BMA

From your BMA GPs committee chair

One Year On – ensuring delivery of the GP Forward View

Dear ,

We've just passed the first anniversary of the launch of the **GP Forward View** – NHS England's five-year programme of investment and support for general practice in England.

The BMA GPs committee is committed to holding NHS England to account on its pledges to invest £2.4bn in general practice recurrently by 2020/21, and also that transformation monies of £508m reach the coalface of practices to support workload pressures. We have over the past year monitored and scrutinised spend and delivery against those stated objectives.

As part of that process, I represent GPC on NHS England's GPFV advisory group which provides oversight of progress against stated commitments. We've also set up a GPFV LMC reference group comprising of regional local medical committee representatives across England that provides feedback on local realities to senior managers at NHS England. In addition, we have a dedicated GPC GPFV policy lead, Chandra Kanneganti, who provides support to LMCs regarding local GPFV implementation.

The BMA has just published our **GPFV One Year On analysis**, which has been written in collaboration with LMCs. This demonstrates that although there has been increased investment in general practice over the past year, implementation of the GPFV has been woefully patchy and variable, with an unacceptable disconnect in many instances between central NHS England policy and CCG (clinical commissioning group) delivery.

For example, although the practice resilience monies for 2016/17 have now been spent, there were protracted delays in many CCGs, leaving practices struggling to survive without much needed support until the end of March 2017, whereas in other areas practices had received proactive support, for instance via practice support teams, last autumn.

You can read our **GPFV one year on report here**, as well as our press statement on the first year of implementation of the GPFV **here**

Moving forward, given that there are still four years of the GPFV programme remaining and most funding has yet to come on stream, it's vital that we learn from the experience thus far, and ensure consistency of delivery so that these promised monies are used in a timely manner to help relieve the pressures in general practice regardless of postcode.

We have created a dedicated GPFV **website** for LMCs, GPs and practice managers to access, which provides you with information on the various schemes and funding available.

What to expect in 2017-18

Practices should ensure they are aware of the main areas of investment available for 2017/18, as detailed on our **GPFV website**. This includes:

– **Transformation monies** of £3 per head, 2017-19, (which can be split across two years) which CCGs should make available to support collaborative working between GP practices, including initiatives to improve access and reduce workload. GPC believes that working together is key to sustaining general practice, and you can view examples of effective collaborative models in the **webcast** of our recent Working Together to Sustain General Practice conference

– **Online consultation systems.** CCGs should make available funding to enable practices to avail themselves of software to enable patients to access web-based guided management, to reduce demand on GP appointments

– **Resilience funds.** The resilience funding is recurrent each year, and £8m is available for 2017/18. We would advise practices which are under significant pressure, or concerned regarding their sustainability, to contact their **LMC** in the first instance

– **Training of reception and clerical staff.** £10m is available nationally for 2017/18 for training of reception and clerical staff to undertake enhanced roles on active signposting and management of clinical correspondence

– **Access monies** are continuing to be rolled out to support extended access and increased capacity in general practice – this could include locality hubs to support in-hours practice workload pressures.

Implementing the GPFV to Reduce Demand conference

Given that the GPFV is essentially delivered locally by CCGs, LMCs must monitor CCG implementation, as well as support practices to avail themselves of various initiatives and funding streams.

We therefore held a successful conference for LMCs last week on Implementing the GP Forward View to Reduce Demand. It showcased a range of examples of reducing demand and managing workload, using resources from the GPFV.

We heard how appointment systems can be restructured to manage demand, in conjunction with same-day telephone consultations. North Staffordshire LMC described an initiative where

reception staff are being trained across a locality to signpost patients to reduce demand on GP appointments. We heard from practices which were using online consultations, which had significantly reduced the need for patients to see a GP, by guiding them to self-manage or seek another service such as the pharmacist.

A session on self-care described two NHS England pilots to assess how it can reduce demand on GPs, and which follows direct lobbying from GPC as part of our **Urgent Prescription for General Practice**. There was an account of how social prescribing had reduced GP workload in one area, and also of how a creative model of group consultations for patients with chronic diseases had shown improved outcomes for patients and reduced GP appointments.

The day demonstrated how GPs themselves have spearheaded innovative initiatives to address workload. None of these are a panacea to the GP crisis in themselves, and may not be suitable nor effective in every practice. However, what is important is that GP practices are aware of the various schemes on offer, and are supported to avail themselves of any resource that can manage workload and demands on our time.

You can watch the webcast of the day and access slides of the various presentations **here**

With best wishes,

Chaand Nagpaul
BMA GPs committee chair
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We're looking for success stories of managing workload!

Do you have an example where you've implemented a positive change to manage workload in your surgery, locality, neighbourhood, or federation?

We would welcome that you share your experience using our **case studies template**

Your examples could be featured (with your permission) in our **Quality First** interactive web portal providing GPs with practical support to manage their daily work. Case studies can inspire others to adopt some of these successful approaches. The summary of your example should explain the practicalities involved of implementing the change and any benefits and learning from it. If you would like to view examples of other case studies or gain more information on the work of Quality First you can do so **here**. Once you have completed the case study please send to **sallam@bma.org.uk** or **gpworkload@bma.org.uk**

NHS Property services

We are aware that NHS England and NHSPS (NHS Property Service) have sent out a joint communication to tenant practices whereby NHS England has indicated that it will temporarily reimburse increased rental costs that NHSPS are seeking to charge despite the fact that a formal assessment has not yet been carried out by the district valuer (or such other valuer acting on behalf of NHS England).

GPC has serious concerns about this proposal given that NHS England and NHSPS are two separate legal bodies. As such the relationship between a practice and NHS England, as the commissioner or funder, and the relationship between a practice and NHSPS, as the landlord, should be considered as being separate from one another.

With this in mind, all practices occupying NHSPS premises should be careful to avoid agreeing to any temporary measure put forward by NHS England unless NHSPS has provided categorical written confirmation that its ability to charge such increased sums, and indeed the obligation on practices to meet such increased rental costs, is conditional on the practice receiving funding to cover the same.

Furthermore NHSPS should formally recognise and acknowledge that if a practice makes such payments it is without prejudice to the practice's position and is not in any way to be taken as an acceptance of the increased rents indefinitely.

Ultimately, temporary measures should be avoided. As such GPC has been meeting with NHSPS to seek permanent solutions to the issues facing their GP tenants. Crucially, this includes issues surrounding service charges. We are looking to reach a negotiated resolution so that a fair, consistent and reasonable process for calculating charges will be implemented, that has due regard to historical arrangements, doesn't expose practices to unreasonable levels of unreimbursable costs, and offers value for practices and the health service.

We hope to provide further information on this in May which I will share with you. In the meantime, if a practice is considering agreeing to a temporary arrangement concerning reimbursements and charges they must ensure that, once the temporary measure ends in respect of reimbursements, that they do not inadvertently find themselves continuing to be liable for the increased cost. To this regard we strongly advise practices to seek advice before agreeing any temporary measures.

Meet the team – Bruce Hughes

As I have previously mentioned, the GPC executive is supported by policy leads in developing and implementing strategy, and delivering our key responsibilities.

In this enewsletter, I would like to introduce you to Bruce Hughes, our representation policy lead, who is responsible for ensuring the structure of GPC properly reflects the workforce it represents, and for considering the implications of continuing NHS change for LMCs and their representative structures, and providing them with appropriate advice.

Dr Hughes has been a GP partner in north Devon for 18 years. He has been actively involved in Devon LMC for 15 years and has been chair for the past four years. Bruce was elected to GPC from conference for two successive years and has been the GPC regional representative for South and West Devon and Cornwall for the past year.

As part of a portfolio career Dr Hughes is chair of a social enterprise out-of-hours organisation and a medical director of one of its spin-off companies providing niche, in-hours general practice services such as the violent patient scheme and a bespoke practice for people who are homeless. He also works as children's palliative care doctor.

When he is not working Dr Hughes can often be found open-water swimming, fly fishing, or even coaching young judo players.

Commenting on his appointment as representation policy lead, Dr Hughes said: 'I am proud to be appointed to this role and I am looking forward to supporting the executive team and ensuring that all GPs will be fairly represented as we face the enormous challenges for general practice in the next few years.'

Phase two of the clinical pharmacists in general practice programme

Following the success of the 2016 pilot, NHS England invited GP practices to apply for funding to help recruit, train and develop more clinical pharmacists to meet its GP Forward View commitment of an additional 1,500 clinical pharmacists in general practice by 2020-21.

Practices participating in the programme will receive funding for three years to recruit and establish clinical pharmacists in surgery teams.

Bids for wave one closed in February 2017 and the successful sites were announced on 12 April. The first wave of applications for phase two has led to the approval of 219 whole-time equivalent places in general practice for clinical pharmacists, putting the programme ahead of schedule. Once recruited, these clinical pharmacists will be working across 750 practices covering a population of six million. Once they have got the scheme up and running, some of the approved bidders have also built the potential to extend the local provision of clinical pharmacists over time.

In wave one, 45 of 201 applications were approved. Crucially, however, this does not mean that the failed applications will go to waste. CCGs and regional NHS England teams are working with unsuccessful bidders to ensure bids eventually meet the selection criteria.

The deadline for the second wave of applications is 12 May 2017. Visit the NHS England website to apply.

At least two further application rounds will be announced throughout 2017. As mentioned above, practices who are unsuccessful in waves one or two will have further opportunities to reapply. It is expected that all practices in England will have access to a clinical pharmacist by the 2018/19 financial year. NHS England has published guidance for applicants on its programme webpage. The **BMA website** also contains further information on the benefits of having clinical pharmacists within the practice team.

Mike Parks, GPC representative on the clinical pharmacists' working group, has written a **blog** on the initial progress of phase two of the scheme.

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