

## NHS ENGLAND – BOARD PAPER

**Title:**

General Practice services – programme update

**Lead Director:**

Matthew Swindells, National Director: Operations and Information  
Dominic Hardy, Director of Primary Care Delivery

**Purpose of Paper:**

To update the Board on the progress made, and the key next steps in implementing the General Practice Forward View. This includes, in particular, the development of Primary Care Networks.

**Patient and Public Involvement:**

Patient organisations are members of the General Practice Forward View Oversight Group

**The Board invited to:**

Note the update provided.

## General Practice Services – programme update

### Purpose

1. To update the Board on the progress made and the key next steps in implementing the *General Practice Forward View*. This includes, in particular, the development of Primary Care Networks.

### Background

2. General practice is the bedrock of the NHS, but continues to be under pressure from rising patient demand. Public satisfaction with general practice – usually the highest rated NHS service - recently dropped. The latest results of the National Centre for Social Research's British Social Attitudes survey showed a 7% drop in public satisfaction in 2017 to 65%, the lowest level since the survey began in 1983. GPs and their staff are dealing with rising volume, as well as rising complexity and expectations. The number of doctors working in general practice is falling as GPs are choosing to leave the workforce or work on a more part-time basis. Workload pressure is a continuing cause of instability in general practice, and is affecting morale.
3. Resilient, effective primary care is, however, fundamental to our delivery of transformation in the NHS. Networks of GPs are the bedrock of Sustainability and Transformation Partnerships (STPs) – where primary care actively leads the design and delivery of care to local populations. Only with successful primary care will we succeed on any of our top priorities, be that mental health, cancer or urgent and emergency care.
4. The *General Practice Forward View*, published on 21 April 2016, 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.
5. The *Next Steps on the NHS Five Year Forward View* encouraged practices to work together in 'hubs' or networks working to support a combined patient population of 30-50k, known as Primary Care Networks. The provision of health and care to populations will be achieved through primary care working at scale, able to implement new technologies and use the breadth of skills and capabilities across the medical and non-medical workforce. This will enable general practice to be better geared to provide proactive, personalised, coordinated care – proactively supporting health and well-being; ensuring timely and accessible care for those with episodic needs and also fully coordinated and integrated approaches for those with more complex needs. This is intended to support the resilience of both practices and individuals and make primary care a more attractive and enjoyable place to work.
6. These Primary Care Networks are developing in many parts of the country but we need to do more. Building on this therefore, *Refreshing NHS Plans for 2018-19* set out the ambition for CCGs 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.

7. *Refreshing NHS Plans* also included an increased focus on CCGs working with regional teams to agree their individual contribution to the general practice commitments. Regional teams have worked with STPs and CCGs to prepare general practice plans. The national programme will be working with regions to assure NHS England that CCGs have robust plans which they will deliver.

## Summary of progress towards delivery of the General Practice Forward View

8. Since it was published two years ago, there has been progress made in all five key areas set out in the *General Practice Forward View*, which are summarised in the rest of this paper. In April 2018, we published a detailed review of progress, set out in Annex A.
9. An external Oversight Group with membership including the RCGP, BMA, NHS Clinical Commissioners and patient organisations continues to oversee progress.
10. A summary of key progress against each of the five areas in the *General Practice Forward View* is set out below.

### Investment

11. The *General Practice Forward View* (GPFV) committed to investing a **further £2.4 billion a year by 2020/21** into general practice services (up from £9.6 billion in 2015/16 to over £12 billion a year by 2020/21). We continue to be on track to deliver this commitment. Over £10 billion was invested in general practice in 2016/17, an increase of over £1 billion compared to 2014/15.
12. We also undertook to **tackle the rising costs of indemnity**. Several initiatives have been put in place to support this; £30m was invested in 2016/17 to offset average GP indemnity inflation rises, and a further £60m was allocated for 2017/18. We have also funded Winter and Easter indemnity schemes to support GPs with indemnity costs when working additional sessions in out-of-hours settings.
13. In October 2017, the Secretary of State announced that the government is planning to develop a state-backed indemnity scheme to drive down indemnity costs for GPs, and we continue to support development of this scheme working closely with the Department of Health and Social Care.

### Workforce

14. The GPFV committed to strengthening the general practice workforce to enable bigger teams of staff to provide a wider range of care options for patients, and free up time for GPs to focus on patients with more complex needs.
15. The NHS ambition was for an **extra 5,000 doctors working in general practice** by 2020 as well a minimum of **5,000 other staff working in general practice** by 2020/21. Whilst we have worked hard to increase the numbers of doctors choosing GP training, the latest provisional data<sup>[1]</sup> indicates that as at end of March 2018, due to retirements and lower retention, there had been an overall decrease of 1,018 full

<sup>[1]</sup> General Practice Workforce Statistics were published on 15 May giving the provisional position of the general practitioner workforce as at end of March 2018.

time equivalent doctors since September 2015. It should be noted that the increasing number of GPs working part of their time in urgent treatment centres, A&E primary care streaming and 111 services are not included within these numbers. We continue to work with our partners to reverse this trend, including a specific focus on retaining GPs, an expanded international recruitment programme, supporting more GPs that have left the profession to return to practice, and by recruiting and training more GPs. On 15 June, Health Education England (HEE) confirmed that a record 3,019 doctors have accepted posts on GP training programmes this year following the first round of applications. This figure is up 10% on the same time last year and HEE are confident that they will achieve the 3,250 target. A second round of applications is due to commence in July 2018.

16. At the same time, we have made significant progress in delivering our commitment on non-GP health professionals working in primary care, with an additional 4,484 non-GP health professional staff working in primary care over the same period. This includes over 720 (FTE) Clinical Pharmacists based in GP practices. We are on track to achieve our commitment for this staff group early.

## Workload

17. We committed to a new four year £40 million **practice resilience programme**, starting in 2016. £16m was spent in 2016/17 and we are on track to spend the committed funding for the programme's remaining years (up to 2020). In 2016/17, over 3,000 practices benefited from this resilience funding and in 2017/18 initial data indicated around 3,000 packages of support were provided to GP practices.
18. We also committed to a major £30 million **'Time for Care' development programme** to help free up GPs' time to spend caring for patients with more complex conditions. As of 29<sup>th</sup> May 2018, 154 CCGs (79%) have to date begun a Time for Care programme. Regional teams are working intensively to engage the remaining 41 CCGs, and it is expected that 100% of country will be covered by 31 March 2019.
19. Practices are now beginning to measure the impact of their work so far. Early results show significant release of staff time and the data is currently being collated.
20. The programme provides direct support and training for change leaders working in primary care networks. There is evidence of rapid impact here – leaders' confidence to lead effective service redesign doubled within four months, with 100% reporting they are more positive about their job as a result of the programme. Within 6 months, 94% have applied new learning to support other practices and networks, with all of those reporting positive impacts on time savings for staff in practice, improved processes, improved team morale and new collaborative working across practices.
21. Reports from individual practices themselves indicate improvements in staff morale, reductions in running costs, improved team functioning and increased confidence in their ability to continue providing a high quality service for patients. Further evaluation work is now underway to quantify more of these impacts, as they have the potential to create additional legacy from the productivity improvements introduced through Time for Care. More analytical resources are being applied in 2018/19 to collecting impact data at practice level.
22. We also undertook to take forward a programme of work to **cut the bureaucratic burden of oversight on general practice**. Working with the CQC, General Medical

Council (GMC), Nursing and Midwifery Council (NMC) and General Pharmaceutical Council (GPhC), as well as all other bodies responsible for regulation and oversight in general practice, to coordinate and improve the overall approach to the regulation of general practice in England. This joint effort will result in a programme of work that will streamline working arrangements and minimise duplication and burden from 2018/19. Together with the CQC and supported by NHS Clinical Commissioners, we developed a joint working framework which describes how commissioners and regulators should proactively work together by sharing local information and coordinating actions, helping to reduce duplication and burden in the regulation and oversight of general practice.

## Infrastructure

23. We committed to delivering **investment for general practice estates and infrastructure**, estimated to reach over £900 million over the next five years. As at March 2018, the Estates and Technology Programme has delivered 970 projects with a further 700 schemes in development. We are now seeing these projects such as extended buildings and new technology being implemented in primary care, with the benefits to practices and patients being realised.
24. We also committed to funding practices to implement online consultations, making primary care services more accessible to patients and freeing up GP time. The £45m **Online Consultation fund** was launched on 30 October 2017, with funding split over three years. Over 300 practices in England are already offering online consultations to approximately three million patients. NHS England is also supporting the spread of best practice evidence and guidance about maximising benefits, based on the work of early exemplars. This will be expanded over the next year, to spread more examples of successful approaches and broaden the scope to include learning from whole system approaches across leading CCGs and STPs.

## Care Redesign

25. To strengthen and redesign general practice, NHS England undertook to provide additional funding of over £500 million to enable CCGs to commission and fund extra capacity to ensure that from October 2018 everyone has **extended access to GP services**, including routine appointments at evenings and weekends. We are on track to have spent the full £500m by the end of 18/19.
26. The outcome has been that over half of the country now has access to general practice appointments in the evenings and weekends, exceeding the target of 40% set for March 2018. We have also brought forward our plans for full coverage to ensure that everyone will have more convenient access to general practice over the winter period; by October 2018 100% of the country will have this, including on bank holidays and over the Christmas, New Year and Easter periods.
27. In addition to our work to support GPs to free up their time mentioned above, we are also investing in our clinical and non-clinical leaders. As at January 2018, over 1,000 GPs, nurses and practice managers have been engaged in the **General Practice Leaders Improvement programme**. 100% of participants in the core programme rate the input as 'very good' or 'excellent', with 84% being 'very likely' to recommend it to a colleague. At 6 months, 50% report that the project has released staff time. A further third of participants report that the chief benefits are cost savings, improved

practice morale, improved collaboration, patient safety improvements and improved patient health and wellbeing.

28. However, whilst there has been progress, we do not underestimate that there remains much more to do to strengthen general practice and support the sustainable transformation of primary care. A number of significant challenges clearly remain, particularly around workload pressures and falling GP numbers. We will continue to push hard with further actions to increase GP and wider primary care staff numbers, and to reduce GP workload.

29. Key actions in 2018/19 include:

- continuing to increase **investment** in general practice, including an extra £304 million into local and central primary medical allocations in 2018/19; CCG plans to complete the investment of £171million over 2017/18 and 2018/19 for Practice Transformational Support; and through a range of targeted investments to support improving access, building the workforce and improving the infrastructure
- a **new £10m GP retention fund** to help local systems set up arrangements to support GPs and encourage them to remain in practice. The fund will provide both (i) intensive support to the seven areas of the country struggling the most with retention, and (ii) enable the establishment of local retention initiatives in other parts of the country;
- continuing to drive the **expanded national programme for international GP recruitment**. Following completion of the national procurement process for recruitment suppliers, recruitment from EEA countries commenced in March 2018, covering areas in the North, Midlands and East, and South, with a recruitment supplier appointed to each of these regions. Recruitment in London commenced from early June 2018;
- further **improving access** so that everyone will have more convenient access to appointments by October 2018, including on bank holidays and over the Christmas, New Year and Easter periods;
- **accelerating implementation of the Time for Care Programme** so that 100% of practices embed at least two of the Programme's 10 High Impact Actions by the end of 2018/19 and benefit from support to reduce workload pressures, and
- continuing the **investment in infrastructure**.

## Primary Care Networks

30. As the NHS moves towards delivering population health across systems, networks of primary care operating across populations of 30,000 – 50,000 (also known as 'neighbourhoods') will be the foundation stones upon which place-based interventions and system working is built. Many practices are already working together and at scale through a range of different models including Primary Care Home which are a type of primary care network. Building on this, we are progressing how we can support their development across the whole country. This includes:

- Setting out a shared vision: we are developing with stakeholders, a Reference Guide to support regions, CCGs and practices with advice and guidance on the key areas they should consider in establishing networks;
- Developing an overarching NHS England programme of work, working closely with regions, to support implementation, including national support on specific technical areas to enable delivery. This includes better use of

data for population health management and business model/operational form support;

- Establishing a Primary Care Network Programme Board to provide leadership and direction internally and an External Reference Group bringing together all key stakeholders, and developing indicators to report and monitor progress.
- The work programme is also being developed in close collaboration with the ICS Programme.

## **Recommendations**

31. The Board is asked to note the update provided.

**Author**      **Claire Aldiss, Head of Primary Care Policy and Strategy Delivery**