

**NHS England (West Midlands)
Primary Care Update – June 2016**

GPFV

NHS England published the General Practice Forward View (GPFV) on 21 April 2016. It was developed with Health Education England and in discussion with the RCGP and other GP representatives. It sets out national commitments to stabilise and transform general practice, improving services for patients and investing in new ways of providing general practice services

The document openly acknowledges the pressures that general practice is facing and makes a commitment to increasing the proportion of investment going into general practice services in the longer term. It also sets out a number of one-off measures to address immediate problems whilst funding comes on stream, which also supports transformation.

The overall new investment to support general practice is a minimum extra £2.4 billion a year by 2020-21:

- Investment will rise from £9.6 billion pounds a year in 2015-16 to over £12 billion a year by 2020-21 - over 10 percent of NHS England healthcare budget. This could be increased further at local level, depending on the pace of change at which care and resources shift from hospitals to community and primary care settings.
- Represents a 14 percent real terms increase, almost double the 8 percent real terms increase for the rest of the NHS.
- A one off Sustainability and Transformation package of investments, totalling over half a billion pounds over next five years.
- We'll continue to make capital investments, with estimated likely capital investment over the next five years to reach over £900m.
- Achieve more joined up, high quality GP services, supporting practices to deliver new models of care.

Since NHS England and Health Education England launched the 10 point plan, it has:

- Offered **incentive of up to £20,000 for GP trainees** in 109 areas where there has been a shortage of GPs.
- Established new post-CCT fellowships to provide exciting further training opportunities in areas of poorest GP recruitment encouraging new CCT holders to work as GPs there.
- Committed to invest **£3.5 million in new multi-disciplinary training hubs** across country.
- Created national induction and returner scheme, offering new **£2,300 bursary to doctors** looking to return to general practice to help with costs and improve entry routes.
- Major **£31 million** scheme to pilot the deployment of over **470 clinical pharmacists** in just over 700 practices.
-

But we recognise that more is needed.

- NHS England and HEE have set ambitious targets to expand the workforce, backed with an extra £206 million as part of the Sustainability and Transformation package. We will also support the development of capability within the current workforce and support the health and wellbeing of staff.

Workload is the number one issue raised by practices. Action needs to be taken nationally to reduce bureaucracy, and there needs to be local support to help practices manage demand in different ways.

- **New standards for outpatient appointments and interactions with other providers** – reduce the burden of hospital correspondence and GPs having to manage tasks for patients under the care of the hospital. Improving the interface between hospitals and general practice will begin with changes to the NHS Standard Contract from April 2016
- **Accelerating paper free at the point of care within general practice** – assisting primary care organisations to become ‘paper free’ not just within practices but across the wider health care system through interoperable systems
- **Promoting best practice** – NHS England has begun developing resources including case studies and practical implementation resources, spreading the existing innovations benefitting some practices but unknown to others. A new audit tool for all practices to identify ways they could reduce appointment demand.
- **Mandatory training** – NHS England will work with relevant bodies to review and reduce these requirements to ensure a far more proportionate approach is taken. We will also keep in mind the impact of appraisal and revalidation requirements in the analysis
- **Support for more integration across the wider health and care system** – social support, leadership support and work and health for primary care staff
- Support for a move to a **maximum interval of five yearly CQC inspections** for good and outstanding practices (by December 2015, CQC had inspected almost a third of practices, finding the vast majority (86 percent) are providing care that is good or outstanding)
- **Building practice resilience: £10 million investment** to support most vulnerable GP practices is now supplemented with the introduction of a new **three year £40 million practice resilience programme** – moving away from ‘struggling practices’ to practice resilience
- **Improving and simplifying transparency of information:** A set of key ‘sentinel’ indicators will be published on My NHS in July 2016.
- NHS England has agreed to undertake a **review of QOF and the AUA DES with the GPC** in the coming year
- **Streamlining payments, reporting requirements and information** – Reporting requirements and information, and streamlining the payment system. We will introduce a simplified system for how GP data and information is requested and shared across NHS England, CQC and GMC. This will be backed by a programme of work to cut the bureaucratic burden of oversight.

If we are to transform the way care is delivered, we have to improve our estate and infrastructure faster. We will provide support in a variety of different ways:

- Estimated **£900m public sector capital** over next five years, backed with measures to speed up delivery
- New rules on **premises costs** to be introduced in September 2016 to enable 100 percent reimbursement of premises costs
- New offer for practices who are tenants of NHS Property Services for NHS England to **fund Stamp Duty Land Tax** for practices signing leases from May 2016 until the end of October 2017, and **compensate VAT** where the ultimate landlord has chosen to charge VAT.
- **Transitional funding support** for practices seeing significant rises in facilities management costs in next 18 months
- **Over 18 percent increase** in allocations to CCGs for provision of IT services and technology for general practice.
- Our ambition is to support the adoption and design of technology which:
 - enables self-care and self management for patients;
 - helps to reduce workload in practices;
 - helps practices who want to work together to operate at scale; and
 - supports greater efficiency across the whole system.
- **£45 million national programme** to stimulate uptake of online consultations systems for every practice.
- Online access for patients to accredited clinical triage systems to help patients when they feel unwell.
- Development of an approved Apps library to support clinicians and patients.
- Actions to support practices offer patients more online self-care and self-management services.
- Actions to make it easier for practices to work collaboratively, including achievement of **full interoperability across IT systems**.
- Wi-Fi services in GP practices for staff and patients. Funding will be made available to cover the hardware, implementation and service costs from April 2017.
- A nationally accredited catalogue and buying framework for IT products and services, supported by a network of local procurement hubs offering advice and guidance
- Work with the supplier market to create a wider and more innovative choice of digital services for general practice.
- Completion of the roll out of access to the summary care record to community pharmacy, by March 2017.
- We will launch a new national three year **£30m 'Releasing Time for Patients' development programme** to reach every practice in the country to help improve value for patients and build more sustainable practices.

Building on the NHS England and BMA roadshows, the 'Releasing Time for Patients' programme will help practices release capacity through:

- **Innovation spread:** a national programme to gather and disseminate successful examples and measure impact. This will include support on implementation of the Ten High Impact Actions, and a specific focus on addressing inequalities in the experience of accessing services, where there are national trends.
- **Service redesign:** locally hosted action learning programmes with expert input, supporting practices and federations to implement high impact innovations which
- release capacity and improve patient care.
- **Capability building:** investment and practical support to build change leadership capabilities in practices and federations, enabling providers to improve quality, introduce care innovations and establish new arrangements for the future.

DES Sign up

The deadline for sign up to Directed Enhanced Services is 30th June 2016. Practice need to ensure their forms are submitted on time – we will be sending out lists to CCGs as soon as they have been processed.

Clinical Waste

We are undertaking a data gathering exercise as part of clinical waste provider procurement exercise – we may approach practices directly.

As part of national framework agreement, we will be moving onto new contracts at some point in the autumn.

We will be writing out to all CCGs formally to agree the process.

For any queries, practices can email england.clinicalwastewm@nhs.net

PCSE

We continue to monitor and receive reports of issues with the new PCSE service.

Whilst a number of areas of service have improved, there are improvement plans in place for medical records and supplies.

The team have produced a guide for CCGs and NHS England teams on how best to contact the PCSE service (enclosed).



20160624 Contacting
PCSE - guide for Regis +

GMS Contract Changes

Practice	Variation	Status
MGS Medical Practice (Drs Bagary	Addition of new partner: Dr Harvinder Singh Sidhu	Completed 28/6/26

