GP Recovery Plan

May 2023

BMA summary and commentary

On 9 May 2023, NHS England and DHSC (Department of Health and Social Care) jointly published their Delivery plan for recovering access to primary care. The plan sets out an approach intended to tackle the '8am rush' and make it easier and quicker for patients to access primary care services. It is seen as a first step in delivering the vision set out in the Fuller Stocktake report.

This has been broken down into four main chapters:

1. **empowering patients** which includes: improving information and NHS app functionality, increasing self-directed care and expanding community pharmacy services

2. **implementing 'Modern General Practice Access'** which covers: better digital telephony, facilitating online requests, and faster navigation, assessment and response

3. **building capacity** which looks at: expanding and retaining the workforce and higher priority for primary care in housing developments

4. **cutting bureaucracy** which includes: improving the primary-secondary care interface and building on the Bureaucracy Busting Concordat.

On publication of the GP Recovery Plan, the BMA released a press statement emphasising that overall funding is both non-recurrent and insufficient, and that the plan does not contain detail on how it will deliver on its commitment to expand and retain the GP workforce. Whilst some of our recommendations have been incorporated, it fails to address the severe inflationary cost pressures all practices currently face, which the BMA GP committee England extensively evidenced during 2023/24 contract change discussions.

The BMA has clearly stated its stance on the current GP contract, particularly if the 'disastrous' changes to it – which ignore, and indeed increase, the unsustainable and unsafe pressures practices are under – are not reviewed and substantially altered in the coming months. The continuing cuts to public health funding and the lack of adequate investment in practices and community pharmacies will negate the commitments of this plan.

Critically, while GP practices across the country are experiencing significant strain with declining GP numbers and rising demand they are still delivering an increasing number of appointments. Despite the best efforts of GPs to continue providing growing numbers of patients with safe, high-quality care, patient satisfaction has dropped over the past year, according to the NHS GP Patient Survey 2022. This is the direct result of a decade of chronic underinvestment and staffing shortages.

This document summarises the major commitments in each of the Plan's chapters and our assessment of them.

1

Empower patients

The plan seeks to support recovery by **empowering patients** to better manage their own health, including through greater use of the NHS App, increasing the number of self-referral pathways and extending the services offered by community pharmacies.

A. Improving information and NHS App functionality

- by March 2024, NHS England aims to enable patients in over 90% of practices:
  - to view their prospective clinical records (including test results);
  - order repeat prescriptions;
  - see messages from their practices as an alternative to text messaging;
  - manage routine appointments.
- the 2023/24 contract requires all practices to enable prospective record access for patients by November 2023, allowing patients to view entries in their medical records, such as immunisations, test results and consultations in their NHS App
- NHS England published directly bookable appointments guidance and practices should make online booking of routine appointments available.

BMA View

The BMA has long supported patients' right to access their medical records and has sought to ensure that this can be delivered equitably, safely and in a way that is realistic for under-resourced practices.

Where this can be achieved, we have supported practices to roll out wider access. We remain in ongoing discussions with NHSE about how best to move forward with the most recent regulatory changes brought about by the GMS contract 2023/24 and how GPs can meet their legal obligations in this regard. GPC remains opposed to any regulatory changes that risk putting GPs in a position where they are in breach of their statutory obligations as data controllers.

The move to fully utilise the NHS app is welcome and holds the potential to transform the delivery of care, the shift to paperless communication and the ability to manage prescriptions, appointments and health records brings the NHS in line with public expectations, providing a greater degree of convenience and control.

B. Increasing self-directed care where clinically appropriate

- NHS England wants to help patients care for themselves and make it easier for them to monitor certain long-term conditions at home, such as high blood pressure, where it is clinically safe, and make it simpler for practices to review their patients' self-monitoring
- as set out in the 2023/24 Operational Planning Guidance, ICBs (Integrated Care Boards) must expand self-referrals by September 2023 to specific community-based services pathways, such as for musculoskeletal services, audiology for older people, weight management services, community podiatry and community equipment services
- NHS England is funding the digital tools for patients to send their blood pressure readings to their practices, where staff can review and add them to their clinical record with 'one click'
- ICBs will support link workers in general practice as they continue to manage referrals and connect people to activities and community-based services.

BMA View

The BMA has long called for better support for patients to practice self-care. However, such a move must not exacerbate health inequalities by providing those with access to tools more opportunity to capture and share more information about their health than those without.

The central funding of these tools is welcome and represents an opportunity to reduce some of the pressures on the health system and improve patients' interactions with their local services. However, NHS England must monitor the progress made by ICBs to ensure there is full implementation of this. Furthermore, any locally established pathways must be agreed by LMCs to ensure this truly reduces practice workload.

C. Expanding community pharmacy services

NHS England wants to expand the services offered by introducing a Pharmacy First service for patients and expand two existing services, if agreed through consultation.

- **Pharmacy First** will launch before the end of 2023 and will enable pharmacists to supply prescription-only medicines, including antibiotics and antivirals where clinically appropriate to treat seven common health conditions: sinusitis, sore throat, earache, infected insect bite, impetigo, shingles and uncomplicated urinary tract infections in women, without the need to visit a GP
- NHS England will support research to ensure a consistent approach to antibiotic and antiviral use between general practice and community pharmacy
- with new funding, NHS England will **expand its blood pressure check advanced service**, allowing a further 2.5 million blood pressure checks in community pharmacy to support ongoing monitoring with GP practices
- **community pharmacy began managing ongoing oral contraception** for women from April 2023, this service may expand from late 2023 depending on findings from initial pilots currently underway
- as part of the new funding, **NHS England will invest to significantly improve the digital infrastructure between general practice and community pharmacy**. It will work with community pharmacy suppliers and general practice IT suppliers to develop and deliver interoperable digital solutions. These IT improvements are intended to improve existing and future services, such as streamlining referrals, providing additional access to relevant clinical information from the GP record, sharing structure updates quickly following a pharmacy consultation
- NHS England wants to give **community pharmacy contractors greater flexibility** and, from 2026, updated training standards will ensure all newly qualified pharmacists are independent prescribers – to support this:
  - the government is introducing VAT (value added tax) reliefs to support pharmacists. Medical services provided by pharmacist are already exempt from VAT and this has now been extended to medical services carried out by staff supervised by registered pharmacists
  - DHSC will clarify the roles of pharmacy professionals and enable a better use of skill mix. It will also allow pharmacy technicians to administer and supply medicines
  - pharmacists will have flexibility to dispense medicines in their original packs and to expand pharmacy hub-and-spoke arrangements[1]
  - NHS England, DHSC and the Medicines and Healthcare products Regulatory Agency (MHRA) will work together with suppliers to identify medicines that can be reclassified from 'available only on prescription' (POM), to 'available in a pharmacy' (P), based on evidence.

BMA analysis

The BMA has long supported efforts to educate patients about self-care of minor ailments, enhance provision of minor ailment schemes within pharmacies, and to encourage the appropriate use of effective medicines that are available from community pharmacies.

However, while the emphasis on expanding community pharmacy services to relieve pressure on GPs is broadly welcome, we are acutely aware of the current lack of capacity within pharmacy itself, which may severely limit the effectiveness of the Pharmacy First programme. If this new approach is going to succeed, then more needs to be done to ensure all pharmacies have the staff and infrastructure necessary to handle the additional work, and to avoid patients being bounced back and forth between pharmacies and GP practices.

Moreover, some rural areas do not have local pharmacies, meaning patients in these areas may be disadvantaged as they cannot access Pharmacy First services readily. A similar scheme should be introduced to support rural GP practices which dispense medications so that the same minor ailments can be managed, without the need for GP input.

It is essential that IT systems are interoperable to enable the seamless sharing of patient data for direct care provision across health services.[2] This will require sufficient funding for improvements to infrastructure and clear standards to ensure data can be shared safely and secure to avoid transfer of workload and other unintended consequences.

1 Hub and spoke dispensing is where parts of the dispensing process are undertaken in separate pharmacy premises. Assembling prescriptions can occur on a large scale in a 'hub' that usually makes use of automated processes. Pharmacists in the 'spokes' are then freed up to provide more direct patient care.
2 'Getting IT Right', BMA 2022.

2

Implementing Modern General Practice Access

The plan seeks to support recovery and tackle the '8am rush' by **implementing,** what has NHS England is calling, '**Modern General Practice Access'**:

A. better digital telephony
B. simpler online requests
C. faster navigation, assessment and response.

A. Better digital telephony

– NHS England wants all practices still on analogue phone systems to move to digital telephony, which allows for multiples calls and includes call-back functions and is re-targeting £240 million to support this process. For a practice still on analogue phones this could mean approximately £60,000 of support over 2 years. All analogue phone systems will be switched off by December 2025
– NHS England will support the transition to digital telephony, including call back functionality, for practices that commit by 1 July 2023 to the move, including procurement, contract negotiation and financial support for new equipment, transition costs and training
– digital telephony includes features such as:
  – queuing: practices can manage multiple calls, and patients are notified of queue position and wait time, do not receive an engaged tone;
  – call-back: patients have the option to be called back;
  – call-routing: supports directing patients to the right person or team;
  – integration with clinical systems: allows practice staff to quickly identify patients and find relevant information with less searching.
– the 2023/24 GP Contract requires practices to use the nationally set Cloud (digital) Telephony Framework for procuring digital telephony. It includes a list of suppliers who can provide the functionality required to support high-quality patient access.

BMA View

During the GP contract negotiations 2023/24, the BMA strongly lobbied for cloud-based telephony to be fully funded – so we welcome the fact that NHS England has listened and will be funding the switch to digital telephony. While the requirement for GP practices to switch to digital telephony by July 2023 is a change from what was initially imposed, we believe it could be beneficial. We will monitor the costs practices subsequently face following this upgrade and seek to ensure telephony expenses are fully met within core contract funding.

B. Simpler online requests

– NHS England want to make online requests (blood tests, repeat prescriptions, test results etc) easy and dependable
– practices are required contractually to provide patients with online access
– NHS England will make high-quality online consultation, messaging and booking tools available to general practice, alongside guidance on the different tools by July 2023. ICBs will need to work with PCNs and practices to facilitate shifting to the Modern General Practice Access model
– practices will need to offer accessible and user-friendly websites, and NHS England will encourage the implementation of the 'what good looks like' guidance, by supporting ICB to review sites, identify best practice examples in their systems and target areas for improvements.

BMA View

The BMA acknowledges the benefits of online services, however, more must be done to level the digital divide, as a lack of universal access to the internet or appropriate technology mean that not everybody is able to benefit from the digital transformation of health services. Patients must be supported to access services in their preferred way. We also continue to call for the swift implementation of strategies to overcome digital exclusion, and patient-centred initiatives must be part of any further health service digitisation efforts.

C. Faster navigation, assessment and response

- NHS England want to make it easier for patients to contact their practice and to make getting a response on the same day the norm
- NHS England will invest in a new National Care Navigation Training programme for up to 6,500 staff, starting from May 2023. This will follow Health Education England's Care navigation competency framework. A key aspect of navigation is identifying those patients who would like to have or benefit from continuity of care, and this will be part of the training
- NHS England will fund higher-quality digital tools that enable the shift to online and support the combined workflow for all requests, so that the entire practice team can contribute to rapid assessment and response
- NHS England will deliver training and transformation support to all practices from May 2023 through a new National General Practice Improvement Programme[3]
- NHS England will support practices that commit to significant transformation with extra capacity over the next two years – approximately £13,500 per practice
- NHS England has streamlined the Investment and Impact Fund (IIF)[4] to provide unconditional funding to PCNs (approximately £11,500 per month for an average PCN) to support the transition
- NHS England has strengthened the 2023/24 GP contract to include the expectation that patients will be offered an assessment of need, an appointment or are signposted to an appropriate service when they contact their practice and should not be advised to 'call back another day'.

BMA View

Effective triage and care navigation will ensure patients see the right clinician at the right time and in the right place. The National Care Navigation Training programme and its emphasis on continuity of care holds promise. However, it is crucial to consider the time required to train staff, and what organisational development support would be given to implement the changes, as this organisational transformation should be fully funded.

Public awareness of the role of care navigation needs to be improved, as it can be a source of uncertainty or frustration for patients. To this end, NHS England should run a campaign to raise patient awareness on how care navigation works and why practices are utilising it. The BMA has highlighted these factors which are critical to successful care navigation and triage.

3 This programme includes three tiers of support to help general practice deliver change. The programme will be underpinned by a set of principles to ensure change is clinically led, data-driven evidence-based and measurable. It will build on the existing 'Accelerate' programme.

4 IIF: is an incentive scheme focussed on supporting PCNs to deliver high quality care to their population and the delivery of the priority objectives of the N*HS Long Term Plan.*

3

Building Capacity

This plan seeks to support recovery by **building capacity** to deliver more appointments from more staff than ever before and add flexibility in the types of staff recruited and how they are deployed.

A. Larger multidisciplinary teams

- NHS England wants to continue to grow the practice team, and roles with responsibility for direct patient care. NHS England is committed to deliver 26,000 more direct patient care professionals into general practice and deliver 50 million more appointments
- for 2023/24, NHS England will deliver on its existing commitment to make £385 million available in Additional Roles Reimbursement Scheme (ARRS) funding to employ continue to grow capacity
- NHS England has expanded the roles in ARRS, so PNCs have more flexibility on who they recruit and, by streamlining the IIF, how they deploy them
- for 2023/24, NHS England has added advanced clinical practitioner nurses, and in the October 2022 update, it added reimbursement of training time for nursing associates
- ICBs can continue to draw-down on £4 million of System Development Funding (SDF)[5], to recruit and retain general practice nurses
- care navigator and digital and transformation staff training will be launched to help upskill these newer roles in general practice
- GP practices are being asked to refine their General Practice Appointments Data (GPAD) to more accurately track appointments and who is delivering them
- NHS England will continue to give primary care staff access to the 'Looking After You' platform, and it recently extended the Practitioner Health Service to all primary care staff.

BMA View

The additional £385 million available for ARRS funding is important, but we firmly believe that this funding should be given to practices directly rather than to PCNs. The ARRS enables recruitment to some PCNs, however those with high rates of deprivation and morbidity within their local populations are often unable to recruit, worsening health inequalities. Thus, it is crucial that funds can be utilised in a flexible way to mitigate such challenges.

Moreover, as the BMA has stressed, many practices lack the physical space to accommodate additional staff under the ARRS scheme. Those practices – and their patients – are unlikely to benefit from any additional funding that does not also support the expansion and improvement of their premises – something the BMA has called for repeatedly. Likewise, if practices are expected to support the development and ongoing training of new staff employed under the ARRS scheme, they need to be funded to do so, and it needs to be recognised that at least in the short term this will take experienced clinicians away from patient facing work.

The proposed launch of care navigator and digital and transformation training to help 'upskill' newer roles in general practice should be a positive development, but dedicated time needs to be made available to all staff to support the ongoing improvement and maintenance of these skills.

We also note the commitment to continue the Looking After You programme of support for primary care staff. However, we believe a long-term strategy needs to be established to protect and maintain the physical, mental and emotional wellbeing of the workforce, which includes universal access to occupational health for all general practice staff.

5 SDF: NHSE Primary Care Group provides Primary Care 'System Development Funding' (SDF) to health systems each year under the Long Term Plan. NHSE states that the SDF is to build an expanded and resilient workforce supported by an underpinning coordinated approach to Primary Care improvement and development.

B. More new doctors

- NHS England plans to significantly expand GP specialty training and ensure the NHS can recruit and retain the GP workforce it needs in the future
- doctors completing GP specialty training can access NHS England's two-year fellowship, including international medical graduates and nurses. £35 million of System Development Funding (SDF) funding will be available for general practice fellowships in 2023/24
- from autumn 2023, the government will give an additional four months at the end of a visa for newly trained GPs to remain in the UK and NHS England will continue to increase the number of GP practices holding visa sponsorship licences
- in 2023/24, NHS England will work with partners to facilitate ways in which doctors other than GPs, such as SAS doctors can work in general practice as part of a multidisciplinary team.

BMA View

We welcome the commitment to expand GP specialty training, the two-year fellowship for doctors completing GP specialty training, and the commitment to recruit and retain the GP workforce. The latter is especially needed, given the decline in numbers of fully qualified GPs since 2015. However, we are concerned that the plan does not include actual numbers nor how these commitments will be delivered, as the specifics are to be published in the long-awaited NHS Long Term Workforce Plan. There needs to be a clear workforce strategy to ensure that the appropriate number of future staff are being trained, but also that these doctors are then being retained in general practice. The BMA has also called for regular workforce monitoring and national workforce assessments based on current and future demand.

Furthermore, the expansion of the number of GP trainees needs to be matched by an increase in the number of trainers, too, as well as investment to ensure practices have the necessary space and IT infrastructure to accommodate them.

Although we support the government's 4-month extension to international medical graduates' visa from autumn 2023, we are apprehensive about the timing: many GP trainees will finish in August, so it would ideally be ready by then. NHS England should also clearly state exactly how GP practices will be supported to obtain sponsorship licences. A permanent solution should also be introduced, potentially including an accelerated route to indefinite leave to remain after three years, or an umbrella sponsorship.

While the BMA does not support the proposal of creating SAS primary care doctors, it does support facilitating more SAS doctors working as specialists in primary care settings. Instead of creating 'SAS doctors in primary care', we would prefer that the existing combined GP training pathway is improved to make this more attractive to a SAS doctor.

C. Retention and return of experienced GPs

- NHS England wants experienced GPs to stay in general practice and encourage those who have recently left, or taken a short break, to return
- over 100 qualified GPs a year currently enter or renter the workforce through the GP Return to Practice and International Induction Programmes. To make it easier for doctors to return, NHS England is replacing the fixed set of multiple assessments with an individual pathway based on a personal review from May 2023. For those GPs who would benefit from placement in general practice, the monthly bursary has increased from £3,500 to £4,000
- NHS England will run a campaign to encourage GPs to return to general practice or to support NHS 111 in flexible roles (e.g., working from home)
- investment in GP retention schemes will continue, with funding for this part of the SDF allocated to each ICB.

BMA View

The BMA has called for better funding for all retention initiatives, including ring-fenced funding for the National GP Retention Scheme to ensure equitable access to the scheme. The current funding mechanism means that there is a post code lottery for access to the scheme, and that we are potentially losing GPs from the profession in areas where the local system chooses not to provide funding.

A campaign to encourage GPs to return to general practice or to support NHS 111 does not go far enough. Making general practice a sustainable and enjoyable job will improve the retention of GPs and make others return.

D. Higher priority for primary care in housing developments

- ICBs have delegated responsibility to ensure that the population has adequate primary medical services and should continue working with local stakeholders and take account of areas where housing developments are putting pressure on existing services
- as part of the government's wider review of the National Planning Policy Framework and planning guidance, NHS England will consider how primary care infrastructure can be better supported
- the government will update local authority planning guidance this year to raise the priority of primary care facilities when considering how funds from new housing developments are allocated. This guidance aims to encourage local planning authorities to engage with ICBs on large sites which may create need for extra primary care capacity
- the Levelling Up and Regeneration Bill introduces a new Infrastructure Levy to support local infrastructure such as roads, schools and GP practices. The government is consulting on how ICBs, along with other infrastructure bodies, should be part of the improved planning process.

BMA View

Rapid influxes of new patients, such as those created by the launch of new housing developments, can put intense pressure on local practices, so it is right that NHS England are taking this issue seriously.

However, if ICBs and other bodies are going to properly address the infrastructure needs of GP practices, they will need input from GPs and LMCs throughout their decision-making structures. Specifically, this means all ICBs having sufficient representation from frontline GPs and LMCs on their boards, something many ICBs currently lack.

4

Cut Bureaucracy

The plan seeks to support recovery by cutting bureaucracy and reducing the workload across the interface between primary and secondary care, and the burden of medical evidence requests so practices have more time to meet the clinical needs of their patients.

A. Improving the primary-secondary care interface

- NHS England wants to reduce time spent by practice teams on lower-value administrative work and work generated by issues at the primary-secondary care interface.
- NHS England is asking ICB CMOs (chief medical officers) to establish local mechanisms that allow general practice and consultant-led teams to better communicate with each other and to jointly prioritise working with LMCs. CMOs will also be expected to tackle issues highlighted in an accompanying AoMRC report examining the interface between primary and secondary care, including communication across the interface and workload shift
- ICBs are also instructed to take steps to address these four key areas:
  - o**nward referrals**: if a patient has been referred into secondary care and they need another referral, the secondary care provider should make this for them
  - **complete care (fit notes and discharge letters)**: trusts should ensure patients receive everything they need following discharge or after an outpatient appointment, including fit notes or discharge notes with clear instructs for GPs if needed
  - **call and recall**: trusts should establish their own call/recall systems for patients for follow-up tests or appointments
  - **clear points of contact**: ICBs should establish single routes for general practice and secondary care teams to communicate rapidly.

BMA View

The BMA has been working with NHS England and other organisations to address issues at the interface between primary and secondary care that often lead to unnecessary workload being generated for GPs. We therefore welcome this commitment by NHS England, which will help streamline work done across the primary/secondary interface and reduce some of the unnecessary administrative work currently undertaken in General Practice.

We have repeatedly published guidance (including template letters) for practices and LMCs to push back on inappropriate workload shift from secondary care and other parts of the health and social care system. Nonetheless, we believe that the prescribing interface should also be improved urgently by hospitals having the Electronic Prescription Service (EPS).

ICBs need to ensure secondary care have the IT in place for electronic fit notes, call and recall systems and electronic prescribing, and practices are not expected to continue this workload whilst setting up these systems. Furthermore, there needs be a clear requirement for ICBs to agree to local processes for the above with LMCs, which should be monitored, and performance managed by NHS England.

B. Building on the Bureaucracy Busting Concordat

- NHS England wants to improve processes for the most important requests for medical evidence
- NHS England wants to reduce medical evidence requests and increase self-certification, eg:
  - working with the aviation industry so passengers with medical conditions can fly with medication or medical equipment easily;
  - working with His Majesty's Courts and Tribunals Service to amend guidance to staff and correspondence with jurors;
  - exploring opportunities to improve efficiencies for both GPs and local authorities regarding the medical needs of people wishing to access social housing.
- NHS England aims to streamline the Investment and Impact Fund (IIF) from 36 to five indicators – retarget £246 million – and protect 25% of Quality and Outcomes Framework (QOF) clinical indicators.

BMA View

NHS England's efforts to further reduce the burden on GPs of verifying health information and providing medical evidence, such as digitising and allowing other health professionals to sign fit notes, or answer DVLA medical information requests is encouraging. This reduces pressure on GP practices and allows GPs to spend their time where it is needed the most.

The BMA played a key role in providing information to develop the 7 principles of DHSC's Bureaucracy Busting Concordat, to reduce unnecessary administrative burdens on general practice. Less bureaucracy will result in more primary care time freed up for patient care and ensure patient safety as well as safe working.

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