

**General Practice 5 Year Forward View  
Summary of Requirements**

Chapter	Lead	Headline	Action
Chapter 1	Claire Skidmore	CCG Budgets	<p>Primary Care “national must do” to incorporate Primary Care into our STP work If we assume that we take a capitated share of the £171m requirement from CCGs this would be a cost to the CCG in the region of £850k. (£170k per annum growth over 5 yrs)</p> <ul style="list-style-type: none"> <li>• Increase in GPIT monies this year of 18%. Don't know if this refers to HSCIC (central) money but we kept our figure static this year...</li> <li>• BCF is noted as an avenue for expanded services – new rules this year allow this</li> <li>• £s required for protected learning time and backfill for GP development (chapter 5)</li> <li>• Other implications of developments in GP IT, paper free practices, E-prescribing etc</li> </ul> <p><b>CCG Action : Awaiting further clarification</b></p>
		Other Pots of Money	<ul style="list-style-type: none"> <li>• £10m for vulnerable practices (announced in 2015). Requires match funding from practices. Not got any practices in Wolves in 2016/17.</li> <li>• £x transitional funds for premises May to Oct '16 (chapter 4)</li> <li>• Up to £45m to support the uptake of online consultation systems in 17/18 (chapter 4)</li> <li>• £x in addition to core IT, CCGs will also have access to funding for subsidiary technology services (with a view that these become core) (chapter 4)</li> <li>• £3.5m multidisciplinary training hubs</li> <li>• £x other existing avenues for bursaries, fellowships etc</li> </ul> <p><b>CCG Action : Awaiting further clarification</b></p>
		Other	<p>Review of Carr-Hill formula (DoH and BMA). Work to be concluded summer '16 <b>CCG Action: none at the moment, await further information. [nb, potential cost pressure if practice funding increases but allocations are not amended]</b></p> <p>CCG must publish plans for PMS monies reinvestment before the full impact of the switch to GMS is taken by the affected practices <b>CCG Action: CCG must agree how the monies will be invested and publish the results</b></p> <p>Indemnity – DoH and NHSE to put reform proposals to stakeholders in July '16 <b>CCG Action: none at the moment, await further information</b></p>
Chapter 2 Workforce	Manjeet Garcha	<p>Focus on Primary Care workforce</p> <ul style="list-style-type: none"> <li>• Training</li> <li>• Recruitment</li> <li>• Retention</li> <li>• Return 2 practice</li> </ul> <p>£508m over the next 5 years to support struggling practices, further develop workforce, tackle workload and stimulate care design.</p>	<p><b>Workforce Measures</b></p> <ul style="list-style-type: none"> <li>• Double growth rate in GPs with a further 5000 net GPs in next 5 years through training, recruitment and R2P. This includes recruiting more than 500 overseas GPs.</li> <li>• Investment in 3000 new fully funded practice based mental health therapists by 2020/21 (an average of a full time therapist for every 2-3 typically sized GP practices).</li> <li>• Plans to provide £112m for a further 1500 co funded practice clinical pharmacists with aim of having 1:30,000 population by 2020.</li> <li>• Primary Integration Fund</li> <li>• £15m for practice nurse development</li> <li>• £45m over 5 years for practices to support the training of reception and clerical staff to play a greater role in navigation of patients.</li> <li>• £6m for practice manager development</li> <li>• Investment by HEE in training of 1000 physician associates to support general practice</li> <li>• £16m ?? <i>have seen two figures for this £56m and £16m</i> to mental health support for GPs access to 'free, confidential local support and treatment for mental health issues' to tackle stress and burnout. This scheme to start from Dec 2016 with procurement to commence June 2016.</li> </ul> <p><b>CCG Action : Awaiting further information from NHS England Workforce Lead</b></p>

Chapter 3 Workload	Helen Hibbs	30 million releasing time for patients Development programme (Cross reference Chapter 5)	Funding will flow through CCGs for new ways of working including demand management, workforce, skill mix and technology. Community pharmacy and interoperability of technology. <b>CCG Action : Local Workforce Task and Finish Group to continue discussions &amp; act on further advice/guidance from NHS England in due course</b>
		By September 16	National programme for Care planning for patients with long term conditions. <b>CCG Action : Continue work already underway in order to fully implement at locality level</b>
		NHS 111	Flow(s) into hubs, social prescribing and minor ailment schemes <b>CCG Action : Continue work already underway &amp; await further guidance</b>
		Practice Resilience	£10million for 800 already identified vulnerable practices <b>CCG Action : Response provided to NHSE in collaboration with LMC, awaiting outcome</b>
		40 million with 16 million in 16/17	Combined NHS ENGLAND and RCGP work on practice resilience teams <b>CCG Action : Awaiting further information</b>
Chapter 4 Practice Infra-structure	Mike Hastings	Estates	<ul style="list-style-type: none"> <li>Changing premises cost directions to ensure that up to 100% of the cost of premises development can be funded through NHSE capital investment.</li> <li>Allowing support for Capital schemes over more than one year</li> <li>Investment in 'at scale' project support to assist with legal, financial and design elements of project.</li> <li>Additional support offered for practices with costs relating to Stamp Duty, VAT and transitional support with additional facilities management costs on NHSPS leases. Guidance is awaited on how this will work in practice.</li> <li>Estates Strategy to address both premises in need of improvement and the overall efficiency of usage of the local estate.</li> </ul> <b>CCG Action : Continue with work/discussions already taking place</b>
		Technology	<p>The additional GP IT funding includes £45 million to improve uptake of online consultation systems and a greater range of core requirements are being introduced to outline the services that should be provided to practices. These include:-</p> <ul style="list-style-type: none"> <li>Access to records inside and outside of practice premises</li> <li>Specialist support for IG, IT/cyber security, data quality, training etc.</li> <li>An Annual practice IT review</li> <li>SMS messaging</li> <li>Online appointment, repeat prescription and records access facilities</li> <li>E-Discharge</li> </ul> <p>Specialist support and advice on information sharing and consent based records sharing will be available from December 2016.</p> <p>Wi-Fi in practices, a national framework for telephone and e-consultation solutions and funding for education for patients and practitioners on the use of digital solutions.</p> <p>[CCG-Controlled GP IT budget however recent guidance has clarified that a number of these services (including IG support) should be commissioned by the DCO team. Further details are required to determine how much work will be directed and how much we will be expected to deliver]</p> <p>NHSE will be undertaking national work to stimulate the development of appropriate apps and triage solutions etc. across the market to provide an approved range of solutions for local GPs to address patient needs.</p> <b>CCG Action : Continue with work/discussions already taking place</b>
		Inter-operability	<p>Primarily to support collaboration between practices (or within integrated systems).</p> <p>Bids for IT projects through the ETT Programme</p> <p>Standards for ways practices work together across different sites and clinical systems</p> <p>National Data Guardians review of data security and consent/opt-outs that will clarify how models for data sharing will work</p> <b>CCG Action : Continue with work/discussions already taking place</b>
Chapter 5	Steven	Over £500m to be made	<ul style="list-style-type: none"> <li>Self-care and direct access to other services (e.g on line self-management and signposting)</li> </ul>

Care Design	Marshall	available by 2020/21 to commission and fund extra capacity	<ul style="list-style-type: none"> <li>Better workforce utilisation i.e. ANPs, clinical pharmacists</li> <li>Physios &amp; medical assistants</li> <li>Using digital technology</li> </ul> <p><b>CCGs will be required to meet minimum requirements before accessing funding &amp; match fund £171m of practice transformational support</b> with a view to:</p> <ul style="list-style-type: none"> <li>Stimulate the development of 'at scale' providers for extended delivery</li> <li>Implement 10 high impact changes</li> <li>Underpin financial sustainability to improve in-hours access</li> </ul> <p><b>CCG Action : Awaiting further information</b></p>
		MCP contract	<ul style="list-style-type: none"> <li>The provider (i.e. MCP) holds a single whole population budget for services it provides incl. primary medical and community services.</li> <li>Intent is to take a population health management approach and challenge current "GP appointment, referral or prescription" approach</li> <li>The vision is for the MCPs to be integrated community based teams (GPs, <b>physicians</b>, Nurses, therapists, pharmacists) with access to intermediate beds, and redesigning pathways out of acute and on into supported community settings</li> <li>This intends to go live voluntarily April 2017 but has already some key features: <ul style="list-style-type: none"> <li>MCP defined as an <b>integrated provider</b>, with a scope of the services it provides itself &amp; not all Acute &amp; Spec. services</li> <li>Can be CIC, LLP, or JV with local trust</li> <li>New payment model on a capitation based approach</li> <li><b>New blended pay for quality and performance replacing CQUIN &amp; QOF which can be arranged by the MCP itself to meet its own requirements and those of constituent clinicians</b></li> <li>Greater practice integration can mean some activities can take place at MCP level i.e. CQC</li> <li>New procurement process to be introduced to allow MCP contracts to be let on a list based approach</li> </ul> </li> <li>New employment/contractor options offering salaried or equity partnership. Might be instead of GMS/PMS, but these can be held 'dormant' and reactivated/right to return</li> <li>Adopting new contractual arrangements is voluntary</li> <li>Common practice policies</li> <li>CPD, clinical governance</li> <li>Staff training and workforce development</li> <li>Improved access and new ways of working</li> <li>Shared back office, shared BI and shared pools of support staff</li> <li>Stronger voice/power for Primary Care in the system</li> </ul> <p><b>CCG Action : Awaiting further information, guidance &amp; framework due late July 2016</b></p>
		Releasing time for patients	<p>£30m over three years available for all practices, starting in 16/17</p> <p>Spread innovation (HIA (<i>Active signposting; New consultation types; Reduce DNAs; Develop team; Productive workflows; Personal productivity; Partnership working; social prescribing; Support self-care; Develop QI expertise</i>)) and address '<b>inequalities in the experience of accessing services</b>'</p> <p>Hosting Action Learning Sets</p> <p>Build Change Leadership</p> <p><b>CCG Action : Awaiting further information</b></p>
		Measuring Workload & Improvement	<p>Provide an online version of a clinical audit tool to identify ways to reduce GP appointments and provide benchmarks</p> <p>Provision of an 'automated appointment measuring interface' to measure activity variation over time to allow for balancing of demand and capacity available to all practices from 17/18 (when in year unspecified)</p> <p><b>CCG Action : Awaiting further information</b></p>
		Stimulating Local Support	<p>to 'strengthen arrangements' for PLT for GP backfill that is the backfill paid for by the CCG. The 3 most successful areas for MCP/provider development:</p> <ul style="list-style-type: none"> <li>Creating space for practices to meet &amp; plan</li> <li>Providing expert facilitation for creating improvement plans</li> <li>Focusing development on improving care before determining any types of organisational form</li> </ul> <p><b>CCG Action : Awaiting further information</b></p>