GENERAL PRACTICE FORWARD VIEW: SUMMARY & LMC VIEW

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Introduction
The General Practice Forward View was published by NHS England on 21st April 2016 and sets out plans to invest in general practice over the next five years. The document is summarised below and then implications for the LMC are considered.

Investment (chapter 1)
We will accelerate funding of primary care

- Investing a further £2.4 billion a year by 2020/21
  - This includes the extra £322 million (=4.4% increase in funding) for primary medical care in 2016/17 via the contractual changes
  - This also includes the £900 million Estates and Technology Transformation Fund – which used to be the Primary Care Transformation Fund (PCTF) and last year was the Primary Care Infrastructure Fund (PCIF). When the PCIF was first announced it was £1 billion over four years but now seems to be £900 million.
  - In addition there will be a Sustainability and Transformation Package = £508 million over 5 years. This is the only new funding announced in the GPFV and comprises:
    - £40 million – practice resilience
    - £16 million – GP burn out
    - £206 million - workforce
    - £246 million – support for practices to redesign services (this includes the £171 million that CCGs will be expected to spend and the £30 million Releasing Time for Patients programme. It seems that the other £45 million is for supporting uptake of online consultation systems detailed on page 39)
Every area has to produce a Sustainability and Transformation Plan (STP) which will include plans to secure and support general practice.

There will be a new funding formula which will include deprivation and rurality.

Efforts to tackle indemnity costs – consultation by July 2016. Not crown indemnity.

Better Care Fund – minimum size increased. Can be used to fund additional nurses in general practice for LTC; GPs providing services in care homes; mental health professionals in general practice; social worker in GP surgery.

- By 2020/21, over 10% of the NHS budget should be spent in general practice

**Workforce (chapter 2)**

*We will expand and support GP and wider primary care staffing*

£206 million of the Sustainability and Transformation package for workforce in addition to some previously announced initiatives. New initiatives highlighted in bold

- *Create an extra 5,000 doctors in general practice by 2020*
  - Increase GP training recruitment to 3,250 a year
  - Recruitment campaign – 35 national ambassadors and advocates
  - **International recruitment campaign to attract an extra 500 GPs**
  - £20,000 bursaries in hardest to recruit areas (for 109 trainees)
  - 250 new post-certificate fellowships in hardest to recruit areas
  - **Attract and retain 500 GPs back by simplifying return to work routes and targeted financial incentives**
- *Minimum of 5,000 other (non-medical) staff in general practice*
  - 3,000 mental health therapists to extend IAPT
  - Extend clinical pharmacists scheme – an additional £112 million for 1,500 more. Aim for one pharmacist per 30,000 population
  - **New Pharmacy Integration Fund = £20 million**
  - **Practice Nurse development strategy - £15 million investment to support training, retention and return to work**
  - **£45 million for reception and clerical staff training for patient navigation and handling clinical paperwork**
  - Training 1,000 physician associates
  - Pilots of new medical assistant roles
  - Pilots of new primary care physiotherapy services
  - **£6 million for practice manager development**
  - £3.5 million in 13 multi-disciplinary training hubs (Community Provider Education Networks)
- £16 million investment in specialist mental health services to support GPs suffering burn out and stress, on top of the £3.5 million already committed. All GPs will be able to access free, confidential local support and treatment for mental health issues. (NB this £16 million is in addition to the £206 million for workforce)
- Introduce new measures entitling GPs who want flexible working but who can commit to working in a practice or an area for a period of time additional benefits relative to undertaking a rolling series of short term locum roles.
Workload (chapter 3)
We will reduce practice burdens and help release time

- £30 million “Releasing Time for Patients” development programme (part of the £246 million package) – more details about this are in Chapter 5.
  - Supporting patients in self-management and by September launch a programme to help practices support self-care for people with long term conditions
  - CCGs to institute plans to address patient flows in their area using e.g. access hubs, social prescribing, minor ailment schemes.
  - Contract measures to stop hospitals shifting work
- £40 million practice resilience programme (in addition to the £246 million package, part of the £508 million overall investment)
  - This is in addition to the £10 million announced in 2015 for vulnerable practices and RCGP support for practices with a CQC inadequate rating.
  - £16 million of the £40 million in 2016/17 – work between NHSE, RCGP and BMA to develop programme.
- Five yearly CQC visits for good/outstanding practices
  - Also, NHSE will publish a set of key ‘sentinel’ indicators on My NHS in July 2016
- Streamlining payment processes
- New software to automate common tasks – work with innovative practices, federations and software suppliers to develop, test and implement the technical requirements for a new task automation solution (e.g. for care plans).
- Review in 2016/17 the future of QOF
- Commissioning a new audit tool to allow practices identify ways to reduce appointment demand. (details on page 52 and below )
  - Practices in the GP Access Fund (previously called the Prime Ministers Challenge Fund) are testing it now. Will be available for all practices in 2017/18
- Greater integration
  - DoH will issue guidance to HWBs to ensure general practice is central to their plans
  - Government will consider if fit notes can be provided by other healthcare professionals

Practice infrastructure (chapter 4)
We will develop the primary care estate and invest in better technology

- Estates and Technology Transformation Fund (ETTF) (previously PCTF, previously PCIF) (originally this was £1 billion but now seems to be £900 million)
- Estates:
  - New cost directions from September 2016 - will allow NHSE to fund 100% improvement grants (rather than require practices to fund 33%)
  - Additional support to come in 1st May 2016 – 31st October 2017 for: Stamp Duty Land Tax, VAT on premises, and increase in service charges in NHS Property Services (NHSPS) premises.
  - NHSE working with NHSPS to consider e.g. underwriting leases arrangements or buying out GP or third party owned premises.
- Technology:
Care redesign (chapter 5)
We will provide a major programme of improvement support to practices

The main thrust of this chapter is improved and extended access to primary care. It is clear that all the investment in general practice to increase workforce, improve estates and technology and reduce workload outlined in the previous chapters are not to bring general practice back to where it should be, but to enable 7 days working.

- Support to strengthen and redesign general practice
  - “Commissioning and funding of services to provide extra primary care capacity across every part of England, backed by over £500 million of recurrent funding by 2020/21”.
  - Integration of extended access with out of hours and urgent care services, including reformed 111 and local Clinical Hubs
  - £171 million investment by CCGs starting in 2017/18 for “practice transformational support” (page 48) (N.B. on page 46 it refers to this as a “one-off investment by CCGs starting in 2017/18” which suggests it’s not part of the recurrent funding referred to in the first bullet above, but on page 12 the £171 million is clearly part of the total £508 million, so unclear if it is recurrent or not)
  - New voluntary Multispecialty Community Provider contract from April 2017 to integrate general practice services with community services and wider healthcare services.
- National three year “Releasing Time for Patients” programme (see chapter three above; £30 million)

Waves of increasing recurrent funding will be made available each year, linked to CCG plans to support the overall improvements in general practice.

**New Multispecialty Community Provider (MCP) contract**
- Being developed in 14 MCP vanguards
At the heart of the MCP model, the provider ultimately holds a single whole population budget for the full breadth of services it provides including primary medical and community services. This allows the MCP to have more flexibility
  - A stronger focus on population health, prevention, and supporting and mobilising patients and communities
  - More integrated urgent care as part of a reformed urgent and emergency care system
  - Integrated community based teams of GPs and physicians, nurses, pharmacist, therapists, with access to step up and down beds, in reach into hospitals, for example, redesigning outpatients, geriatric care, and diagnostics as part of extended community based teams.

NHSE will shortly publish the MCP Care Model Framework and contract elements. Aim of going live April 2017 – anticipated elements described on page 50
  - The MCP is an integrated provider (not a form of PBC or fundholding)
  - Choice of organisational form
  - New payment model
  - Pay for quality and performance scheme (blending QOF and CQUIN)
  - New employment and independent contractor options – could be instead of GMS, with the right for existing GMS practices to hold a dormant contract that can be reactivated or have a right of return.

“Releasing Time for Patients” development programme (page 51) - £30 million also mentioned in chapter 3. The programme components are:
  - Innovation spread – national programme to gather and disseminate successful examples and measure impact
  - Service redesign – locally hosted action learning programmes with expert input, support practices and federations to implement high impact innovations which release capacity and improve patient care
  - Capability building – investment and practical support to build change leadership capabilities in practices and federations

Provider development – CCGs to be encouraged to do this (page 53)
  - CCGs to strengthen arrangements for protected learning time and backfill to enable GPs time and space for development
  - All practices to benefit from locally funded development to support practices and federations to redesign care and build more sustainable organisations.
  - Most effective actions for CCGs
    - Creating space for practices to meet and plan together through funding backfill
    - Providing expert facilitation
    - Focusing development on improving care and ways of working before addressing questions of organisational form.
  - Support, consultancy and capability-building for general practices are available from a range of regional and local bodies. We will work with them to ensure that practices and federations have ready access to credible, relevant and high quality support for the full range of their development needs.
  - The national development will be designed in collaboration with practices, professional leaders and improvement experts. Further details, including how federations and practices can join, will be published in the summer.
The LMC is pleased that the problems and chronic underinvestment in general practice have finally been recognised by NHS England and that more resources will be invested over the next five years. We also note that this additional investment is attached to extended access, and we could find that the additional resources are used up on new things rather than for rebalancing and relieving the current problems caused by underfunding. Nevertheless, we believe that the LMC has an obligation to do all it can to make sure that GPs and practices in Hertfordshire and Bedfordshire have a chance to take full advantage of the opportunities promised in the GPFV for the benefit of their patients as well as of the future of general practice.

1. **LMC Development Team**
   
   *We will support GP practices to redesign general practice and primary care*

   The GPFV parallels the work of the LMC Development Team by recognising that there is a crisis in general practice and that the current model is not sustainable, and at the same time seeing that general practice is the answer and GPs can shape their future by redesigning how patients access and receive primary care services.

   Since December 2015 the LMC Development Team has been looking at different models of care that could work locally and meet the needs of patients (e.g. providing integrated care, and improved access) while preserving and building on all that is good about general practice such as the registered list.

   On page 49 of the GPFV, the Multispecialty Community Provider model is described as follows:

   “The MCP model is about creating a new clinical model and a new business model for the integrated provision of primary and community services, based on the GP registered list, but fully integrating a wider range of services and including relevant specialists wherever that is the best thing to do, irrespective of current institutional arrangements.” (page 49)

   This is in line with the LMC Development Team’s model of a “hub”.

   *What opportunities will there be for the LMC to bid for some of the money?*

   This is unclear from the document as no details of when or how money will become available.

   The GPFV promises £508 million for a Sustainability and Transformation Package. This seems to be broken down into:

   - £40 million – practice resilience
   - £16 million – GP burn out
   - £206 million – workforce
   - £246 million – support to redesign services

   While the first £262 million seems to be for building up the infrastructure, elsewhere in the document it’s clear that the entire £508 million investment is ultimately linked to 7 day working (“over £500 million by 2020/21 to enable CCGs to commission and fund extra capacity across England to ensure that by 2020, everyone has access to GP services, including sufficient routine appointments at evenings and weekends to meet locally determined demand” page 47).
There is no information about how this funding will be made available, though it looks as if it will be through the CCGs. “Waves of increasing recurrent funding will be made available each year, linked to CCG plans” (page 48).

The GPFV says that CCGs will be asked to provide £171 million of practice transformational support designed to be used to

- Stimulate development of at scale providers for extended access delivery
- Stimulate implementation of the 10 high impact changes in order to free up GP time to care
- Secure sustainability of general practice to improve in-hours access

The LMC Development Team could develop a role as “expert facilitator” to be used as part of the CCG’s role in provider development (p53)

2. The LMC Secretariat
We will expand our training provision for general practices

There are opportunities for the LMC as an organisation to provide some of the training and support outlined in chapter 2, for example:

- The LMC is already looking at ways to attract GPs to remain in practice towards the end of their career. The GPFV sets out on page 21 its intention to invest further in leadership development, coaching and mentoring skills for experienced doctors to enable them to build on their skills and offer the value of the experience to younger doctors. The LMC could seek funding to develop this project further.
- The LMC could bid to provide reception and clerical staff training for handling clinical correspondence (page 22) which could build on the successful training on medical terminology already provided.
- There are no details about the Practice Manager development programme outlined on page 23, but once it is clearer what the £6 million is for, the LMC could bid to provide.
- £16 million for improving GPs’ access to mental health support (page 24) – not clear if this is a national procurement or local, but may be opportunities for the LMC to link in as the LMC already provides pastoral care.
- The new Workforce 2020 oversight advisory group to be set up (page 24) – this is a national group for national bodies but they will need to be aware of local work so there needs to be some link in to this group, probably via the CCGs’ workforce groups.

There may be opportunities for the LMC to support/provide/be involved in the Releasing Time for Patients development programme. £30 million over three years for this. This is likely to be nationally led, but some local elements:

- Locally hosted action learning programmes with expert input, supporting practices and federations to implement high impact innovations which release capacity and improve patient care
- Building change leadership capabilities in practices and federations

There may be opportunities to support CCGs in their provider development role – the LMC has been doing this over the last two years (PQP) and this could be developed further and done in-house by the LMC Development Team.
3. **LMC role in delivering “General Practice Forward View”**

   *We will do all we can to ensure our practices (and their patients) are able to benefit from the promised investments*

   - We will hold the CCGs to account on the investment of their share of the £171 million of practice transformation support
   - We will hold NHS England locally and CCGs to account on the provision of free confidential local support and treatment of mental health issues for GPs
   - We will ensure that CCGs institute plans to address patient flows, e.g. via access hubs, social prescribing, minor illness schemes
   - We will push NHS England to consider funding 100% improvement grants in all possible circumstances
   - We will press NHS England with NHS Property Services to consider underwriting lease arrangement or buying out GP or third party owned premises
   - We will hold CCGs to account on the expenditure of the 18% increase to CCGs for general practice IT
   - We will encourage CCGs to look for opportunities to access funding for subsidiary technology services, e.g. to work collaboratively, have more integrated working e.g. with pharmacy
   - We will work with CCGs to ensure they support provider development
   - We will work with practices, groups of practices, and federations to support and drive the development and transformation of general practice
   - We will continue to work with key players in the local health economy to find local solutions and appropriate resources to achieve better outcomes for patients.