

NHS ENGLAND – BOARD PAPER

Title:

General Practice services – programme update

Lead Director:

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Purpose of Paper:

To update the Board on the further progress made, and the key next steps in implementing the *General Practice Forward View*

The Board invited to:

Note the update provided.

General Practice services – programme update

Purpose

1. To update the Board on the further progress made and the key next steps in implementing the *General Practice Forward View*.

Background

2. General practice is the bedrock of the NHS, but it continues to be 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. GPs and their staff have to deal with rising volume, and rising complexity and expectations.
3. 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. 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%.
4. 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 and Primary Care Home. Through support for working at scale, the 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.
5. Many of the actions in the *General Practice Forward View* are for NHS England, Health Education England and the Care Quality Commission to take forward. However, strengthening and transforming general practice plays a crucial role in the delivery of Sustainability and Transformation Plans (STPs) plans. The majority of STPs set out plans to strengthen primary care in line with the *General Practice Forward View*. Those with the greatest focus set out new delivery mechanisms for general practice and integrated primary and out of hospital care, such as primary care hubs, ‘super practices’ and aggregation of practices working at 30-50k population through New Models of Care. There remain, however, some areas that have more to do. NHS England and NHS Improvement will work closely with STPs in 2017/18 to harness the changes need in STP delivery to strengthen general practice.
6. This month we have also published the *Next Steps on the NHS Five Year Forward View* that sets out what the NHS will deliver in the next two to three years, within the resources available. The Delivery Plan explains the improvements we will achieve including through our priority to strengthen general practice.

7. CCGs are also translating the aims and key local elements of the General Practice Forward View into their more detailed local operational plans. Primary care was a 'must do' in the *NHS Operational Planning and Contracting Guidance 2017-2019* which explicitly set out the priorities that CCGs should consider as they developed their local plans and also required CCGs to submit one *General Practice Forward View* plan to NHS England encompassing the areas in the guidance.
8. CCG Plans were submitted on 23 December 2016. Regions are responsible for oversight of the plans, which are being to ensure delivery of specific aspects of the *General Practice Forward View*, including improved access, as part of the wider ambition to sustain and transform general practice. Robust tracking of delivery plans as part of NHS England's assurance mechanisms will commence once plans are assured.

Benefit for patients

9. From general practices, patients want high quality care provided by a familiar team of healthcare professionals who they know and trust and who know their medical history. They also want to be able to receive care in a timely fashion when they need it. Some patients want to be partners in their own care. They want the knowledge, skills and confidence to take more responsibility for their health and to feel more in control of their outcomes. The *General Practice Forward View* provides the support for practices to build the capacity and capabilities required to meet these needs, including support to adopt new ways of working (at individual, practice and network or federation level) and to develop different ways of managing clinical demand. In addition to increasing self-care, this includes the use of different triage methods and development of the broader workforce, or alternative services.

Summary of progress towards delivery of the General Practice Forward View

10. In the eleven months since publication of the *General Practice Forward View* there have been achievements in all five areas, with many signs of progress and positive outcomes. Annex A includes a detailed list of achievements, together with at Annex B, a number of case studies illustrating the real impact being made at a local level.
11. An external Oversight Group with membership including the RCGP, NHS Clinical Commissioners and the BMA is overseeing progress. The RCGP's Regional Ambassadors are promoting the values of general practice, supporting delivery of the *General Practice Forward View* and inputting into NHS decision-making. The BMA reference group of LMCs from around the country is providing feedback and input into making sure the changes set out in the *General Practice Forward View* come to fruition.
12. Key highlights for 2016/17 include:
 - increased **investment** in general practice in 2016/17 – including funding for core allocations, better access, workforce and estates;
 - commitments to fund rises in costs in indemnity for GPs, with an additional £30 million being issued at the end of this month;
 - measures to attract doctors back into the **workforce**, with a significantly improved return to work scheme – offering GPs financial support, streamlined processes and a single point of contact – which have already reaped dividends as the number of doctors seeking to return has increased;

- 491 clinical pharmacists working in and across 658 practices, with co-funding from NHS England;
- as part of the programme of work to tackle **workload**, we have established and delivered the new Practice Resilience Programme – a four year programme to support practices and their localities. As at the end of February, over 1000 practices had taken up the offer of support, and, together with the Vulnerable Practice Programme, over £20 million has already been spent on support;
- significant additional investment in the **infrastructure**, with over 800 new schemes identified during 2016-2019;
- to support **care redesign**, we have established a new national GP development programme, focusing on spreading best practice, implementation support, and building improvement capability for the future. There are 86 schemes in place, covering 107 CCGs, and
- we have set out the requirements for commissioners to improve **access** to general practice, with a clear trajectory of additional funding.

Next steps for 2017/18

13. The *General Practice Forward View* is a five year programme. Delivery in 2016/17 has focused principally on helping practices with the pressures they are facing. Whilst there has been good early progress, there remains much more to do. We do not underestimate the challenges that continue to lie ahead.
14. Our key next steps for 2017/18 will be:
 - Continuing to increase **investment** in general practice – this will include an extra £301 million into core primary medical care allocations in 16/18; CCG plans to invest £171 million over 17-18 and 18/19 for Practice Transformational Support; and a range of other targeted investments to support improving access, improving the infrastructure and building the workforce;
 - **Fairer funding** – through negotiation of changes to the Carr-Hill formula for general practice; and discussions will begin with stakeholders about the replacement to QOF;
 - Continuing to deliver **improved access** across the country – by the end of March 2018, we are aiming for 50% of the population to have access to GP services, including sufficient routine appointments at evenings and weekends;
 - Expanding the **primary care workforce** – we will shortly be announcing the second wave of practices who will receive co-funding for clinical pharmacists; there will be a national framework to support more extensive recruitment of overseas doctors in the most challenged parts of the country; and there will be additional support for practice nurses and non-clinical staff;
 - **Improving practice resilience** – we will continue to roll out the Practice Resilience Programme and the national GP Development Programme so that, over time, all practices can benefit from the latest thinking in ways to manage workload, and improve patient experience; and
 - **Investment in infrastructure** – this is a multi-year programme and, now that we have an established pipeline, this will begin to accelerate during 2017.
15. These measures will help to create the foundations needed to enable general practice to take its place at the heart of population-based health care, whether in a primary care home or one of new models of care.

Recommendation

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

**Claire Aldiss, Head of Direct Commissioning Change Projects
March 2017**

Detailed list of progress towards delivery of the *General Practice Forward View*

Investment

1. In 2016/17, we allocated an additional £322 million in primary medical care allocations, providing for an immediate increase in funding of 4.4%. On top of this, for 2017/18, we allocated an additional £301 million in primary medical care, providing for a further increase of 3.9%. Our early estimate is that outturn for 2016/17 will be in the range of £10 billion to £10.1 billion, which would be £0.5 billion more than 2015/16 outturn of £9.5 billion and £1 billion more than 2014/15 outturn of £9 billion. Final outturn will be confirmed once the accounts have been audited and will be published by NHS Digital in the 2016/17 edition of the Investment in General Practice Report.
2. Some non-recurrent funding has been held nationally to support *General Practice Forward View* commitments in a number of areas, including growing the general practice workforce, premises, technology, support for struggling practices and the national development programme.
3. In terms of future years, the *NHS Operational Planning and Contracting Guidance 2017-2019* set out the detail of funding from the Sustainability and Transformation Package, included in the *General Practice Forward View*, that is devolved to CCGs for specific purposes, including:
 - at least £138 million in 2017/18 and £258 million in 2018/19 to improve access to general practice services;
 - £8 million in 2017/18 and a further £8 million in 2018/19 for the General Practice Resilience Programme, with £16 million already allocated in 2016/17;
 - £15 million in 2017/18 and £20 million in 2018/19 devolved to CCGs for technology, and
 - £10 million in 2017/18 and £10 million in 2018/19 devolved to CCGs for training reception and clerical staff to undertake document management and active signposting, to free up GP time, with £5 million already allocated in 2016/17.
4. In July 2016, we announced that we would offset the rising costs of GP **indemnity** through a new GP Indemnity short term financial support scheme, starting in 2016/17 and providing a special payment to practices, linked to unweighted patient population, to offset average indemnity inflation. The scheme will run for two years, with £30 million to be distributed to practices at the end of March 2017. We also ran another Winter Indemnity Scheme from October 2016 until March 2017, to assist with the additional indemnity costs of GPs who are able to carry out more out of hours sessions, to specifically address winter pressures. We have also just extended the Winter Indemnity Scheme to cover the Easter period, extending the Scheme until 30th April 2017.
5. It was agreed as part of the outcome of the 2017/18 GMS contract negotiations, that negotiations on changes to the Carr-Hill **funding formula** (to ensure a fairer distribution of funding) will begin shortly. Full implementation of any agreed changes will be effective from 1st April 2018 at the earliest. This will be in discussion with the

BMA's General Practitioners' Committee to ensure that the pace of change does not destabilise practices.

6. It was also agreed that for 2017/18 there will be no change to the number of **QOF** points available, the clinical or public health domains and no changes to QOF thresholds. However, the CPI will be adjusted to reflect the changes in list size and growth in the overall registered population for one year from 1 January 2016 to 1 January 2017. We have also agreed that a working group will be set up immediately following the negotiations to discuss the future of QOF after April 2017.
7. In addition, as part of the outcome of the 2017/18 GMS contract negotiations, it was agreed that **CQC fees** will be reimbursed directly. Practices will present their CQC invoices to the CCG (where delegated powers exist) or the NHS England regional team and they will be reimbursed as part of the practice's next regular payment.

Workforce

8. The Government has set out an ambition to double the rate of growth of doctors working in general practice, with an aim of securing an extra 5,000 doctors by the end of 2020. Health Education England (HEE) are leading on the work to increase the number of doctors going into general practice training, and in the *General Practice Forward View* we set out our plans to support this work with a focus on return to work, and retention.
9. We have strengthened the package of support, including financial incentives and development support, to help GPs who might otherwise leave the profession to remain in clinical general practice. Under the interim **Retained Doctors Scheme** 2016 we increased both the money for practices employing a retained GP and the annual payment toward professional expenses for GPs on the scheme. This package of support will continue from April 2017 under a **new GP retention scheme** which provides further clarity on who the scheme is aimed at, and clearer guidance around the management and approval of GPs on the scheme.
10. A new twelve month pilot – **GP Career Plus** – has been agreed to test the effectiveness and the economic case for large scale providers to recruit pools of GPs to work flexibly across a primary care system. The pilot will seek to recruit approximately 80 experienced GPs at risk of leaving the profession across 11 areas in 2017/18.
11. Improvements have also been made to the national **GP Induction and Refresher Scheme** to make it easier and quicker for doctors to return to practice. This includes increased financial support; increased practical and personal support and more flexibility in the application process and streamlining processes including DBS checks. On 27 February 2017, we also launched a 'Return to General Practice' marketing campaign, including print and social media adverts to promote the package of financial and practical support now available to returning GPs.
12. 50 practices have been identified to take part in a **pilot scheme** that offers support to those GP practices that can evidence that they have historically encountered difficulties in recruiting GPs. The support includes recruitment support for practices alongside up to £8,000 in relocation allowances for GPs employed through the GP Induction and Refresher Scheme, and up to £2,000 in an education bursary.

13. Through the **Targeted Enhanced Recruitment Scheme**, which is implemented by Health Education England, we are offering a salary supplement of £20k to attract GP trainees to work in areas of the country where GP training places have been unfilled for a number of years. 105 out of 122 places offered have been filled for the first time in many years. An expanded scheme offering 144 places has been agreed for the 2016/17 recruitment year, and promotion of these places is underway.
14. We are also supporting, with additional funding, pilots in Lincolnshire, Essex, Cumbria and South Tees/Hartlepool to **attract doctors from overseas into general practice**. This will inform a more extensive recruitment of overseas doctors this year into the most challenged parts of the country.
15. The success of general practice going forward also relies on the expansion of the wider **non-medical workforce**, and the General Practice Forward View set out our ambition to expand the wider workforce by an additional 5,000 other staff also working in general practice.
16. As part of the first phase of the **Clinical Pharmacists in General Practice** pilot scheme, we have already supported 658 practices in co-funding clinical pharmacy posts, with 491 pharmacists now in post. Recruitment onto the second phase of the scheme, aimed at supporting the employment of a further 1,500 clinical pharmacist in general practice over the next three years, commences in April 2017.
17. Regional networking events for practice managers were held in December 2016 as part of the **Practice Manager Development Programme**. We are also supporting the growth of local and online networks of practice managers to accelerate the sharing of good ideas, action learning and peer support.
18. Funding has been devolved to CCGs to invest in the **training of current reception and clerical staff** to undertake enhanced roles on active signposting and management of clinical correspondence. Active signposting by reception staff provides patients with a first point of contact which directs them to the most appropriate source of help. Web and app-based portals can provide self-help and self-management resources. Receptionists acting as care navigators can also ensure that patients are booked with the right person first time. This frees up GP time, releasing about 5% of demand for GP consultations in most practices. It is then easier for patients to get an appointment with the GP when they need it, and shortens their wait to get help. Clinical correspondence by clerical staff has shown that 80-90% of letters can be processed with the involvement of a GP, freeing up approximately 40 minutes per day per GP. Practices report they are often able to take speedier action on some issues. More detailed coding of clinical information in the GP record also results in improved monitoring and management of certain conditions.
19. In terms of mental health therapists, from January 2017 the first phase of IAPT early implementer sites across 30 CCG areas has been agreed to begin delivering integrated psychological therapies for people with long term conditions and/or persistent and distressing medical unexplained symptoms. Many of these areas are working to integrate with general practice, with new mental health therapists co-located there.
20. **Multi-disciplinary training hubs**, designed to form a locus in an area for primary care workforce planning, multi-professional training and development and clinical

placements, are being established through HEE regional offices. This has benefitted from £3.5 million investment from NHS England.

21. On 8 March 2017, HEE published the **General Practice Nursing (GPN) Workforce Development Plan 'Recognise, Rethink, Reform'**. Coordinated by HEE, NHS England, other ALB colleagues and professional bodies, it made clear the challenges facing the GPN workforce and made a range of recommendations to support and develop the GPN workforce for now and the future. Recommendations address areas such as improving training capacity; raising the profile of general practice nursing; developing GPN educator roles and a proposed nationwide standardised general practice nursing 'return to practice' education programme. In response to these recommendations, CNO England is now overseeing the publication of a GPN *Ten Point Action Plan*. This plan sets out the partnership working and investments for progressing recommendations and actions to ensure GPNs can play their full leadership role in the transformation of primary care.
22. The vanguards have also developed and tested different **new care models**. Common to most Multispecialty Community Providers (MCP) and Primary and Acute Care Systems (PACS) vanguards are the development of **multi-disciplinary teams**. Early evidence from the vanguards shows some encouraging indicators of progress and impact in terms of emergency admissions growth and emergency bed days.
23. We have also focused on the promotion of health and well-being. The **new GP Health Service** was launched on 30 January 2017. It is a free, confidential service provided by health professionals specialising in mental health support to doctors. The service saw 150 new patients in its first month.

Workload

24. Workload is the single biggest concern to GPs and their staff. We are providing support for general practice with the management of demand and diversion of unnecessary work.
25. Further new NHS Standard Contract measures have been introduced into the 2017-19 NHS Standard contract to improve the **interaction between practices and hospitals**. These include strengthened requirements on hospitals for handling queries from GPs and patients and ensuring that shared care protocols are only initiated where the patient's GP is content to accept the transfer of responsibility. A new Primary and Secondary Care Interface Working Group involving the BMA, RCGP, RCP, NHS Clinical Commissioners, NAPP, NHS Improvement and NHS England has been set up and is driving further action to improve this interface between general practice and hospitals.
26. The new **Practice Resilience Programme** was launched in July 2016 to support practices and groups of practices become more sustainable and resilient, better placed to meet the challenges they face now and into the future. The intent was to build on the **Vulnerable Practice Programme** we launched in December 2015 which aimed to support practices identified as in difficulty. The key difference is that the Resilience Programme allows support to even more GP practices, including practices which would welcome help to build resilience but who may not themselves be vulnerable or struggling.

27. National guidance for both programmes is largely permissive, ensuring there is local flexibility and ownership. Guidance sets out the criteria to ensure selection of practices is managed consistently (including practices rated as inadequate or requiring improvement by CQC) and describes a menu of support that should be secured and offered subject to locally prioritised needs. For the Practice Resilience Programme, practices could also self-refer. However many were unaware of this so national deadlines were extended for this programme to give time to raise awareness and provide the opportunity for practices to request support.
28. All funding has been allocated to NHS England's local teams who are responsible for determining the nature of support, securing this and selecting which practices are to be offered support, working locally with CCGs and Local Medical Committees. This support is in addition to (and to some degree analogous to) the turnaround support we commission from the RCGP for practices in CQC Special Measures. We have extended the support to ensure a consistent offer to GP practices during the first round of CQC inspections.
29. NHS England committed to invest £10 million by December 2016 in support to struggling practices through the Vulnerable Practice Programme. A further £40 million was committed in July 2016 through the Practice Resilience Programme with £16 million available in 2016/17 and £8 million a year thereafter until March 2020. As at the end of February 2017, local teams have reported investment of £9.2 million supporting over 600 struggling practices through the Vulnerable Practice Programme and investment of £11.9 million supporting a further 500 practices through the Practice Resilience Programme. All funding is committed to be spent by the end of this financial year.

Practice Infrastructure

30. Improvements in general practice infrastructure (premises and technology) are vital in enabling the type of transformation envisaged.
31. Through the **Estates and Technology Transformation Fund**, a multi-million pound, multi-year investment fund, 560 schemes for practices have already been implemented, over 200 are in progress, and over 800 further schemes have been identified for the 2016-2019 pipeline. Support is being provided which will contribute to improving extended access to effective care across local services; improve existing facilities; increase flexibility to accommodate multi-disciplinary teams and to develop the right infrastructure to expand the range of care for patients, add more training facilities and enable greater use of technology. This will facilitate primary care at scale and more joined up care in local communities.
32. In addition, other **business as usual capital** continues to be invested in:
 - GP IT, to deliver the priorities set out in NHS England's *Securing excellence in GP IT services*, and
 - Premises improvement and development grants funded under the Premises Cost Directions, which are aimed at helping to ensure that general practice services are delivered from quality premises.
33. Measures to support practices with undocumented tenancies have been agreed with NHS Property Services (NHSPS) and Community Health Partnerships (CHP) including making Stamp Duty Land tax reimbursable for the initial term (up to 15

years) and reimbursement of VAT on the rent for the duration of the lease when charged by NHSPS and CHC. To date there has been limited take up of this offer. We will work with the profession and others to take this forward.

34. Greater use of technology is enhancing patient care and experience, as well streamlining practice processes.
35. As part of an early adopter phase, 20 CCGs are implementing NHS **Wi-Fi services** across approximately 1,000 GP practices by 31st March 2017, with a potential reach of in excess of 5 million patients. Wider rollout will commence on 1 April 2017. Each CCG will receive funding to enable them to implement free Wi-Fi across practices for use by professionals and patients by December 2017.
36. Funding is also being devolved to CCGs to support the purchase of **online consultation systems**. The funding will start to be deployed in 2017/18 in line with rules and a specification.
37. **Interoperability of GP systems** is a key enabler for clinicians to provide excellent care for patients regardless of the underlying system used by the GP practice. NHS Digital are developing core technology for a national service which will enable enhanced two-way access to records across practices (operating within appropriate controls). This service will be free to use and open to all suppliers but will need to be integrated by federations and other collaboratives into the systems they use to support services across multiple practices, for example out of hours service centres. The initial 'First of Type' for this new service is planned for April 2017 using Leeds Care Record (delivered by Leeds Teaching Hospitals Trust). Federated GP practices in Kernow CCG are also under the 'First of Type' banner and will commence shortly afterwards using the same access to records technology. Further functionality, appointment booking and sending tasks between GP systems, is planned for delivery by May 2017. Based on success with these sites, a further group of early adopters are planned as the next wave for implementation over the coming months. It is expected that functionality will be available to all practice groups from September 2017 but dependent on the ability of systems used by federations to make use of the core functionality provided by NHS Digital. That will be a matter for each group of practise to negotiate with their respective suppliers. The expectation is that a fully scalable national solution will be available by March 2018 for viewing patient records, booking appointments and sending tasks across practices and in other care settings.
38. Work is ongoing with the supplier market to create a wider and more innovative choice of digital services for general practice. Feasibility, design and discovery activity is underway for commercial and technology models to replace the current GP System of Choice Framework has been tested with the supplier market, including potential new entrants. Early testing with clinical users has commenced with further research and testing planned in the coming months, including with general practice and new care models.
39. We have made significant progress in the roll out of **access to the summary care record to community pharmacy**. Approximately 32,000 pharmacy professionals received training in the use of the summary care record by 12 March 2017. 77% of community pharmacies have accessed the summary care record and the rate of uptake continues to increase. Access to the summary care record supports clinical decision making by pharmacy teams as it enables them to better support patients with

long term conditions; urgent care needs; resolving prescription queries and understanding new medicine regimens on discharge from hospital.

Care Redesign

40. The *General Practice Forward View* committed £500 million by 2020/21 to enable CCGs to commission and fund additional capacity across England to ensure that, by 2020 everyone has **access** to GP services including sufficient routine appointments at evenings and weekends to meet locally determined demand, alongside effective access to out of hours and urgent care services. The *NHS Operational Planning and Contracting Guidance 2017-2019* set out our intent and requirements for CCGs to improve access.
41. The service currently delivered in the General Practice Access Fund sites will expand to transformation areas in 2017/18 so that 50% of the population is covered by March 2018, with CCGs in these localities being funded at £6 per head of population. By March 2018, the Mandate requires that 40% of the country will benefit from extended access to GP appointments at evenings and weekends, but we are aiming for 50%. This will include London who will use funding across the capital to offer 8am-8pm to over 9 million people by March 2018. In 2018/19 all remaining CCGs will receive funding at £3.34 to ensure 100% coverage across England by March 2019. From April 2019 all CCGs will be fully funded at £6 per head of population to continue to deliver.
42. In order to receive funding CCGs will need to demonstrate 7 core requirements through their commissioning. These include specifics on timings, an hour and a half in the evenings and pre-bookable and same day appointments at weekends to meet local population needs, and on additional capacity, a minimum additional 30 minutes consultation capacity per 1000 population, rising to 45 minutes, and connection to the wider NHS system, such as urgent care services.
43. In delivering this, we want to secure transformation in general practice, including a step change in our use of digital technologies, to support for urgent care, as well as changes in general practice services that lay the foundations for general practice providers to move to a model of more integrated services. We would not expect CCGs to invest the totality of funding in additional appointments in the evening and weekends, but to support wider transformation.
44. NHS England would like to see more transparency about the ease of making an appointment in general practice. This will also help us identify where the greatest pressures are in the system, and give us a better starting point for making the case for support in general practice. We have committed to provide better information on general practice waiting times to the public and will be working on this during 2017. Collecting, analysing and interpreting information on general practice is complex and we will work with the profession to look at this in more detail with a view to sharing meaningful information with the public, which reflects the great care and high levels of workload being undertaken in general practice.
45. In their *General Practice Forward View* plans, CCGs were required to include plans to deliver improved access at evenings and weekends and submit a trajectory to show how the CCG will deliver improved access in 2017/18 and 2018/19. Regions have provided a first view confirming CCGs showed that they would achieve the planning

ambition of total coverage by March 2019. We are currently working to confirm the detail of the plans and ensure delivery through NHS England assurance processes.

46. The Planning Guidance also set out how CCGs should plan to spend a total of £3 per head as a one off non-recurrent investment commencing in 2017/8, for **practice transformational support**, equating to £171 million non-recurrent investment. This investment commences in 2017/8 and can take place over two years as determined by the CCG. The investment is to be used to stimulate development of at scale providers for improved access, stimulate implementation of the 10 High Impact Actions to free up GP time, and secure sustainability of general practice. CCG plans show commitment to invest the £171 million over the two years.
47. The new £30 million national **General Practice Development Programme – Time for Care** – is providing tailored support for groups of practices 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. The Programme focuses on three areas: sharing best practice; implementation support, and building long-term capability for improvement in the general practice workforce. National resources and expertise are helping groups of practices plan their own Time for Care programme. To date, 86 schemes are covering 107 CCGs.
48. The **General Practice Improvement Leaders programme** is providing practical training for clinicians and managers to lead service improvement through working smarter, not harder through additional support for the leaders of at-scale primary care collaborations, facilitating knowledge exchange, peer support and capability. We have had 136 expressions of interest to date. The first two cohorts for 2017/18 are fully booked.
49. Free **GP coaching sessions** have also been offered to support practice redesign. At least 327 GPs will have received 2 coaching sessions by the end of March 2017.

Case studies illustrating the local impact from implementation of the *General Practice Forward View*

Increasing the number of doctors in general practice

NHS England and Health Education England's revamped Induction and Refresher scheme to attract family doctors back makes it easier than ever to return to the profession

The first time Dr Frances Clement tried to come back to general practice after a 10-year break she was faced by a wall of bureaucracy and gave up in frustration. But thanks to the revamped scheme to attract GPs back, she has returned to work as a salaried GP in Derbyshire, having been supported and funded through retraining.

The 49-year-old, who now works seven sessions a week for Royal Primary Care in Chesterfield, admitted: "I'm absolutely delighted by what I have achieved. It's obviously the right thing for me at my stage in life. But if you had asked me two years ago, I would not have been able to imagine how I would be able to make this choice."

The newly-simplified GP Induction and Refresher (I&R) scheme aims to make it easier for GPs to return to practice after taking time to have children, work abroad or following a change in profession. The hope is to attract an extra 500 doctors into the NHS through this scheme by 2020-21.

Changes were made to the I&R system in November 2016 to boost financial support and streamline the process.

In Frances' case, her successful return to general practice - from gaining a place on the I&R scheme to starting her current job - has taken 11 months. She had a bursary of £2,300 per month to do it, and a supervised placement overseen by accredited GP trainer Dr Helen Rainford.

Dr Rainford, who is passionate about training and being a GP, added: "I try to make a purpose-built rota for people so that they can learn in an environment that is supportive – in Clement's case, as a working mother."

Those coming onto the I&R scheme from November 2016 receive even more. Their bursary has been increased to £3,500 per month during the scheme, with assistance with indemnity, General Medical Council membership and Disclosure and Barring Service fees. Practical support has been expanded to include a new national support team based in Liverpool, to provide each returner GP with a dedicated account manager and contact point to support them through the process.

Clinical pharmacists in Norwich

Summary

Clinical pharmacists working across GP practices to help patients stay well and out of hospital as well as support GPs and practice nurses with demand.

Three clinical pharmacists are working across five GP practices in Norwich and are pro-actively helping patients stay safe, well and out of hospital as well as support busy GPs and

practice nurses. They began work in spring 2016 and have, according to one local GP “added a whole new dimension to patient care.”

Many patients at the five ‘pilot’ practices are now able to see a clinical pharmacist rather than a GP, because they have the specialist knowledge to help – in just the same way as many patients will see a practice nurse. It means people see the right clinician in the right place at the right time, a key ambition for Norwich’s new GP alliance called “OneNorwich”.

John Higgins, who works from Norwich Practices Health Centre, said: “It has been a big success so far. One of the major successes is that patients enjoy seeing us face-to-face, they ring to thank us afterwards! If a GP is unsure about anything they can send me a note and I will do the prescription via the electronic prescription service (EPS) within ten minutes.”

EPS was rolled out in Norwich last year. As well as prescribe, the clinical pharmacists undertake medicine reviews, help manage discharge of people from hospitals to make sure they are taking the right medicines in the right dose and identify patients who might need ongoing support to stay safe and well.

John said: “Many people with long term conditions like asthma don’t understand the importance of attending annual reviews, which can lead to them not using their medication properly. Some end up going to hospital. We look for those who ‘do not attend’ and telephone them to offer advice. We don’t want anyone going to hospital over winter, no-one does. We are helping prevent admissions by keeping people safe and well.”

John’s clinical pharmacist colleagues in Norwich are Naomi Power, who works in Oak Street and St Stevensgate Practices, and Graham Chapman who works in Woodcock Road and Taverham practices. Both pro-actively reach out to patients who may benefit from additional medicines management as well as supporting colleagues in practices. Naomi is also developing a pain management clinic.

Naomi added: “I think having a clinical pharmacist to talk to directly, who has specialist knowledge and can advise on the latest guidelines, makes all the difference.”

Graham said: “We particularly help in discharge management, being able to identify patients where additional care and support may be needed.”

The pilot is an important part of NHS Norwich Clinical Commissioning Group’s ‘new model of care’ and is being watched very carefully by the interim leaders of Norwich’s new alliance of GP practices called ‘OneNorwich’. Helping patients to see the right clinicians in primary care, not just a GP, is a vital part of their planning. It is also a component of the proposed Sustainability and Transformation Plan for Norfolk and Waveney.

GP Dr Chris Dent, who is on the governing body of NHS Norwich CCG, said: “patient feedback was largely positive. He said: “Clinical pharmacists have added a whole new dimension to patient care by improving the quality and safety of prescribing and helping us to make better use of resources.”

Improving access

Physio First, West Wakefield

Summary

Experience shows that 70% of presentations can be fully dealt with in a single 15 minute appointment. This has reduced pressure on GP appointments and provided better care for

patients, with a significant reduction in the wait for expert advice. Patient satisfaction has been very high, with 100% rating their experience as 'good' or 'very good'.

Patients contacting the practice with a new musculoskeletal problem are offered an appointment directly with the physiotherapist, often on the same day, without needing to consult a GP.

As part of the GP Access Fund, six practices in West Wakefield found that around 20% of GP appointments were for musculoskeletal complaints. To release GP time, they arranged physiotherapy sessions at one of the health centres, bookable directly using the GP clinical system.

Receptionists, working as care navigators, ascertain the patient's need when they first contact the practice. Patients presenting with a new musculoskeletal problem from a pre-determined list are offered an appointment with the physiotherapist rather than a GP. This is also offered as part of the online consultation system being used by the practices.

The physiotherapist has 15 minute appointments with patients. They have full access to the GP record, making it easier for them to make a safe and accurate assessment, and allowing them to record the consultation in the notes. The appointment provides an assessment of the problem and advice on exercises and self-management. Where appropriate, the physiotherapist makes an onward referral for continuing therapy. They may also request a prescription via reception or refer back to the GP. Receptionists ensure this is handled in the most appropriate way.

Impact

Experience shows that 70% of presentations can be fully dealt with in a single 15 minute appointment. This has reduced pressure on GP appointments and provided better care for patients, with a significant reduction in the wait for expert advice. Patient satisfaction has been very high, with 100% rating their experience as 'good' or 'very good'. Practices themselves are pleased, too, and the scheme expanded rapidly from one to all six practices in the first few months.

Practice Resilience

Pioneer medical group

The Pioneer Medical Group was created as part of a merger between three practices in the south west. Each of the practices faced different issues. Avonmouth practice was identified as vulnerable due to the reliance on part time workers, meaning high locum costs, and the prospect of losing funding. Ridingleaze had long term difficulties in recruiting replacement partners for two which had retired and one which had gone on maternity leave. Bradgate was looking to develop long term sustainability (there were 6 clinical partners but no salaried GPs). All three practices were clear that they wanted to bring certainty, sustainability and resilience to their practices whilst focusing on patient centred care.

Using funding available under the vulnerable practices fund, Pioneer Medical Group (PMG) was formed on the 1st April 2016 and is the merger of Bradgate Surgery, The Medical Centre Ridingleaze and Avonmouth Medical centre.

By merging, the practices have been able to maintain their long term sustainability while also maintaining the continuity of care that their patients valued. All evidence supports that this has a significant impact on hospital admissions and patient satisfaction.

The practices were also able to expand the wider primary care team e.g. pharmacists, physicians associates and social prescribers. Clinical expertise is shared across all sites via internal referrals. If there are gaps in service at one site yet over-staffed at another the partnership will ensure that patients are not disadvantaged by relocating clinical sessions from one site to another. Locum costs should reduce significantly.

The merger has also allowed the practices to make better use of technology and new systems of working. Patients are able to consult at any base with any clinician and IT is used to expand the range of options available to patients. With a larger clinical workforce, increased number of clinical bases, greater use of IT and working with our primary care colleagues we are able to support the development of access to primary care at evenings and weekends. We believe that this model is safe, sustainable, responsive, and can grow as patient need and numbers dictate.

Not only are all three practices now in a much more sustainable position, they are now in a position to support other vulnerable practices. The agreed plan with NHS England is that Hotwells Surgery will merge with PMG on the 1st January 2017. Hotwells Surgery has a list size of 3,300 and is currently identified as vulnerable. The practice is run by a single handed GP who will be retiring in 2017. The service uses long and short-term GP and nurse locums and has no employed management.

Estates and Technology Fund

New Brighton

St Georges Medical Centre wanted to provide a new model of personalised and co-ordinated health care services for their registered patients by integrating local, community and secondary care services in-house. The supported improvements saw three administrative rooms totalling 137 square metres being renovated into six consulting rooms to support delivery of primary medical services. The new rooms increase space utilisation for the practice in order to increase patient contact time and help reduce emergency admissions of the frail and elderly by offering more preventative care and support.

In line with the Five Year Forward View, the additional consulting space will also create opportunities for the practices to host 8-8 working as part of a single organisation, federation or network of practices, enhanced services to support patients manage their conditions in community settings and host outpatient consultations.

Lincolnshire

Care Portal is a ground-breaking new IT system allowing doctors to see a patient's complete medical record for the first time. The new system, installed across Lincolnshire, will allow instant access, if a patient gives permission, to a complete set of medical and care records, helping health and care professionals make decisions quickly and appropriately. It will also allow patients to access their own records online and enable them to choose to share their records with others, such as family members and carers.

Care Portal is powered by InterSystems' global leading health informatics platform 'HealthShare'. The initiative was developed as part of the Lincolnshire Health and Care (LHAC) programme – a partnership of 13 health and care organisations across the county working together to find ways of transforming services.

As part of this work, which has involved hundreds of clinicians and included engagement with over 15,000 residents in the county, the lack of access to full medical records emerged as a key problem. Medical and care professionals identified the issue as a crucial hurdle to joined up services and a problem which currently wastes valuable staff time. Patients also made it clear they were frustrated when they often had to repeat their story several times to different people during their care.

LHAC has managed to secure nearly £1m of NHS funding to support the introduction of the Care Portal and implementation will be phased over the next two years. As well as improving the experience and treatment of patients it is believed the new Care Portal will make a real difference to the over stretched finances of the local health community. For example:

- It is believed the Care Portal would release time to devote to patient care, saving nurses and doctors between 10 and 15 minutes a day by avoiding the need to access several different systems a day. Multiplied across the hundreds of staff across the county it will free up huge amounts of time.
- Based on figures from other Trusts, ULHT estimates that the Portal may lead to a reduction of 8% in the number of patients sent for imaging tests and result in up to 27% less lab tests ordered.
- It is estimated that reductions in the number of patients sent for tests could save around £4m a year in Lincolnshire.