

# GENERAL PRACTICE FORWARD VIEW (GPFV)

## Supporting Sheffield GPs: National & Local Updates

THURSDAY 8 JUNE 2017

### INTRODUCTION

This was a citywide event funded by NHS England (NHSE) to discuss how the GPFV had been implemented so far, with a review of the national and local picture.

There were 80 attendees from across Primary Care, Sheffield Clinical Commissioning Group (CCG) and Primary Care Sheffield (PCS). Sheffield Young Carers and the LMC's chosen charity Roundabout had stands.

David Savage, LMC Secretary, opened the meeting and chaired the event.

### PRESENTATIONS

Richard Vautrey, Vice Chair of the General Practitioners Committee (GPC) presented the national picture of falling funding for general practice that had led to the development of the GPFV and the GPC Urgent Prescription for General Practice. This included contractual obligations on Secondary Care Trusts to reduce pressures on General Practice, eg through internal Consultant to Consultant referrals.

Richard focused on the new Models of Care, in particular Multispecialty Community Providers (MCPs). He urged extreme caution when considering MCPs due to the limited time, nature and loss of the core contract in perpetuity that may be difficult to return to. Slides are available at: <http://www.sheffield-lmc.org.uk/website/IGP217/files/GPFV%208-6-17%20GPC%20Presentation.pdf>.

I presented the local status of delivery of funds from the GPFV. It was recognised that Sheffield CCG had delivered on their obligation of the GPFV so far, examples being the vulnerable practice fund, the resilience funding and the £1.50 per capita over 2 years transformation funding.

Current year funding streams also focussed on staff training around signposting, practice manager training and leadership skills. However, the Sheffield experience was similar to those expressed at the Annual Conference of LMCs, ie that most funding was directed towards working at scale and not at sustaining the practice model of general practice provision. Slides are available at: <http://www.sheffield-lmc.org.uk/website/IGP217/files/GPFV%208-6-17%20LMC%20Presentation.pdf>.

Katrina Cleary, Programme Director of Primary Care, Sheffield CCG presented the CCG activity on delivery of the GPFV to date and plans for spending in 2017/18. The CCG has now appointed 5 Support Managers across Sheffield, each with a different specialisation skill, to further support practices working at scale.

The largest source of funding for the next financial year is the GP Access Fund (GPAF). Katrina was disappointed that this had been pegged to £5.88 per capita rather than the £6 expected. This constitutes £3.6m that will be used towards improving access to general practice through Access hubs, and forms part of the urgent and out of hospital care strategy. Katrina recognised that the CCG is behind on considering its premises strategy, and recognises this is an important part of service redevelopment. Slides are available at: <http://www.sheffield-lmc.org.uk/website/IGP217/files/GPFV%208-6-17%20CCG%20Presentation.pdf>.

Andy Hilton, Chief Executive, PCS presented how PCS had delivered services at scale across the city and would develop these in future. Slides are available at: <http://www.sheffield-lmc.org.uk/website/IGP217/files/GPFV%208-6-17%20PCS%20Presentation.pdf>.

## **Q&A SESSION**

There followed a Q&A session with a panel which included the speakers, along with Anthony Gore, Clinical Director - Prevention & Care Out of Hospital, Sheffield CCG and Mark Durling, LMC Chair.

Overall it was accepted that Sheffield was in a better position than some areas in terms of recruitment and retention and delivery of the GPFV and engagement with CCG commissioning plans. However, members of the audience did raise some specific concerns.

Concern was raised from the floor about delivery of the new contractual obligations on Secondary Care Trusts to reduce workload return to general practice. This is a contractual obligation and Sheffield CCG as the Commissioner was invited to impose sanctions on Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) for breaches. Katrina agreed to take this back to the CCG to consider their response.

I noted the lack of dissemination of this obligation to clinical staff from consultants down to the most junior staff. Mark Durling reminded all to use the British Medical Association (BMA) templates and pass examples to the LMC, in order for the LMC to press the CCG on these contractual breaches.

The issue of “value for money” was raised, as the Prime Ministers Challenge Fund (PMCF) evaluation indicated that delivery of appointments through the hubs were 2.5 times more expensive than delivery through the practice-based Extended Access Directed Enhanced Service (DES). The PMCF had delivered some funding directly to practices and GPs enjoyed working in the hubs with the time available (15 minute appointments). The hubs had required set-up costs but the CCG was asked from the floor to consider looking at alternatives to Access Hubs as a means to deliver value for money access for Sheffield patients, for example the Birmingham model.

**DR A BRADLEY**  
**Vice Chair**