

General practice 2017/18

BMA



Overview

- Response to challenges facing general practice
- 2017/18 contract negotiations
- Current issues
- General Practice Forward View
- Primary/secondary care interface
- Multi-specialty Community Providers (MCPs)
- Working together at scale

Response to challenges

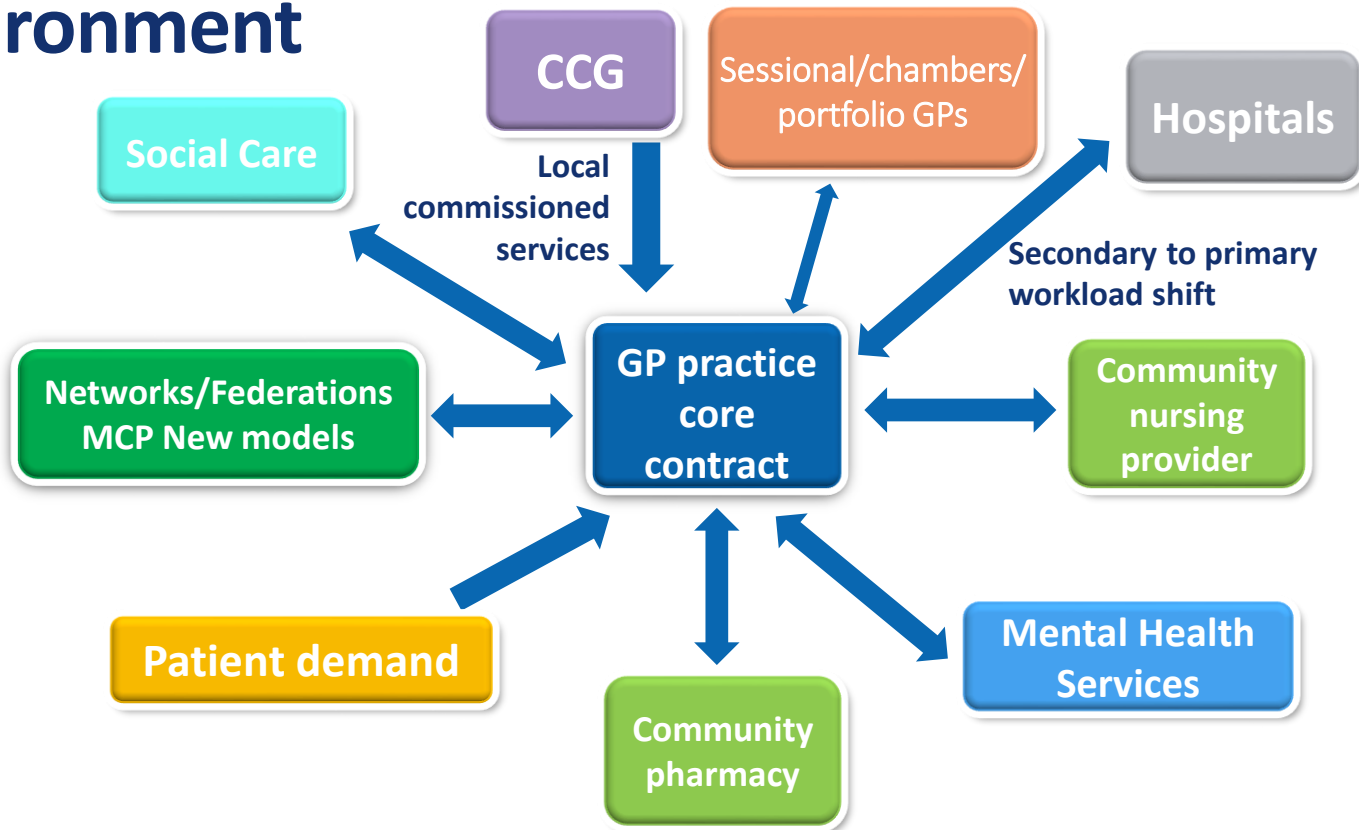
- Positive 2017/18 national contract negotiations
- Crisis impacting the whole of NHS and social care
- Need to get most out of GPFV but not be limited by it
- Ensure that funding is not lost and reaches practices – local oversight vital
- Need to keep pressure on NHS England and Government
- GP survey – solutions for general practice must involve changing environment outside the core contract (GPFV, collaborative working)

Contract overview

- Annual revision to contract; limited to scope of contract
- Call for stability (LMC conference)
- Will not sort out the overall problems for general practice
- Local commissioned services can have greater financial impact on practices
- Unresourced workload *outside* contract remains important area to address

The GP contract as part of a wider environment

BMA



Expenses

- **CQC fees full re-imbursement**
 - System of direct reimbursement – unweighted
 - Practice will pay and then send invoice to NHS England for reimbursement
 - Embeds system to have future increases funded
 - £15m will be taken off agreement this year to account for funding put into global sum last year
- **Funding to cover annual rise in indemnity costs**
 - £30m scheme to cover average increase
 - Separate SFE based payment – unweighted

Other new funding

- Expenses funded to deliver 1% pay uplift
- Primary Care Support England services (Capita) - £2m for increased practice workload as a result of changes
- Workforce census – £1.5 m to cover completion - contractual requirement
- Superannuation increases – £3.8m to cover 0.08% pension admin charges
- Overseas visitors changes - £5m to cover admin workload involved
- Business improvement district levies reimbursement - £1m
- Learning Disabilities ES - increase from £116 to £140 per health check
- £238.6 million additional investment into the contract for 2017/18

Avoiding Unplanned Admissions DES

- **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. 3% of over 65s (ave. 0.5% of practice population - current AUA DES is 2%)
- Annual review to include medication review and post-fall review, where clinically appropriate – **no care plans**
- Promoting consent for enriched SCR
- Data extraction on med reviews/falls/SCR consent, and numbers with moderate frailty
- Not to be used for performance management or benchmarking

Sickness and maternity reimbursement

- **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 be subject to pro-rata system
- Practices will submit invoice - full amount or maximum payable under the SFE will be paid

Overseas visitors

- Covers patients with a non-UK issued EHIC or S1 form or who may be subject to the NHS (Charges to Overseas Visitors) Regulations 2015
- Country of origin will be charged, not patient
- Practices will be provided with patient information leaflet (hard copies)
- Amendment to GMS1 form – patients from overseas will self declare
- Practice will scan and email/post form to NHS Digital
- £5m will be added to contract on recurrent basis

- **INLIQ and retired enhanced services**
 - Will be mandatory extraction of agreed indicators
- **National diabetes audit**
 - Will be mandatory
 - Joint letter will be sent to system suppliers to put pressure on enabling fully automated system

Opening hours

- National Audit Office report and recommendations
- GPC committed to working with NHS England to ensure locally responsive, safe and appropriate access during core hours (focus on weekly half day closing)
- Local Medical Committees will be integral partners in local discussion
- Changes to the qualifying criteria for the Extended Hours DES; excludes practices with weekly half day(s) closing as of October 2017

- Increase to QOF point value in line with CPI adjustment
- No changes to indicators for this year
- Commitment to work on replacement system for 2018/19
- Ongoing discussions on any replacement or distribution of funding
- Difficult issues due to change in funding distribution if moved to global sum and risk of potential new work required using QOF funding

Other areas of agreement

- Registration of prisoners immediately prior to their release
- Vaccination and immunisation
 - Minor amendments to existing programmes
 - £6.2 million to include morbidly obese in eligible cohort for influenza vaccinations
 - No new programmes
- New GP retainer scheme
- Dispensing negotiations to be conducted by separate group
- Expenses methodology survey to be undertaken

IT– all non contractual

- practice compliance with National Data Guardian Security Review
- practice completion of the NHS Digital Information Governance toolkit
- an increased uptake of electronic repeat prescriptions to 25% (with reference to pharmacy)
- an increased uptake of electronic referrals to 90% where this is enabled by secondary care
- continued uptake of electronic repeat dispensing with reference to CCG use of medicines management and co-ordination with community pharmacy
- uptake of patient use of one or more online service to 20% including, where possible, apps to access those services and increased access to clinical correspondence online
- better sharing of data and patient records at local level, between practices and between primary and secondary care

Current Issues

BMA

Current issues – PM comments

- Comments by No 10 press briefing on 13 January:
 - *scapegoating GPs, with failure to extend their opening hours putting pressure on emergency medicine departments*
 - *cuts to funding would be applied to surgeries that did not seek to widen opening hours*
- Immediately and strongly rebuffed in press as unacceptable slur on general practice
- Clear attempt to move media attention away from wider NHS and social care crisis
- Letter from BMA chair of council condemning comments and calling for urgent meeting
- Letter sent to all GPs providing reassurance that cuts to funding will not happen and no changes to core hours

Recent news coverage



GPs being made scapegoats for A&E pressures, says BMA

14 January 2017 | Health



The doctors
England see
The govern-
days a week

NHS is paying millions to private firms to scrutinise patient referrals

By Patrick Flanagan

The NHS is paying millions of pounds to private firms that may be referred to hospital by their GP, an investigation has found. Controversial referral management centres are used by some GP practices to review referrals to specialist hospital services by family doctors, investigators from the British Medical Journal found.

Supporters claim they can cut down on inappropriate referrals, saving the NHS money. Critics warn that the centres are a waste of time.

The analysis follows the BMA's report on North Durham CCG's decision to have GP referrals screened by private company Ahead Health, which employs NHS consultants and specialist GPs to review referrals. Durham Labour MP Robert Blackman-Woods has criticised the scheme. Dr Richard Vaux, deputy chairman of the British Medical Association's GP committee, told the BMA "CCGs are aware of these schemes without any

At the heart of the NHS since 1980

NEWS + VIEWS + CLINICAL + YOUR PRACTICE + HOT TOPICS + TRAINEE PULSE

We need to stand up to Government hyperbole

Dr Mark Sampson-Wood



Health

GPs urged to commit to seven-day service or lose funding

14 January 2017 | Health

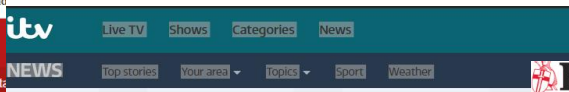


Chand Nagpaul, BMA: "It's an insult"

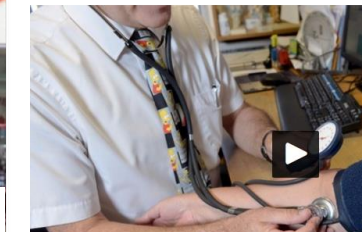
200 shut practices

HEALTH FEAR 2

ALMOST 200 GP practices shut last year, published by NHS Digital list just 7,532 open across England, down by 181. Seven practices closed in Brighton over two years, affecting more than 30,000 patients. The British Medical Association fears closures are at record levels due to increased workloads and lack of funding. Last month Helen Stokes-Lampard, chair of the Royal College of GPs, said patients face waiting a month to see a family doctor as surgeries struggle with demand.



Doctors reject Theresa May's demand for GP surgeries to open seven days a week



Theresa May must stop scapegoating GPs and tacit funding crisis in the NHS

The Prime Minister has no understanding how GPs work, writes Dr Kalash Chaudhary



Theresa May's ultimatum has angered GPs (Photo: BBC)

BMA



HOME NEWS SHOWBIZ & TV SPORT COMMENT FINANCE
UK WORLD POLITICS SCIENCE ROYAL NATURE WEATHER WEIRD HISTORY



Furious doctors reject Theresa May's demand for GPs to stay open seven days a week

DOCTORS' leaders have rejected a demand by Theresa May for GP surgeries to open seven days a week, saying they are already struggling to cope.

GPs hit back after Theresa May demands extended opening hours



Patients are waiting for up to two weeks for a GP appointment (Photo: PA)

Current issues – premises

- Awaiting updated Premises Directions
- This will include 100% grants for Estates & Technology Transformation Fund
- NHSPS lease agreed but continued discussions on service charges

Current issues – firearms

- New arrangements April 2016
- GPC took lead mid-November (previously Professional Fees Committee)
- Task and finish group established
- Twin track approach
 - Safe advice to cover all preferences
 - Engagement with HO to change system
- Augmented comprehensive advice expected mid-Feb

Current issues – private provision to registered patients

- Raised again both in negotiations and directly with NHS England
- Requested change to regulations to allow GPs to provide services not available on NHS to own patients e.g. minor surgery
- Highlighted benefits for patients, GPs and commissioners
- NHS England not prepared to consider because of political sensitivities

Current issues – winter pressures

- QOF suspended in Wales, Northern Ireland and Leeds
- Written formally to NHS England to demand consideration is given to similar agreement
- Tamiflu prophylaxis in care homes
- Not covered by GMS contract
- Discussion with PHE and NHS England

Current issues – Capita, TPP QRISK and SBS

- SBS note transfer failure
 - LMCs have been notified
 - Practices should now have received copies of correspondence and details of how to claim for workload
- PCSE/Capita and QRISK
 - Issue of compensation being addressed
- PCSE/Capita
 - workload of labelling and bagging records needs to be addressed prior to planned roll out from West Yorkshire pilot and hope to announce soon
 - Performers list, record transfer and other system failure issues being addressed

Current issues – sessional GPs

- Indemnity increases
 - £30m added to GS in 16/17 contract (approx. £2-2.50 per session)
 - Practices need to provide this funding to salaried GPs
 - NHS England guidance with GPC input
- Intermediaries legislation
- Pensions
 - PCSE issues for locum GP pensions

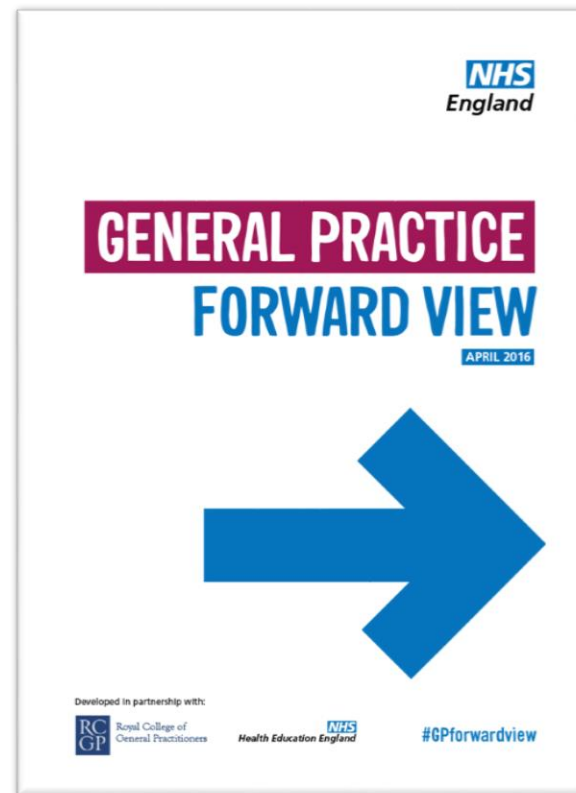
GP Forward View

BMA

GP Forward View

BMA

- Announced 21st April 2016
- 5 year support programme
- £2.4 billion extra recurrent
- Funding by 2020/21 (14% vs 8%)
- £506 million over 5 years for transformation
- Result of GPC Urgent Prescription lobbying
- Change in tone by NHSE
- What NI GPC are campaigning for



GPFV - where are we now?

Workload

- 67 groups (2,000 practices) signed up to *Time for Care* programme
- *General Practice Resilience Fund* with £16 million available in 2016/17

Workforce

- *Retained doctor* scheme went live in July, with further funding uplift announced
- 250 new post-certificate of completion of training (CTT) fellowships made available
- *NHS GP Health service* went live this month
- *Clinical pharmacists* bidding for the new £112 million programme started January 2017
- Pilot to trial introduction of *GP assistant* roles in London and the South East
- Multi-disciplinary training hubs created
- *General Practice Improvement Leader Programme* training began in October 2018
- *Practice manager* development: Networking events for practice managers in December 2016
- £5m funding in 2016/17 for training of *reception and clerical staff*

GPFV - what can LMCs expect this year?

Workload

- Further resources for areas planning to host their own 9-12 month Time for Care programme (overall £30m over 5 years)
- Practice resilience programme with £8m available in 2017/18

Practice infrastructure

- Funding available to purchase online consultations systems from CCGs (£15m in 2017/18)
- More of the 800 schemes to be delivered with funding from the ETTF
- Transitional support for practices signing new BMA approved leases continues

GPFV - what can LMCs expect this year? (2)

Care redesign

- £100m funding for the new care model vanguards in 2017/18 overall, with £31m confirmed for MCPs and £20m confirmed for PACS
- £138m = £6/patient for GP Access Fund sites retain, 18 new sites to begin. Full roll-out 18/19
- £171m = £3/patient funded via CCGs over 2 years for working at scale

Workforce

- Retained doctor scheme continues
- £112m for further waves of clinical pharmacists programme
- NHS GP health service now up and running
- Next opportunity to apply for place in the GP Improvement Leader Programme in April
- Practice manager development: Further networking events for practice managers to be scheduled
- £10m funding in 2017/18 for training of reception and clerical staff

GP Health Service

- Launched this week – based on model operating in London
- Free, confidential service for GPs suffering with mental health or addiction issues
- Self referral only

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**

GPFV - Focus on GP Development Programme

Programme element	What is included	Timeframe/ availability
Time for care	Tailored support programme for groups of practices (overall £30 million for this programme)	National resources and expertise for groups of practices within a CCG to have a 9-12 month programme of workshops and learning sessions to plan and implement changes as part of their own Time for Care programme. Expressions of interest to be submitted to NHSE by August 2018.
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 online consultation systems, improving access and making best use of clinicians' time.	Funding is available from April 2017 and is allocated equally to CCGs on a capitated basis. CCGs to disseminate in the most appropriate way.
General Practice Improvement Leader Programme	A personal development programme to build confidence and skills for leading service redesign in your practice or federation. It is free to attend for any clinician or manager involved in facilitating service redesign in general practice	300 free places per year for 3 years. The first four cohorts are full. The next opportunity to apply for a place is April 2017. Expressions of interest can be submitted to NHS England until August 2018.
Practice Manager Development	£6 million funding to support the growth of local networks of practice managers.	Regional networking events for practice managers were held in Liverpool, Birmingham, London and Devon in December 2016. More events will be taking place - details will be available in due course.
Training for Reception and Clerical Staff	£45 million (£5 million already allocated in 2016/17. £10 million per year allocated over the next 4 years) to go towards the costs of practices training reception and clerical staff to undertake enhanced roles in active signposting and management of clinical correspondence.	Central funding will be allocated to CCGs on a per-head-of-population basis. Funding for 2016/17 was transferred to CCGs in the autumn. In liaison with their practices and the LMCs, CCGs will agree how best to distribute money for practices.

Importance of LMCs in delivery

- GPC – central overview, take up issues with NHS England
- LMC role – ensure delivery of resources happening locally
- LMC reference group for GPFV set up – direct engagement with NHS England
- Guidance to LMCs with checklist for CCGs GPFV plans (December 2016)
- Updated Focus on guidance coming soon, better tailored to LMCs

Primary-secondary care interface

Significant progress has been made in reducing bureaucracy at the primary-secondary care interface

Issue	2016/17
Referrals	<ul style="list-style-type: none">- 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	<ul style="list-style-type: none">- Hospital to follow up investigations and inform patient
Discharge summaries	<ul style="list-style-type: none">- Discharge summaries within 24 hours
Clinic letters	<ul style="list-style-type: none">- Clinic letters within 14 days
Drugs	<ul style="list-style-type: none">- Adequate supply drugs on discharge

Primary-secondary care interface (2)

Further progress is planned for the coming year

Issue	2017/18
Communication with the patient and fit notes	<ul style="list-style-type: none">- 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	<ul style="list-style-type: none">- Discharge summaries from A&E within 24 hrs and direct electronic transmission from Oct 2018
Clinic letters	<ul style="list-style-type: none">- Clinic letters within 10 days (April 2017) and 7 days (April 2018) and move to electronic transmission using structured clinical headings (Oct 2018)
Drugs	<ul style="list-style-type: none">- Hospitals to provide medication following clinic attendance

Primary-secondary care interface (3)

- These changes have been introduced through changes to the hospital contract, but their implementation will not happen automatically
- Hospital clinicians often not aware of the changes and continue in their normal way
- LMCs and practices must ensure the workload shift does not continue
- If it is not working in your area, contact the LMC, contact the CCG and set the record straight. Hospitals cannot continue to cause unnecessary work for practices
- GPC will support you in this

MCP Contract

BMA

MCP voluntary contract

- 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 paths for MCPs:
 - i) *Virtual MCP*
 - ii) *Partially integrated MCP*
 - iii) *Fully integrated MCP*

Service Specification, Funding & Procurement

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

Employment models & conditions

- 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

Exiting the MCP

- Practices in a full MCP can return to P/GMS 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

If considering an MCP proposal

- Remember the MCP contract is **voluntary** and in the short term may only affect practices within the area of one of the 6 MCP pilot sites

Points to check:

- the organisational and legal structure and potential of the MCP
 - services covered
 - financial details, e.g. profit split
 - can the practice leave?
 - implications that may arise further in the MCP's development
 - be clear about role and terms of employment
-
- If you feel uncomfortable with proposals contact your LMC or the BMA for advice

GPC's Proposed Approach

- Aims of MCP model can be implemented without practices relinquishing their GMS/PMS contracts
- Can be achieved by GPs working collectively through variety of networked and working at scale arrangements to provide a range of additional and enhanced services without need for MCP contract
- After GPC lobbying NHS England now recognised this in two out of the three MCP contracting options - 'virtual MCP' and 'partially integrated MCP'

Working together

What resources are available?

GPfV transformation funds

- CCGs must include in their plans, £3 per head for transformation plans
- Includes resources to support practices in collaborative working initiatives
- More options than just MCPs
- LMCs must be involved in this

GPC England resources for practices and for LMCS

- LMC checklist for CCG plans (sent to LMCs in December)
- LMC monitoring template (sent to LMCs in January)

Moving forward together

- Practices working collaboratively
- GPC, LMCs and practices must work together to ensure we get what we want from the GP Forward View, which is not necessarily the same as what NHS England has planned
- GPC is influencing at national level and framing national initiatives for the benefit of GPs, but implementation is local and needs local monitoring
- GPC providing the tools for LMCs to monitor and assess what is happening on the ground

Any Questions?