Responsive, safe and sustainable: Towards a new future for general practice

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Responsive, safe and sustainable

Towards a new future for general practice

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Recognition of the problem

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NHS Five Year Forward View Oct 2014

"General practice, with its registered list and everyone having access to a family doctor, is one of the great strengths of the NHS, but it is under severe strain"

"Primary care services have been under-resourced compared to hospitals. So over the next five years we will invest more in primary care"

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Underfunding of healthcare in the UK

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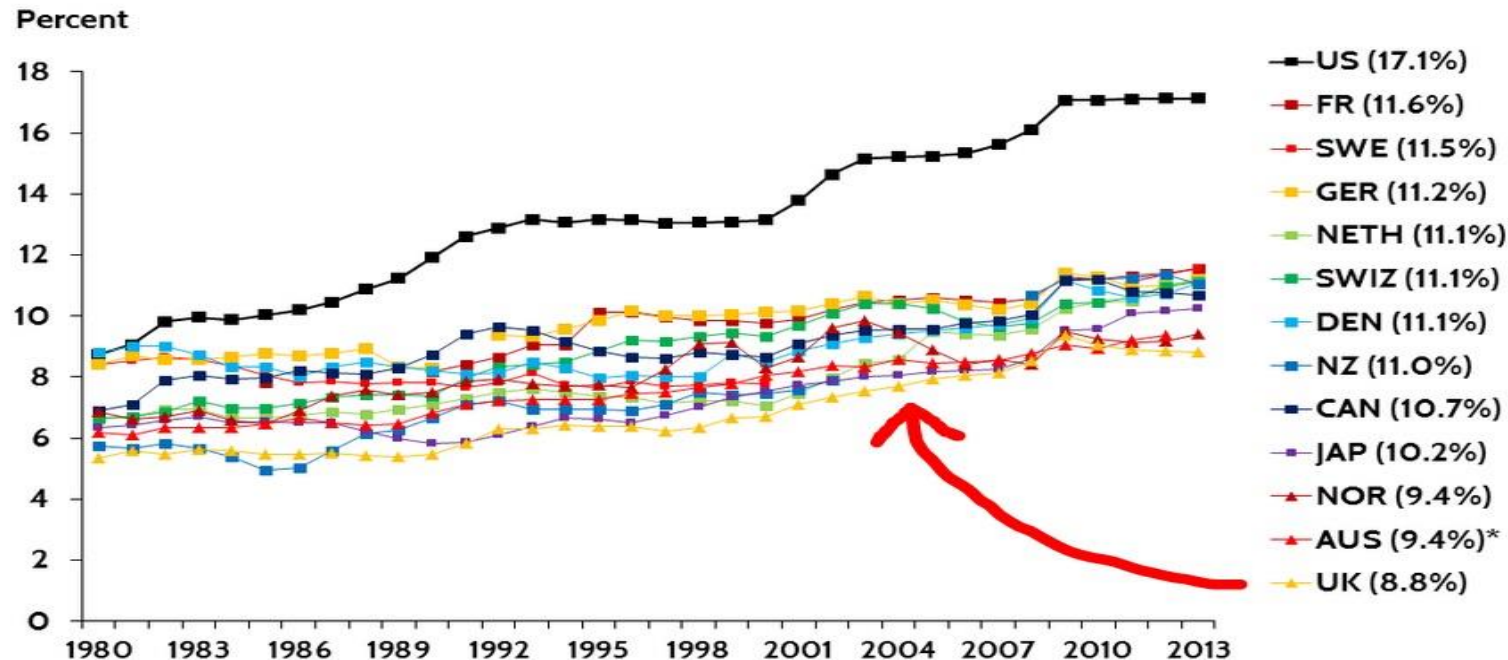

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Share of NHS funding invested in general practice (England)

Year	% total investment	% excluding dispensed drugs
2004/5	10.0%	N/A
2005/6	10.4%	N/A
2006/7	9.8%	N/A
2007/8	9.2%	N/A
2008/9	8.7%	8.0%
2009/10	8.5%	7.8%
2010/11	8.3%	7.7%
2011/12	8.2%	7.6%
2012/13	8.0%	7.5%
2013/14	8.0%	7.4%
2014/15	8.0%	7.4%
2015/16	8.1%	7.5%

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NHS budget TDEL, source PESA. GP investment, source HSCIC

Factors that have a negative impact on GPs

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GPC survey 2015

- Excessive workload -71%
- Unresourced work being moved into general practice - 54%
- Not enough time with their patients - 43%
- Constant contract change - 41%
- Excessive regulation - 39%
- Poor work-life balance – 27%
- Threat of evenings/weekend working – 25%
- Bureaucracy – 24%
- Negative press coverage – 24%

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Urgent Prescription for General Practice

March 2016

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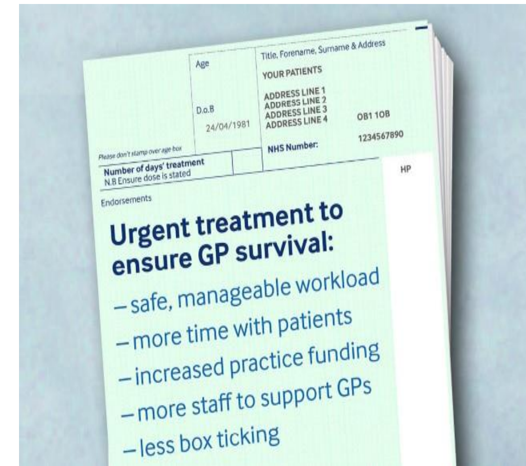
- £2.5bn funding gap
- Expanded teams
  - GPs, nurses, pharmacists, therapists
- Workload and bureaucracy reduction
  - Limits to in-practice workload
  - Reduce unnecessary shifted work from secondary care
- Reducing burden of CQC
- Funding indemnity rises
- Improved premises
- Improved technology support
- Empower patients to self care



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GP Forward View

April 2016

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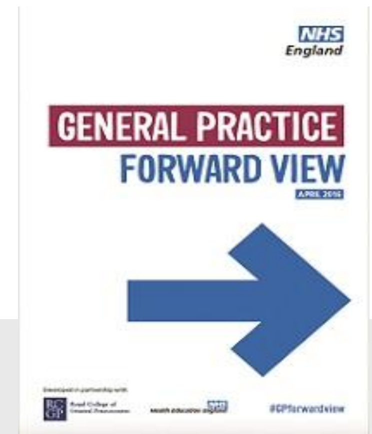
- £2.4bn by 2020/21
  - From £9.6 billion in 2015/16 to over £12 billion by 20/21; 14% real terms increase compared to 8% for rest of NHS
  - Includes £500m for extending GP access
- £508 million for 5 year Sustainability and Transformation package.
  - £56m for practice resilience programme for GPs suffering burnout and stress
  - £206m to grow medical and non-medical workforce
  - £171m to support practices develop working at scale
  - MCP voluntary contract from April 2017
- £900m for capital investment
- Action to tackle indemnity costs



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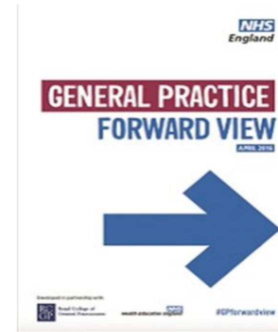
GP Forward View - workforce



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- 5,000 *extra doctors* working in general practice by 2020/21
- Increase GP training recruitment to 3,250 a year
- 500 GPs returning through improving Retainer Scheme and Induction and Refresher (I&R) Scheme
- £112m (in addition to the existing £31 million) for clinical pharmacists, leading to a further 1500 pharmacists in addition to the current 470 in general practice by 2020 (one pharmacist per 30,000 population).
- 3,000 practice-based mental health therapists by 2020 – therapist for every 2-3 typically sized practices
- £15m for practice nurse development, over £50m reception, admin staff and practice manager development
- 1000 physician associates

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GP Forward View - funding

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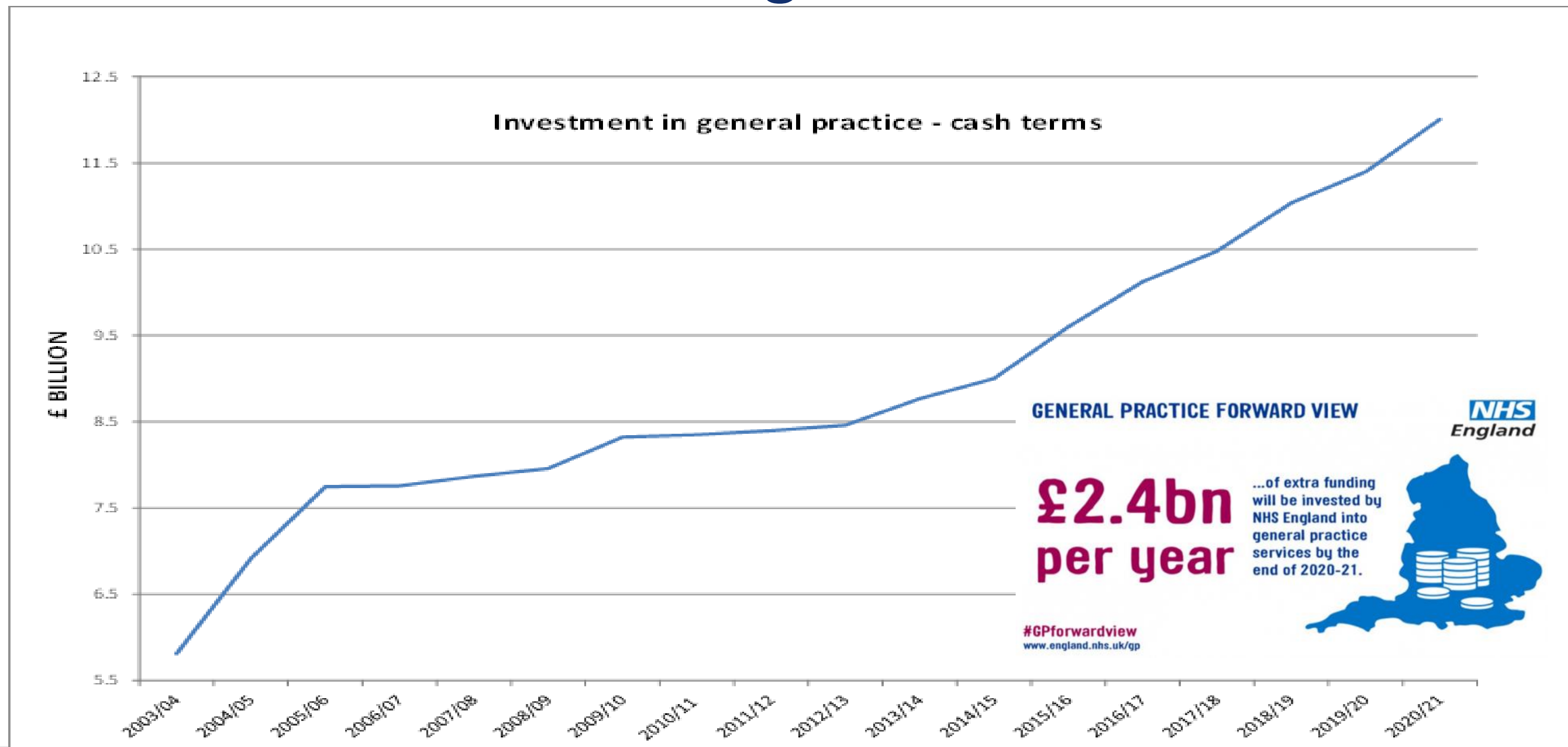

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Delivering new funding – 16/17 contract

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- Expenses funded and 1% pay uplift
- CQC fees - £15m
- Indemnity - £33m
- National Insurance contributions - £56m
- Superannuation - £14m
- Increase to V&I IoS fee from £7.64 to £9.80 - £30m
- Increased QOF point value (CPI adjustment) - £14m
- £220m - more than double 2015/16 investment and seven times 2014/15

- Additional £102m for population growth and local schemes
- **Overall total of £322m new funding (4.4% increase)**

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Delivering £238m new funding – 17/18 contract

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- Expenses funded and 1% pay uplift
- CQC fees fully reimbursed
- Indemnity rise paid - £30m
- Superannuation 0.08% pension admin charge - £3.8m
- Overseas visitors changes admin workload - £5m
- Learning Disabilities ES - increase from £116 to £140 per health check
- Morbidly obese in influenza vaccination programme - £6.2m
- Bagging and labelling records - £2m
- Workforce census - £1.5m
- Business improvement district levies reimbursement - £1m
- Increase to QOF point value in line with CPI adjustment - £13m
- Population growth funded - £58.9m

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Reducing Workload – ending AUA DES

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- Discontinued with £156.7m added to global sum
- Replaced with focus on identifying the severely frail using appropriate tool (e.g. eFI)
- Will apply to approx. 0.5% of practice population - AUA DES was 2%
- End to complex and burdensome additional tasks
- Annual review to include medication review and post-fall review, where clinically appropriate and no care plans
- Promoting consent for enriched SCR

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Supporting practices and workforce

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- Sickness cover reimbursement
    - Discretionary status removed
    - List size criteria removed
    - Cover to start after two weeks sickness
    - Existing GPs in practice can be used to cover - mirroring maternity arrangements
    - Amount payable uplift in line with maternity – up to £1734.18 per week
    - Will reduce current practice locum insurance costs
- Maternity payments
    - Not subject to pro-rata system
    - Practices submit invoice - full amount or maximum payable under the SFE will be paid

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Other 17/18 contractual changes

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- New GMS1 form for patients with a non-UK issued EHIC or S1 form or who may be subject to the NHS (Charges to Overseas Visitors) Regulations 2015
- National diabetes audit data extraction
- Changes to the qualifying criteria for the Extended Hours DES; excludes practices with weekly half day(s) closing
- Registration of prisoners immediately prior to their release
- Implementation put back to October 2017 at earliest

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The GP contract as part of a wider environment

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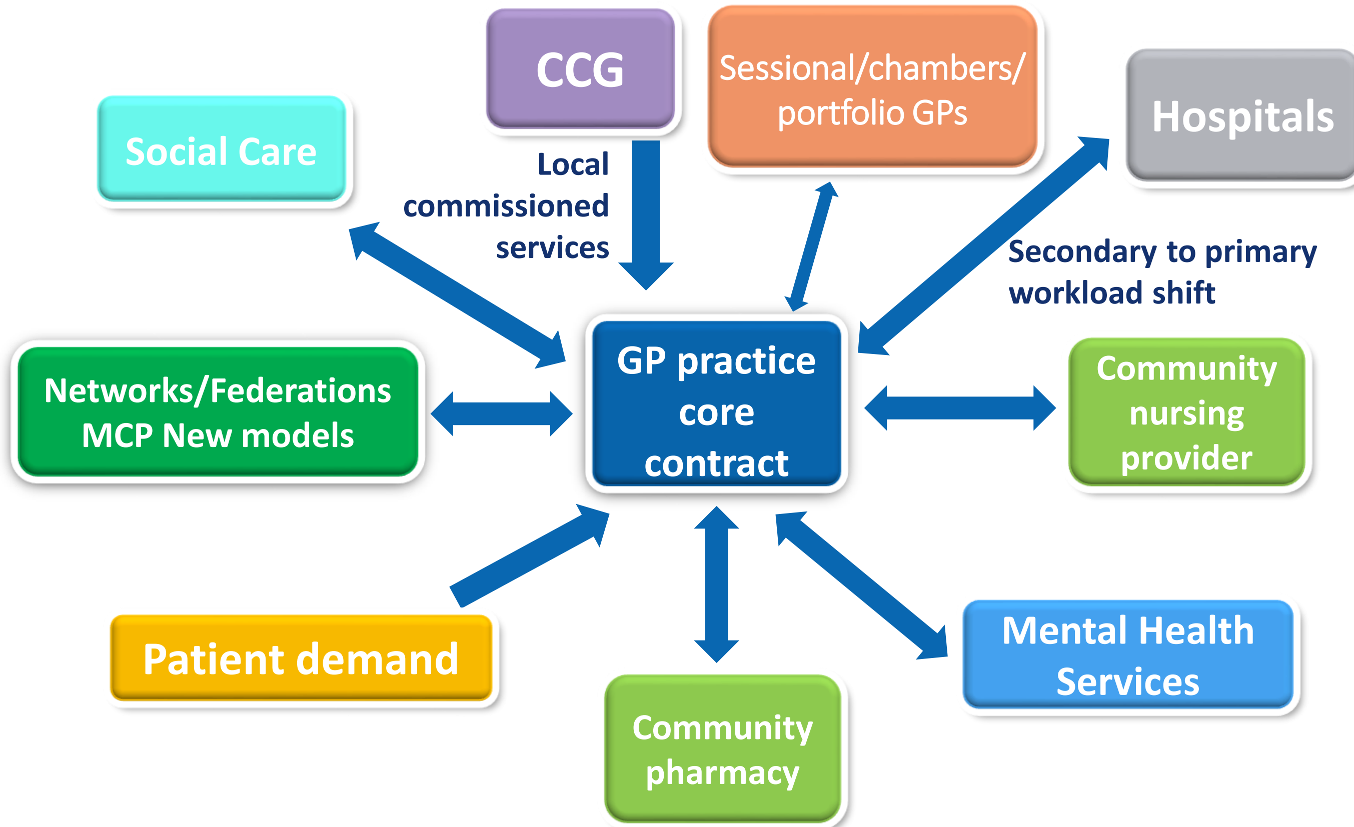

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GP practice resilience programme

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- £40 million over four years
- £16 million committed for 2016/17 > £17.2m spent on 1279 practices
- £8m available in 2017/18

Time for Care programme

- 9-12 month programme to support workload management
- £30m over 5 years
- 86 schemes covering 107 CCGs signed up to

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10 High Impact Actions

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1:
ACTIVE SIGNPOSTING

2:
NEW CONSULTATION TYPES

3:
REDUCE DNAs

4:
DEVELOP THE TEAM

5:
PRODUCTIVE WORK FLOWS

6:
PERSONAL PRODUCTIVITY

7:
PARTNERSHIP WORKING

8:
SOCIAL PRESCRIBING

9:
SUPPORT SELF CARE

10:
DEVELOP QI EXPERTISE

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GP Health Service

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- Launched April 2017
- Free, confidential service for GPs suffering with mental health or addiction issues
- Self referral only – over 600 contacts since launch

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**

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Workforce - GPs

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5000 more GPs

- Increase in GP training places to 3250 (from 2296 in 2016)
- 3019 recruited in 2016
- Current reality:
  - 34,836 GPs (28,458 FTE) Sept 2016 > 34,427 GPs (28,092 FTE) March 2017
  - Fall of 409 WTE and 366 FTE GPs (excluding locums and trainees)

Induction and returner scheme

- Increased monthly bursary for doctors from £2,300 to £3,500
- £1,250 to assist with indemnity & £464 for GMC membership and DBS fees
- Removal of assessment fees for first time applicants (worth up to £1,000)
- 370 doctors now on the scheme

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Workforce – GPs (2)

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Retained doctor scheme

- For GPs considering leaving or left general practice
- £76.92 per session (up to 4 per week) for each GP
- GP receives an annual professional expenses supplement of £1,000 to £4,000 dependent on number of sessions they do

General Practice Improvement Leader Programme training

- 96 people completed

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Workforce

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Clinical pharmacists

- £112 million co-funding programme started January 2017 - not recurrent after 3 years
- phase 1 included 658 practices and 491 clinical pharmacists - phase 2 on-going

Practice manager development

- £6m over 3 years
- Regional events held in Liverpool, Birmingham, London and Devon in December 2016 with more to come.

Reception and clerical staff

- £5m funding in 2016/17 then £10m annually - £45m in total
- Training in active signposting and management of clinical correspondence

Mental health therapists

- Extra 3000 in primary care to expand IAPT programme by 2020
- Funding arrangements unclear

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GPFV – practice infrastructure

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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
- eConsult, AskMy GP

Estates, technology and transformation fund (ETTF)

- 653 schemes have been completed so far
- 225 in the pipeline for 2017/19 and over 800 schemes currently in due diligence
- concerns about bureaucracy and slow pace of delivery
- applications greater than available funding

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Managing workload: primary-secondary care interface 2016/17

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Issue	2016/17
Referrals	- 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	- Hospital to follow up investigations and inform patient
Discharge summaries	- Discharge summaries within 24 hours
Clinic letters	- Clinic letters within 14 days
Drugs	- Adequate supply drugs on discharge

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Managing workload: primary - secondary care interface 2017/18

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Issue	2017/18
Communication with the patient and fit notes	- 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	- Discharge summaries from A&E within 24 hrs and direct electronic transmission from Oct 2018
Clinic letters	- Clinic letters within 10 days (April 2017) and 7 days (April 2018) and move to electronic transmission using structured clinical headings (Oct 2018)
Drugs	- Hospitals to provide medication following clinic attendance

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GPFV – working at scale

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Working at scale

- £171m = £3/patient funded via CCGs over 2 years for working at scale
- Can be used to stimulate development of at scale providers for improved access, implementation of 10 high impact actions and/or secure sustainability of general practice

GP Access Fund

- £138m = £6/patient for current GP Access Fund sites, 18 new sites to begin
- £3.34/patient for other CCGs in 2018/19 increasing to £6 in 2019/20
- Local flexibility – no longer 8-8, 7 days a week

New models of care

- £100m funding for vanguards in 2017/18 , with £31m for MCPs and £20m for PACS

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MCP voluntary contract

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- 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 contract types for MCPs:
  - *Virtual MCP*
  - *Partially integrated MCP*
  - *Fully integrated MCP*

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MCP contract models

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Virtual MCP

- alliance agreement with the commissioning body would overlay (but not replace) regular commissioning processes
- requirement to achieve greater integration of these services (e.g. shared managing of resources, governance arrangements, risk sharing agreements, operational delivery of services)
- services remain governed by the regular commissioning procedures and contracts (e.g. G/PMS)

Partially integrated MCP

- single contract for everything that would otherwise be in scope of the full MCP, outside of core general practice
- could include local enhanced primary care services, QOF and DESs
- practices hold their G/PMS contracts, anything beyond that would require them to form a joint legal entity in order to bid for the contract for any other services

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Fully integrated MCP

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- Primary care and community services are procured in a single contract between a single legal entity and the relevant commissioning bodies, holding a whole population budget
- Full MCP contract likely to take the form of a hybrid of G/PMS or APMS and the NHS Standard Contract
- Contract will run for a limited period of 10-15 years, and include an early break opportunity (e.g. at 2 or 3 years)
- NHS England has investigated an amendment to primary care legislation to allow for the GMS/PMS contracts of the member practices to be 'suspended' for a defined period of time with an option to reactivate them at a later date should the contractor so wish

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Service Specification, Funding & Procurement

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- The range of services defined within the individual contract agreement
- Funded via a capitated population based budget, comprised of 3 elements:
  - **Base £ per head for the MCP's registered list:** i.e. the combined lists of all constituent practices creating a single 'whole population budget'
  - **Performance pay**: QOF replaced with a new performance related pay system linked to local and nationally defined targets
  - **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 yet clear how this will operate in practice

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Employment models & conditions

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- 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

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Exiting the MCP

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- Practices in a full MCP can return to GMS and ?PMS 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

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If considering an MCP proposal

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- Remember the MCP contract is **voluntary** , practices can say **no**
- Other options are available for those wanting to work at scale

Points to check:

- the organisational and legal structure and potential of the MCP
- services covered
- financial details e.g. profit split, premises liability
- can the practice leave?
- implications that may arise further in the MCP’s development
- be clear about role and terms of employment

- Involve your LMC and seek their advice

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MCPs “not the only game in town”

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- Aims of MCP model can be implemented without practices relinquishing their GMS/PMS contracts
- Working at scale can be achieved by GPs working collectively through a variety of models:
  - Formal or informal networks
  - Federations
  - Locality teams
  - Collaborative partnerships between local health organisations
  - Superpartnerships
  - Primary care home models

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Maintaining GP popularity with patients

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Satisfaction with NHS and social care services

% Very and quite satisfied % Very and quite dissatisfied % Neither

Social care
Accident and emergency
Dentists
Inpatients
NHS overall
Outpatients
GPs

0 10 20 30 40 50 60 70

Source: NatCen's British Social Attitudes survey

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Risks and challenges

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Running a GP business brings benefits and risks:

- financial
- workload
- responsibility

Working at scale brings benefits but also risks:

- Accountable Care Organisations/Systems
- Time limited APMS-style contracts
  - ➢ Competition to retain or win MCP/ACO contract
  - ➢ Development of multi-national companies running ACOs?
- Merged budgets, impact of efficiency savings and current deficits
  - ➢ all GPs become salaried employees?
  - ➢ reduced income ?
- Management control, reduced flexibility and constraints on being patient advocate
- Loss of contact with local community > impact on patient satisfaction ?

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Future issues

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- QOF – remove, retain or develop
- Global sum formula review
- Workload management
  - LMC Conference: rationing, co-payments, maximum safe limit for daily patient contacts, collective closure of practice lists
- New Government's plans

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Towards a new future for General Practice

- Sustained and significant funding investment
- More GPs, nurses, clinicians and support staff
- Highly skilled practice management
- Manage workload enabling quality consultations
- Building teams in and around the practice
- Investment for working at scale
- Premises and IT development
- Promotion of General Practice
- Culture change in the NHS

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Towards a new future for general practice

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More information

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GP Forward View: Managing demand in general practice conference webcast

https://bma.public-i.tv/core/portal/webcast_interactive/284811

Working together to sustain general practice conference webcast and slides

https://bma.public-i.tv/core/portal/webcast_interactive/273468

https://www.bma.org.uk/advice/employment/gp-practices/general-practice-forward-view/gpfv-one-year-on

https://www.bma.org.uk/advice/employment/contracts/gp-partner-contracts/mcp-contract-framework

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