

## Focus on the GP Forward View Planning Requirements

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### Introduction

- The [planning requirements](#) focus on the actions needed to implement local aspects of GPFV.
- CCGs required to submit a GPFC plan to NHS England by 23 December 2016. Plans, as a minimum, must set out:
  - How access to general practice will be improved
  - How funds for Practice Transformational Support (as set out in the GPFV) will be created and deployed to support general practice
  - How ring-fenced funding being devolved to CCGs to support the training of care navigators and medical assistants, and stimulate the use of online consultations, will be deployed.

### Investment

- CCGs should plan to spend £3 per head in 2017/18 to make up the £171m for practice transformational support - as in the GPFV.

### Funding to improve access to general practice services

- This funding is being targeted at those areas of England which had successful pilot sites in 2015/16 (“Prime Minister’s Challenge Fund” or “General Practice Access Fund” sites).
- CCGs should plan to receive £6 per weighted patient for each of these sites in 2017/18 and £6 per weighted patient in 2018/19.
- The programme will expand in 2017/18 to include a number of additional geographies across the country, bringing the total investment up to over £138m million. This funding will be recurrent.
- There will be further funding coming on stream in 2018/19, totalling £258 million.
- This additional funding will be allocated across all remaining CCGs to support improvements in access, as £3.34 per head of population.
- It has been agreed that, given some of the unique characteristics of London, the funding for London schemes will be available to be deployed to support improvements across the whole of the geographical area.

### Care redesign

- As part of the GPFV plan CCGs must articulate their vision of care redesign to deliver sustainable services today and transformed services tomorrow (should be part of the wider STP vision).
- Plan should be agreed across all member practices, showing how it has been developed in co-production with primary care providers themselves.

### Access

Additional funding for extra capacity as above. In order to be eligible for additional recurrent funding CCGs will need to commission and demonstrate the following:

### Timing

- Weekday pre-bookable and same day evening appointments (after 6:30pm) and provide an additional 1.5 hours a day

- Weekend pre-bookable and same day on both Saturdays and Sundays to meet local needs
- Provide evidence based on utilisation rates for disposition of services throughout the week
- Appointments can be provided on a hub basis with practices working at scale.

### Capacity

- 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 be introduced during 2017/18 to automatically measure appointment activity by all participating practices, both in-hours and in extended hours.

### Advertising and ease of access

- Ensure services are advertised to patients across a range of channels
- Ensure ease of access for patients including:
  - all receptionists 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

- Identify issues of inequalities in patients' experience of accessing general practice and put in place actions to resolve.

### Workforce

- GPFV plans should include a general practice workforce strategy.
- Some suggestions are given in the full requirements as to what the plans should include.