

General Practice Forward View

Mark Sanderson
Deputy Regional Medical Director
NHS England - Midlands and East



- Overview of GPFV
- What's happening across Midlands and East
- The picture in the East of England



The Challenges



GENERAL PRACTICE FORWARD VIEW



**UNDER
INVESTMENT**

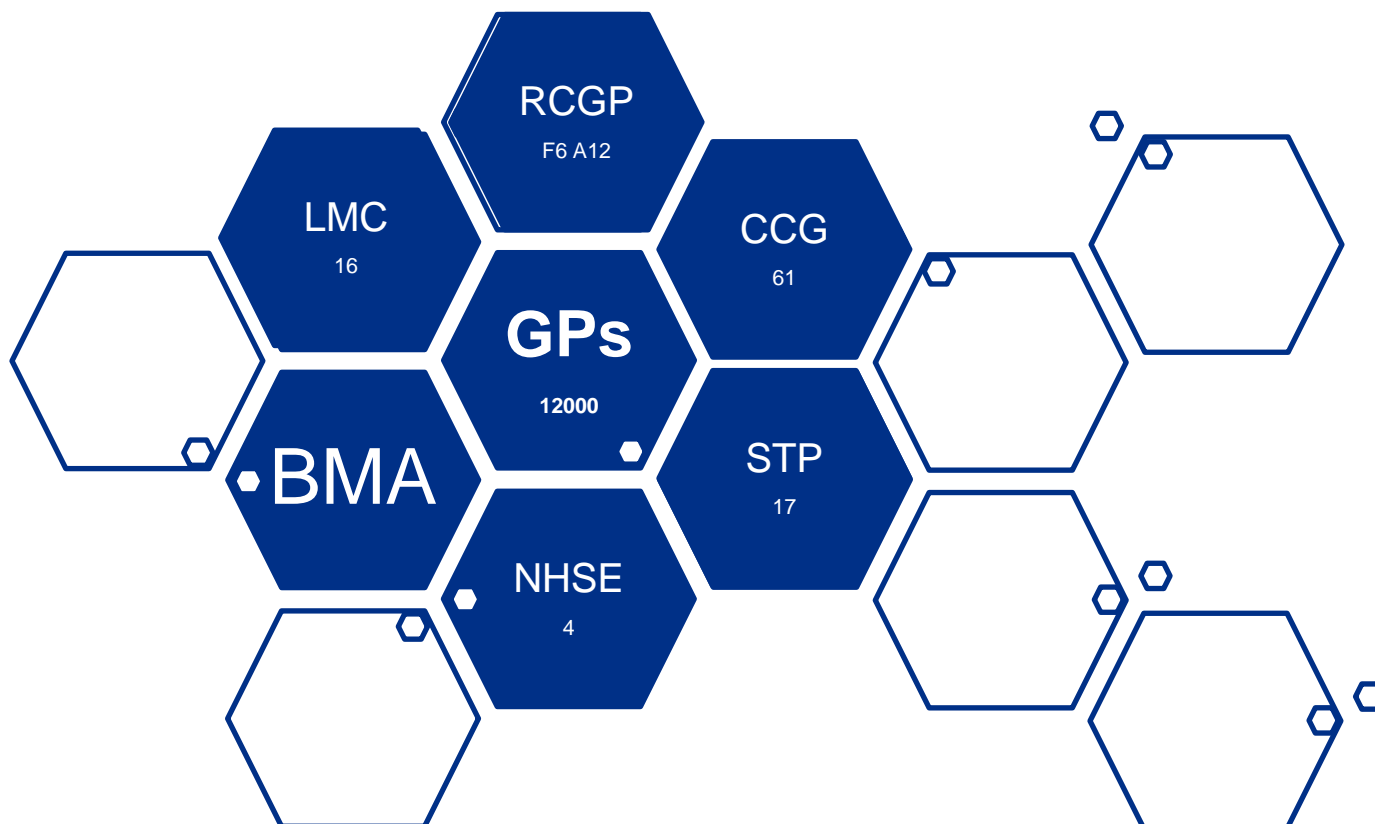
**WORKFORCE
CHALLENGES**

**The
problems**

**UNFUNDED WORK
RISING DEMAND
BUREAUCRACY**

**INADEQUATE
INFRASTRUCTURE**

Views on the GPFV



What do GPs think of GPFV?

PULSE At the heart of general practice since 1960

“**OPINION**
Some free advice for Jeremy Hunt

↑ NEWS ↓ VIEWS ↓ CLINICAL ↓ YOUR PRACTICE ↓ HOT TOPICS ↓ TRAINEE PULSE 🔍

HOME → HOT TOPICS → GENERAL PRACTICE FORWARD VIEW

Six in ten GPs say morale has deteriorated since publication of GP Forward View

23 November 2016 | By [Jaimie Kaffash](#)

THE ULTIMATE STOP SMOKING ROADSHOW 2017

3 EVENTS ACROSS THE UK

Nottingham - 17.01.2017

- Meeting the challenges
- Clinical study news
- KOL-led presentations

This programme is funded and funded by Pfizer and may include references to Pfizer products and services. The special topic.

Pfizer

Details and free HCP registration at:
www.ultimatestopsmokingroadshow.co.uk

Date of preparation: October 2016 PP-CHN-688-0478

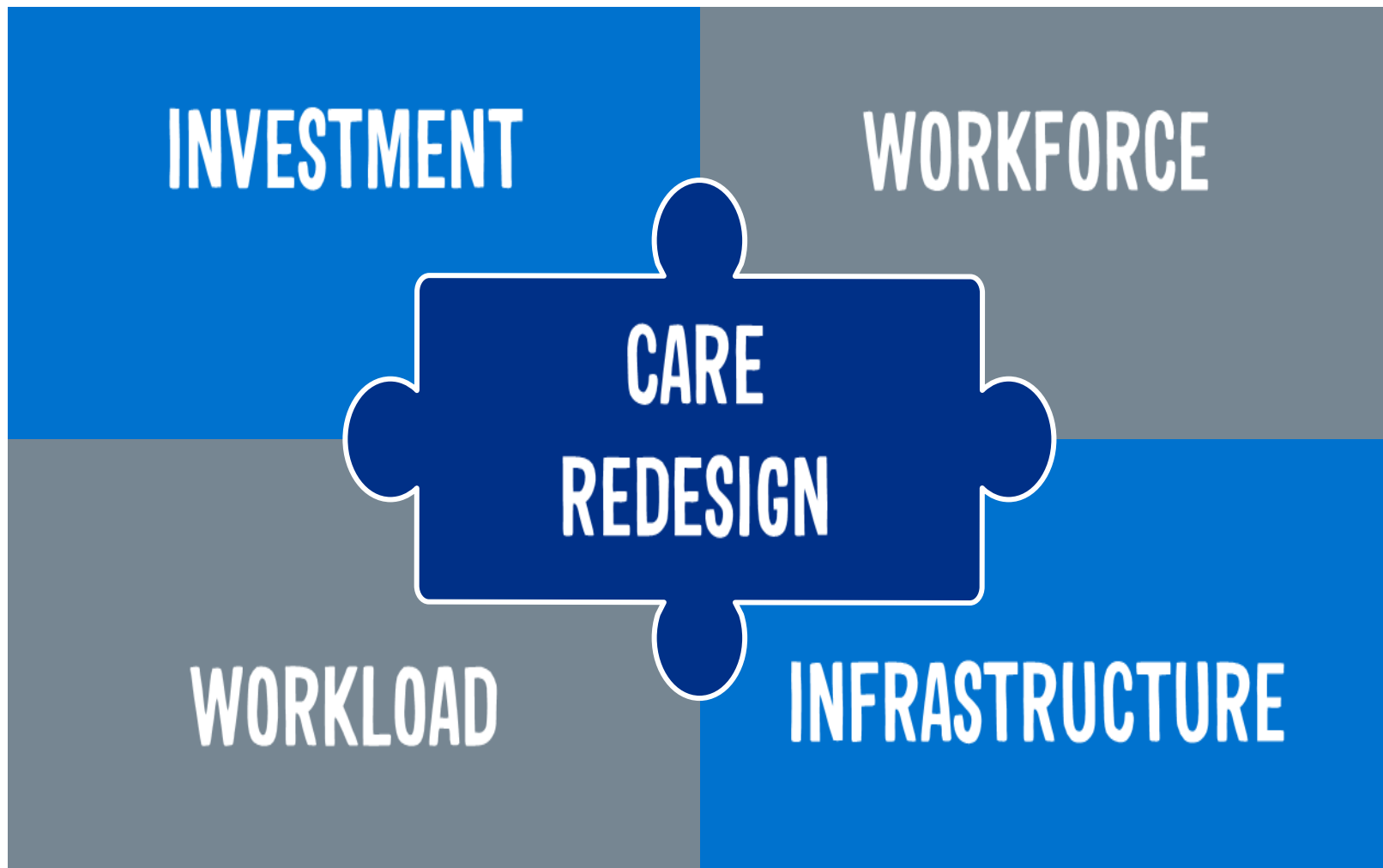


Midlands and East GPFV practice engagement

- Regional GPFV Events in collaboration with RCGP and HEE February – April 2017
- Regional GPFV Events for CCGs and STPs May 2017
- LMC GPFV engagement event 12th July
- Regional GPFV Stakeholder group starting October 2017 with representatives from LMCs RCGP and BMA GPC
- Regional newsletters

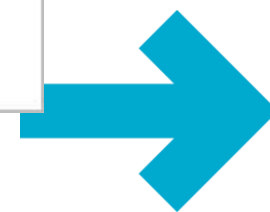
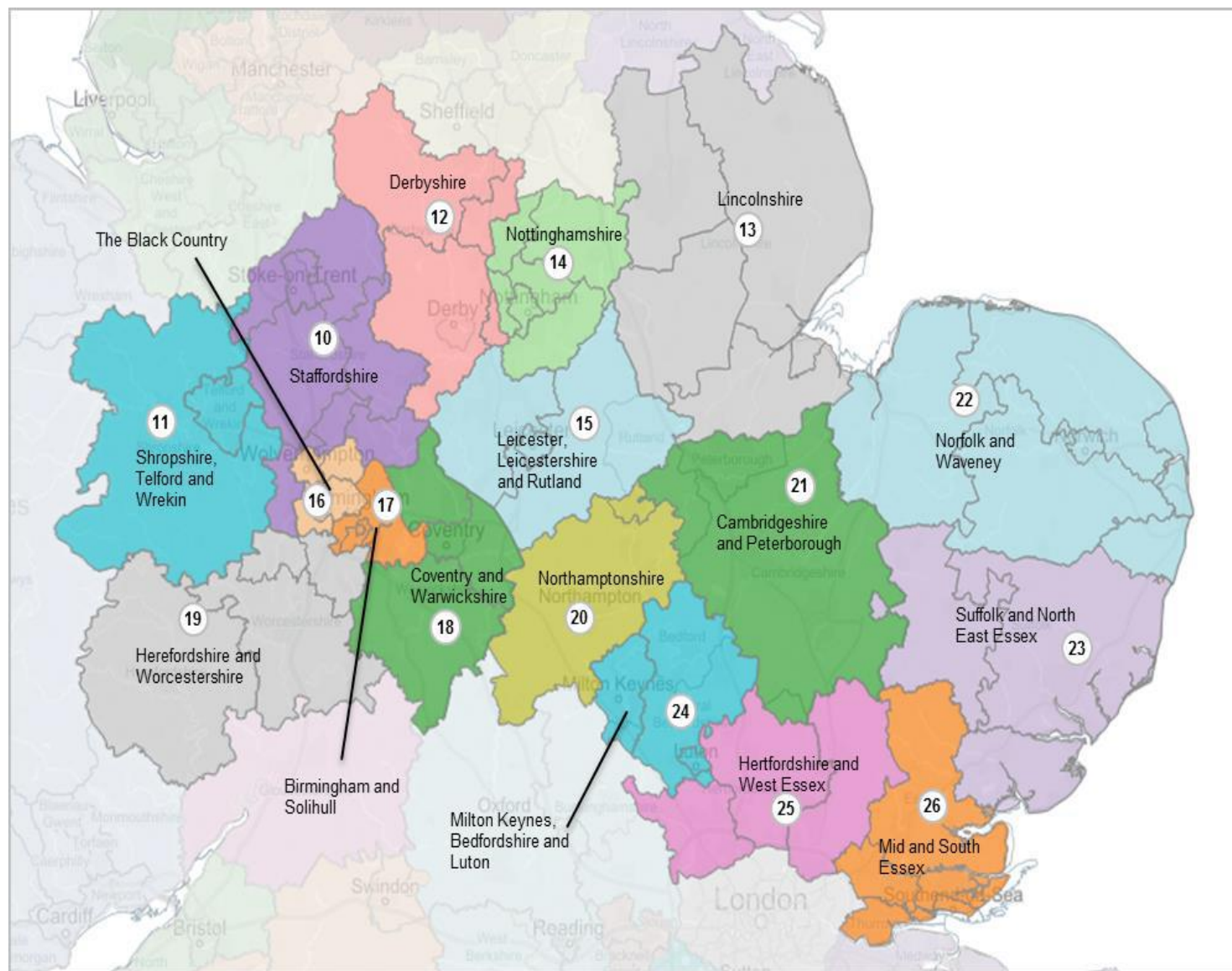


GENERAL PRACTICE FORWARD VIEW



- <https://m.youtube.com/watch?v=bMDTp23vy3c>





GPFV Access



Background

Over the last few years Improving GP Access has been supported by key policy and funding initiatives including:

- Direct Enhanced Services Contracts
- Prime Ministers Challenge Fund to improve access to primary care services (£50m in 2013 and £100m in 2014)
- Uncommitted winter monies
- Out of Hours
- Urgent Care Centres
- Walk in Centres (Darzi 2008)



Aims

- National requirement for GP Extended access population = 20% by March 2017, 50% by March 2018 and 100% by April 2019.
- Population coverage is expected to be 29% by March 2018 - in line with M&E funding received. (Regions receive funding at different levels until March 2019 when all areas will have funding for 100% population.)



Definition of Extended Access

- **Full provision** – patients have access to pre-bookable appointments on Saturdays and on Sundays, and on each weekday for at least 1.5 hours, either in the early morning before 8am, or in the evening after 6.30pm; through the practice of the group which the practice is a member of;
- **Partial provision** – patients have access to pre-bookable appointments on at least one day of the week through the practice or the group which the practice is a member of, but the extent of extended access offered is not sufficient to meet the criteria of full provision;
- **No provision** – practices that have no extended access arrangements in place on any day



GPFV 7 Core Requirements

Timing of appointments:

- Commission weekday provision of access to pre-bookable and same day appointments to general practice services in evenings (after 6:30pm) – to provide an additional 1.5 hours a day;
- Commission weekend provision of access to pre-bookable and same day appointments on both Saturdays and Sundays to meet local population needs;
- Provide robust evidence, based on utilisation rates, for the proposed disposition of services throughout the week;
- Appointments can be provided on a hub basis with practices working at scale.

Capacity:

- Commission a minimum additional 30 minutes consultation capacity per 1000 population, rising to 45 minutes per 1000 population.

Measurement:

- Ensure usage of a nationally commissioned new tool to automatically measure appointment activity by all participating practices, both in-hours and in extended hours



GPFV 7 Core Requirements

Advertising and ease of access:

- Ensure services are advertised to patients, including notification on practice websites, notices in local urgent care services and publicity that into the community, so that it is clear to patients how they can access these appointments and associated service;
- All practice receptionists able to direct patients to the service and offer appointments to extended hours service on the same basis as appointments to non-extended hours services. Patients should be offered a choice of evening or weekend appointments on an equal footing to core hours appointments.

Digital:

- Use of digital approaches to support new models of care in general practice.

Inequalities:

- Issues of inequalities in patients' experience of accessing general practice identified by local evidence and actions to resolve in place.

Leadership & Governance

- Ensure leadership and governance arrangements in place



Investment

The East has four Prime Minister's GP Access fund schemes (wave two) running, these are:

- Cambridgeshire and Peterborough CCG: has been allocated £1.503m of wave two funding
- Ipswich and East Suffolk CCG: has been allocated £2.320m of wave two funding
- Basildon and Brentwood CCG: has been allocated £474k of wave two funding
- West Essex CCG: has been allocated £1.792m of wave two funding



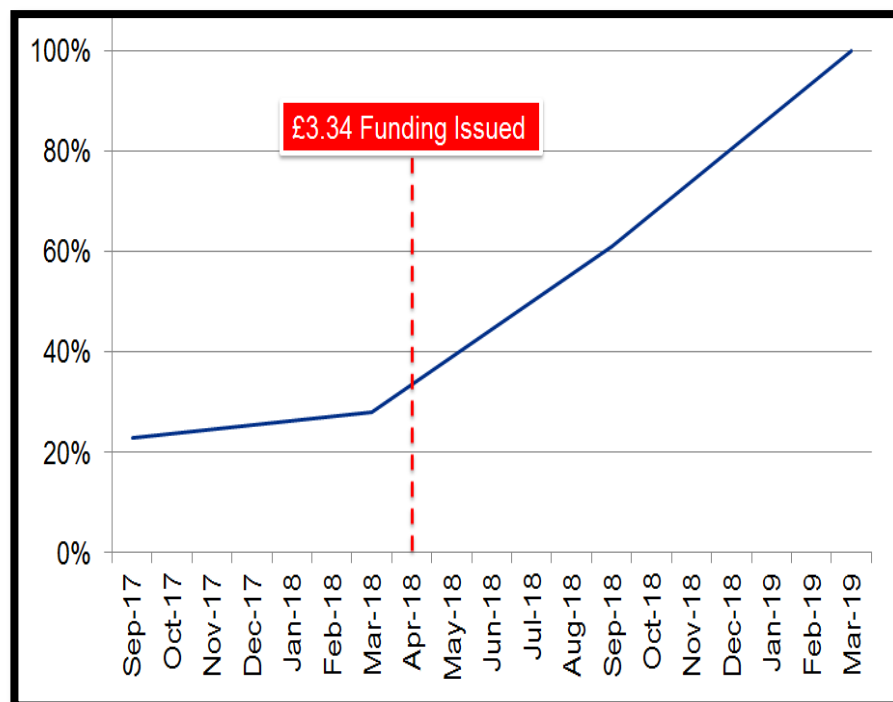
How is the East Performing?

	Total Registered population	Funded Population 17/18		Current delivery	
		%	Volume	%	Volume
DCO Total	4,509,091	17.1%	1,054,599	24.6%	1,323,688

Overall the East DCO is delivery **24.6%** Access in line with 7 core requirements of GPFV.

The **National target** is to deliver:

- 20% access by March 17
- 50% access by March 18
- 100% access by March 19



Ipswich & East Suffolk Scheme

- In collaboration with Suffolk GP Federation, the CCG established the Suffolk GP+ scheme.
- Access to GP appointments on weekday evenings, weekends and bank holidays for people with an urgent need or who find it difficult to attend weekday appointments.
- Initially nine month NHS pilot in Ipswich and Bury St Edmunds, now expanded to hubs in Felixstowe, Stowmarket, Leiston and Wickham Market.
- Staffed by Suffolk GPs, nurse practitioners and nurse prescribers
- More than 80 local Suffolk GPs have signed up to the Suffolk GP+ bank of doctors whilst still continuing to work for their own practice.
- The available appointments offered by this service have been allocated across; 40 practices that form the CCG area; 111 service; and A&E/Paramedics.



Audit

- Audit over the 18th and 19th July 2017
- High degree of participation from local GPs and practice staff.
- Positive relationship with the current provider
- CCG met all of the agreed six criteria ('Measurement' criterion was agreed 'out of scope')
- 45 minutes of extra consultation time per 1000 pop. per week not met however the contract with Suffolk GP Federation updated to meet target.
- Areas of the services still developing and number of improvement areas to increase utilisation and promote the scheme across the CCG locality, eg further promotion of weekend appointments, and continued development of those hubs that fall outside of Ipswich.
- The provider is also working to continue to blend the scheme with OOH/ 111 and A&E service.



GPFV Workforce



5,000 Net FTE doctors in general practice by 2020/21

Encourage Recruitment

- **Medical schools**
- Health Education England increasing **training** places
- 250 Post-CCT **fellowships**
- Major **campaigns**
- CSU marketing **support**
- **Large scale** International **recruitment**
- **Ensure all trainees posts are filled**

Make GP attractive again

- Reduce **workload**
- **Induction & Refresher** scheme
- **Bursaries** in under-doctored areas
- **Retainer** Scheme
- **Leadership** training opportunities
- **HEE Training Hubs**
- **Work with trainees to determine how to maximise conversion of trainees to working GPs**

Retention

- **Flexible** career schemes
- **Career coaching** for GPs
- **GP Health Service**
- **Reduce burden of revalidation**
- **Understand possible retirement rates**

- 5,000 more FTE doctors working in primary care by 2020 compared to a September 2015 baseline
- 5,000 FTE more non-medical staff working in primary care including:
 - 1500 pharmacists
 - 3000 Mental Health Therapists
 - 1000 Physician Associates



- Used a weighted methodology between improving the population coverage in shortfall areas and increasing equally the proportion of doctors
- Agreement with HEE to apportion 1,502 as follows:

	FTE doctors Sep 2015	Planning Target Share	Expected FTE doctors Dec 2020
GP Trainees (HEE)	1,505	193	1,698
Trained GPs (STPs)	9,001	1,309	10,310
	10,506	1,502	12,008

Table 1. M&E baseline at September 2015, planning target and Expected FTE by December 2020. Baseline numbers are sourced from the workforce minimum dataset.



GP Numbers by STP

Norfolk and Waveney STP	88
Suffolk and North East Essex STP	86
Cambridgeshire and Peterborough STP	59
Mid and South Essex STP	96



GP Attraction and Retention

Targeted Enhanced Recruitment (TERS)

- GP Trainees receive 20k incentive
- 23 out of 24 trainee places filled in Lincolnshire in 2016/17
- Extended for 2017/18 - further 42 trainee places planned across Lincolnshire, Sherwood Forest, Kings Lynn and Great Yarmouth

GP Retention Scheme

- Regional target 90 GPs
- Regional pilot site, 52 GPs, to monitor GP Retention Scheme numbers

GP Career Plus

- National pilot to explore models of working at scale- 80 GPs
- Three pilot sites:- 27 GPs: Birmingham Cross City CCG, North Staffordshire CCG and Stoke on Trent CCG; NHS Great Yarmouth and Waveney CCG



Other Staff: Clinical Pharmacists

- Regional target of 444 clinical pharmacists (148 per year x 3)
- 121.4 WTE Clinical Pharmacists approved to receive funding
- Next bid submission deadline – 29th September 2017



- £20m agreed funding increased
- 166 Regional target exceeded
- Phase 1 Pilot Sites: Lincolnshire and Essex – 75 GPs
- Phase 2: proposals totaling 229 GPs
- More proposals being prepared
- Next submission deadline – 30 November 2017

Phase 2 Approvals	Recruits	£
Birmingham and Solihul CCGs	100	£3,600,000
Norfolk & Waveney, and Suffolk CCGs	74	£2,664,000
Cambridgeshire & Peterborough CCG	30	£1,078,200
Staffordshire STP	25	£ 900,000
Total	229	£8,242,200



Case Study International Recruitment

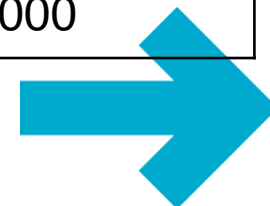
The East is the only DCO that has the 4 STP's part of the International Recruitment Programme

The East

Support has been provided to both Norfolk and Suffolk, and Cambridgeshire and Peterborough, on forming bids for international recruitment of GPs. This has resulted in two successful bids, which when complimented by the wave one Essex International Recruitment Project has resulted in the East DCO being the only area across the Midlands and East with all STPs supported by the International Recruitment project.

The two recent successful bids have resulting in the following:

Area	Number of GPs bid aims to recruit	Amount bid for (£)
Cambridgeshire and Peterborough STP	30	£1,078,200
Norfolk & Suffolk	74	£2,664,000



Essex Scheme

- Collaboration (with joint funding) between the Essex CCGs and NHS England (East)
- Pre-dated national funding.
- Long history of under-GP area and previous overseas GP recruitment schemes.
- Early decision to make it “business as usual”:
 - Small batches of EU GPs;
 - About 5 a quarter.
 - Into the foreseeable future.
 - Each CCG would rotate turns to take a batch of new GPs



Essex Scheme

- GPs passed to the scheme with:
 - GMC registration;
 - On the GMC GP register;
 - ie complete with IELTS 7.5 etc.
- Essex scheme aimed to:
 - Prepare and support EU GPs to get through I and R scheme.
 - Local induction.
 - “Love” and retain.



GPFV Other Activity



- **Estates and Technology Fund** - prioritisation and pipeline
- **Over 800 schemes in pipeline** from 2016-19 (subject to due diligence) on top of 560 already completed
- **BMA approved lease with NHSPS properties**
- **Project Management** support to speed up delivery
- **100% reimbursement** of premises costs in certain circumstances (rather than up to 66%)
- **Fund £7M Stamp Duty** for NHS Property Services tenants
- **Compensate VAT** where the landlord has chosen to charge VAT
- **Transitional funding** for significant rises in facilities costs

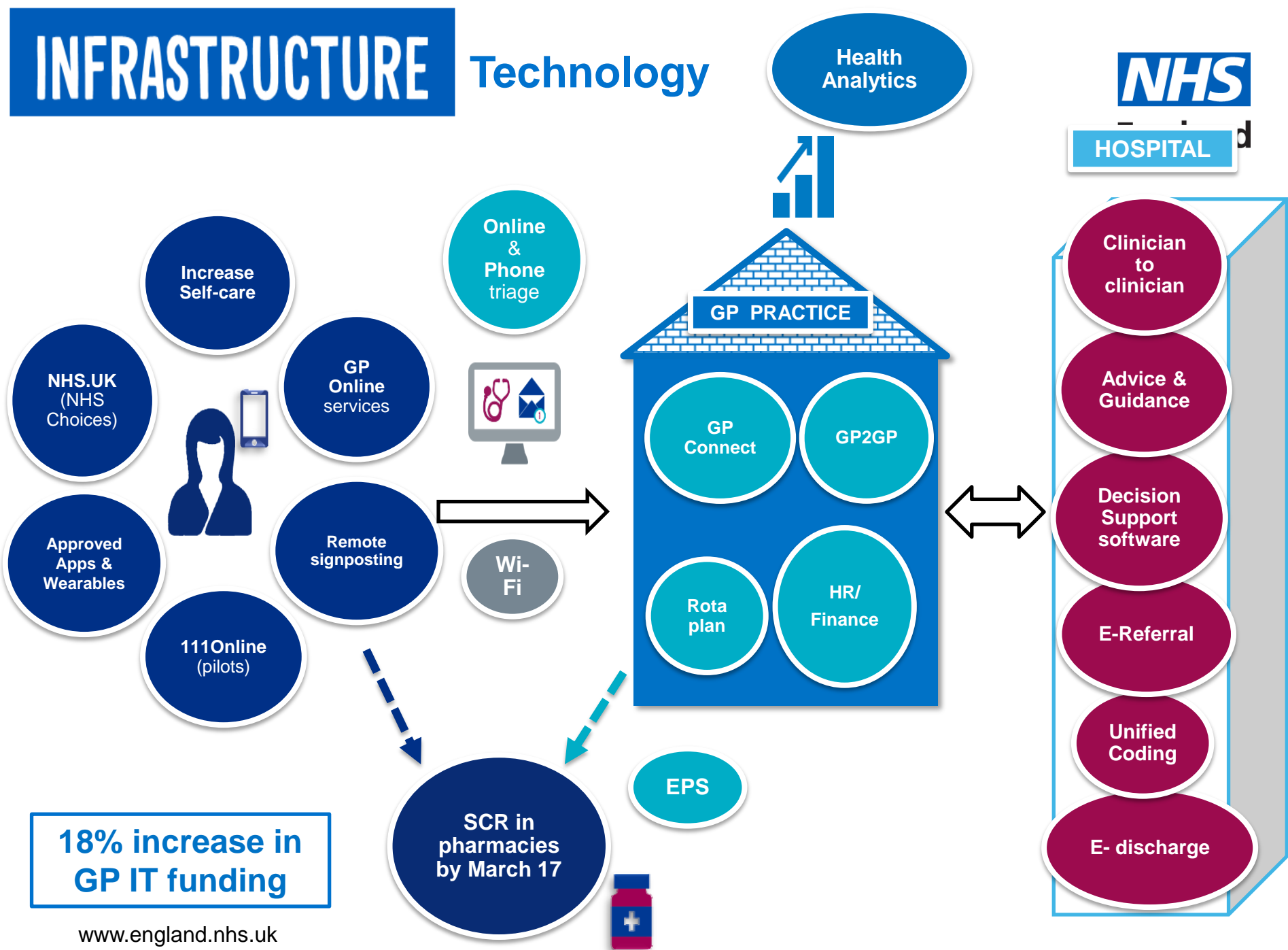
INFRASTRUCTURE

Technology

Health Analytics

NHS

HOSPITAL



General Practice Development Programme

(£30M over 3 years)

Innovation Spread

10 High Impact Actions to release time for care

- Regional GPFV **roadshows**
- Local High Impact Actions **showcase events**
- **Webinars**
- **Web** resources
- **Network** of experts

Time for Care

- Bespoke 9 month **action learning programmes** with expert input - aligned to local initiatives
- Rapid **on-site Lean redesign** support from The Productive General Practice

Building Capability

- Training to build **change leadership capabilities** – up to 400 places / year
- Support **RCGP Federation Network** and NHS Collaborate
- **Practice Manager** networking and development

Sign up at www.england.nhs.uk/gpdp

Resilience

- Group of practices in one area that all had significant issues and at risk of ‘falling over’
- Collectively bid for minor illness hub funding but later changed to diagnostic and specialist advice for collaborative working
- No resource or the knowledge to do such a comprehensive diagnostic without the external support
- Much better understanding of what our collective needs are, what we are trying to do, solutions to how we might work together, developing and cementing of relationships, thinking of issues together
- Still on the journey but potentially a strong solution for the area



GPFV

Key

Challenges

STPs and Primary Care

- Initial plans at CCG level lacking detail
- All CCGs now resubmitted plans spring 2017 with STP sign off
- All RAG rated. Biggest risk area workforce
- Significant variation in the inclusion, quality and detail of primary care in plans
- Some of this is likely to relate to the relative size of STP footprints in relation to primary care
- Engagement with primary care providers is not always apparent and is more difficult for those areas where there is less transformation, e.g. vanguards
- Plans being resubmitted end of October 2017

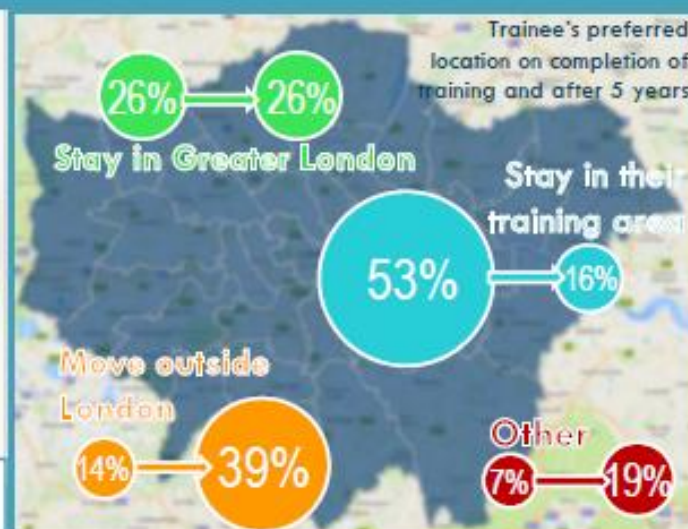


Workforce

- A realistic picture of current and future primary care workforce and workload variation is required either through enhancing existing or alternative tools. DCOs/CCGs are starting to explore and progress this;
- Responsiveness of GPs to provide further workforce information is a challenge;
- No evidence base for the benefits of appointing clinicians that aren't GPs is making it hard to encourage this in primary care;

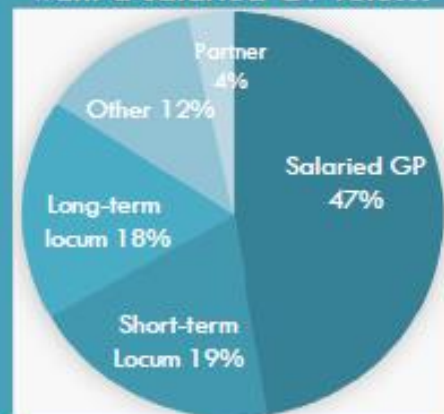


95% of GP trainees feel prepared for their new roles in General Practice

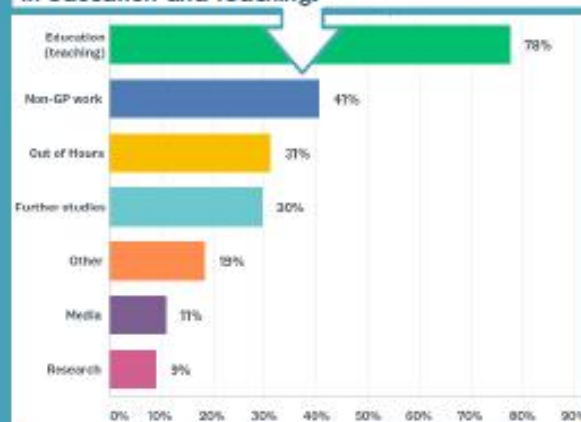


London's GP trainees... what they said*

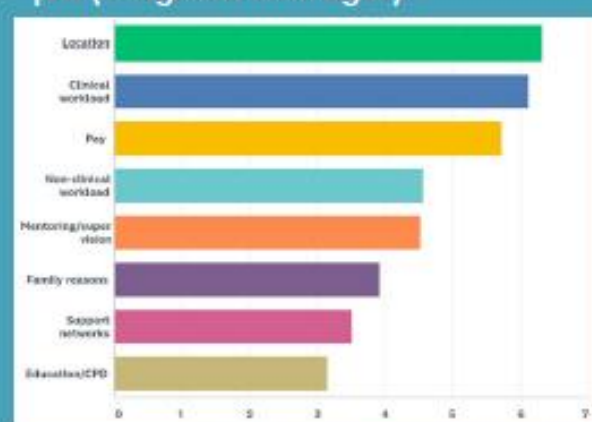
Nearly half of all trainees want a salaried GP role...



The majority of GP trainees (93%) want a portfolio career with 78% wanting to be involved in education and teaching.



Factors affecting trainee's choice of job (weighted averages)



* London GP Trainees (ST3) survey July 2017 (n: 58)

Access

- Large number of CCGs who state they will deliver extended services in the final six months of the programme
- A number of practices who are not committing adequate time to clinical appointments or who are closed during core hours are identified
- GPFV plans have been written however the detail is still being developed
- Influence on access targets by other related work streams such as the workforce programme



STRENGTHS OF GENERAL PRACTICE



England

General practice provides **safe**, **high quality** and **efficient** care, with very high levels of patient **satisfaction**. It has a unique and vital place in the NHS...



Holistic perspective understanding the whole patient not just a disease



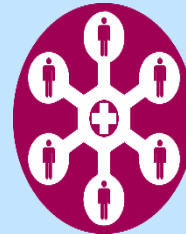
Accessible, personal care built on a relationship from cradle to grave



Comprehensive skills to diagnose & manage almost anything



Community based responsible for prevention and care of a registered population



First port of call and **central** point of care for **all**, for **life**

Personal and population-orientated primary care is central ...

if general practice fails, the whole NHS fails. Simon Stevens, General Practice Forward View

Working together

- What is your role as a GP educator?
- Have you links into your local STP?
- Are you contributing to your CCG plans?
- Are you linked into your local NHS England DCO?
- **How can we work closer together?**