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NHS ENGLAND – BOARD PAPER

Title: General Practice services
Lead Director: Rosamond Roughton, Director NHS Commissioning
Purpose of Paper: To inform the Board on the progress made to date and the key next steps in implementing the General Practice Forward View
The Board invited to: Note the progress made so far.

General Practice services

Purpose

1. To inform the Board on the progress made to date and the key next steps in implementing the General Practice Forward View.

Background

2. General practice is the bedrock of the NHS, but it is under pressure from rising demand. Patient satisfaction remains high, with 85.2% of the public reporting a good experience of general practice services in the most recent survey, but this masks variation and difficulties in some parts of the country in accessing convenient appointments.
3. GPs have to deal with difficult issues of increasing demand and rising expectations, and this is in the face of the increasing complexity of the patient workload that they see.
4. The General Practice Forward View, published on 21st April, sets out our investment and commitments to strengthen general practice in the short term and support sustainable transformation of primary care for the future. It includes specific, practical and funded actions in five areas – investment, workforce, workload, infrastructure and care redesign. On investment, it sets out our ambition to invest a further £2.4 billion a year by 2020/21 into supporting general practice services. This represents a 14% real terms increase – almost double the 8% real terms increase for the rest of the NHS. It increases the proportion of investment in general practice services by 2020/21 to over 10%.
5. The General Practice Forward View is not just about sustaining general practice however. It is about laying the foundations for the future, so that general practice can play a pivotal role in the future as the hub of population-based health care as envisaged in the New Models of Care programme. Working at scale, with high uptake of new technologies and using the breadth of skills and capabilities across the medical and non-medical workforce, general practice will be better geared to support prevention, to enable self-care and self-management as part of creating a healthier population and a more sustainable NHS.
6. Primary care is also one of the nine national must dos as set out in Delivering the Forward View: NHS planning guidance 2016/17-2020/21'. The specific requirement is to 'develop and implement a local plan to address the sustainability and quality of general practice, including workforce and workload issues'. Sustainability and Transformation Planning is now well underway with senior discussions during July with each STP footprint. Primary care and a focus on out of hospital care are featuring strongly in emerging local plans.

Focus on delivery

7. It is twelve weeks since the General Practice Forward View was published. Implementation plans have been developed to track the critical path for delivery of the

80 plus commitments included therein. We have established an external Oversight Group, with membership including the RCGP, NHS Clinical Commissioners and the BMA to oversee progress, and provide feedback from the field. The RCGP have appointed 29 Regional Ambassadors (with a further 3-5 to be appointed shortly) tasked with promoting the values of general practice, supporting delivery of the General Practice Forward View and inputting into NHS decision-making. The BMA have established a reference group of LMCs from round the country to provide feedback and input into making sure the changes set out in the General Practice Forward View come to fruition.

8. We have started to make progress on delivery since publication. Examples include:
- On **workforce**: we have introduced a new scheme to help recruit doctors – returning back into general practice - into practices with long-standing problems with recruitment. This scheme offers £8,000 relocation allowance, a £2,000 educational bursary, and £2,000 support for the practices.
 - On 6th July, we launched the procurement for the provider(s) of a new service to enable **GPs to access mental health** treatment services to help with stress and burnout. This is backed by investment of £19.5 million over the next five years. Our aim is to have this support in place and available to GPs from December.
 - On **infrastructure**: on 30 June, we received recommendations from Clinical Commissioning Groups for funding from the Primary Care Estates and Technology Transformation Fund. This will establish a pipeline of investment in the primary care estate. In addition NHS Property Services' standard lease has now been announced which includes the commitment we made around the funding of Stamp Duty Land Tax for practices, underpinned by investment of over £7 million.
 - In May, we published Securing Excellence in GP IT Services: Operating Model 3rd edition (2016-18) which sets out a revised operating model describing the financial operating arrangements, assurance process and leadership required to support the effective delivery of GP IT services. This is backed by an over 18% increase in allocations to CCGs for the provision of IT services and technology for general practice.
 - **On workload**: The new legal contract requirements in the NHS Standard Contract for hospitals in relation to the hospital/general practice interface came into force from April. These set new standards for outpatient appointments and interactions between hospitals and practices (for example, hospitals will not be able to adopt blanket policies under which patients who do not attend an outpatient clinic appointment are automatically discharged). With NHS Improvement, we are today (28 July 2016) writing to all NHS Trusts, Foundation Trusts and CCGs to remind them of these requirements which will help both patients and practices. We have also established the new Working Group involving the GPC, RCGP, RCP, NHS England and NHS Improvement that will drive further action to improve the current interface between primary and secondary care.

Next steps

9. The General Practice Forward View is a five year programme, but we recognise that delivery this year is important to help practices with the pressures they are facing. Our key next steps are focused on:

- the new general practice resilience programme;
 - the new general practice development programme;
 - proposals to reform indemnity in general practice;
 - increasing the allowances payable under the Retained Doctors Scheme;
 - the National Association of Primary Care's Primary Care at Home initiative;
 - the new voluntary contract covering GPs and community health services – the Multi-Speciality Community Provider Contract; and
 - strengthened work on international recruitment, led by Health Education England.
10. The first £16 million of the new four year £40 million **general practice resilience programme** is now being allocated to help struggling practices across the country. The funding will be available by the end of July in order to quickly set up support for practices. This new programme builds on work underway since December 2015 through the Vulnerable Practice Programme, but allowing a wider range of support to be delivered to even more practices, even 'upstream' of difficulties arising. The funding is being devolved to, and managed by NHS England's local teams to ensure support is delivered and targeted to achieve greatest benefit from these resources for practices or groups of practices. The menu of support available will include a spectrum from help for practices with urgent pressures to transformation support to move to more sustainable future models of care. It will include:
- rapid intervention and management support for practices at risk of closure;
 - coordinated support to help practices struggling with workforce issues, such as access to experienced clinical capacity or to develop skill mix;
 - change management and improvement support to individual practices or groups of practices, and
 - no longer require matching funds from affected practices.
11. We are also releasing details of the three year £30 million **general practice development programme**, which will give every practice in the country the opportunity to receive training and development support. We will be running local 'Time for Care' programmes to support practices within CCG areas to implement their choice(s) from the 10 High Impact Actions to help release capacity and work together at scale, enable self-care, introduce new technologies and make best use of the wider workforce, so freeing up GP time and improving access to services. National expertise and resources will be available for a group of practices to have a 9-12 month programme of workshops, learning sessions and agreed action plans. From this, most practices could expect to release about 10% of GP time over the 9-12 month period. In addition, we are also commissioning training and coaching programmes to build capabilities for improvement and change leadership in practices and federations. Linked to this we are setting out our plans for the £45 million investment to support **training reception and clerical staff** to play a greater role in navigation of patients and handling clinical paperwork to free up GP time, as well as plans for £45 million to stimulate uptake of **online consultation systems** for every practice.
12. We have been working with the Department of Health, the profession and the medical defence organisations to consider **proposals on indemnity**. This is a complex area, and we plan to pursue a twin track approach. To alleviate the immediate pressure of rising costs for GPs from indemnity, we will introduce a new Indemnity Support Scheme for practices for at least the next two years. This will seek to cover the inflationary rises of indemnity costs for practices, using an agreed and transparent

methodology, based on best available data. We will run our Winter Indemnity Scheme for a further year, and will publish details in the autumn. Alongside this, we will continue to work with the Department of Health, the profession, medical defence organisations, the commercial insurance industry and the NHS Litigation Authority to look at the scope for more fundamental reform of the system, and consider the case for any more specific targeting.

13. To support doctors who might otherwise leave the profession to remain in clinical practice (e.g. GPs unable to work more than 4 sessions per week due to parental or other caring responsibilities) we have increased, through the **Retained Doctors Scheme** 2016, both the money for practices employing a retained GP (RGP) and the annual payment towards professional expenses for GPs on the scheme.
14. Primary Care Home (PCH) is a joint National Association of Primary Care (NAPC) and NHS Confederation programme. It develops NAPC's '**primary care home**' model in line with the MCP care hub or neighbourhood approach. Supported by the New Care Models programme and other partners, there are currently 15 rapid-test sites with more sites planned for 2016/17.
15. The Board have a separate paper providing an update on the **new care models programme** and specifically the publication of the MCP Framework. The Framework sets out the detail of the MCP care model and provides further detail of how it can be contracted for, reflecting the intensive work that we are doing jointly with six MCP Vanguards. It therefore provides further detail for GPs about the options for taking part in an MCP arrangement.
16. HEE, working with partners including NHSE, wishes to increase the pool of applicants making a positive choice to apply to enter GP Specialty Training. One approach is to increase applications from medical schools across Europe. A particular focus will be the medical schools that teach in English. Many of their students are UK citizens. HEE has been developing relations with these Medical Schools and their students. It is now proposed to market directly to these students and graduates, as an opportunity to increase the pool of good applicants.
17. In addition, we are commissioning list validation work to help ensure that registered patient lists are up to date, thereby minimising the number of patients remaining on lists who have died or moved to another practice. It is planned that any savings secured through the work will be subsequently and quickly reinvested into general practice services.

Recommendation

18. The Board is invited to note the progress so far.

Claire Aldiss
Head of Direct Commissioning Change Projects
20th July 2016