**GP recovery plan summary document**

**One page summary**

**Our commitment is to tackle the 8am rush and make it easier and quicker for patients to get the help they need from primary care. We will**: **Empower patients** by rolling out tools they can use to manage their own health, and invest up to £645 million over two years to expand services offered by community pharmacy.

1. Enable patients in over 90% of practices to see their records and practice messages, book appointments and order repeat prescriptions using the NHS App by March 2024.

2. Ensure integrated care boards (ICBs) expand self-referral pathways by September 2023, as set out in the 2023/24 Operational Planning Guidance.

3. Expand pharmacy oral contraception (OC) and blood pressure (BP) services this year, to increase access and convenience for millions of patients, subject to consultation.

4. Launch Pharmacy First so that by end of 2023 community pharmacies can supply prescription-only medicines for seven common conditions. This, together with OC and BP expansion, could save 10 million appointments in general practice a year once scaled, subject to consultation.

**Implement** ‘**Modern General Practice Access’** so patients know on the day how their request will be handled, based on clinical need and continuing to respect their preference for a call, face-to-face appointment, or online message. We are re-targeting £240 million – for a practice still on analogue phones this could mean ~£60,000 of support over 2 years.

5. Support all practices on analogue lines to move to digital telephony, including call back functionality, if they sign up by July 2023.

6. Provide all practices with the digital tools and care navigation training for Modern General Practice Access and fund transition cover for those that commit to adopt this approach before March 2025.

7. Deliver training and transformation support to all practices from May 2023 through a new National General Practice Improvement Programme.

**Build capacity** so practices can offer more appointments from more staff than ever before.

8. Make available an extra £385 million in 2023/24 to employ 26,000 more direct patient care staff and deliver 50 million more appointments by March 2024 (compared to 2019).

9. Further expand GP specialty training – and make it easier for newly trained GPs who require a visa to remain in England.

10. Encourage experienced GPs to stay in practice through the pension reforms announced in the Budget and create simpler routes back to practice for the recently retired.

11. Change local authority planning guidance this year to raise the priority of primary care facilities when considering how funds from new housing developments are allocated.

**Cut bureaucracy** to give practice teams more time to focus on their patients’ clinical needs.

12. Reduce time spent liaising with hospitals – by requiring ICBs to report progress on improving the interface with primary care, especially the four areas we highlight from the Academy of Medical Royal Colleges report, in a public board update this autumn.

13. Reduce requests to GPs to verify medical evidence, including by increasing self-certification, by continuing to advance the Bureaucracy Busting Concordat.

14. 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.

2 Central Ambitions

1. **To tackle the 8am rush and reduce the number of people struggling to contact their practice.** Patients should no longer be asked to call back another day to book an appointment, and we will invest in general practice to enable this.

* 1. 2. **For patients to know on the day they contact their practice how their request will be managed.** a. If their need is clinically urgent it should be assessed on the same day by a telephone or face-to-face appointment. If the patient contacts their practice in the afternoon they may be assessed on the next day, where clinically appropriate.
  2. b. If their need is not urgent, but it requires a telephone or face-to-face appointment, this should be scheduled within two weeks.
  3. c. Where appropriate, patients will be signposted to self-care or other local services (eg community pharmacy or self-referral services).

Effective care navigation could direct over 15% of patients to teams that could better help them: administrative teams, self-care, community pharmacy or another local service

Published alongside this plan is a report from the Academy of Medical Royal Colleges (AoMRC) on how bureaucracy and workload can be cut by improving the interface between primary and secondary care. NHS England will ask integrated care boards (ICBs) to report on their progress at their public boards in October or November 2023.

Continue to allocate System Development Funding (SDF) to ICBs, which for 2023/24 totals ~£170 million. NHS England expects systems to use a large part of this to support primary care transformation.

Delivery will require national and regional teams to work flexibly with ICBs, while reinforcing their accountability as commissioners of primary care. NHS England wants ICBs to lead the change that is right for their system. We will measure progress from ICB public board reporting and offer support to any ICBs that are falling behind.

Patient contacts with general practices are estimated to have grown faster than demographic pressures, at between 20% and 40% since pre-pandemic,18 in part as COVID-19 backlogs have increased workload. Local practice surveys tell us administrative tasks outside a consultation, measured by entries to medical records, are up 50% since 2019.19

While there is significant variation, we estimate induction, training and clinical supervision of the expanding practice team can take 10% to 20% of GP time.20 In May 2023, NHS England will publish guidance for PCNs and practices on different models of supervision for roles new to general practice.

Variation between practices is a large part of the problem: only 1% of those who said it is ‘very easy to get through to their practice’ rate their practice overall as poor, whereas 43% give a poor rating when they say it is ‘not at all easy to get through

22 DHSC pulse-check survey, December 2022.

This plan focuses on access to make it easier for the public to contact practices when they are open and get a timely response. The 2023/24 contract requires practices to assess patient requests on the day – they should not normally be asking patients to call NHS 111 when the practice is open.23 As this plan delivers, we expect it to relieve pressures on 111 during the day.

**Self referral**

* These include selected community musculoskeletal services,31
* audiology for older people including hearing aid provision,
* weight management services,
* community podiatry,
* and wheelchair and community equipment services.

We estimate up to 50% more patients could be self-referring by March 2024. NHS England will monitor this to ensure opening these self-referral pathways does not lead to inappropriate demand

**Pharmacy First**

launch before the end of 2023,

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 also support research to ensure a consistent approach to antibiotic and antiviral use between general practice and community pharmacy.41

**IT system connectivity**

NHS England will work with community pharmacy suppliers and general practice IT suppliers to develop and deliver interoperable digital solutions. These will:

* streamline referrals,
* provide additional access to relevant clinical information
* share structured updates quickly and efficiently following a pharmacy consultation back into the GP patient record

****

**Digital Telephony**

Our ambition is to transition at least 1,000 practices before the end of 2023, so around 65% of all practices will be using this technology, and we expect to transition all other practices who sign up by the end of March 2024.

**Simple Online Requests**

NHS England will make high-quality online consultation, messaging and booking tools available to general practice,53 alongside guidance on the relative strengths of the tools in different areas by July 2023.54 ICBs will work with PCNs and practices to decide which tools will best enable them to shift to the Modern General Practice Access model

**Faster Navigation, assessment and response**

Therefore, we will invest in a new National Care Navigation Training programme for up to 6,500 staff, rolling this out from May 2023. This will use the care navigation competency framework developed by Health Education England and every practice will benefit. A key element of navigation is identifying those patients who would like or benefit from continuity, and this will be part of this training.

We encourage practices to use the Royal College of General Practitioners (RCGP) Continuity Toolkit as part of the QOF quality improvement module for 2023/24 on avoidable appointments.

**How we will deliver**

NHS England will fund higher-quality digital tools that enable the shift to online and support the combined workflow for all requests, for the whole practice team to contribute to rapid assessment and response

Practices also tell us that ahead of moving to Modern General Practice Access, the existing appointment book should be reduced ahead of time to provide good capacity at the launch of the new approach. NHS England will also support practices that commit to significant transformation with extra capacity over the next two years, ~£13,500 per practice.

**Building Capacity**

Ahead of ICBs doing longer-term planning, government will consult on planning guidance to raise the priority of primary care.

**More new doctors**

Working with the Home Office, from autumn 2023 government will introduce 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 surgeries 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,64 can work in general practice as part of a multidisciplinary team to help increase practice capacity while providing a new and rewarding career option. DHSC will consult on reforms to the Medical Performers List to retain the flexibilities introduced during the pandemic so these doctors work in a safe and supported way.

**Returning doctors**

NHS England already welcomes over 100 qualified GPs every year through the GP Return to Practice and International Induction programmes. From May 2023, we are making it easier for doctors to return by replacing the fixed set of multiple assessments with an individual pathway based on a personal review. For those GPs who would benefit from a placement in general practice, we have from April increased the monthly bursary from £3,500 to £4,000

Higher priority for primary care in housing developments

As part of the government’s wider review of the National Planning Policy Framework and planning guidance, we will consider how primary care infrastructure can better be supported. Before this, government will update planning obligations guidance to ensure that primary care infrastructure is addressed by local planning authorities as they do for other infrastructure demands, such as education.

Government will also update guidance 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 Levy65 to support local infrastructure such as roads, schools and GP surgeries, and a requirement for local authorities to prepare an infrastructure delivery strategy to consider how this levy will be spent.

Government is consulting on how ICBs, along with other infrastructure bodies, should be part of this improved planning process. The Infrastructure Levy is designed to increase certainty about what forms of infrastructure will be delivered alongside new development, reducing the scope for negotiation and delay experienced in the current system.

Cutting bureaucracy

1. Improving the primary-secondary care interface

NHS England is asking ICB chief medical officers to establish the local mechanism, which will allow both general practice and consultant-led teams to raise local issues, to jointly prioritise working with LMCs, and to tackle the high-priority issues including those in the AoMRC report. In addition, ICBs must address these four areas:

1. **Onward referrals:** if a patient has been referred into secondary care and they need another referral, for an immediate or a related need, the secondary care provider should make this for them,

2. **Complete care (fit notes and discharge letters):** trusts should ensure that on discharge or after an outpatient appointment, patients receive everything they need,. Therefore, where patients need them,

* fit notes should be issued which include any appropriate information on adjustments that could support and enable returns to employment following this period
* Discharge letters should highlight clear actions for general practice (including prescribing medications required). Also, by 30 November 2023, providers of NHS-funded secondary care services should have implemented the capability to issue a fit note electronically..

3. **Call and recall:** for patients under their care, NHS trusts should establish their own call/recall systems for patients for follow-up tests or appointments. This means that patients will have a clear route to contact secondary care and will no

longer have to ask their practice to follow up on their behalf,

4. **Clear points of contact:** ICBs should ensure providers establish single routes for general practice and secondary care teams to communicate rapidly: eg single outpatient department email for GP practices or primary care liaison officers in secondary care.

1. Building on the Bureaucracy Busting Concordat

DHSC also developed the Bureaucracy Busting Concordat, setting out seven principles to reduce unnecessary bureaucracy in general We will continue to reduce medical evidence requests and increase self-certification; examples include:

* • Working with the aviation industry to encourage clear, proportionate and pragmatic processes, so passengers with medical conditions who need to fly with medication or medical equipment can do so easily.
* Working with His Majesty’s Courts and Tribunals Service to amend guidance to staff and correspondence with jurors, so people summoned for jury service do not seek a note from a GP as evidence of illness unless they are asked to by the court service. These changes will be made by September 2023.
* • Exploring opportunities to improve efficiencies for both GPs and local authorities regarding the medical needs of people wishing to access social housing, such as updating guidance to local authorities and housing associations on when it is appropriate to seek medical advice.
* If practices have examples of any burdensome bureaucracy in general practice they would like to reduce, please contact us using this online form.

For practices looking to implement a Modern General Practice Access model over the next two years, and which need appointment books to be cleared in advance, we will also fund up to three weeks of transition cover (~£13,500/practice) – this could include sessions from current practice staff, by sessional GPs or support from experienced peers.