

Sent by email
Chaand Nagpaul
General Practitioners Committee House
British Medical Association

Medical Directorate
Room 4N28, Quarry
Quarry Hill
Leeds LS2 7UE

Date: 16th August 2016

Dear Chaand

General Practice Forward View and Urgent Prescription

Further to my letter of 20th July and our continuing discussions, I am writing to follow up on a number of issues.

As previously outlined, NHS England accepts the BMA's Urgent Prescription as a good basis for further discussion and work on supporting general practice pressures, also noting that some of the proposals need greater detail. We have continued to discuss the areas that are included in the Urgent Prescription but not in the General Practice Forward View, set out in your Annex 2 which you shared with me. I would like to suggest that we discuss formally each of these 15 areas at the next LMC Reference Group so that we can consider and agree how each should be taken forward. I also suggest that relevant Urgent Prescription proposals are considered at the newly formed Primary-Secondary care Interface group, in which GPC will play a key role.

I would also like to update you that the NHS England Board had a discussion at its meeting on 28th July about general practice and the progress made to date and key next steps in implementing the General Practice Forward View. The Board clearly heard the comments made by Sir Bruce Keogh regarding the need to value and invest in general practice. The Board agreed to a package of immediate actions, that I had mentioned in my earlier letter, to strengthen general practice, ease the pressure on GPs and improve services for patients. This included:

- the release of the first £16 million of the new £40 million Practice Resilience Programme;
- the first phase of the three year £30 million general practice development programme;
- proposals to reform indemnity arrangements, and
- increases in the allowance payable under the Retained Doctors Scheme.

In keeping with the Urgent Prescription proposals, and following the helpful discussion with the LMC Reference Group, on 28th July, NHS England, together with NHS Improvement, also wrote to all NHS Trusts, Foundation Trusts and CCGs to remind them of the six new standards for outpatient appointments and interactions between hospitals and practices now in force as part of the NHS Standard Contract. 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, and hospitals will be responsible for communicating investigations results directly to patients.

We have also continued to discuss the STP process. As I mentioned in my previous letter, we will be enforcing the message that LMCs need to be engaged in local STP planning processes. As we have done with the plans for the practice resilience programme, I am committed to ensuring the valuable role and input of LMCs in STP processes and would be happy to receive feedback of any instances where this is not happening.

Further guidance on primary medical care finance input into STP planning requirements was also sent out last week. As well as setting out the key financial planning assumptions from now until 2020/21, this reiterated the crucial role of primary care services and that STPs should translate the aims and key elements of the General Practice Forward View into local plans.

I hope this provides a further helpful update.

Best wishes,



Rosamond Roughton
Director of NHS Commissioning

copy: Simon Stevens
Arvind Madan