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Nottinghamshire Local Medical Committee Limited

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The NHS Long Term Plan

NHS England unveiled its Long Term Plan on **7 January 2019** with the stated aim of making the NHS fit for the future to get the most value for patients out of every pound of taxpayers' investment.

I have attempted to distill the elements most closely affecting general practice rather than produce a generic and distant overview of the whole Plan, you can go and read that elsewhere should you wish to.

Below is a summary of the main elements of the plan that affects general practice provision most directly:

- Increased ringfenced **funding for primary and community care** worth at least an extra £4.5bn a year in real terms by 2023/4
- **Primary Care Networks** will be developed, supporting closer integration of care within the primary and community sector. GP practices, **as part of changes to their GP contract**, will need to work together within their localities working within a multi-disciplinary team with community colleagues serving between 30,000 and 50,000 patients
- A **workforce implementation plan** will be published later in 2019. There is recognition of the need to increase the GP workforce as well as look to other ways of deploying clinicians and other staff flexibly to expand the workforce
- **Other GP contract changes** including to QOF which will see removal of less beneficial indicators and addition of a quality improvement domain. The areas of vaccinations and immunisations is also under review as well as a pending premises review that will feed into future NHSE capital processes
- An acceleration in **digital services for patients**. This will include a commitment to enable all practices to offer video consultations, to offer more online booking, online repeat prescribing ordering and for NHS 111 to make direct bookings for GP appointments
- **Integrated Care Systems** will be rolled out by April 2021, with the aim of delivering 'triple integration' of primary and specialist care, physical and mental health services, and health with social care. From 2019, the new Integrated Care Provider contract will be available for a single lead provider to manage the integrated care system. These contracts would be held by public statutory providers. GPs and networks will need to ensure they, with the LMCs, have a voice within any ICS, and are able to influence any ICP decisions
- The plan outlines that primary and community services will support people in the home as well as enhanced support for those in care homes. There is particular focus on more **preventative work** on smoking, obesity and drug and alcohol abuse

- There is also some information about moving away from the counter-productive NHS Health and Social Care Act's **competition and procurement rules**

The GP Partnership Review

The GP Partnership Review, commissioned by the Chief Executive of the NHS and Secretary of State for Health and Social Care, was published on **15 January 2019** as an independent review into the partnership model of general practice. The aim of the review was to produce recommendations that would revitalise and transform the model, to benefit all those who currently work in general practice, patients and the NHS.

There are seven clear recommendations emerging from the Review and they are outlined below:

1. There are significant opportunities that should be taken forward to reduce the **personal risk and unlimited liability** currently associated with GP partnerships
 - a. NHS England's review of primary care premises should develop proposals to mitigate the personal risk associated with being a lease holder or property owner; and provide support and guidance to partnerships on property ownership
 - b. The Government should introduce the option of GP partnerships holding a GMS or PMS contract under a different legal model, such as Limited Liability Partnerships and Mutuals
 - c. The Government and all relevant stakeholders must continue to support the final negotiations to introduce a state backed indemnity scheme from 1 April 2019, for all GPs and for those who work in and for practices
2. The **number of General Practitioners** who work in practices, and in roles that support the delivery of direct patient care, **should be increased and funded**.
 - a. Early career – A new employment opportunity for newly qualified GPs, a Primary Care Fellowship, should be launched by NHS England and HEE. This will support the development of primary care and community health staff in a range of areas appropriate to their future needs and the needs of patients
 - b. Mid-career – Improve career opportunities and training for future leaders
 - c. Late-career – Funded time should be provided for GPs considering early retirement to undertake a variety of different roles which would support primary care
 - d. The review encourages ongoing action by the Government, GMC and other national bodies to streamline and simplify the process by which doctors are able to return to the UK to practice after working abroad for an extended period of time
 - e. A review of the current pensions arrangements for GPs should be undertaken, with clear solutions proposed to address the current negative impact on partnerships
3. The **capacity and range of healthcare professionals** available to support patients in the community should be **increased**, through services embedded in partnership with general practice
 - a. NHS England should expand and fund the wider general practice workforce working in practices and the local community, to support both patients and the GP workforce

- b. HEE should further develop the role of Practice Nurses
 - c. NHS England should support emerging Primary Care Networks to make better use of the existing community health services workforce to support practices, by working more effectively with community health teams and by enabling the creation of population-based multi-professional teams across primary and community care
- 4. **Medical training should be refocused** to increase the time spent in general practice, to develop a better understanding of the strengths and opportunities of primary care partnerships and how they fit into the wider health system
 - a. Medical students, Foundation year doctors, GPs in Specialty Training and other clinical professions with a clear opportunity to support primary care should spend more time in general practice and in community-based roles
 - b. Expand training opportunities for GPs in practices and in the community
- 5. **Primary Care Networks** should be established and operate in a way that makes constituent practices more sustainable and enables partners to address workload and safe working capacity, while continuing to support continuity of high quality, personalised, holistic care
 - a. Primary Care Networks should be enabled to determine how best to address the balance between urgent and routine appointments during extended opening hours and weekends
 - b. The review supports the work of NHS England and other national partners to reduce unnecessary bureaucracy, but progress must be monitored closely, and further action must be taken to ensure successful implementation
 - c. RCGP, GPC, NHSE and DHSC should develop and agreed strategy for the effective use of workload data, to support practices and partnerships to manage workload
- 6. General practice must have a strong, consistent and **fully representative voice** at system level
 - a. General practice should be recognized by the GMC and Government as a specialty
 - b. The recommendations in the report led by Professor Val Wass and co-sponsored by the Medical Schools Council and HEE – ‘By choice – not by chance: Supporting medical students towards future careers in general practice’, must be implemented as soon as possible
 - c. Working at scale, for example through Primary Care Networks, has the potential to improve and support general practice influence at a system level if the right incentives and expectations are put in place
- 7. There are opportunities that should be taken to enable practices to use resources more efficiently by ensuring access to both essential **IT equipment and innovative digital services**
 - a. There should be acceleration of current work to ensure universal, paperless and interoperable systems, and scoping of new, related work where this is resource-efficient
 - b. Practices would benefit from a streamlined digital platform which could be used to access and share common documents and information. Opportunities to streamline the extraction of information from GPs by other national bodies should also be considered

- c. Digital solutions should be introduced for every practice, that can support GPs and others working in primary and community care in their roles and career choices – including support for working at scale
- d. The GP IT estate should be brought up to current standards of security and resilience, with appropriate support and training on relevant systems and basic cyber security hygiene for all staff working in general practice

Conclusion

General practice is amazing, proactive, reactive, extremely flexible, effective, safe and whilst based on the independent contractor model it can respond to the needs of the system swiftly and without bureaucratic delay. However, it is flailing around trying to keep going in the context of increased patient demand, more complex and older patients, insufficient funding to match the resourcing required, increased regulation and scrutiny and workforce shortages.

This needs to change.

We can see that standalone general practices that do not consider themselves as having a wider responsibility within the local health and social care system will be seen as not playing their part and potentially will be starved of the extra funding and support needed to help them survive.

Conveniently, we can see how taking the step to view yourself as a unit of delivery within a wider system might help you to become more sustainable as you share your workload and avail yourself of new opportunities.

That said, as long as you fulfil your contractual obligations, we will always stand by you and support you in your work as GPs – we are the one body always here to help you and stand up for your rights without any other role.