and that the is extracted/uploaded to the GMS activity dashboard that provides detailed information on activity across GMS services on a regional and sub-regional basis. The practice develops and submits an internal and externally facing infographic highlighting activity levels in GMS, specifically for communication to patients for that contracting year.	30th April 2027

		Please note: Practices can automatically generate their infographic for the contracting year via GPIP.	
18	GP Access	**Evidence:** a) Practices to submit plan of initiative to improve patient experience of access to general practice by 31st Jan 2027. b) Practices will provide evidence of implementation and impact of the initiative by 30 April 2027. SPPG will provide template to be completed to evidence a and b.	31st January 2027 30th April 2027

NICAF
ANNEX 2
Four Stages of NICAF

NICAF

The Northern Ireland Contract Assurance Framework is to ensure accountability in delivery in GMS.

It aims to ensure all General Practices in Northern Ireland evidence/provide assurance on the delivery of the GMS Contract. The legal, regulatory and policy framework under the GMS Contract remains the same. This, in essence, should streamline and enable a more consistent approach for Practices, thereby identifying and dealing with issues early.

The NICAF will introduce an overall return for the GMS Contract

Stage 1: Contract Management

1) Practices work through the NICAF domains and indicators.
2) Practices submit to SPPG assurance / evidence across NICAF domains and indicators.

Stage 2: Data Analysis – Assurance

1) Practice NICAF data will be analysed by SPPG.
2) SPPG will determine the level of assurance using a Green, Amber, Red Assurance Scale below. An overall RAG rating will be allocated once all indicators are assessed. Please note that a Red rating on an individual indication may result in a request for resubmission as outlined below:

    - Green: Substantial Assurance and no further action.
    - Amber: Reasonable Assurance to Limited Assurance
        - Reasonable Assurance - Some minor matters require attention and are compliance or advisory in nature. Ranging to:
        - Limited Assurance where more significant matters require management attention
    - Red: No Assurance and action is required to address the whole NICAF in this area. High impact on residual risk exposure until resolved.

    Red rated indicators = potential resubmission. Where any individual indicator is assessed as Red: No Assurance, updated evidence for that indicator may be requested.

Stage 3: Practice Contract and Governance Visit

1) Where further work is needed with practices as identified through the Assurance Framework, or where there is evidence of a stability risk and/or engagement from the PICRT, the SPPG will arrange Practice Contract and Governance Visit.

2) As part of the engagement with SPPG/PICRT, a Practice Improvement plan may be developed if necessary.

Prioritised/Focussed Contract and Governance Visit based on Contract Assurance Level

1) Practice Contract and Governance Visits and the depth required considering the degree of assurance obtained will be organised by SPPG.
2) Letter templates will be created for the purpose of notifying practices of selection for a Practice Contract and Governance visit based on the assurance analysis above to ensure a consistent approach.
3) Practices will demonstrate evidence and actions identified/ agreed with SPPG or as documented in their Practice Improvement Plan.
4) SPPG will apply a consistent approach to the Practice Governance Visit.

Stage 4: Visit/Output (Practice Governance Visit Report)

Prioritised/Focussed Contract and Governance Visit Contract Assurance Level/Stability Risk/CRT engagement

1) Verbal feedback to the contractor/practice on the day highlighting immediate concerns/level of assurance.
2) Written feedback **(Practice Governance Visit Report**) from the SPPG within 10 workings days of the visit.
3) A written action plan (**Practice Contract Governance Visit Response Plan)** is required from the contractor/practice to be agreed by the SPPG. A template will be developed and made available to Practices.
4) Date of next review to be agreed.

Escalation Process

1) This process will only apply to if contractor / practice receives **limited** or **no assurance AND** the **Practice Contract Governance Visit Response Plan** is either not accepted or monitoring shows non-compliance, the escalation process is invoked.
2) Failure to engage fully with process or complete the **Practice Contract Governance Visit Response Plan** within agreed timescales will result in progress up the escalation process.

*Non-compliance with this process would mean the Practice is not meeting the terms of its contract.

1. **Practice Contract Governance Visit Response Plan.**
    a. If the actions in the contractor's Practice Contract Governance Visit Response Plan are completed fully and accepted by the SPPG, with no further issues, then escalation stops.
    b. If no plan agreed proceed to next level.
    c. If plan not completed, proceed to next level.
    d. If the action is not completed, then the SPPG may move straight to issue a breach / remedial notice, whilst also progressing to level 2 (sustainability framework).

A group will be established at locality level (to include LMC) regarding next steps. Individual Practices will be discussed at this meeting.

2. **Sustainability/Contract delivery.**
    a. Completion of application is required for SPPG to have holistic and supportive review of the contractor's situation, including population demographics, premises and workforce issues.
    b. Supportive discussions between contractor and SPPG
    c. LMC involvement in process.
    d. Action plan agreed between the contractor and SPPG.
    e. If no plan action agreed proceed to next level.

3. **GMS Contract and Governance Service Review**
    a. an in-depth review of all services provided by the practice.
    b. SPPG will review findings and consider:
        a. Whether a breach or remedial notice is to be issued;
        b. Whether, in the event that a breach or remedial notice is served, payments should be withheld or deducted and

c. Whether to terminate any or all service contracts, to allow contractor to focus on delivery of NICAF.

4. Some portion of the funding associated with the Framework may be withdrawn and Remedial/Breach Notice issued.