

General practice 2017/18

BMA



Overview

- Response to challenges facing general practice
- 2017/18 contract negotiations
- Current issues
- General Practice Forward View
- Primary/secondary care interface
- Multi-specialty Community Providers (MCPs)
- Working together at scale

Response to challenges

- Positive 2017/18 national contract negotiations
- Crisis impacting the whole of NHS and social care
- Need to get most out of GPFV but not be limited by it
- Ensure that funding is not lost and reaches practices – local oversight vital
- Need to keep pressure on NHS England and Government
- GP survey – solutions for general practice must involve changing environment outside the core contract (GPFV, collaborative working)

17/18 GMS Contract

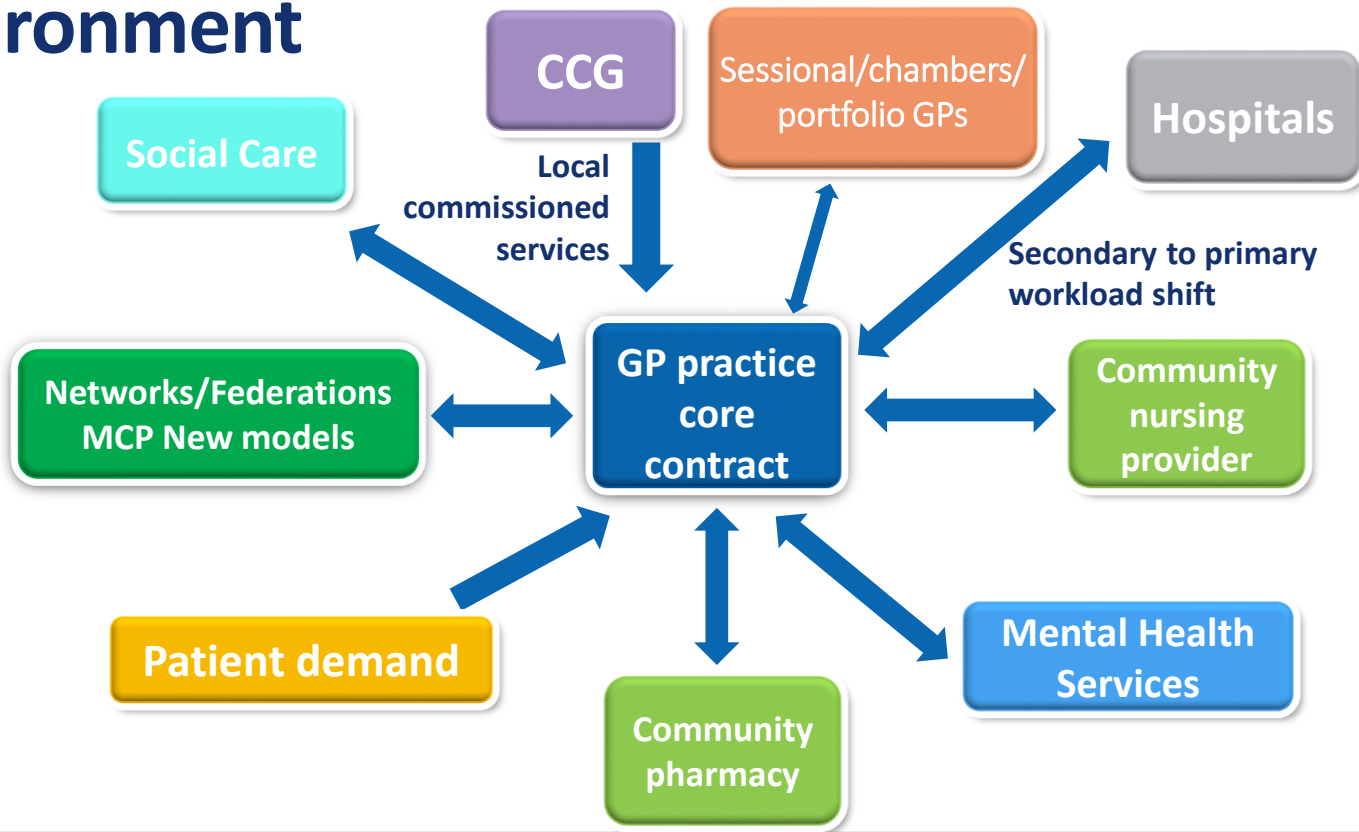
- Negotiations with NHS Employers almost concluded
- Delay due to politically pressing matters for the government

Contract overview

- Annual revision to contract; limited to scope of contract
- Call for stability (LMC conference)
- Will not sort out the overall problems for general practice
- Local commissioned services can have greater financial impact on practices
- Unresourced workload *outside* contract remains important area to address

The GP contract as part of a wider environment

BMA



Current issues – PM comments

- Comments by No 10 press briefing on 13 January:
 - *scapegoating GPs, with failure to extend their opening hours putting pressure on emergency medicine departments*
 - *cuts to funding would be applied to surgeries that did not seek to widen opening hours*
- Immediately and strongly rebuffed in press as unacceptable slur on general practice
- Clear attempt to move media attention away from wider NHS and social care crisis
- Letter from BMA chair of council condemning comments and calling for urgent meeting
- Letter sent to all GPs providing reassurance that cuts to funding will not happen and no changes to core hours

Recent news coverage



GPs being made scapegoats for A&E pressures, says BMA

14 January 2017 | Health



The doctors
England see

The government
says a week

Date 05 January 2017
Page 9

NLA eClips

NHS is paying millions to private firms to scrutinise patient referrals

HEALTH

By Patrick Flanagan

The NHS is paying millions of pounds to private firms that say patients being referred to hospital by their GP are investigated less thoroughly.

Controversial referral management centres are used by some clinical commissioning groups (CCGs) to scrutinise patient referrals to specialist hospital services by family doctors, investigators from the British Medical Journal found.

Supporters claim they can cut down on inappropriate referrals, saving the NHS money. Critics warn that the centres are a waste of time.

The analysis follows the BMA's report on North Durham CCG's decision to have GP referrals screened by private company Ahead Health, which employs NHS consultants and specialist GPs to review referrals.

North Durham CCG's decision to have GP referrals screened by private company Ahead Health, which employs NHS consultants and specialist GPs to review referrals.

Blackburn Woods has criticised the scheme. Dr Richard Vaux, deputy chairman of the British Medical Association's GPs committee, told the BMA "CCGs are not looking at these schemes without any

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We need to stand up to Government hyperbole

January 2017
Dr Mark Sampson-Wood



GPs urged to commit to seven-day service or lose funding

14 January 2017 | Health



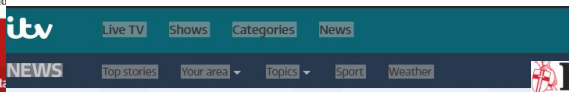
200 shut practices

HEALTH FEAR 2

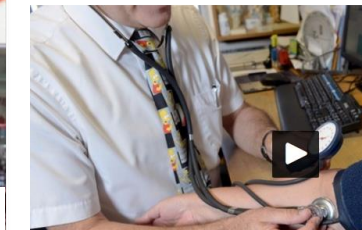
ALMOST 200 GP practices shut last year, published by NHS Digital list just 7,532 open across England, down by 181.

Seven practices closed in Brighton over two years, affecting more than 30,000 patients. The British Medical Association fears closures are at record levels due to increased workloads and lack of funding.

Last month Helen Stokes-Lampard, chair of the Royal College of GPs, said patients face waiting a month to see a family doctor as surgeries struggle with demand.



Doctors reject Theresa May's demand for GP surgeries to open seven days a week



Theresa May must stop scapegoating GPs and tacit funding crisis in the NHS

The Prime Minister has no understanding how GPs work, writes Dr Kalash Chaudhary



Theresa May's ultimatum has angered GPs (Photo: BBC)



Doctors reject Theresa May's demand for GP surgeries to open seven days a week



Furious doctors reject Theresa May's demand for GPs to stay open seven days a week

DOCTORS' leaders have rejected a demand by Theresa May for GP surgeries to open seven days a week, saying they are already struggling to cope.

GPs hit back after Theresa May demands extended opening hours



Patients are waiting for up to two weeks for a GP appointment (Photo: PA)

Current issues – premises

- Awaiting updated Premises Directions
- This will include 100% grants for Estates & Technology Transformation Fund
- NHSPS lease agreed but continued discussions on service charges

Current issues – firearms

- New arrangements April 2016
- GPC took lead mid-November (previously Professional Fees Committee)
- Task and finish group established
- Twin track approach
 - Safe advice to cover all preferences
 - Engagement with HO to change system
- Augmented comprehensive advice expected mid-Feb

Current issues – private provision to registered patients

- Raised again both in negotiations and directly with NHS England
- Requested change to regulations to allow GPs to provide services not available on NHS to own patients e.g. minor surgery
- Highlighted benefits for patients, GPs and commissioners
- NHS England not prepared to consider because of political sensitivities

Current issues – winter pressures

- QOF suspended in Wales and Northern Ireland
- Written formally to NHS England to demand consideration is given to similar agreement
- Tamiflu prophylaxis in care homes
- Not covered by GMS contract
- Discussion with PHE and NHS England

Current issues – Capita, TPP QRISK and SBS

- SBS note transfer failure
 - LMCs have been notified
 - Practices should now have received copies of correspondence and details of how to claim for workload
- PCSE/Capita and QRISK
 - Issue of compensation being addressed
- PCSE/Capita
 - workload of labelling and bagging records needs to be addressed prior to planned roll out from West Yorkshire pilot and hope to announce soon
 - Performers list, record transfer and other system failure issues being addressed

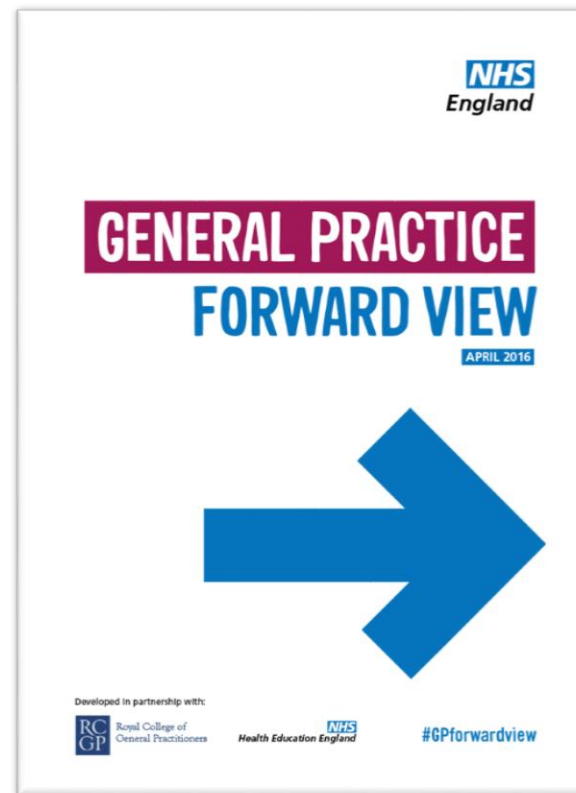
Current issues – sessional GPs

- Indemnity increases
 - £30m added to GS in 16/17 contract (approx. £2-2.50 per session)
 - Practices need to provide this funding to salaried GPs
 - NHS England guidance with GPC input
- Intermediaries legislation
- Pensions
 - PCSE issues for locum GP pensions

GP Forward View

BMA

- Announced 21st April 2016
- 5 year support programme
- £2.4 billion extra recurrent
- Funding by 2020/21 (14% vs 8%)
- £506 million over 5 years for transformation
- Result of GPC Urgent Prescription lobbying
- Change in tone by NHSE
- What NI GPC are campaigning for



GPFV - where are we now?

Workload

- 67 groups (2,000 practices) signed up to Time for Care programme
- General Practice Resilience Fund went live last year, with £16 million available in 2016/17
- Vulnerable Practices Fund now closed

Practice infrastructure

- Bidding for the Estates and Transformation Fund closed in June 2016
- Transitional support for practices signing new BMA approved leases

Care redesign

- 18 areas received monies under the GP Access Fund

GPFV - where are we now? (2)

Workforce

- Retained doctor scheme went live in July, with further funding uplift announced
- 250 new post-certificate of completion of training (CTT) fellowships made available
- NHS GP Health service went live this month
- Clinical pharmacists pilot closed, but bidding for the new £112 million programme started on 10 January 2017
- Pilot to trial introduction of GP assistant roles in London and the South East
- Multi-disciplinary training hubs created
- General Practice Improvement Leader Programme training began in October 2018
- Practice manager development: Networking events for practice managers in December 2016
- 5 million funding in 2016/17 for training of reception and clerical staff

GPFV - what can LMCs expect this year?

Workload

- Further resources for areas planning to host their own 9-12 month Time for Care programme (overall £30 million over 5 years)
- Practice resilience programme with £8 million available in 2017/18

Practice infrastructure

- Funding available to purchase online consultations systems from CCGs (£15 million in 2017/18)
- More of the 800 schemes to be delivered with funding from the ETTF
- Transitional support for practices signing new BMA approved leases continues

GPFV - what can LMCs expect this year? (2)

Care redesign

- £100 million funding for the new care model vanguards in 2017/18 overall, with £31 million confirmed for MCPs and £20 million confirmed for PACS
- £138m = £6/patient for GP Access Fund sites retain, 18 new sites to begin. Full roll-out 18/19
- £171m = £3/patient funded via CCGs over 2 years for working at scale

Workforce

- Retained doctor scheme continues
- £112m for further waves of clinical pharmacists programme
- NHS GP health service now up and running
- Next opportunity to apply for place in the GP Improvement Leader Programme in April
- Practice manager development: Further networking events for practice managers to be scheduled
- £10m funding in 2017/18 for training of reception and clerical staff

GPFV - Focus on GP Development Programme

| Programme element | What is included | Timeframe/ availability |
|---|---|---|
| Time for care | Tailored support programme for groups of practices (overall £30 million for this programme) | National resources and expertise for groups of practices within a CCG to have a 9-12 month programme of workshops and learning sessions to plan and implement changes as part of their own Time for Care programme. Expressions of interest to be submitted to NHSE by August 2018. |
| Online consultation systems | £45 million (£15m in 2017/18, £20 million in 2018/19, £10 million in 2019/20). To contribute towards the costs of purchasing online consultation systems, improving access and making best use of clinicians' time. | Funding is available from April 2017 and is allocated equally to CCGs on a capitated basis. CCGs to disseminate in the most appropriate way. |
| General Practice Improvement Leader Programme | A personal development programme to build confidence and skills for leading service redesign in your practice or federation. It is free to attend for any clinician or manager involved in facilitating service redesign in general practice | 300 free places per year for 3 years. The first four cohorts are full. The next opportunity to apply for a place is April 2017. Expressions of interest can be submitted to NHS England until August 2018. |
| Practice Manager Development | £6 million funding to support the growth of local networks of practice managers. | Regional networking events for practice managers were held in Liverpool, Birmingham, London and Devon in December 2016. More events will be taking place - details will be available in due course. |
| Training for Reception and Clerical Staff | £45 million (£5 million already allocated in 2016/17. £10 million per year allocated over the next 4 years) to go towards the costs of practices training reception and clerical staff to undertake enhanced roles in active signposting and management of clinical correspondence. | Central funding will be allocated to CCGs on a per-head-of-population basis. Funding for 2016/17 was transferred to CCGs in the autumn. In liaison with their practices and the LMCs, CCGs will agree how best to distribute money for practices. |

GP Health Service

- Launched this week – based on model operating in London
- Free, confidential service for GPs suffering with mental health or addiction issues
- Self referral only

Contact details:

Opening hours: 8.00 – 20.00 weekdays and 8.00 – 14.00 Saturdays

Website: **www.england.nhs.uk/gphealthservice**

Tel: **0300 0303 300** Email: **gp.health@nhs.net**

Importance of LMCs in delivery

- GPC – central overview, take up issues with NHS England
- LMC role – ensure delivery of resources happening locally
- LMC reference group for GPFV set up – direct engagement with NHS England
- Guidance to LMCs with checklist for CCGs GPFV plans (December 2016)
- Updated Focus on guidance coming soon, better tailored to LMCs

Feedback from LMCs to date

- Some positive progress amongst LMCs in accessing funding streams
- Concerns about what some funding streams can be used for and whether they can be accessed/spent before the deadlines
- Lack of engagement with LMCs in some areas
- Bidding is bureaucratic process
- Issue of not having time or headspace to complete funding 'bids'
- Concern that practices struggling most are those unlikely to be able to be fully abreast of the GPFV developments

Primary-secondary care interface

Significant progress has been made in reducing bureaucracy at the primary-secondary care interface

| Issue | 2016/17 |
|--|--|
| Referrals | <ul style="list-style-type: none">- Hospitals to stop asking GPs to re-refer DNA appointments- Hospital to make internal referrals for related problem and not ask GP to re-refer |
| Communication with the patient and fit notes | <ul style="list-style-type: none">- Hospital to follow up investigations and inform patient |
| Discharge summaries | <ul style="list-style-type: none">- Discharge summaries within 24 hours |
| Clinic letters | <ul style="list-style-type: none">- Clinic letters within 14 days |
| Drugs | <ul style="list-style-type: none">- Adequate supply drugs on discharge |

Primary-secondary care interface (2)

Further progress is planned for the coming year

| Issue | 2017/18 |
|--|---|
| Communication with the patient and fit notes | <ul style="list-style-type: none">- Hospital to put in place arrangements for handling patient queries (from patients and GPs)- Hospital to issue fit notes to patients where needed |
| Discharge summaries | <ul style="list-style-type: none">- Discharge summaries from A&E within 24 hrs and direct electronic transmission from Oct 2018 |
| Clinic letters | <ul style="list-style-type: none">- Clinic letters within 10 days (April 2017) and 7 days (April 2018) and move to electronic transmission using structured clinical headings (Oct 2018) |
| Drugs | <ul style="list-style-type: none">- Hospitals to provide medication following clinic attendance |

Primary-secondary care interface (3)

- These changes have been introduced through changes to the hospital contract, but their implementation will not happen automatically
- Hospital clinicians often not aware of the changes and continue in their normal way
- LMCs and practices must ensure the workload shift does not continue
- If it is not working in your area, contact the LMC, contact the CCG and set the record straight. Hospitals cannot continue to cause unnecessary work for practices
- GPC will support you in this

MCP voluntary contract

- MCP (Multi-speciality Community Providers) integrates primary and community health services, built upon the GP registered lists of the practices involved
- The contract is aimed at practices who wish to work within this new integrated care model, covering populations of at least 30,000-50,000 patients
- 3 proposed paths for MCPs:
 - i) *Virtual MCP*
 - ii) *Partially integrated MCP*
 - iii) *Fully integrated MCP*

Service Specification, Funding & Procurement

- The range of services defined within the individual contract agreement
- Funded via a capitated population based budget, comprised of 3 elements:
 - i. **Base £ per head for the MCP's registered list:** i.e. the combined lists of all constituent practices creating a single 'whole population budget'
 - ii. **Performance pay:** QOF/ replaced with a new performance related pay system
 - iii. **The effect of any risk sharing agreements with local acute providers:** e.g. to reduce avoidable activity in secondary care.
- Would require procurement process but bids would need to demonstrate support of local GPs. Not certain how this will operate in practice

Employment models & conditions

- No explicit mention of what employment models should be utilised within MCPs
- Each MCP will organise its workforce as it feels best fits with its organisation structures
- Locally negotiated employment contracts – no national protection for salaried GPs

Exiting the MCP

- Practices in a full MCP can return to P/GMS at agreed break points
- At first break point practice re-claims its previous patient list

But

- Once a practice joins an MCP, it may prove difficult to disentangle itself
- New patients stay with MCP by default
- After initial break **all** patients stay with MCP by default

If considering an MCP proposal

Practices need to be extremely careful when entering an MCP arrangement

Points to check:

- the organisational and legal structure and potential of the MCP
- services covered
- financial details, e.g. profit split
- can the practice leave?
- implications that may arise further in the MCP's development
- employed GPs need to ensure that they are clear about their role and terms of employment

What practices should do now

- The MCP contract is **voluntary** and in the short term may only affect practices within the area of one of the 6 MCP pilot sites

But

- There exists the possibility now or in the future that you may feel pressured into signing up, either by commissioners or as other practices in the area have already done so
- If you feel uncomfortable with proposals being put forward, you should contact your LMC or the BMA for advice

GPC's Proposed Approach

- Aims of MCP model can be implemented without practices relinquishing their GMS/PMS contracts
- Can be achieved by GPs working collectively through networked arrangements to provide a range of additional and enhanced services without need for MCP contract
- After GPC lobbying NHS England now recognised this in two out of the three MCP contracting options - 'virtual MCP' and 'partially integrated MCP'

GPC's Proposed Approach (cont.)

- Build integration upon P/GMS via GP networks/federations/super-partnerships
- This can allow GPs to:
 - *work collaboratively and at scale (with other GPs and community staff)*
 - *provide support to colleagues (e.g. sharing resources/staff/knowledge)*
 - *provide of a wider range of services to diversify income*
 - *maintain their core contract*
 - *reduce risk of tendering*
- Also provides opportunities to manage patient pathways and redesign services and workforce
- Funding set out within NHS England's GP Forward View

Working together

What resources are available?

GPfV transformation funds

- CCGs must include in their plans, £3 per head for transformation plans
- Includes resources to support practices in collaborative working initiatives
- More options than just MCPs
- LMCs must be involved in this

GPC England resources for practices and for LMCS

- LMC checklist for CCG plans (sent to LMCs in December)
- LMC monitoring template (sent to LMCs in January)

Moving forward together

- Practices working collaboratively
- GPC, LMCs and practices must work together to ensure we get what we want from the GP Forward View, which is not necessarily the same as what NHS England has planned
- GPC is influencing at national level and framing national initiatives for the benefit of GPs, but implementation is local and needs local monitoring
- GPC providing the tools for LMCs to monitor and assess what is happening on the ground

Any Questions?