

General Practice: The foundation of the NHS Long Term Plan

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Chair, BMA GP committee England

Chair, BMA GP committee UK





Recognition of the problem

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

NHS Five Year Forward View October 2014



“Our GPs are the bedrock of the NHS. They’re everyone’s first port of call. We need more of them, better supported, and better equipped. Prevention of ill health is nothing without primary care. So we back our nation’s GPs every step of the way” and “We need to shift the balance of resources to primary care”

Matt Hancock, Secretary of State for Health and Social Care, England 2018

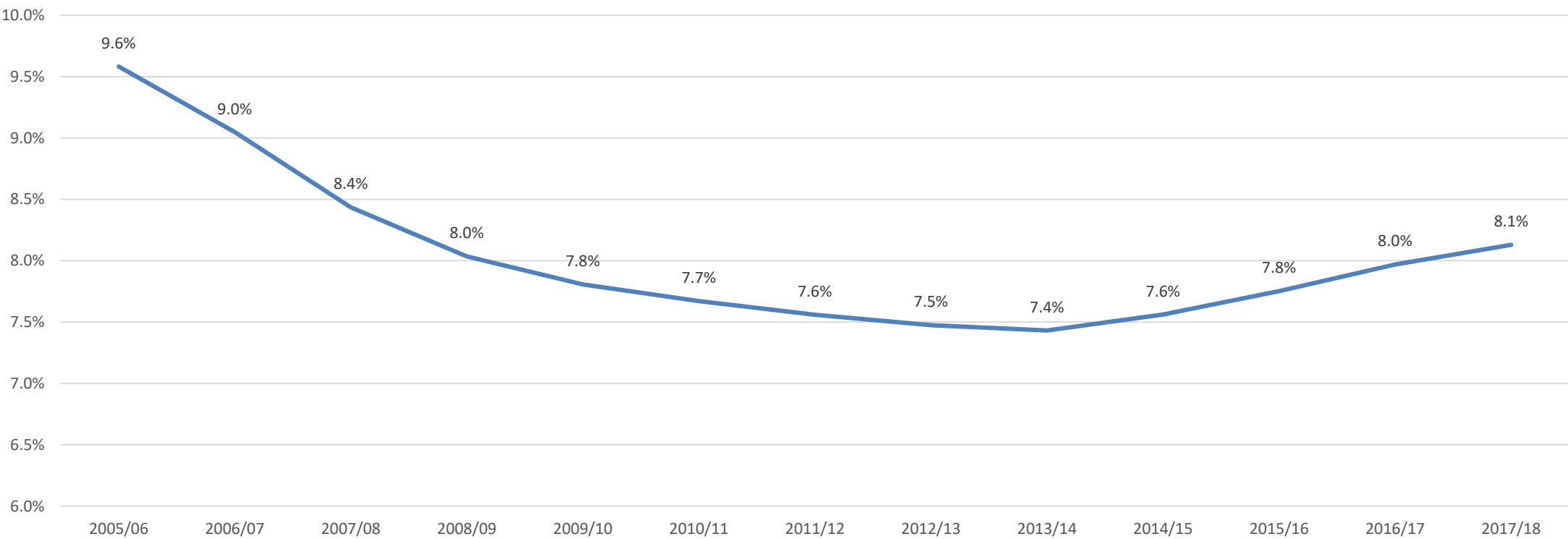
Share of NHS funding invested in general practice (England)

BMA

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	8.1%	7.5%
2015/16	8.3%	7.7%
2016/17	8.5%	7.9%
2017/18	8.7%	8.1%

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

Share of NHS funding invested in general practice (excluding drug reimbursement)

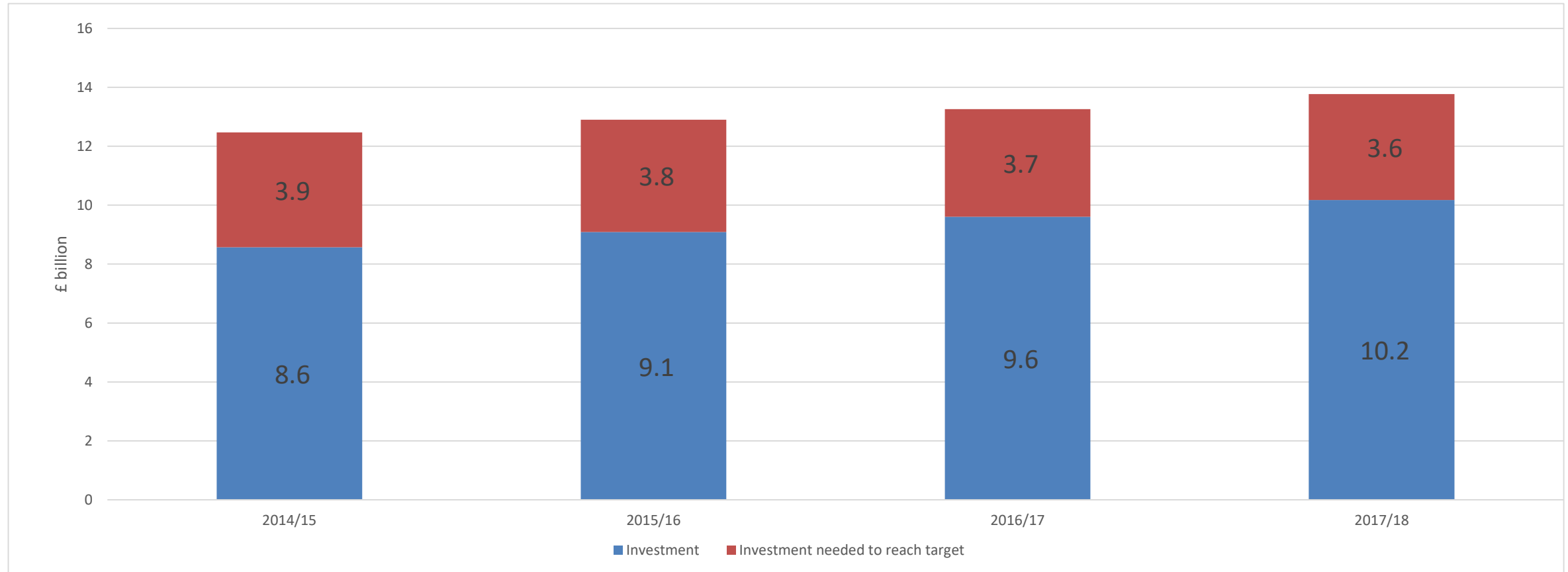


**2005/06 to 2007/08 – assumed investment excluding drug reimbursement represents 92% of total investment*

Funding gap to reach 11% investment target

BMA

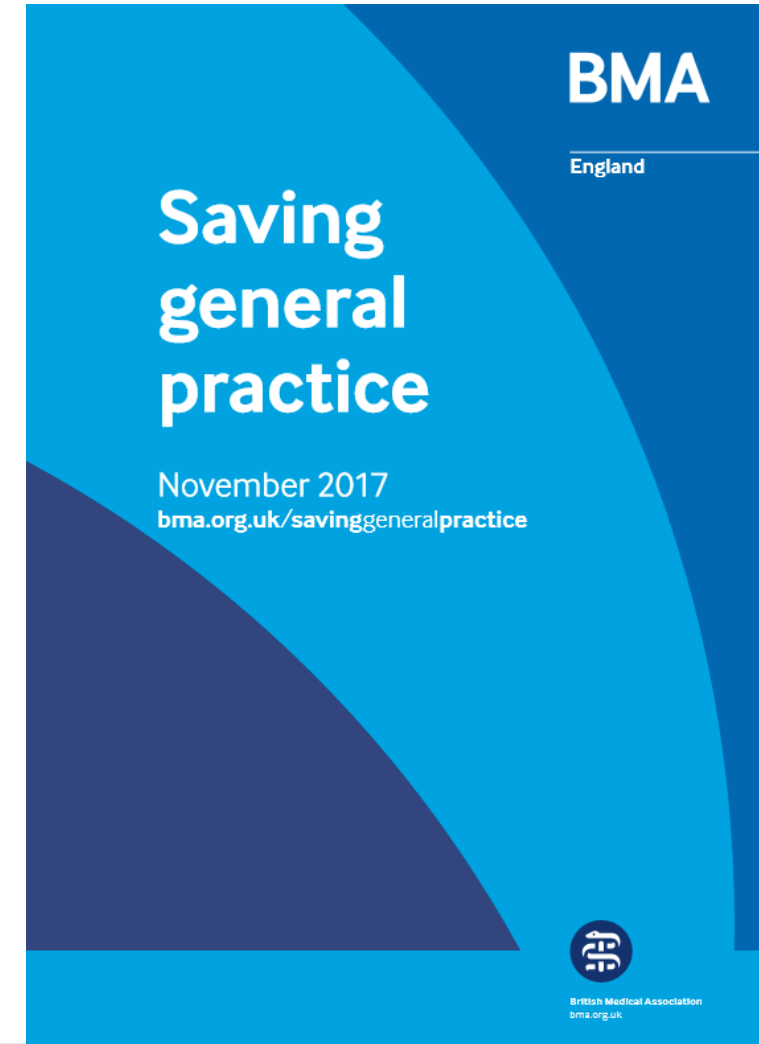
Investment in general practice (excluding drug reimbursement)



Saving General Practice: building a foundation for the NHS

BMA

- Sustained and significant funding investment
- More GPs, nurses, clinicians and support staff
- Building collaborative teams in each locality
- Manage workload enabling quality consultations
- Indemnity covered
- Premises and IT development
- Building on the foundation of a GMS contract
- Culture change in the NHS



GP Workforce - 5000 more GPs?

Current reality (excluding GP trainees):

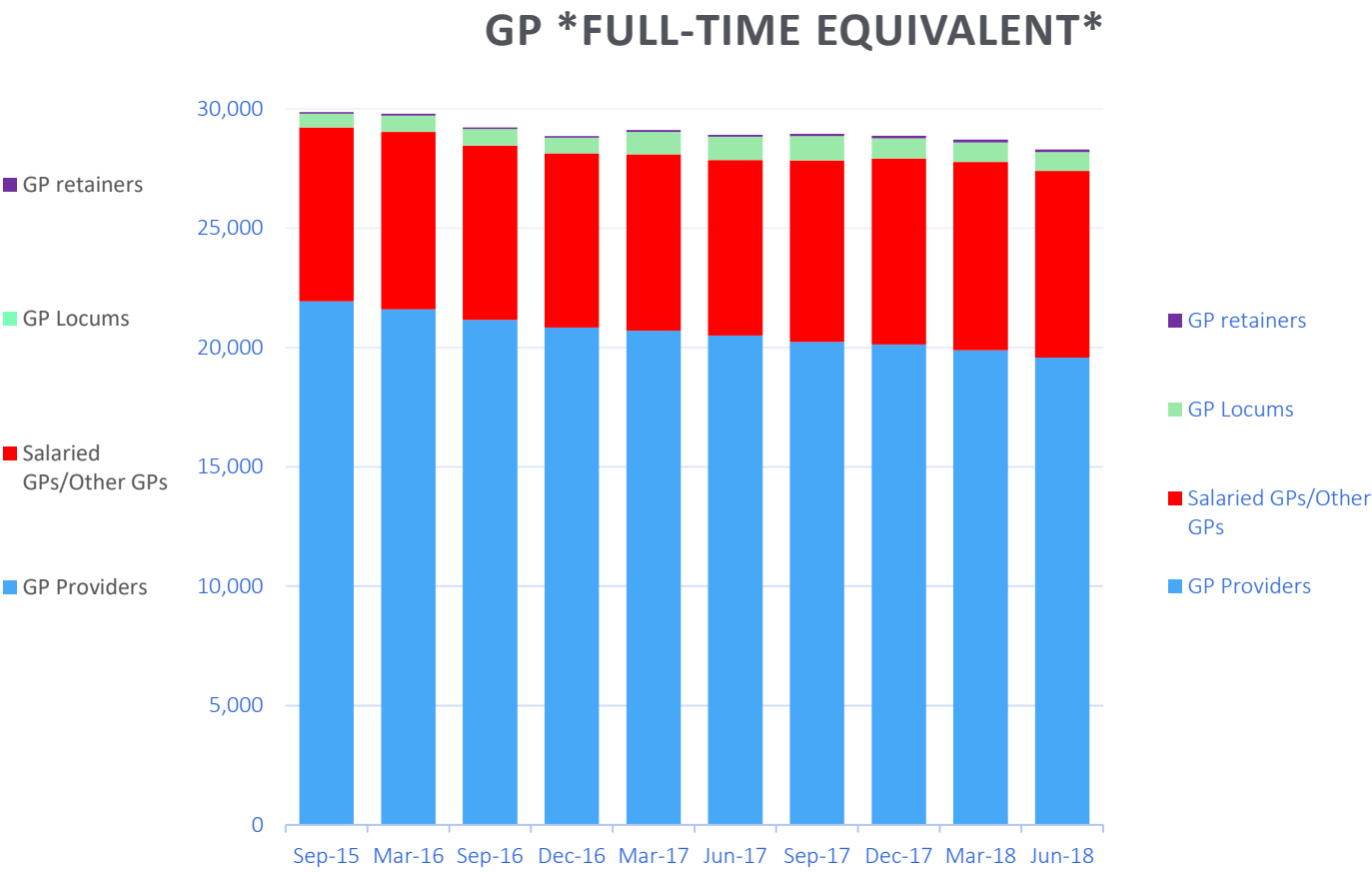
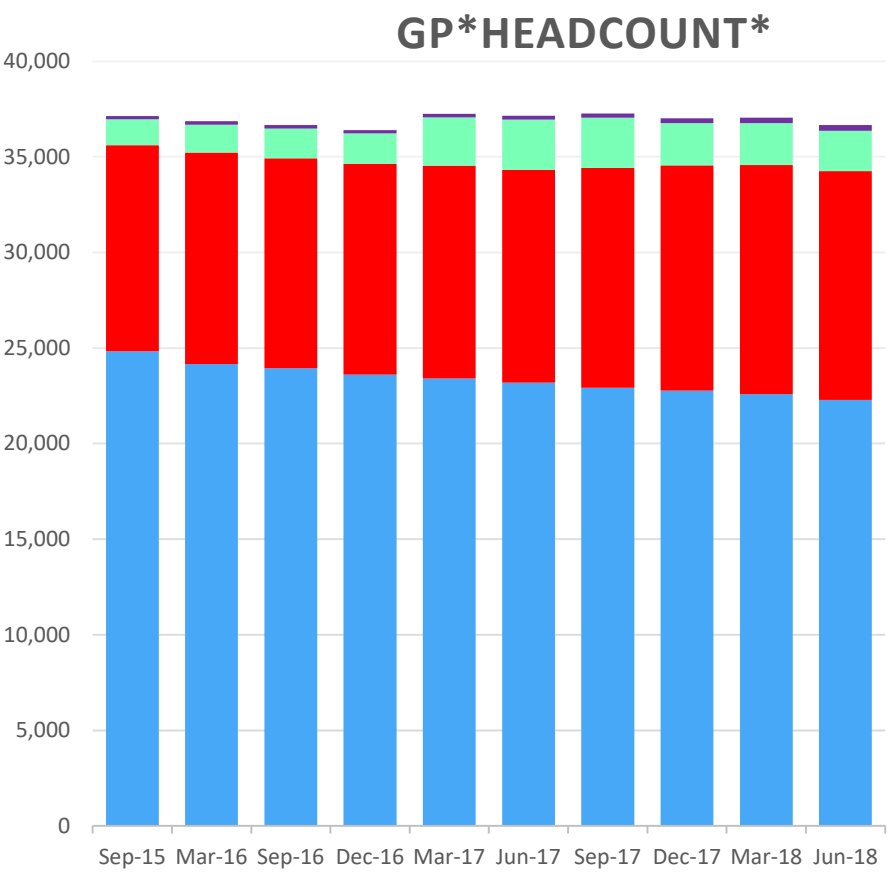
September 2015 – June 2018

- Reduction of 471 GPs (-1.3%) from 37162 to 37050
- Reduction of 1561 FTE GPs (-5.2%) from 29863 to 28302

May/June 2017 – May/June 2018

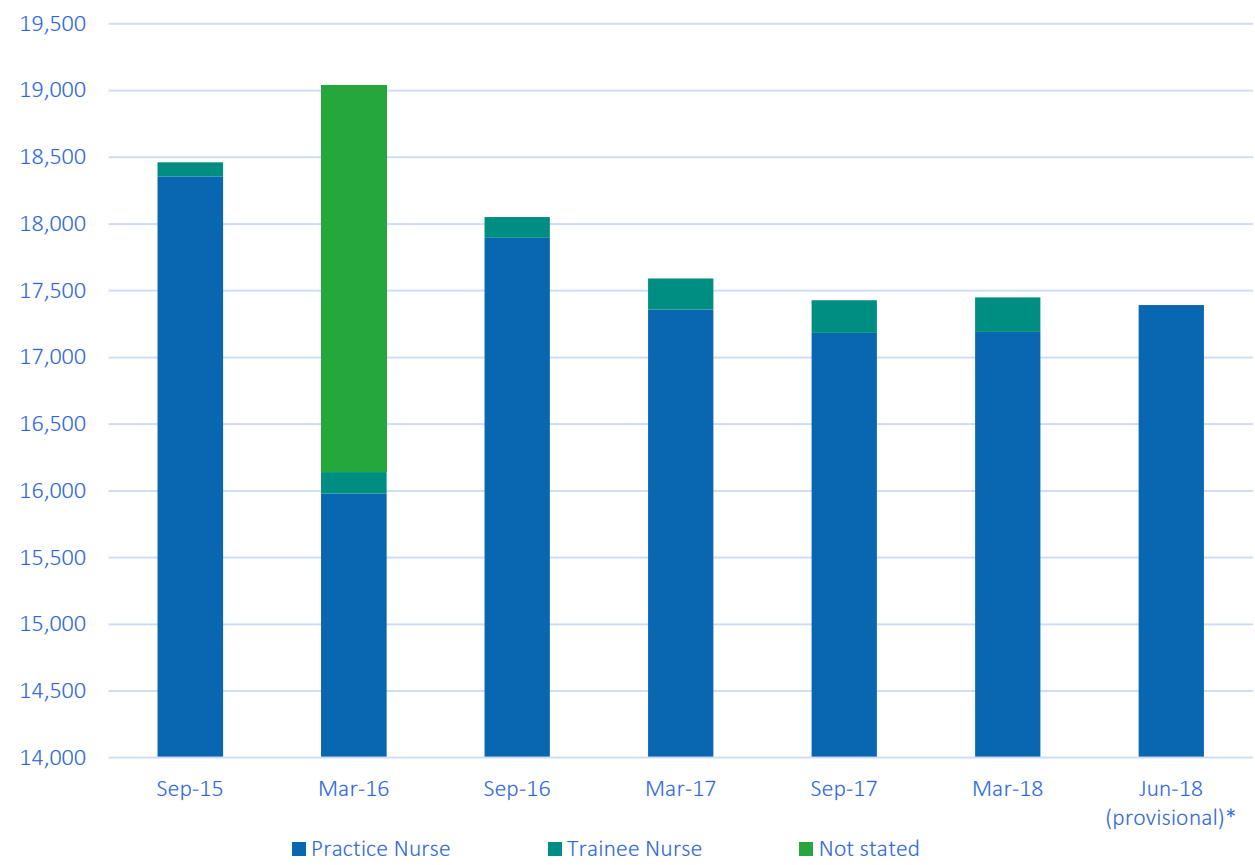
- Number of FTE consultants rose by 1456 (3.22%) to 46647
- Number of FTE GPs fell by 610 (-2.11%) to 28302

GP workforce – Sept 15 to June 18

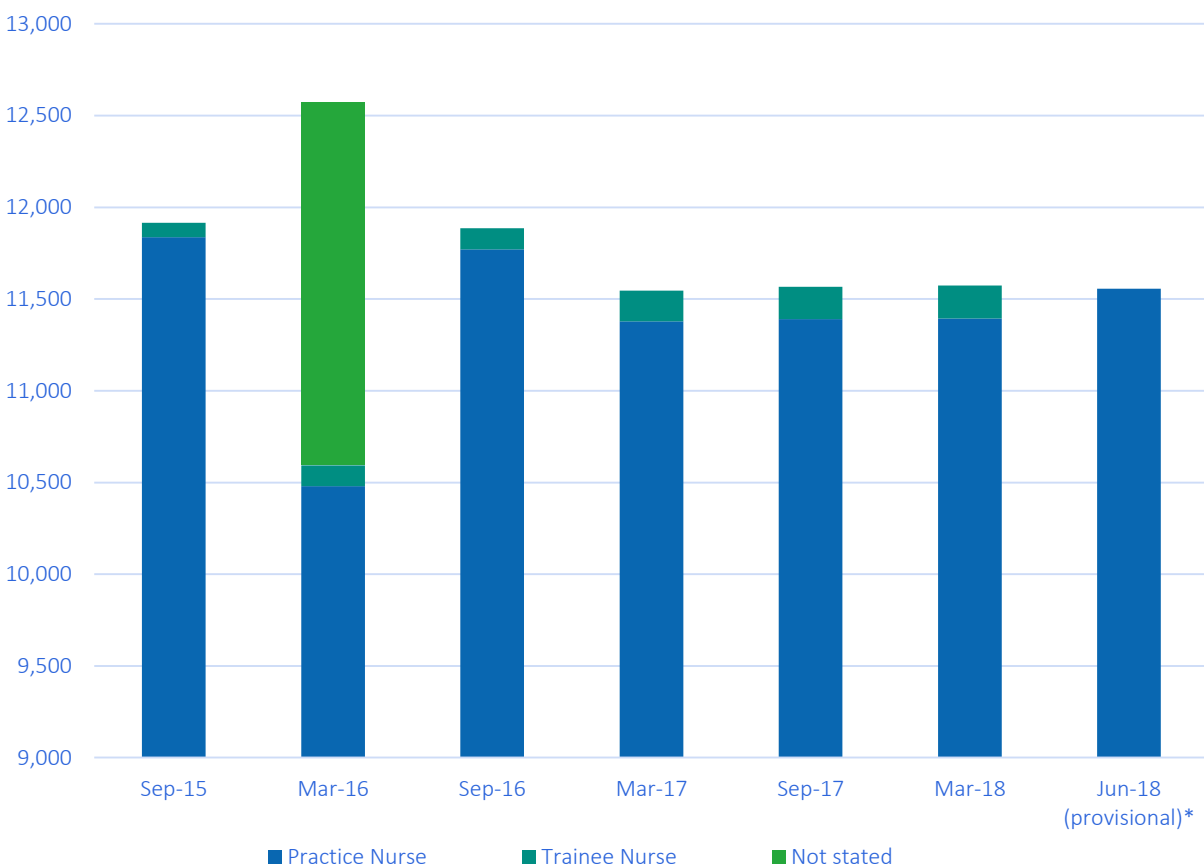


General Practice Staff – Sept 15 to June 18

Practice nurses and trainees *Headcount*

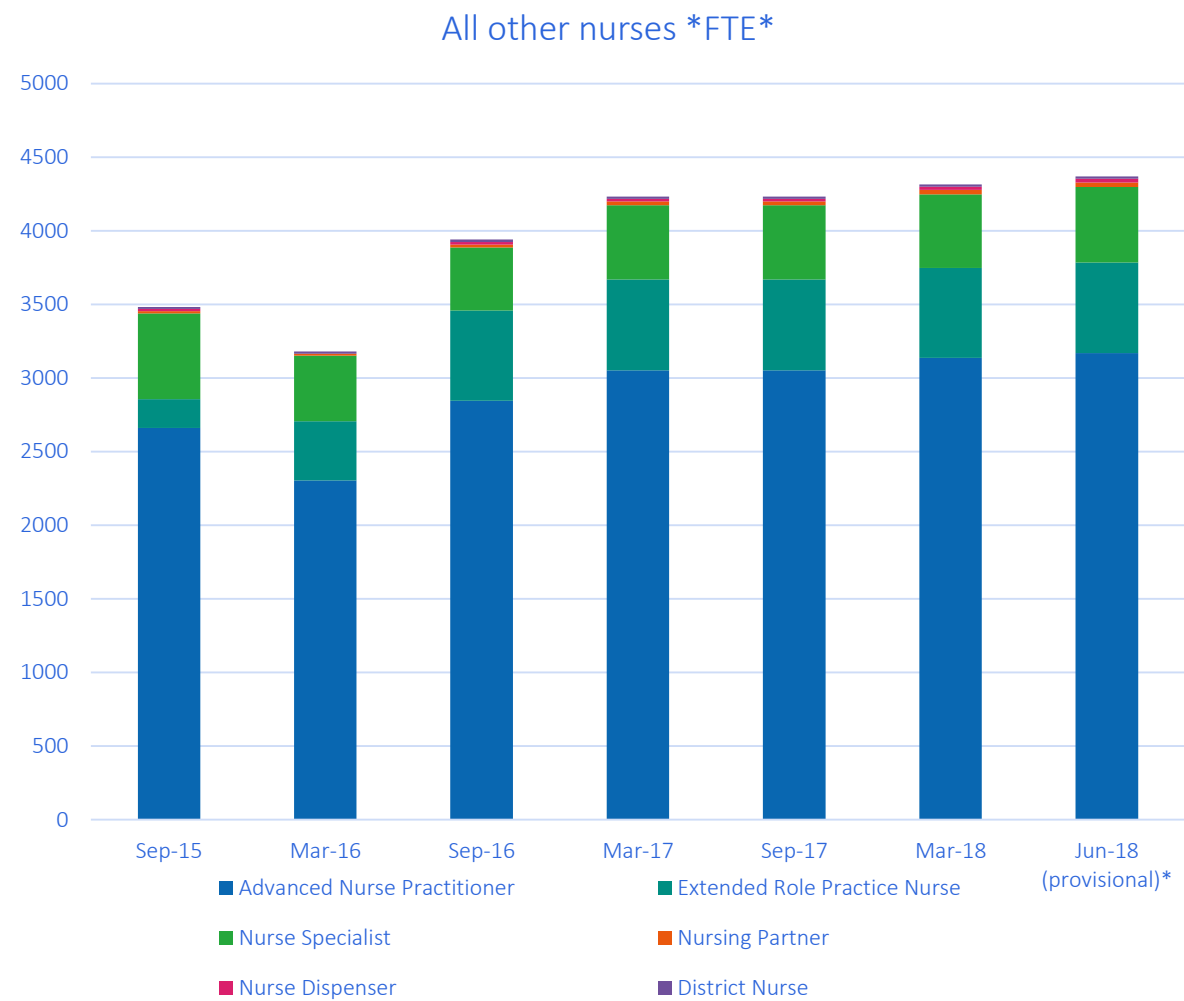
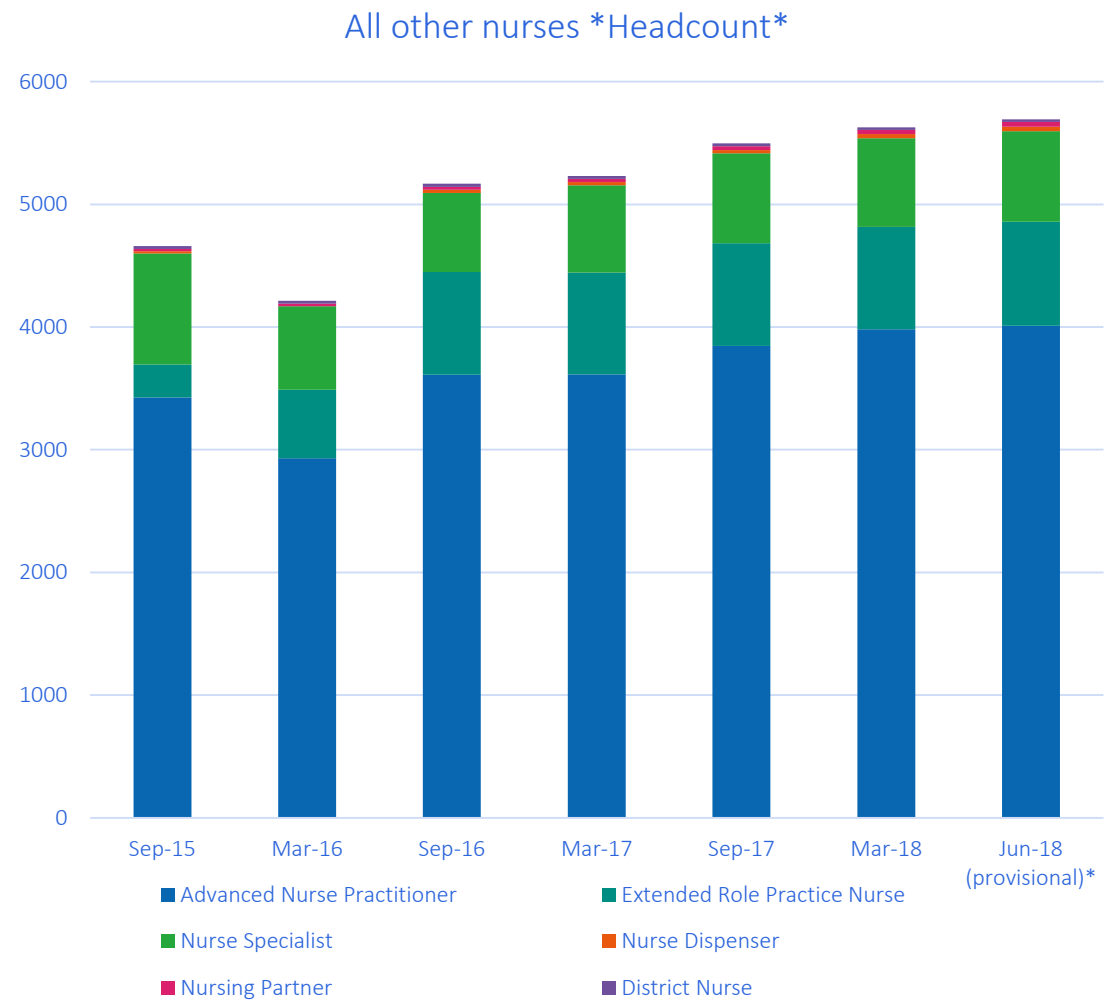


Practice nurses and trainees *FTE*



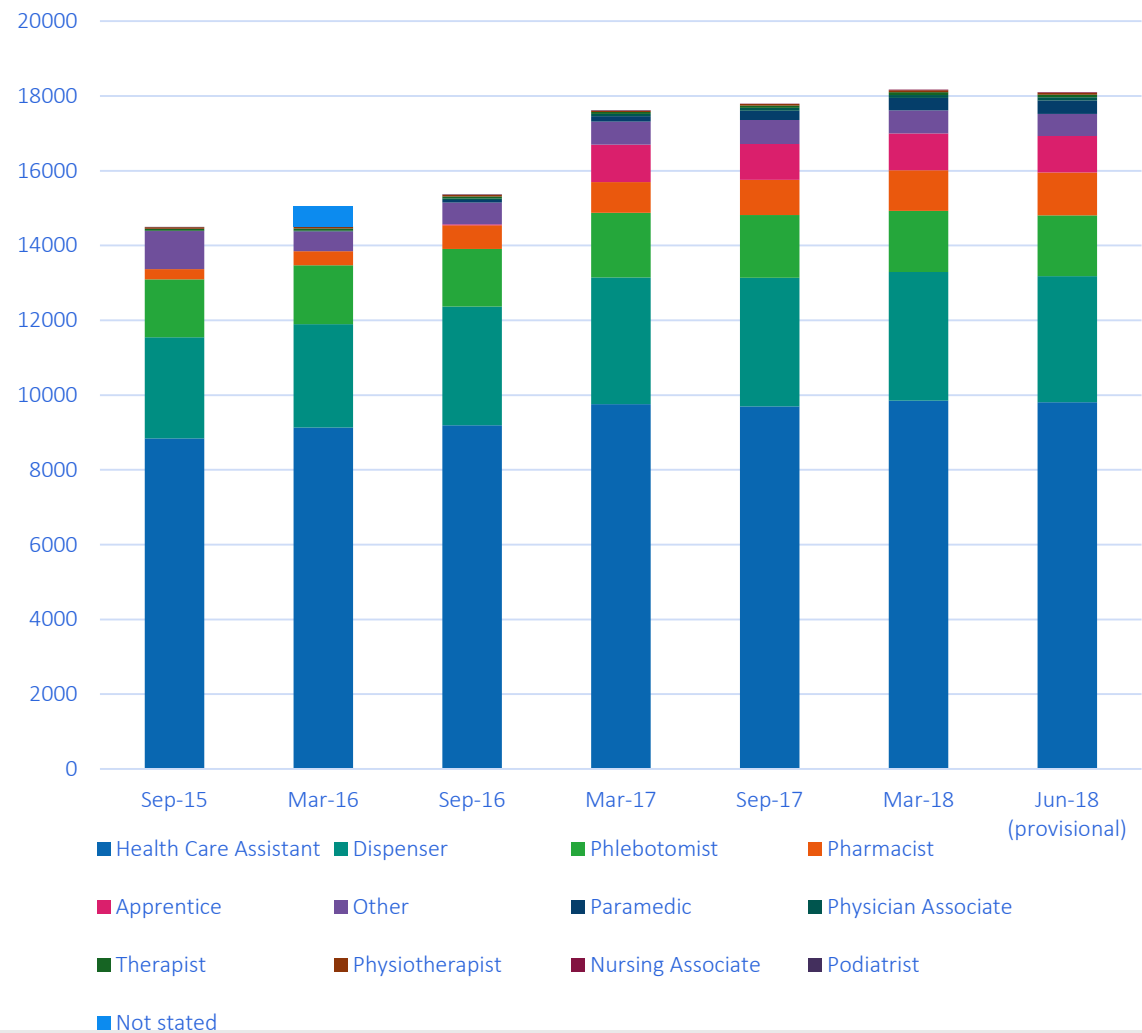
*Provisional figures count practice nurses and trainees together

General Practice Staff – Sept 15 to June 18

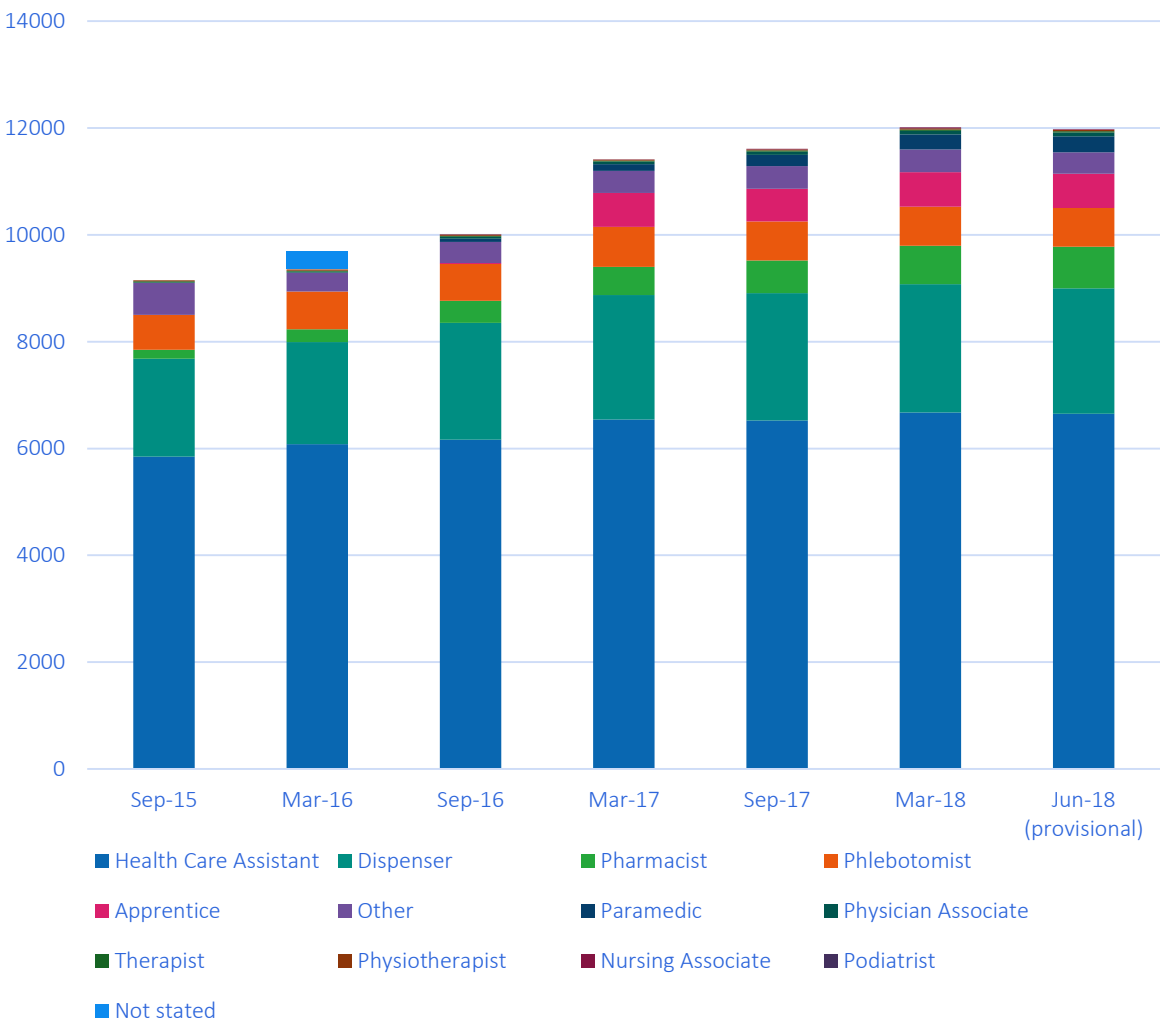


General Practice Staff – Sept 15 to June 18

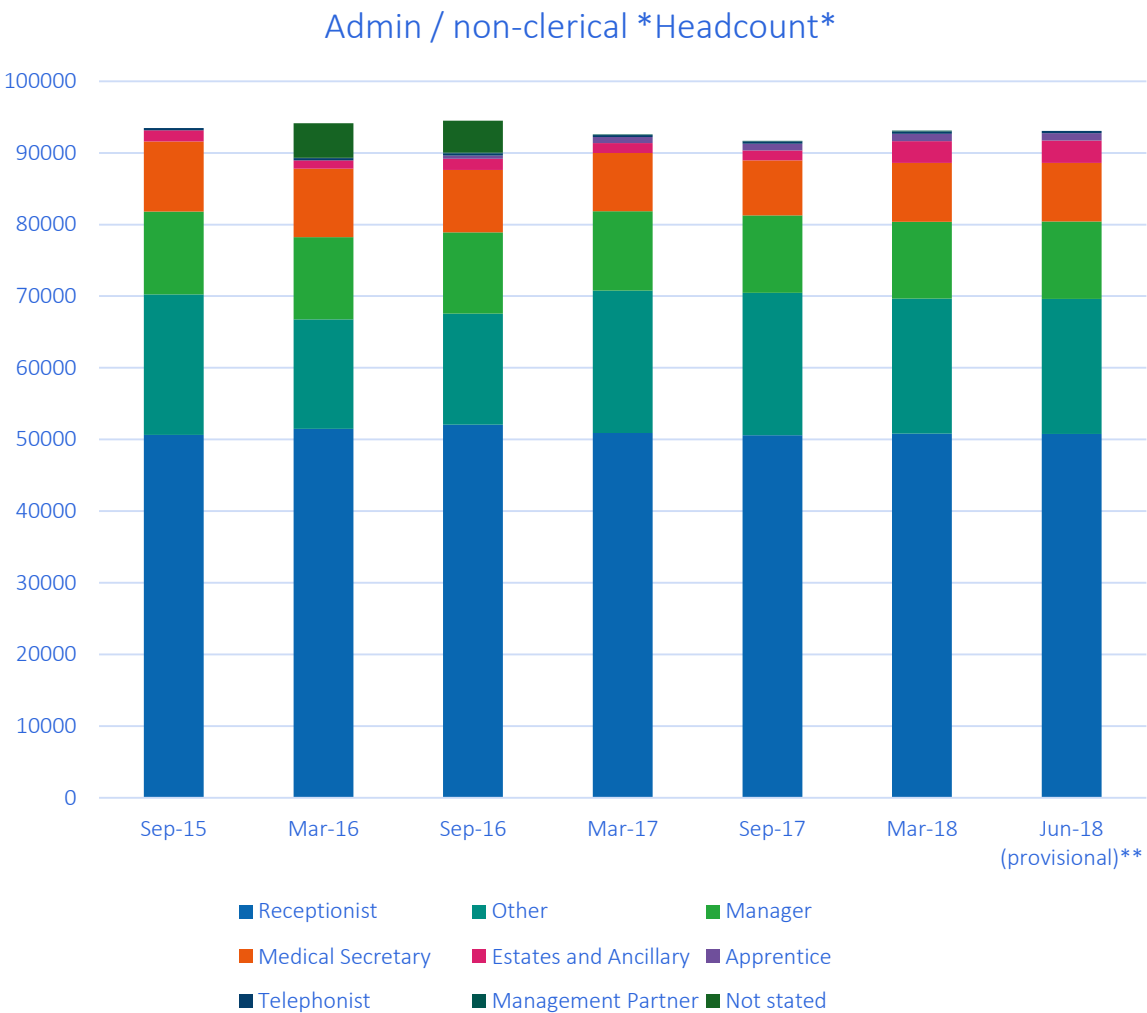
Direct patient care *Headcount*



Direct patient care *FTE*



General Practice Staff – Sept 15 to June 18



**publications with provisional figures count managers and management partners together

Workforce expansion

- Medical school expansion with GP focus
- 256 x £20k targeted enhanced recruitment scheme
- Increased number of GPs in training
- Improved induction/refresher and retainer schemes
- Recruiting GPs internationally
- Clinical pharmacist scheme (1,250 FTE clinical pharmacists across over 3,000 practices by summer 2018)
- Increased first contact practitioners – mental health therapists, physiotherapists
- Greater support through primary care networks



Managing and reducing workload

The UK population is projected to reach 70 million by mid-2027

- In 2015 11.8m people aged 65+ and 1.5m aged 85+
- By 2020 increased by – 1.1 million 65+, over 300,000 85+
- By 2039 increased by – 9.9 million 75+, 3.6 million 85+

Significant increases in NHS activity across the UK:

- Consultation rates for GPs in England rose by 13.6% between 2007 and 2014 (Oxford University, 2016).
- Consultations numbers increased by more than 15% between 2010/11 and 2014/15 (Kings Fund 2016).
- In Scotland consultations rose by 3.9% from 15.6 million to 16.2 million between 2003 and 2013 (ISD, 2013).
- In Northern Ireland, total general practice consultations rose from 7.2 million in 2003/04 to 12.7 million in 2013/14 (BMA, 2015).

***There has been no routine public reporting of GP activity data and no standardised national dataset to date – new NHS England data collections are currently in progress in England.**

Managing and reducing workload

- Improving work-life balance
 - reducing sessions (does not equate to “part-time working”)
 - portfolio working
 - defining working pattern e.g. salaried and locum GP
- Enhanced practice management
- Valuing GPs as specialists – delegating tasks and increased skill mix
- Saying “no”!

Managing and reducing workload: Improving collaboration

- Changes to standard contract to reduce workload shift:
 - hospitals providing patients with fit notes
 - hospitals to provide discharge summaries within 24hr
 - hospitals to stop asking GPs to re-refer DNA appointments
- Primary Care Networks providing additional capacity:
 - extended access hubs
 - home visiting
 - nursing homes team



Primary Care Networks

- 2018/19 NHS Planning Guidance – *“Actively encourage every practice to be part of a local primary care network, so that there is complete geographically contiguous population coverage of primary care networks as far as possible by the end of 2018/19, serving populations of at least 30,000 to 50,000”*.
- Expectation to provide extended access to GP services, including at evenings and weekends, for 100% of their population by 1 October 2018
- Need for recurrent management/administration costs funding and be GP-led
- Should support and strengthen practices, not expect to merge them
- Could support workforce expansion and collaborative service development

Services provided at network level that are not embedded in practices

Services provided through network and embedded in practices

Extended scope practitioners

Diabetes
MSK
Dementia
Respiratory Care

Network Leadership

GP Practice

GP Practice

GP Practice

GP Practice

Clinical Pharmacist
Social prescribing
Care Navigator
Mental health
Community nurses
Wound care

Social Care
Voluntary sector

Health Coaches
Physiotherapy

Extended Scope Practitioner

Dermatology
Frailty
Paediatrics
Cardiovascular
Urgent care

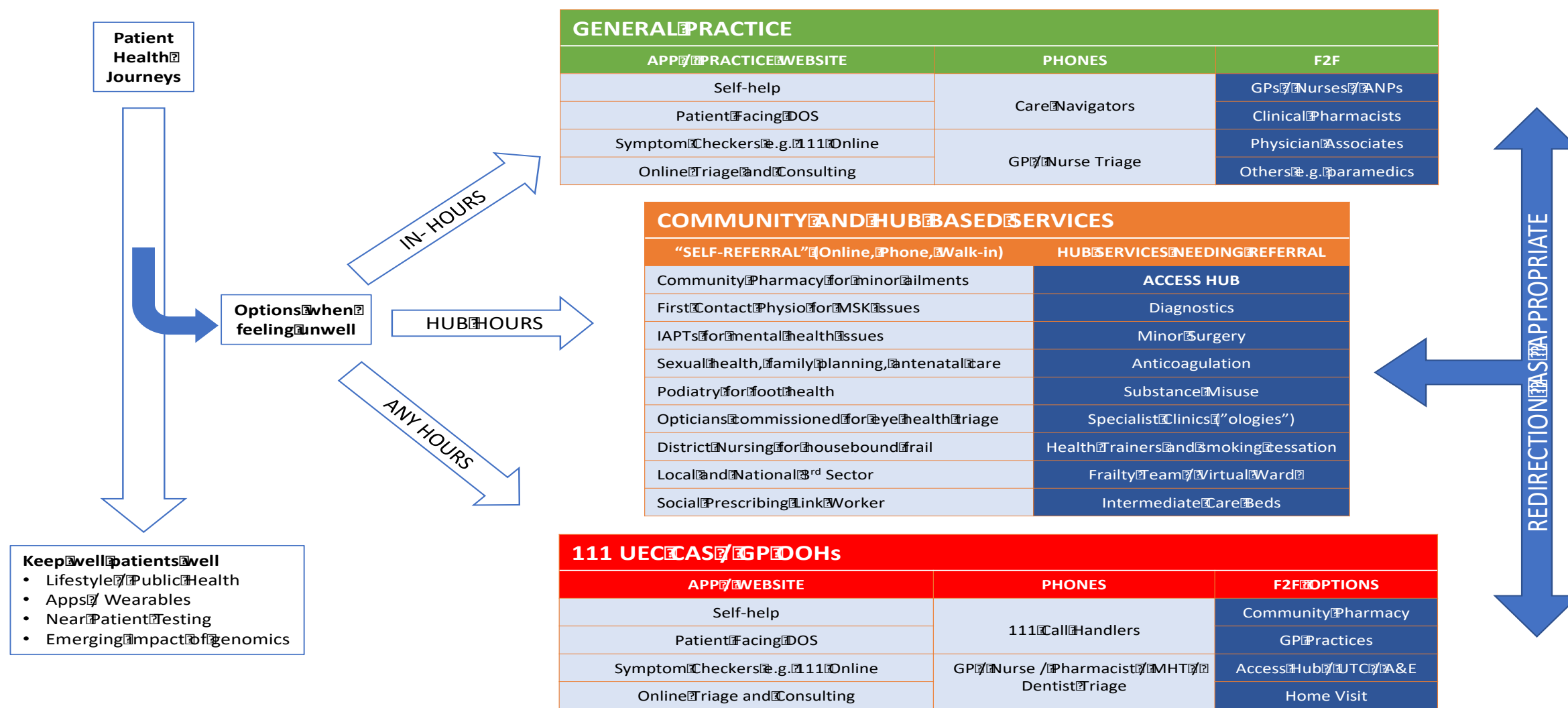
Support from
CCGs and STPs

Business intelligence
via CSU, Public Health

Hospital and specialist
services

An illustration of a possible care model at the heart of primary care at scale

It will clearly be for localities to determine the right design of services for their local population. An example of how services could be configured is set out below.



Developing IT

BMA

See an NHS GP in minutes for free 24/7

Search 'NHS GP at hand'
or visit gp.at.hand.nhs.uk

GP at hand
powered by babylon

Download on the App Store | GET IT ON Google Play

GP online services
Quick, easy and secure

- Book GP appointments
- Order repeat prescriptions
- Access your GP records

Download the FREE 'Ask NHS' App Today

Check your symptoms
Digital access to NHS 111
Book GP appointments
Get trusted self-care advice
Available 24/7

ASK

Search Ask NHS in the app store

Download on the App Store | GET IT ON Google Play

POWERED BY SENSELY

Patient Self-manages or selects to eConsult

hurley clinic

ALL HEALTH CONDITIONS | COLD OR FLU

Cold or flu

I want to help myself
Get information and watch videos about cold or flu.

I want pharmacy advice
Information about over the counter treatments.

I want advice from a 111 clinician
Find out how to get advice from a clinician. The service is available 24/7.

I want treatment and advice from my GP
Consult your GP via a simple online form - we get back to you by the end of the next working day.

Need to see us in person?
Book an appointment online or by calling us on 020 7735 7918

emis health

From
1 Oct 2018
trusts will only take
electronic referrals
from GPs.



Partnership Review

- Independent review established by DHSC and NHSE
- Interim report – October 2018
 - Workload and workforce pressures
 - Reducing risk – indemnity, premises, employment of staff
 - GP leadership of primary healthcare team
 - Myth buster to promote partnership model
- Final report – December 2018

GP Partnership Review
Key lines of enquiry: Call for evidence



Premises review

- Review established following 2018/19 contract agreement
- Seeking solutions to a range of issues relating to GP premises
- Reducing the risks related to ownership and leases
- 2018 premises cost directions to be published soon

18/19 contract changes – England

- £317m overall investment (compared with £238m for 17/18 and £220m for 16/17)
- Interim 1% pay uplift for GPs and staff and 3% for expenses
- DDRB prioritised GPs and recommended 4% uplift
- Government in England limited award to 2%, back-dated to April 2018 with further 1% to be added April 2019; Scotland awarded 3% uplift; Wales awarded full DDRB 4% uplift
- 3% uplift for appraisal payments and trainers grant
- £60m for indemnity – 16/17 and 17/18 – for principals and salaried GPs
- No changes to QOF (apart from uplift for CPI) – review for 2019/20 underway
- Uplift to some vacs & imms IoS (£10.06), sickness and paternity payments
- e-RS required use by October, or locally agreed switch-off date - £10m
- Premises cost directions agreed

GP contract 2019/20 workstreams - England

BMA

- State backed indemnity scheme by April 2018
- QOF review
- IT development
- Primary Care Networks
- Long Term Plan

Why does the NHS need more funding over the next 15 years?



By then, there will be 4.4 million more people in the UK aged 65 and over



More people will be living with a chronic disease and many with multiple conditions



The cost of hospital drugs is likely to increase



The NHS will need to pay more to recruit and retrain the staff it needs

Improvements are needed on top of meeting these pressures



Catching up on pay for NHS staff



Meeting waiting time targets



Improving mental health services



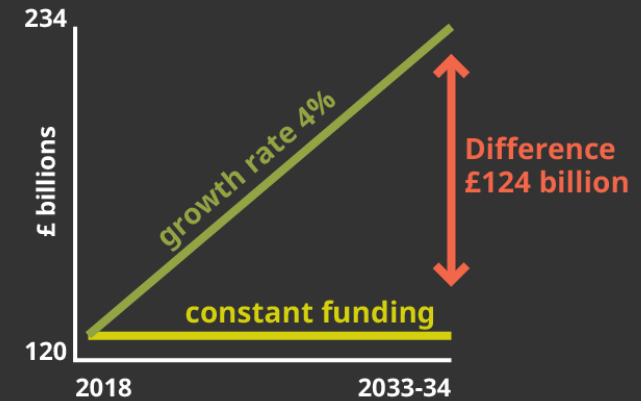
Increasing capital spending to invest in, for example, MRI scanners



Investment in public health

What does it add up to?

Meeting pressures and making some improvements will require increases in health expenditure of 4% a year over the next 15 years



5% a year for the next five years

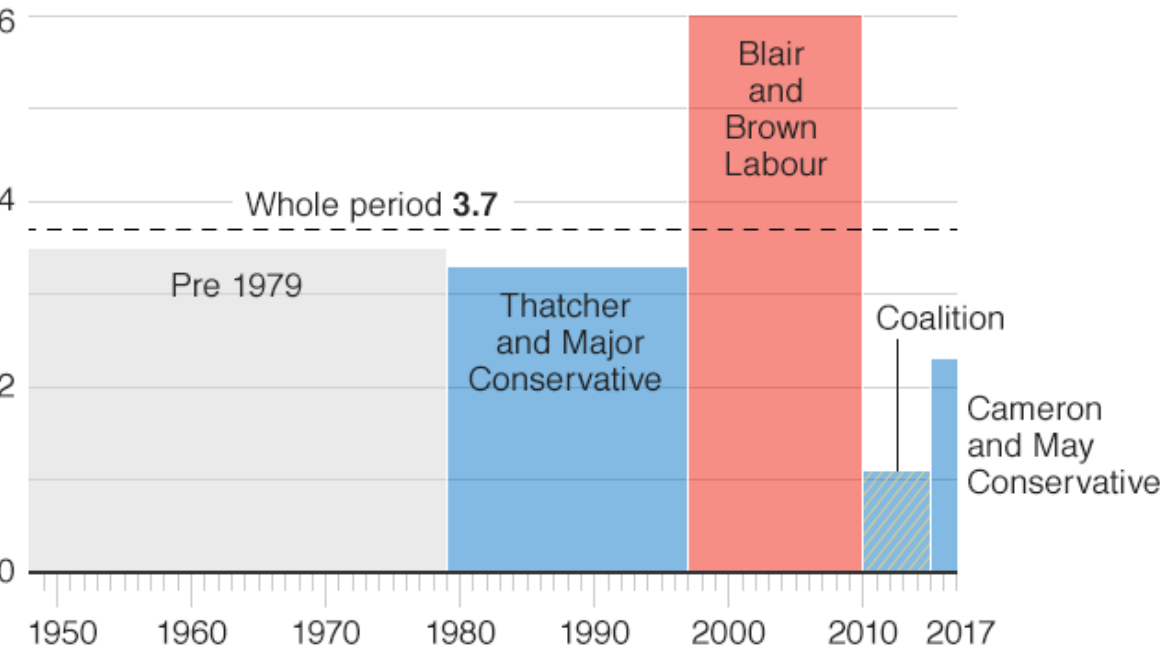
3.6% a year for the decade after

We model the spending increases needed under two scenarios: to maintain services at current levels, and to deliver modest service improvements. These figures and the assumptions used are set out in 'Securing the future: funding health and social care to the 2030s', May 2018. www.ifs.org.uk

NHS Long Term Plan

Health spending by different governments

Average annual real growth rate (%)



Source: IFS / Health Foundation



Our long-term plan for the NHS

Over **£20 billion** extra a year in real terms by 2023/4.

An illustration of five healthcare workers (three women and two men) wearing scrubs and face masks, standing in a row.

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