

# GENERAL PRACTICE FORWARD VIEW

## Midlands and East Bulletin

Issue three: June 2018

### Welcome

The General Practice Forward View recently marked its second anniversary with a national update on progress. I was very pleased to see it included a range of case studies from across our region, from innovative ways of working at scale to enhancing the primary care workforce to cutting down on red tape. Learning from experience is invaluable so, if you have some innovative examples you are happy for us to share so others can benefit, do let us know.

In our region, the continued hard work by our STP and CCG colleagues, as well as our own team, has seen further progress towards delivery of the GP Forward View in the Midlands and East. We are delighted to see the additional funding going into GP retention which, with the international GP recruitment programme, will have an impact on delivering sustainable primary care in the region.

On extended GP access, CCGs have been working extremely hard with their member practices to ensure that all those which are not yet fully live have plans to achieve at least 80 per cent coverage by 1 September and the national target of 100 per cent coverage by 1 October 2018. Work continues with our CCG colleagues to support them in this task.

Collaboration and working together as a whole system will help ensure the sustainability and transformation of general practice into the future. Our regional and DCO medical directors are currently developing a programme to support the delivery of Primary Care Networks as a vehicle to achieve this going forward.

As some of you may know, this is the final GP Forward View Bulletin I shall have the pleasure of bringing you before I leave NHS England to take up my new role as Managing Director of Basildon and Thurrock University NHS Foundation Hospitals Trust. Dr Paul Watson, Regional Director for Midlands and East, will be overseeing progress of the GP Forward View in the region moving forward.

Finally, we are looking forward to Thursday 5 July when the NHS turns 70. The NHS across our region and the country as a whole will be using the opportunity to celebrate. I hope you are able to join in and mark the occasion yourselves in some way and wish you all the very best for the future.

**Andrew Pike**  
Director of Commissioning Operations (East)  
NHS England



## Featured in this issue

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## Spotlight on workforce

It is important we continue to support and retain our existing primary care workforce.

The new Local GP Retention Fund will enable significant changes to be made in how GPs are supported, whether they are newly-qualified, feeling the strain mid-career, or considering retirement.

The region has an additional £2.07 million available for STPs in Midlands and East to spend locally, on top of existing retention funding, to promote new ways of working and provide the additional support that is needed.

The STPs are currently refreshing their workforce plans to take account of this new funding and their international GP recruitment allocation.

They are doing this in parallel with the further development of Primary Care Networks (PCNs). Many exist within the region already. They have been shown to improve resilience, recruitment and retention of all primary care staff. PCNs also enable a model of multidisciplinary primary care. You can read more about them on page 10.

**David Levy**  
**Regional Medical Director, NHS England - Midlands and East**



## STPs make headway with international recruitment



**Each STP will have its own prospectus to promote its area to potential recruits**

The programme to bring over doctors from Europe to work in our practices has started in the first of our STPs as part of the national roll-out of [international GP recruitment](#).

Birmingham and Solihull, and Norfolk and Waveney with parts of Suffolk are the first areas in Midlands and East being promoted overseas, to be followed by Cambridgeshire and Peterborough, Nottinghamshire, and Staffordshire and Stoke.

The first interviews with potential recruits, who must meet stringent criteria including a high standard of English (IELTS level 7), are starting to take place by Skype. Those who pass this assessment stage will be invited to visit England and meet with prospective receiving practices in the STPs.

Two companies which are highly experienced in international healthcare recruitment have been appointed for the region. Medacs Healthcare is supporting STPs in the West Midlands and North Midlands DCO areas, while the Central Midlands and East DCOs are being served by VPL Healthcare.

# New fund to aid GP retention

New schemes and initiatives that enable GPs to stay in the workforce will be made possible through the new [Local GP Retention Fund](#). Some £2.07 million of the national £7 million funding is being made available in Midlands and East during 2018/19 to promote new ways of working and offer additional support.

Specifically, the fund will support the development of innovative local retention initiatives for GPs who are:

- seriously considering leaving general practice or are considering changing their role or working hours;
- no longer clinically practising in the NHS in England but remain on the National Performers List (Medical); or
- newly qualified or within their first five years of practice.

The fund builds on emerging best practice across the country, such as Great Yarmouth and Waveney CCG's GP Career Plus pilot, which has created a scheme which seeks to retain experienced late-career GPs through pooled working.

There are a range of current nationally-funded schemes and [supporting web links](#) that STPs can use to inform and support their choice of initiatives going forward, including supporting and promoting employment models to retain GPs in their first five years in specialisms; supporting Tier 2 doctors to remain on the National Performers List; and enabling GPs nearing retirement to become clinical champions and offer peer support sessions.

The expectation is the £2.07 million will be shared across 15 STPs in our region. There will also be a further £800,000 to be divided between two sites to provide more intensive support, one in the Midlands area and a further site in the East area. These two STP areas have been nominated by their local DCOs and will not be eligible to also receive funding from the main regional allocation.

How the funding has been allocated is due to be confirmed to STPs in August, with schemes underway from the early autumn.

## Aiming for 100 per cent workforce data

Accurate primary care workforce planning needs reliable and timely data.

In Midlands and East, 93 per cent of practices provided valid GP workforce data through the Primary Care Web Tool or HEE collection tools in March.

This was a great improvement compared to the 85 per cent recorded in September 2015, but we need to hit 100 per cent if we are to have a true picture of our current workforce and what we need to do to get it right for the future.

To do this, we need every single practice in our region to complete its return. Completing the return is not enough on its own, though; we also need to ensure that the quality of the data submitted is high. For example, we can only make good retirement and retention forecasts if the date of birth field is completed accurately; and by including the reason for someone leaving we can get rich information to help us understand workforce loss.

We have developed a GP data quality report which has been circulated to STPs to help them, CCGs and their practices give us the data we need. If you would like more information or have any queries, please [contact us](#).



## Region targets more GP nurses in primary care

Through the [GP nursing 10-point action plan](#), the aim is to grow the GPN workforce in the Midlands and East by 6.4 per cent by September 2020. This will result in an extra 312 (full-time equivalent) nurses working in general practice, compared to September 2015 figures.

Some £375,000 of GPN funding is supporting a variety of work in the region during this financial year. Initiatives to improve recruitment include the targeted development of a GPN educator infrastructure to meet Nursing and Midwifery Council standards of access within each CCG; and a scoping project commissioned from the University of East Anglia to develop preceptorship for all nurses new to general practice, which will report in the autumn.

On the retention front, a review of the Health Education England GPN Career Framework, which has been commissioned nationally by NHS England, is consulting with GPs, local medical committees and other key stakeholders on issues such as the current variable employment terms and conditions for GPNs.

Some 22 students undertook the GPN Return to Practice course nationally within 2017/18 – more than in any year since the 'Come Back to Nursing' programme began in 2014. At least half of the 12 higher education institutions now commissioned to deliver this course are either within Midlands and East or are accessible to students from the region.

**Some 8,000 general practice nurses are due to retire in the next three years.**

**NHS England's 10-point action plan for GP nursing aims through a five-year national programme to address the issues of rising demand and a decreasing workforce by:**

- driving recruitment
- aiding retention; and
- developing a high-calibre career pathway for general practice nurses.

**Nationally some £15 million will be available over the five years of the programme and is separate to the GP Forward View investment.**



## New PA resources show added value in skill mix

**[A range of resources about the role and impact of Physician Associates in primary care is now available at the Faculty of Physician Associates website.](#)**

The Physician Associate role is a relatively new one in the clinical team, seen as complementary to GPs rather than a substitute.

They can fulfil an enabling role in general practice, taking on certain areas of workload, helping to free GPs to focus on the more complex patient cases and allowing other staff such as nurses to be able to focus on their areas of competency.

This does not mitigate the need to address the shortage of GPs or reduce the need for other practice staff. Instead PAs can help to broaden the capacity of the GP role and skill mix within the practice team to deliver patient care.

The Faculty resources include an employer's guide which advises on:

- the current education and regulatory framework for the profession;
- employment and supervision;
- tools to help guide appraisal, career and salary progression; and
- recommendations for continuing professional development.

# Clinical pharmacists funding available to February 2019

**GPs can continue to apply to NHS England through to February 2019 for funding to recruit, train and establish clinical pharmacists in their practices for the long term.**

National approval has so far been given for 210 (198 working time equivalent) clinical and senior pharmacists in Midlands and East, serving a population of some 6.25 million. This is in addition to the 152 in the region which resulted from the 2015 pilot programme.



Clinical pharmacists work as part of the general practice team to improve value and outcomes from medicines and consult with and treat patients directly. This includes providing extra help to manage long-term conditions, advice for those on multiple medicines and better access to health checks. The role is pivotal to improving the quality of care and ensuring patient safety. It also enables GPs to focus their skills where they are most needed, such as on diagnosing and treating patients with more complex conditions.

Applications for the three-year funding can be made at any time using the [online portal](#) and are considered each quarter. The next cut off point is 20 July. All submitted applications are assessed by a DCO panel using nationally prescribed criteria. The shortlisted ones are then submitted for regional review before going to the NHS England national team for approval.

We are aware that, in some instances, it has taken longer than first envisaged before a clinical pharmacist has been able to take up their role and our implementation team is working closely with STPs and practices to address this.

## Mental health care is “game-changer”



Improved mental health care for patients with physical ailments has reduced demand for GP appointments and cut hospital admissions by 75 per cent in a pilot scheme as part of a programme of new services that NHS England is rolling out across the country.

Since 2016, the NHS has begun testing new services which integrate mental and physical treatments, as part of its Improving Access to Talking Therapies programme.

People with long-term health issues like diabetes, heart problems or respiratory illness are now routinely given a ‘whole-person assessment’, focusing on what additional mental health care they may need to manage their condition.

Early results from one site in Cambridgeshire and Peterborough show that timely and effective mental health care for people with diabetes, cardiovascular or respiratory illnesses have resulted in a three-quarters reduction in inpatient hospital attendance and a two-thirds drop in A&E admissions, freeing up £200,000 of NHS funding.

You can find out more about this scheme and the overall programme [here](#). In 2017/18 there were over 630 additional mental health practitioners working in primary care from the IAPT early implementer sites.

**NHS England’s East Midlands Mental Health Clinical Network has produced [a short film](#) to support primary care teams better to meet the physical health needs of people with severe mental illness.**

# Improving access to general practice – latest update

General practice, as we know, is usually the first port of call for patients and so having good access is important to ensure people can see a clinician when they need to.

The national target is for 100 per cent of the population to have extended access to a clinician in the evenings (after 6.30pm) during weekdays, as well as access to pre-bookable appointments on both Saturdays and Sundays, by 1 October 2018.

CCGs have been working extremely hard with their member practices to ensure that all those which are not yet fully live now have plans to achieve at least 80 per cent by 1 September and 100 per cent by 1 October 2018.

We very much appreciate their efforts and we will be working closely with them over the summer months to support and help them stay on track with their delivery plans. There are many examples where extended access has had a positive impact on patient care – see what Nottinghamshire City CCG has been up to below.

We want to make sure that as many people as possible benefit from the extra appointments being put in place and ensuring that services are advertised in as many public places as possible will help to make sure that people know about them.

Our programme of stage 2 audits as and when CCGs go 100 per cent live check that the schemes are being fully advertised. CCGs and practices can help ensure their audits fully reflect their progress and achievements by making sure they submit their monitoring data every month and make it as accurate as possible, and by doing their own checks on practice websites and advertising in other venues.

We know that interoperability is a particular challenge to this timescale and we are working with CCGs and suppliers to see how we can support further with the IT requirements for this.

## Free communications resources

Free template resources available to help practices and CCGs promote extended GP access include posters, web banners, social media templates and other promotional materials. Along with an updated communications guide, these can be downloaded for use locally from [the NHS England website](https://www.nhs.uk/england/gp-access).

For queries, please contact [england.gpaccess@nhs.net](mailto:england.gpaccess@nhs.net)

## New Nottingham service makes the news

A new extended access service in Nottingham made the news recently. The [Nottingham Post](#) reported that the GP+ Service commissioned by Nottingham City CCG held more than 1,300 routine consultations during its first month.

The city centre service offers appointments with a GP, advanced nurse practitioner, physiotherapist or clinical pharmacist between 4pm and 8pm on weekdays, and from 9am until 1pm at weekends. Of the 1,708 appointments offered during April 2018, 1,358 were taken up.

The service, which is delivered by Nottingham City General Practice Alliance, is open to patients registered within the Nottingham City CCG area but it is not a walk-in facility. All appointments are pre-bookable by patients through their own GP practice.

Dr Hugh Porter, Chair of Nottingham City CCG, said: “This extended hours service is already significantly increasing access to GP services for people living in Nottingham city. It will be especially beneficial for people who struggle to get an appointment due to commitments during the day, and the central location means it is easily reached by local public transport, making it more accessible for local people.”



**The GP+ service in Nottingham City Centre helped more than 1,300 patients in its first month**

# Improving access for all - addressing inequalities

Promoting equality and equity are at the heart of the values of the NHS, ensuring fairness in the improvements being made to health outcomes across the country.

We want to ensure that the whole population has equal access to general practice appointments. In particular we need to ensure that we reduce barriers to access for those harder-to-reach or disadvantaged groups within the population. The whole population should be able to access general practice services in a place and at a time that is most convenient for them.

One of the seven core requirements for implementing improved access, as set out in the [NHS Operational Planning and Contracting Guidance 2017-19](#), is to address issues of inequalities in patients' experience of accessing general practice, identified by local evidence, and put actions in place to resolve this.

## Resources and support for commissioners and providers of general practice services

A [practical resource – Improving Access for all: reducing inequalities in access to general practice services](#): aims to promote understanding of groups in the community who are experiencing barriers in accessing services and help to address those barriers as improvements in access to general practice services are implemented.

**Communications Guide and Resource Pack**: supports commissioners and providers to meet the core requirement to ensure services are advertised to patients.

**Top Tips for General Practice providers**: guidance on key areas for establishing improved access to general practice services.

**Case studies and innovation showcases**: sharing learning from the GP Access Fund pilot schemes.

**Webinars** on reducing inequalities: aimed at CCGs on how to address inequalities in access to GP services, taking place on Wednesday 4 July and Thursday 5 July. They will include a national policy overview and guidance on how to conduct an equality health impact assessment. To join, please visit the [NHS England website](#).

**Market place events**: bringing together local CCGs and relevant buddies to provide information and examples of how they have identified and tackled challenges and opportunities within their own schemes.

**Buddying directory**: shared with CCGs providing details of all buddies and their areas of expertise. Buddies will provide direct peer-to-peer support to CCGs implementing the commitments in the Planning Guidance.

**These resources are available at [www.england.nhs.uk/gpaccess](http://www.england.nhs.uk/gpaccess)**

CCGs and providers of general practice services can also join the **online networking forum** to connect with the national team, buddies and other commissioners. Sign up at: [www.networks.nhs.uk/nhs-networks/improving-access-to-general-practice-commissioner](http://www.networks.nhs.uk/nhs-networks/improving-access-to-general-practice-commissioner)

In addition, the **Right care packs** available on the [NHS England website](#) are CCG specific and provide data on a number of areas to help identify opportunities to address inequalities.

## How this is monitored

NHS England needs to make sure that CCGs which have extended access schemes in place are addressing inequalities.

The monthly GP Forward View Monitoring Survey asks a number of questions to enable us to do this.

CCGs are asked to ensure the surveys are completed correctly and to complete all fields. This way we can ensure our reported position is as accurate as it can be.

## For further information

CCGs can contact their NHS England Access Lead or email the [GP Forward View regional team](#).

## Celebrate with a cuppa

To celebrate the 70th birthday of the NHS, a group of NHS charities have come together and launched the NHS Big 7Tea. On and around 5 July, NHS organisations and staff across our region will be getting together to share a cup of tea, swap their stories about the NHS, and raise funds for NHS charities. If you do not already have a tea party planned, you can find out more about NHS charities, choose one to support, and download all you need to host the perfect event at the [NHS Big 7Tea website](#). Please do share photos of your celebration on Twitter using #NHSbig7tea.

As part of its NHS 70 celebrations, NHS England's website has a [Spotlight on primary care](#) showcasing how primary care has changed, the exciting things happening now and a look to the future. Featured are two short films: one giving a brief history of general practice and pharmacy, and the other explaining how the roles of a GP, general practice nurse, pharmacist, dentist and optometrist have changed since 1948.



## National update marks progress in region over first two years

GP practices from across the Midlands and East feature in a new national [update](#) from NHS England setting out the progress made against the key commitments of the General Practice Forward View as at May 2018.

Throughout the report are examples of those who have benefited in the first two years of this package of support. They include:

- practices in Gainsborough in Lincolnshire sustained through resilience funding;
- Shropshire CCG's programme to train practice-based volunteers for social prescribing;
- Deben Health Group in Ipswich developing care at scale; and
- Bridge House Medical Centre in South Warwickshire which freed up GP time by reducing paperwork.

Other highlights include the announcement of a new state-backed GP indemnity scheme, and a new joint working framework between NHS England and the Care Quality Commission, to help reduce duplication and burden in the regulation and oversight of general practice.

**There is a wealth of information about the latest GP Forward View developments on [NHS England's website](#).**

## Consultation gets online

Just under £6 million has been allocated to CCGs in Midlands and East for 2018/19 for implementation of online consultation systems in general practice.

Every practice in Midlands and East is eligible to access support from the [GP Online Consultation Systems Fund](#) via its CCG. While practices are not required to take part, it is hoped that the majority will benefit from the Fund over its three years.

Funding of £4.38 million from last financial year has enabled pilots and testing, identifying the most appropriate software solution for practices. A national procurement solution to make the purchase of software as easy as possible is now in place and being used by CCGs who are ready to go live. Work has also been done to support engagement with staff and patients to ensure practices can make the most effective use of the software.

While it is early days for the benefits to come through in the region, evidence suggests that, when used in the correct way with the most appropriate solution for local needs, online consultation can help to revolutionise the way general practice operates, freeing up valuable time for clinical care.

**"We were heading for burnout"  
[Find out](#) how Dr Duncan Gooch and his partners at their Nottinghamshire practice have benefited from online consultations.**



## Free Wi-Fi increases online access for staff and patients

All GP practices in 10 of the STPs in the Midlands and East region are now able to offer free Wi-Fi to staff and patients. Patients are able to download health apps, browse the internet and access health and care information online, and practice staff can sync their mobile devices to load patient records for home visits securely and use laptops and tablets in meetings.

Wolverhampton CCG was the first in England to implement free Wi-Fi to patients in all of its GP member surgeries. Its Information Management and Technology Lead, Stephen Cook, said: "We have noticed that our uptake of GP Online access increased following the implementation. Staff at our GP surgeries can also now navigate people to other online sources of health care help, such as the public health One You campaign, easily using the free Wi-Fi."

NHS England (Midlands and East) is working with NHS Digital, Clinical Commissioning Groups and NHS trusts on a programme to give everyone access to secure, stable and reliable Wi-Fi consistently across all NHS settings. Implementation in the remaining seven STPs in the region is now underway.

### ETTF continues to deliver benefits

GPs, their staff and patients across Midlands and East have benefited from over 300 capital schemes in 2017/18 as a result of funding from the [Estates and Technology Transformation Fund](#) (ETTF).

Some £50 million was given in the last financial year in the region to fund a range of improvements to existing GP surgeries, create new buildings and bring in the latest technology. These included an extra 11 clinical rooms at Market Deeping Surgery so it can now support more practices and patients across south Lincolnshire; and more space at Arden House Medical Practice in the Peak District so that patients no longer have to travel to Manchester for their chemotherapy.

All the schemes for ETTF funding have been proposed by the region's 17 STPs, based on the priorities of their estates plans and aligned to their Local Digital Roadmaps. It is expected that around £50 million will again be made available in 2018/19.

### Stakeholder update

Local Medical Committees and Royal College of GP Ambassadors from the region are being invited to a stakeholder event taking place in Leicester on Wednesday 12 September for an update on the progress of the GP Forward View and to contribute their views on the challenges ahead.

The event will focus on the three key areas of GP retention, international GP recruitment, and practices working together in networks.

This is a follow-up to the event for LMCs in London and our series of introductory workshops in STP areas across the region working with the RCGP, held last year. Representatives from LMCs and the RCGP are also members of our regional GP Forward View Stakeholder Group.

## Practices demonstrate how to drive improvement

Seven practices in the Midlands and East feature in a new report, [Driving improvement: Case studies from 10 GP practices](#), by the Care Quality Commission.

The report draws on interviews with a broad group of staff from 10 practices – nine of which were originally rated as inadequate and, through dedicated effort, improved to an overall rating of good on their last inspection. The tenth practice improved from a rating of requires improvement to outstanding.

All the practices in the report faced similar challenges and had common factors to achieving their improved ratings, in particular: strong leadership from a practice manager with the time and skills to lead the practice team; addressing staffing and training issues such as poor recruitment or training practices; making sure every member of the practice team understood their own and others' roles and responsibilities; involving the whole team in running the practice; involving patients and the local community; and using external support to help improvement.

# Primary Care Networks: Networking to achieve long-lasting change

As the [Next Steps on the NHS Five Year Forward View](#) sets out, practices working together in networks is one of the key ways to achieve the longer-term transformational change needed in GP services.

NHS England's aim, as described in the 2018/19 planning guidance, is to "actively encourage every practice to be part of a local primary care network, so that there is complete geographically contiguous population coverage of primary care networks as far as possible by the end of 2018/19, serving populations of at least 30,000 to 50,000".

Such local networks enable practices to work collaboratively and free up GP time to focus on patients with complex conditions by:

- expanding diagnostic facilities;
- sharing community nursing, mental health, and clinical pharmacy teams;
- pooling responsibility for urgent care and extended access; and
- sharing and acting on data to drive improvements in primary care.

The primary care network model is as relevant for practices in rural areas as in towns or cities, since it does not require mergers or closures and does not necessarily depend on the physical co-location of services.



You can find out more about examples of [innovative models of general practice](#) from both the UK and abroad in a report recently published by The King's Fund.

**Stay in touch** To keep up to date with the latest news and information, please:

- visit [www.england.nhs.uk/gp](http://www.england.nhs.uk/gp)
- watch NHS England's [Primary Care and NHS111 animation](#)
- view the [General Practice Forward View animation](#) explaining the changes and additional support being rolled out
- join the discussion at [LinkedIn](#)
- follow [@NHSEnglandMidE](#) on Twitter, #GPForwardView

This **Midlands and East Bulletin** is designed to bring you the latest news and opportunities available through the GPFV. We want to reach GPs, other primary healthcare professionals, practice staff, LMCs, LPCs, commissioners, STPs and anyone else who is interested in sustaining and transforming primary care in Midlands and East. Please pass on the news to your colleagues who can [sign up](#) to our mailing list to get the next issue straight to their inbox.

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