

GPFV – one year on

April 2017



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Introduction

NHSE (NHS England) published the [GPFV¹](#) (General Practice Forward View) on 21 April 2016, setting out a programme of support for general practice over the next five years. This strategy follows strong lobbying and calls for action from GPC (General Practice Committee), including in our paper '[Responsive, safe and sustainable: our urgent prescription for general practice](#)'.² The forward view contains specific steps that cover five broad areas, within which there are currently 13 schemes in operation. The areas include:

- Investment
- Workload
- Care redesign
- Practice infrastructure
- Workforce

GPC engagement and monitoring

GPC is committed to ensuring that the promises of investment and support made by NHSE in the GPFV make a positive difference to practices.

GPC has been engaging with the development and implementation of the GPFV through various groups such as the GPFV Oversight Group and the Workforce Advisory Board, which allow us to follow up any concerns directly with NHSE.

Alongside this, we have been keen to understand the progress of the delivery of the GPFV on the ground. We disseminated a survey to LMCs to report how funding and support was reaching local areas, with final responses received in February 2017. We have also provided LMCs with the opportunity to feedback directly to NHSE through the establishment of the LMC reference group.

To ensure the GPFV can make a positive difference to practices it is important that we understand, as far as possible, where money is being spent and support is being provided. We will continue to monitor how it is reaching its intended destination throughout the timeline of the GPFV, and this process relies to some extent on data provided by NHSE.

April 2017 marks the end of the first year of the GPFV out of a five year period. Monitoring so far has highlighted that funding and support is starting to make its way through to practices. More funding streams and support initiatives are due to start in April 2017.

Here we look at what was promised in the first year of the GPFV and what has been delivered so far.

2016/17 progress

The following provides updates on what funding and support streams were live during 2016/17 and progress on their delivery. This incorporates findings from our survey of LMCs (Local Medical Committees) in February 2017 to monitor and track the delivery and implementation of the GPFV commitments. Full investment will be confirmed and reported by NHS Digital in its Investment in General Practice report in September 2017.

Investment

Through the annual contract negotiations, an additional £220 million was invested into the general practice funding pot for 2016/17. In addition approximately £102 million was used by CCGs to cover population growth and for local investment. If fully used this would total at least £322 million,^a providing an immediate increase in funding of 4.4%³ and representing almost 13.5% of the £2.4 billion recurrent funding increase expected by 2020/21.

^a This will be monitored in the annual NHS Digital investment in general practice report due to be published in September 2017.

Workload

General Practice Resilience Programme

This programme aims to deliver a 'menu of support' that will help practices to become more resilient and sustainable, better placed to tackle the challenges they face now and into the future, and securing continuing high quality care for patients.

What was committed?

Total contribution: £40 million over four years
2016/17 contribution: £16 million (committed for 2016/17)

What was delivered in 2016/17?

LMC representatives reported at the end of March 2017 that funding had started to reach practices and NHS England reported that by the end of March 2017 £17.2 million had been spent on 1,279 practices.

There is a local Supporting Change in General Practice Team, which undertakes a diagnostic with a practice and then provides some backfill time for practices to think, offers peer support and mentorship and works with the practice to develop a practice specific plan for improvement and sustainability. Vulnerable practices funding was used to expand the capacity of the existing team.

North Staffordshire LMC

Vulnerable practices programme

External support to struggling practices of greatest concern.

What was committed?

Total contribution: £10 million
2016/17 contribution: £10 million (committed for 2016/17)

What was delivered in 2016/17?

As of the end of March 2017 NHSE reported spending £10.1 million on 714 practices. LMCs (22 out of 28) have reported that practices have received support during 2016/17. The impact/benefits should be seen over the coming months.

Time for Care programme

National expertise and support for groups of practices in a CCG area to have a 9-12 month programme of workshops and learning sessions to plan and implement changes as part of their own Time for Care programme.

What was committed?

Total contribution: £30 million
2016/17 contribution: Expression of interest process opened (cut-off date August 2018).

What was delivered in 2016/17?

LMCs (15 out of 28) reported that practices have been applying for this, with most applications being in process.

NHSE reported that to date, 86 schemes covering 107 CCGs are being supported by national resources and expertise.³

Care redesign

Improving access to general practice services

To support better access to general practice for the public.

What was delivered in 2016/17?

18 transformation^b areas that have been asked to accelerate extended access should already have received £1.50 per head of support in 2016/17. From our survey responses received 11 LMCs reported that they were in a transformation area and had received the £1.50 per head support.

^b Northumberland, Tyne & Wear; Morecombe Bay; Fylde Coast; Greater Manchester; Dudley; Modality MCP; NH Hants & Farnham; NE Hants & Farnham; Somerset; Isle of Wight; Durham, Darlington & Tees, Richmondshire & Whitby; Harrogate & Rural District; Wakefield; Mid Nottinghamshire; Wakefield; Erewash; Principia South Nottinghamshire; Tower Hamlets; Canterbury & Coastal; Fareham & Gosport, South Eastern Hampshire CCGs.

A local practice is moving into a neighbouring Health Centre and 4 practice super-hubs are in development.
Dudley LMC

£6 million has been delivered to practice projects and there is a clear pipeline for schemes for cohort two.
Norfolk & Waveney LMC

Practice infrastructure

Estates and Technology Transformation Fund and Premises

Investment to accelerate the development of infrastructure to enable the improvement and expansion of joined-up out of hospital care for patients. This is made up of capital and revenue funding.

What was committed?

Total contribution: The Estates and Technology Transformation Fund forms a large part of the £900 million that will be invested across five years.

What was delivered in 2016/17?

The process for CCGs to bid for the fund closed in June 2016.

653 schemes have been completed so far, with 225 in the pipeline for 2017/19 and over 800 schemes currently in due diligence. LMCs (22 out of 28) reported that practices in their area have secured funding.

Although funding has now been secured in many areas GPC are concerned with the delay in the provision of this funding, leading to slow progress of the delivery of projects in some areas. GPC has raised this with NHSE.

Workforce

Increased GPs

The GPFV committed to increase GP training recruitment to 3,250 a year to support overall net growth of 5,000 extra doctors by 2020 (compared with 2014). The latest figures^c for GP training suggest an increase, however the quarter between September and December 2016 saw a decrease in total GPs of 390 (headcount) and 445 (Full Time Equivalent).⁴ GPC has grave concerns that progress is not sufficient enough for 2020/21 workforce targets to be achieved.

(I&R) Induction and Refresher Scheme

The GP Forward View contains a specific commitment to continue reviewing the current I&R Scheme, following the initial update in 2015 as part of the GP workforce 10 point plan, and establish a straightforward route for doctors to return to practice.

The review, which took place in autumn 2016, aims to deliver an improved scheme for at least 1000 GPs by 2020, and to ensure they feel supported, informed and welcomed.

What was committed?

Increased monthly bursary for doctors from £2,300 to £3,500 available to new or existing doctors on the scheme, a time limited financial top up to the bursary of £1,250 to assist with the costs of indemnity whilst on the scheme (available until 31 October 2018), a time limited reimbursement (worth £464) to doctors on the scheme for the costs of GMC (General Medical Council) membership and DBS (Disclosure and Barring Service) fees (available until 31 October 2018), removal of assessment fees for first time applicants (worth up to £1,000).

What was delivered in 2016/17?

370 GPs are now on the scheme. 76 have completed so far and have now re-entered the GP workforce.

^c It should be noted that practices update their own workforce data onto an online primary web tool. This is extracted on a quarterly basis by NHS Digital, but it does not necessarily include 100% accurate data. Not all practices complete the data return correctly and around 7% are not updating it at all. NHS Digital provides estimates for missing data, so fluctuations in GP workforce numbers are always subject to change.

Clinical pharmacists in general practice

Funding to support the creation of clinical pharmacist posts in general practice. This will enable GPs to focus their skills where they are most needed, for example on diagnosing and treating patients with complex conditions.

5 clinical pharmacists have been recruited to work across 8 practices and the CCG is now bidding for a further 5 posts to work across 7 practices.

Bedfordshire LMC

What was committed?

Total contribution: £112 million. This is in addition to an initial £31 million pilot project previously announced by NHSE.

2016-17 contribution: Application process opened (to access the £112 million funding stream). As part of the pilot project NHSE have supported 658 practices in co-funding 491 clinical pharmacy posts.³

What was delivered in 2016/17?

The online clinical pharmacist portal for providers to apply for phase 1 funding opened on 9th January to 6th February 2017. Successful applicants were notified in April 2017.

Phase 1 included 491 (headcount) clinical pharmacists. The phase 2 applications deadline is 12 May 2017, but so far includes 145.5 (WTE) clinical pharmacists covering 465 practices.

LMCs have reported that there has been engagement with NHSE or regionally about applying for this fund and since the pilot took place 15 LMCs (out of 28) reported seeing an increase in clinical pharmacists.

General practice improvement leader programme

A personal development programme to build confidence and skills for leading service redesign in a practice or federation. It is free to attend for any clinician or manager involved in facilitating service redesign in general practice.

What was delivered in 2016/17?

Cohort events took place in Birmingham and London in January 2017, with further cohorts taking place in April 2017 in Leeds and Bristol. Future cohorts are planned for London and Manchester in September 2017, and London and Birmingham in January 2018. 96 people have completed or are on the programme currently, with 61 currently booked for future dates (waiting list of 24). For more information on how to book visit:

<https://www.england.nhs.uk/gp/gpfv/redesign/gpdp/capability/>

GP Career Plus Scheme

One year flexible working pilot aiming to recruit approximately 80 GPs who are at risk of retiring early from the profession across 11 pilot areas.

What was committed?

Total contribution: £1 million over 12 months

2016/17 contribution: £0 (pilot site bidding process was completed in February 2017, due to go live by end of May 2017)

What was delivered in 2016/17?

The 11 pilot sites were identified and a workshop was held in March 2017 to develop the aims of the scheme. A stakeholder group now meets monthly to monitor implementation. Pilot areas are expected to have developed their business plans and started recruiting by the end of May 2017. Coaching sessions have been provided for 318 GPs over 632 sessions.

GP Retention Scheme – 1st April 2017

The GP Retention Scheme is a package of financial and educational support to help doctors at risk of leaving the profession to remain in clinical general practice.

What was committed?

The GMS SFE (Statement of Financial Entitlements) has been updated to reflect the fact that practices will receive £76.92 per sessions for each GP on the scheme that they employ. The GPs themselves receive an annual professional expenses supplement of £1,000 to £4,000 depending on how many sessions they do per week (up to four).

What was delivered in 2016/17?

This long term scheme began on 1st April 2017 and replaced the three year Retained Doctor Scheme, which was implemented in 2016 as part of the GP workforce 10 point plan.

NHS GP Health service

The NHS GP Health service programme aims to improve access to mental health support for general practitioners and trainee GPs who may be suffering from mental ill-health including stress and burnout.

What was committed?

Total contribution: £19.5 million across five years

What was delivered in 2016/17?

This service went live in January 2017 and LMCs (20 out of 28) reported that the service is being promoted in their area. NHSE have reported the current service caseload to be around 450 patients.

Practice manager development programme

Funding to support the growth of local networks of practice managers. These will promote the sharing of good ideas, action learning and peer support.

What was committed?

Total contribution: £6 million over three years

What was delivered in 2016/17?

Regional networking events for practice managers were held in Liverpool, Birmingham, London and Devon in December 2016.

Training for reception and clerical staff

Funding towards the costs of practices training reception and clerical staff to undertake enhanced roles in active signposting and management of clinical correspondence.

What was committed?

Total contribution: £45 million
2016/17 contribution: £5 million

NHSE locally has been able to pump prime funding to enable practices to receive training as and when they feel ready, rather than be constrained by the financial allocation.

North Staffordshire LMC

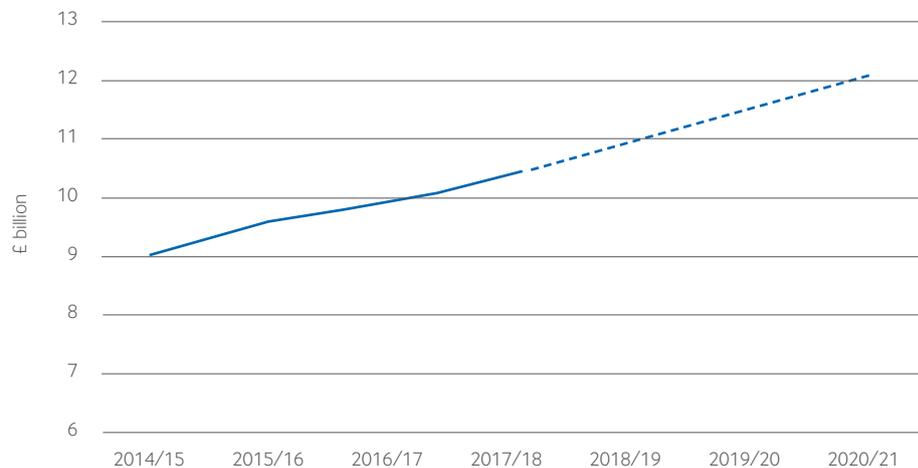
What was delivered in 2016/17?

Central funding was allocated to CCGs on a per-head-of-population basis. Funding for 2016/17 was transferred to CCGs in the autumn. LMCs have reported that there has been engagement with CCGs about accessing this fund and 18 LMCs (out of 28) reported that funding had been received in 2016/17. Some CCGs have yet to make this funding available to practices. GPC will continue to liaise with LMCs to monitor the availability of this funding and will inform NHSE of any concerns.

What's next?

The graph below shows the funding trajectory (based on recurrent funding investment into the contract) towards £12 billion per year by 2020/21.^d

Figure 1: GPFV funding trajectory 2014/15 – 2020/21



The following outlines the next phase of some of the GPFV funding and commitments that are due to be launched in April 2017.

Primary care allocations

The annual contract negotiation will provide £238.7 million investment into general practice for 2017/18, plus £63 million local allocations, providing an annual increase of 3.9%. Coupled with the projected £322 million from 2016/17, this represents over 26% of the total £2.4 billion increase expected by 2020/21.³

In addition to primary care allocations, a further local recurrent fund to improve and increase capacity in general practice, totalling £138 million will be available in 2017/18, increasing to £258 million by 2018/19. This forms part of the £2.4 billion recurrent funding for general practice committed by the GPFV.

This funding will be available to CCGs with GP Access Fund sites and they will receive £6 per weighted patient in 2017/18 and 2018/19. These sites include the 18 transformation areas^b plus other additional areas across the country.

Transformational support from CCG allocations

CCGs should plan to spend £3 per head as a one-off non-recurrent investment commencing in 2017/18. This could be split between 2017/18 and 2018/19 (eg £1.50 in 2017/18 and £1.50 in 2018/19) or £3 in one of these years. The investment is designed to be used to stimulate development of at scale providers for improved access, stimulate implementation of the 10 high impact actions^e to free up GP time, and secure sustainability of general practice. CCGs will need to find this funding from within NHSE allocations for CCG core services.

We are aware that some CCGs under severe financial pressure have expressed concern that they may not be able to provide this funding to practices, and there are also concerns that CCGs may provide this support by cutting other budgets for general practice. GPC has raised

^d This does not account for non-recurrent funding being provided through the GP Forward View, to assist practices in the transition toward 2020/21 or other funding and support streams where the exact amount of funding is unknown.

^e 1. Active signposting; 2. New consultation types; 3. Reduce DNAs; 4. Develop the team; 5. Productive workflows; 6. Personal productivity; 7. Partnership working; 8. Social prescribing; 9. Support self-care; 10. Develop QI expertise.

this with NHSE at the highest levels, and believe that NHSE must enable CCGs to provide this transformational funding as a new additional resource. This will be key to enabling sustainability for practices by being able to work in collaborative arrangements.

General practice resilience programme – phase 2

£8 million funding will start to be made available to NHSE local teams between April 2017 and 2018.

Online consultation systems

CCGs are due to receive their allocation of the £15 million available for online consultation systems in April 2017.

Training of reception and clerical staff

NHS local teams or CCGs get their share of £10 million nationally for training of reception and clerical staff to undertake enhanced roles on active signposting and management of clinical correspondence.

Indemnity

NHSE committed to consult the profession and others on proposals to tackle indemnity costs in general practice by July 2016.

Discussions on the issue of GP indemnity have been held between GPC, NHSE and the Department of Health. A GP indemnity support scheme was agreed in June 2016. Running for an initial two year period it has provided a payment (£30 million in March/April 2017) to practices to offset average annual indemnity inflation during 2016/17, and a further payment will be made in March/April 2018 for rises in 2017/18. A winter indemnity scheme covering out-of-hours care was also re-introduced in October 2016 and extended (following GPC representations) to cover the Easter 2017 period.

Further discussions continue to take place on a range of specific indemnity issues, such as:

- Indemnity for pharmacists (and other health care professionals) working in general practice
- Guidance to inform CCGs commissioning intentions for out-of-hours services – integrated urgent care and NHS 111 services
- Indemnity implications for new models of care
- Indemnity for GP Registrars
- Indemnity for particular GP groups (induction & refresher scheme doctors / retainers)

References

- 1 <https://www.england.nhs.uk/ourwork/gpfv/>
- 2 <http://www.bma.org.uk/working-for-change/urgent-prescription-for-general-practice>
- 3 NHS England Board Paper: General practice services – programme update. PB.30.03.2017/xx
- 4 <http://www.content.digital.nhs.uk/catalogue/PUB23694>

British Medical Association

BMA House, Tavistock Square, London WC1H 9JP
bma.org.uk

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