

BMA

**Focus on funding and support
in general practice
2017**



British Medical Association
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Contents

| | |
|---|-----------|
| Introduction | 2 |
| Workforce | 3 |
| Clinical pharmacists in general practice | 3 |
| General practice improvement leader programme..... | 5 |
| NHS GP health service..... | 5 |
| Practice manager development | 7 |
| The GP retention scheme | 8 |
| Training for reception and clerical staff..... | 9 |
| Workload | 11 |
| General practice resilience programme | 11 |
| Time for care..... | 13 |
| Practice transformational support | 15 |
| Practice infrastructure | 16 |
| Online consultation systems..... | 16 |
| Estates and technology transformation fund and premises | 17 |
| Care redesign | 18 |
| GP access fund..... | 24 |
| New models of care funding and support | 19 |
| Checklist of funding streams | 21 |
| Annex 1: Other funding streams | 22 |

Introduction

In its Urgent Prescription for general practice, GPC (general practice committee) has called for fair and sustainable funding and resources for general practice. GPC called for funding for general practice to reach a minimum of 11% of NHS spend and for the £2.5 billion funding deficit to be closed.

The GPFV (General Practice Forward View), published in April 2016 has gone some way in addressing this ask. Investment to general practice services will rise by a recurrent £2.4 billion by 2020/21, which is expected to increase the proportion of investment going into general practice to over 10%. Information on the announcements in the GPFV are set out in the GPC document [Focus on the NHS England General Practice Forward View](#).

GPC welcomes any funding or support for general practice. However we will, on your behalf, continue to push NHSE (NHS England) and the government to invest at least 11%, or the £2.5 billion, that we have asked for.

We will also stress that the current investment plan will take longer to deliver than much of the profession needs. We are concerned that often the time between announcement of funds and the closing date for applications is very tight, leaving practices very little time to plan and submit their bid.

Working with LMCs, we will continue to hold NHSE's feet to the fire to ensure funding reaches practices on the ground and doesn't disappear, including most recently on the GP resilience fund. Positively, a commitment has been secured by GPC that contract negotiators should develop a robust and long term mechanism to calculate practice expenses.

This guide plays a key part in this work. It is intended as a reference tool for practices. We would encourage you to make the time to read it in order to identify which options might be right for your practice and to help support you in applying for the funds announced.

Set out in sections, the guide aims to summarise:

- the different funding streams currently (or soon to be) available
- what they can (and cannot) be used for
- relevant criteria to be met
- where to find more information.

We will add to and update this guide to reflect any new information released by NHS England and add any new sources of funding/support regularly.

GPC would like to acknowledge the work of the Humberside Group of Local Medical Committees in the development of this guidance.



Workforce

Clinical pharmacists in general practice

(Follow up to last year's pilot scheme)

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|---------------------|--|
| Description | Funding to support the creation of clinical pharmacist posts in general practice. |
| How much? | £112m nationally. (See below for further information about individual practice funding.) This in addition to the £31 million pilot project previously announced by NHS England. |
| Timeframe | The application process for phase 1 of the funding was open from 9 January 2017 to 6 February 2017. The first cohort of successful applicants was announced in April 2017. The deadline for phase 2 applications is 12 May 2017. The intention is to have a further 1,500 pharmacists in general practice by 2020. |
| Who decides? | NHS England. For the pilot scheme, there were regional panels with representatives of NHSE, LETBs and local patient voice followed by a national moderation panel. |

What is the role of the clinical pharmacist in a general practice?

Clinical pharmacists work as part of the general practice team to resolve day-to-day medicine issues and consult with and treat patients directly. This includes providing extra help to manage long-term conditions, advice for those on multiple medications and better access to health checks.

How this scheme can help?

The intention is that by having a clinical pharmacist in GP practices, GPs will be able to focus their skills where they are most needed, for example on diagnosing and treating patients with complex conditions.

If well-managed and clearly structured, the clinical pharmacist role should help GPs manage the demands on their time. It is early days as yet but the feedback from the pilots that are up and running seems to be good.

What else do we know?

The aim is to provide a pharmacist per 30,000 population for all practices not in the initial pilot.

The things we know from the pilot are:

- practices must offer a permanent employment contract, ie not a fixed term contract. The intention is that the practice pharmacists should become an integral part of the general practice team beyond the end of the funded period
- groups of clinical pharmacists are intended to work together – a supervising (Band 8a) pharmacist with up to 5 junior pharmacists (Band 7). This is for shared learning and support and to enable all practices to take advantage of clinical pharmacists even if they may not be able to employ a full-time pharmacist on their own
- the pharmacists MUST be patient-facing
- bids to this fund can be from practices across more than one CCG area where that makes sense
- there is a training commitment for the pharmacists of 28 days over an 18 month period including a four-day intensive induction. The expectation is that all the Band 7 pharmacists will work towards becoming prescribers
- 90 hours of GP supervision are required for the prescribing course (This does not need to be from a GP trainer)
- training is available for practices (up to four days over a year) about how best to incorporate clinical pharmacists into the practice team.

What this scheme is not...

A chance for you to apply for funding for a clinical pharmacist just for your practice. There is a clear expectation that groups of practices will work together on bids. (Bids from two practices working together may be considered if they meet the criteria but bids from a single practice on one site will not make it through the selection process.)

It is also not free. In the pilot, practices could apply for 60% of costs in Year 1, 40% in Year 2 and 20% in Year 3. Practices have to meet the remaining costs themselves, although some CCGs have put in additional funding as well to reduce the initial amount payable by practices.

The scheme is not a replacement for community pharmacy and is not about focusing on minor ailments.

Criteria

Applications for the pilot were assessed against the criteria below. It is fair to assume that similar criteria will be used when the next allocation of funding is announced.

- potential to address GP workload
- staffing/workforce need
- clearly thought through purpose and role for clinical pharmacist(s) in improving outcomes for patients
- potential to improve patient access to general practice services
- clearly articulated, realistic and measurable KPIs (key performance indicators)
- appropriate clinical support for pharmacist roles within the team and a named lead
- evidence of appropriate and realistic costings and commitment to fund for all years
- commitment to multi-disciplinary team development programme
- commitment to evaluation programme
- commitment to release time for clinical pharmacists development programme
- patient engagement.

More information

Providers participating in the programme will receive funding for three years to recruit and establish clinical pharmacists in their general practices for the long term.

More information on the scheme including guidance for applicants and cases studies can be found on the [NHSE website](#) as well as [webinars](#) on information on clinical pharmacists in general practice.

The resource: [A guide for GPs considering employing a practice pharmacist](#) includes job advert and job description templates and outlines the different functions that clinical pharmacists can perform in practice.

GPC says...

Although the amount of supervision time seems vast, this role does have the potential to genuinely support doctors and free up GP time. In the absence of enough GPs to go round, and despite its limitations, this seems to be worth considering.

To really get the benefit, practices should to set out their own aspirations/goals in advance. You can then measure whether the appointment of a clinical pharmacist has helped you achieve your goals or not. For example, through the use of a clinical pharmacist, you could seek to:

- increase your appointment times from x minutes to x minutes (for all patients or for a specific group of patients)
- reduce use of locums to x (or by x)
- reduce waiting time for routine appointments from x to x
- generate x amount of additional capacity for GP telephone appointments
- any other appropriate measure that is relevant to your practice – it could even be trying to ensure that your GPs manage to get time to eat lunch each day.

Being clear about your goals may help you focus the work of the clinical pharmacist to ensure that each activity they undertake is targeted towards your achieving your objectives.

General practice improvement leader programme

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|--------------------|---|
| Description | General practice improvement leader training programme from NHS England's sustainable improvement team. |
| How much? | The programme is free to attend for any clinician or manager involved in facilitating service redesign in general practice. |
| Timeframe | Up to 300 free places per year for the next 3 years. |

How this programme can help...

Having clinicians and managers with quality improvement skills is key to successful change. This is a successful 9 month personal development programme to build confidence and skills for leading service redesign in your practice or federation.

NHSE state that the programme has been successful with general practice clinicians and managers of hugely varying experience (from GP registrars and newly appointed managers to very experienced staff).

What this programme is not...

Open to everyone. Places are available but limited.

Criteria

There does not seem to be any set criteria. However, NHSE will clearly be looking for current and potential leaders within general practice to take part.

It will mean being willing to attend workshops, commit to personal reading and reflection and try out new approaches such as action learning. You will be asked to lead a change project in your practice.

The aim is that you will look at things from new perspectives and develop the skills and confidence to be a leader of change.

More information

This is a modular programme of up to six days in total, completed at the delegate's own pace, over a minimum of four months. Each module builds personal learning and the ability to help others use quality improvement techniques.

- Fundamentals of change and improvement (two-day session) The elements of successful change. Practical tools and techniques for making improvements.
- Human dimensions of change (two days) How to engage others and work with them to make changes locally. Building effective relationships.
- Facilitation skills (two days) Approaches to use when working with groups. Creative tools and techniques to help keep projects moving.

Hear [previous participants talking about their experience](#) of the training programme.

Apply

Future cohorts are planned for London and Manchester in September 2017, and London and Birmingham in January 2018.

More information on the module dates and how to apply are on the [NHS England website](#).

GPC says...

Although this is about developing one individual within the practice, the benefit will only be felt if there is full support for that person to apply their learning. Get the buy-in of all the GPs and senior staff if you want the programme to make a difference in the practice.

NHS GP health service

| | |
|--------------------|--|
| Description | The NHS GP health service programme will improve access to mental health support for general practitioners and trainee GPs who may be suffering from mental ill-health including stress and burnout. |
| How much? | £19.5 million available over 5 years |
| Timeframe | The contract will initially run to March 2019, with a possible extension to March 2021. The service will be provided by The Hurley Clinic Partnership and was launched in January 2017. |

How this scheme can help?

This scheme may be able to help:

- retain practitioners who would otherwise leave the profession
- support our GP workforce to be healthy and resilient
- practitioners return to clinical practice after a period of ill health.

What this scheme is not...

A replacement for the GP occupational health service. GPC understands that this is additional resource.

What will be on offer?

The information released by NHS England has clarified that:

- the service will be staffed by specialists in providing mental health support to doctors
- treatment services will be free
- the service will be discreet and confidential
- treatment will be available in all 13 localities in England, doctors will be able to choose the locality most suitable to their needs
- the service will be self-referral only
- the service will be accessible via a dedicated telephone line, by email, a website, and through a smartphone app
- the service will also include the option for consultations to be held via video call
- GPs and trainee GPs will be given a choice of premises across local services, to support ease of access and help to ensure anonymity
- after contacting the service GPs and trainee GPs may also choose to consult with an experienced clinician, from within their locality or from any other locality in England
- the service will not be used in any way to performance manage GPs.

NHS England has announced that the service will support GPs and trainee GPs with:

- common and more complex mental health conditions
- mental health conditions that relate to physical health
- substance misuse and detoxification
- rehabilitation and return to work.

The support available through the service is expected to include:

- general psychiatric support and treatment
- support for addiction related health problems
- psychological therapies, such as CBT (cognitive behaviour therapy)
- mindfulness
- psychotherapy
- group therapy
- local groups addressing specific issues – eg doctors with addiction, suspended doctors, or a group dedicated to a particular issue affecting mental health in a specific area.

GPC says...

We welcome all practical measures to support GPs and will monitor closely its effectiveness. Keep a look out for the launch of this new scheme.

Practice manager development

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|--------------------|---|
| Description | Funding to support the growth of local networks of practice managers. These will promote sharing of good ideas, action learning and peer support. |
| How much? | £6 million |
| Timeframe | 3 years from 2016/17. |

Other Information

NHSE has recognised that practice managers are a vital resource in the NHS, playing a key role in maintaining a quality service and in redesigning care for the future. Yet they are also one of the most neglected parts of the workforce, receiving relatively little formal training or ongoing development. Many practice managers report feeling overburdened and isolated in their role, and it is often noted that the most efficient ways of working are slow to spread between practices.

To address these issues NHS England will support the growth of local networks of practice managers. These will promote sharing of good ideas, action learning and peer support.

A series of regional networking workshops took place in December 2016. No information on future events is currently available.

More info

For more information on this programme email england.gpdevelopment@nhs.net

GPC says...

We will share any information on future events when it becomes available.

The GP retention scheme

| | |
|---------------------|---|
| Description | The GP retention scheme launched on April 1st 2017. It is a package of support which includes financial incentives and development support to help GPs who might otherwise leave the profession to remain in clinical general practice. Its predecessor, the retained doctor scheme, had been in place for many years and received significant enhancements following new investment from NHS England in July 2016. The 2017 scheme is very similar to the 2016 interim enhancement, but removes the time limitation on funding and broadens eligibility (see below). |
| How much? | Practices employing a GP in this scheme will now receive £76.92 per session per week compared to £59.18 prior to July 2016. The annual payment towards professional expenses for GPs on the retained scheme increased from £310 to between £1,000 and £4,000 depending on the number of weekly sessions worked (up to a maximum of £4,000 for four sessions). |
| Timeframe | There is no time-limitation on the 2017 scheme. Doctors on the 2016 scheme will automatically transfer to the 2017 scheme on 1st July 2019 should they be eligible for more time on the scheme. Money is paid to the practices via their usual payment route (through their NHS England local team or CCGs with delegated authority). |
| Who decides? | Eligibility for GPs and suitability of the host practice will be decided by the GP dean based on the criteria outlined in the scheme. There is no additional decision-making process to obtain the funding. |

How this scheme can help...

Data shows peaks in GPs leaving practice aged in their 30s and those aged over 55. However, this scheme is aimed at anyone intending to leave practice because they cannot commit to full time work. You can therefore use it to encourage GPs to continue working, where they would be able to work up to four sessions per week. The scheme provides assistance to practices to make this possible.

RGPs on the scheme prior to 2016 should automatically have received an uplift in funding. The scheme can also be used to attract GPs not currently practising.

What this scheme is not...

A solution to the general practice workforce crisis. It may however help to persuade some doctors to continue working a small number of hours rather than leave the profession completely.

Criteria

The criteria for eligibility for the retained doctor scheme are:

- the doctor must be qualified and entitled to practise as a GP in the UK – ie must hold full registration with the GMC (General Medical Council) and be on the MPL (National Medical Performers List)
- the doctor must intend to be employed for a maximum of 208 sessions per year in general practice.

The specific eligibility criteria for interested GPs and practices can be found in the guidance [document](#). See [also](#) FAQs.

Exclusions

This scheme may not be used for doctors who require remediation or for doctors where the NHS England local responsible officer has concerns.

GPC says...

This is a change to entitlement and there is no discretionary element – if a GP qualifies, s/he and the employing practice can take advantage of the enhanced payment.

Training for reception and clerical staff

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|---------------------|---|
| Description | This funding is to contribute towards the costs of practices training reception and clerical staff to undertake enhanced roles in active signposting and management of clinical correspondence. |
| How much? | £45 million (£5m has been allocated for 2016/17. £10m will be allocated per year for the next 4 years) |
| Timeframe | Five years (2016/17 – 2020/21) |
| Who decides? | Central funding will be allocated to CCGs on a per-head-of-population basis, to allow them to disseminate it in the most appropriate way for their practices. Funding for 2016/17 was transferred to CCGs in the autumn and 2017/18 funding should have been transferred to CCGs in April 2017. In liaison with their practices and the local medical committees, CCGs will agree how best to distribute money for practices. |

What is being offered?

Support for every practice to have the opportunity to train their reception and clerical staff to undertake one or both of these enhanced roles:

- active signposting
- management of clinical correspondence.

The funds can be used for any of the following:

- the cost of purchasing training
- backfill costs for practices to cover staff time spent undertaking training
- support in kind for practices for planning this change or undertaking training.

The allocation for 2017/18 for each CCG area will be related to their total estimated registered population for that year. This can be found in the [NHS England calculation of CCG estimated registrations 2016-20 spreadsheet](#). Column X of the 'GP Registration Projections' tab of this spreadsheet should be divided by the total estimated registered patients in England (58, 173, 725) multiplied by the £10m total.

Likewise, the allocation for each CCG area is the estimated CCG registered lists figure in column Y of the 'GP Registration Projections' tab of the [spreadsheet](#) divided by the total of patients in England (58, 592, 211) multiplied by the £10m total.

CCGs will be accountable for this expenditure to deliver the specification outlined for this work, with details on the specification and monitoring arrangements being shared in due course.

What this scheme is not...

Money to support mandatory or general customer service/administrative training.

It is also not clear from the published information at this stage whether it will fund the whole or only part of the cost of training.

How this scheme can help...

This [NHSE web page](#) gives an introduction to active signposting and correspondence management. NHSE states that:

- active signposting frees up GP time, releasing about 5% of demand for GP consultations in most practices. It makes more appropriate use of each team member's skills and increases job satisfaction for receptionists
- by using clerical staff to manage clinical correspondence, 80-90% of letters can be processed without the involvement of a GP, freeing up approximately 40 minutes per day per GP. For the clerical team, job satisfaction is often increased as well.

More information

Read more about [active signposting](#) by reception staff

Read more about [correspondence management](#) by clerical staff

GPC says...

This provides an opportunity to get some free or low-cost training to test out a new approach and see if it works.

Do look out for further communications from your CCG about this funding.

Workload

General practice resilience programme

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|---------------------|---|
| Description | This programme aims to deliver a 'menu of support' that will help practices to become more resilient and sustainable, better placed to tackle the challenges they face now and into the future, and securing continuing high quality care for patients. |
| How much? | £40m nationally |
| Timeframe | 4 year programme of funding (40% of funding available in Year 1 and 20% in each of Years 2, 3 and 4) NHS Planning guidance states £16 million has been allocated in 2016/17 with £8 million to be allocated in 2017/18 and £8 million to be allocated in 2018/19. NHS England's local teams have now decided which practices will receive funding in the 2016/17 allocation. However all practices will still be able to access the fund in its remaining three years and should contact their NHS England local team for information. |
| Who decides? | NHS England's local teams will decide how best to spend their allocation of funding. The guidance states that they should involve key partners including the CCG, provider GPs and LMCs. |

What is the 'menu of support' on offer?

Practices may be able to take advantage of:

- diagnostic services to quickly identify areas for improvement support
- specialist advice and guidance eg operational HR, IT, Management and Finance
- coaching/supervision/mentorship as appropriate (where there is a clearly identified need)
- practice management capacity support
- rapid intervention and management support for practices at risk of closure
- coordinated support to help practices struggling with workforce issues
- change management and improvement support to individual practices OR groups of practices

Examples of each of the above can be found in the [guidance document](#).

What this scheme is not....

This is not funding for all practices and is not likely to be money straight into the practice finances for it to spend as preferred. It will be closely tied to the 'menu of support' listed above and is about supporting practices to change, develop and work in new ways. Even short-term interventions e.g. providing practice management capacity support will be about creating the breathing space to review the way things are done and develop a practice action plan.

Criteria – which practices will be funded?

Funding/support will be made on the basis of local intelligence and decisions as to where the greatest impact can be achieved using the available resources. **The guidance states that the NHSE local team 'should ensure there are clear opportunities for practices to self-refer for assessment for improvement support' under this scheme.**

In deciding how to spend this money, the NHSE local team will go through two processes:

1. They will look at the list of national criteria to help determine whether a practice has challenges relating to demand, capacity or internal issues.
2. They will use a 'resilience and support matrix' to decide how much scope there is to provide support and what the impact of that support is likely to be.

Both the national criteria and the support matrix are provided as Annex B to the [guidance document](#).

To access this funding, the practice will need to demonstrate:

- what the current problems are for your practice and that this threatens your viability and/or the services you currently deliver – facts and figures will help your case and being able to show that you meet some of the national criteria mentioned above
- that the financial support on offer will change something/produce a result that makes you more likely to survive and thrive as a practice.

The more clearly you can express these two things, the more chance you have of obtaining support through this scheme.

NHS England believes that at least 1,000 practices will have benefited from the £16 million of funding allocated in 2016/17.

GPC says...

Talk to your LMC, your CCG and the NHSE Area Team as soon as possible about the challenges facing your practice. One of the key criteria that NHSE will use for assessment is whether you have significant support from your LMC, CCG or NHS England local team.

Time for care

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|--------------------|---|
| Description | National expertise and support for groups of practices in a CCG area to implement their choice of innovations that release time for care. |
| How much? | £30m nationally (but linked to other sources of funding such as training for reception and clerical staff) This does not offer funding direct to practices. It is an offer to take part in a programme alongside other practices in the same CCG |
| Timeframe | Expressions of interest can be submitted at any time, with a final cut-off date of 26 August 2018 |

How this scheme can help...

NHS England believes that by participating in this programme, most practices can expect to release about 10% of GP time.

What this scheme is not...

A short-term fix. You'll need to commit both Clinical and Practice Manager time in order to get the most from this.

What is being offered?

National expertise and resources will be used to facilitate locally hosted collaborative action learning programmes, supporting groups of practices to come together, learn about proven innovations of interest, agree priorities for action, and implement changes that release time for care. CCGs are expected by NHS England to consider identifying a senior person to lead local work to release staff capacity in general practice. Where appropriate, they will also support local practices in submitting expressions of interest for the time for care and general practice improvement leaders programmes.

In most cases, it is expected that a programme will be convened for a natural grouping of practices such as the members of a CCG. This change programme will help practices to implement at least one of the 10 high impact actions, drawing on the experience of others, experts in improvement science and the support of the whole group. The programme will be designed with local leaders, with the support of your appointed development adviser, to ensure it meets your needs and aligns with other practice development plans locally. A wide menu of support can be drawn on, and no two programmes are likely to be the same.

Support will take the form of national expertise and resources available for groups to have a 9-12 month programme of workshops and learning sessions to plan and implement changes that release time in the practice.

The intention is to help practices manage their workload by learning lessons that work for other practices. The focus will be on implementing the 10 high impact actions below:



More information

CCGs should have clear plans for how they will support the planning and delivery of a local time for care development programme, to implement member practices' choice of the 10 high impact actions. This could include details of:

- How this piece of practice development is being aligned with other developments locally such as technology and estates investment, workforce development and improved collaboration between providers
- The investment being made by the CCG to create headroom for practices to engage in development

GPC says...

This is an offer to groups of practices – and potentially the majority of practices in a CCG area committing to get involved. There is a checklist designed to help practices/the CCG to take stock of their readiness to host a successful time for care programme. If you're interested in this offer, your first port of call should be a conversation with your CCG.

Practice transformational support

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|--------------------|---|
| Description | CCG investment to be used to stimulate development of at scale providers for improved access, stimulate implementation of the 10 high impact actions to free up GP time, and secure sustainability of general practice. |
| How much? | £171 million. £3 per head in 2017/18 or 2018/19, or split over the two years. |

What is being offered?

Starting in 2017/18, as part of the five-year £508 million sustainability and transformation package, CCGs will be required to invest £171 million in a non-recurrent fund for practice transformational support. For this fund CCGs will need to plan to spend a total of £3 per head as a one off non-recurrent investment.

This investment should commence in 2017/18 and can take place over two years as determined by the CCG, (eg £1.50 in 2017/18 and £1.50 in 2018/19) or £3 in one of these years. The investment is designed to be used to stimulate development of at scale providers for improved access, stimulate implementation of the 10 high impact actions to free up GP time, and secure sustainability of general practice.

CCGs will need to find this funding from within their NHS England allocations for CCG core services.

GPC says...

We are aware that some CCGs under severe financial pressure have expressed concern that they may not be able to provide this funding to practices, and there are also concerns that CCGs may provide this support by cutting other budgets for general practice. GPC has raised this with NHSE at the highest levels, and believe that NHSE must enable CCGs to provide this transformational funding as a new additional resource. This will be key to enabling sustainability for practices by being able to work in collaborative arrangements.

CCGs should be engaging with LMCs regarding how they will provide this funding. Please keep us informed of whether this it is being made available by your CCG.

Practice infrastructure

Online consultation systems

| | |
|---------------------|---|
| Description | A fund to contribute towards the costs of purchasing online consultation systems, improving access and making best use of clinicians' time. |
| How much? | £45m (£15m in 2017/8, £20m in 2018/19 and £10m in 2019/20). |
| Timeframe | 3 year funding programme which started in April 2017. |
| Who decides? | Funding will be allocated to CCGs, to allow them to disseminate it in the most appropriate way for their practices. |

What is being offered?

The allocations to each CCG will be based upon the estimated CCG registered populations for 2017/18 and 2018/19, which can be found in the 'GP registration projections' tab of the NHS England [calculations of CCG estimated registration 2016-2020 spreadsheet](#).

CCGs can calculate their share of the funding in 2017/18 by multiplying the £15 million total by their registered population figures in column X within the 'GP Registrations Projections' tab [spreadsheet](#), and then dividing by the total number of registered patients in England (58,173,725).

Likewise, CCG shares for 2018/19 can be calculated by multiplying the £20 million total by their registered population figures in column Y, and dividing by the total number of registered patients in England (58,592,211).

CCGs will be accountable for this spend to deliver the specification outlined.

What this scheme is not...

Financial support for general IT enhancements/provision or adopting other types of technology not related to online consultations.

How this scheme can help...

NHSE state that in early adopter practices these systems are proving to be popular with patients of all ages. They free time for GPs, allowing them to spend more time managing complex needs. Some issues are resolved by the patient themselves, or by another member of the practice team. Others are managed by the GP entirely remotely, in about a third of the time of a traditional face to face consultation. Others still require a face to face consultation, and these are enhanced by the GP already knowing about the patient's issue. As well as improving the service for patients, evidence to date indicates that online consultation systems can free up to 10% of GPs' time.

More information

Read [case studies](#) about online/e-consultation.

GPC says...

CCGs should have clear plans on how they will support the delivery of this programme. We will provide more information on this fund when it becomes available.

Estates and technology transformation fund and premises

| | |
|--------------------|--|
| Description | Investment to accelerate the development of infrastructure to enable the improvement and expansion of joined-up out of hospital care for patients. |
| How much? | £900 million funding invested over five years. This includes £300 million capital funding associated with the estates and technology transformation fund and over £100 million a year capital available as part of business as usual, as well as some planned capital investment for national IT infrastructure, such as the GP systems of choice. |
| Timeframe | Submissions deadline was June 2016. |

In 2015/16, NHS England began a multi-year £1 billion investment programme primary care transformation fund to support general practice to make improvements across a range of areas, including in premises and in technology, linked to estates strategies and digital roadmaps for the NHS in local areas. This programme included both capital and revenue funding, and will continue to fund schemes through to 2019. Additional capital investment will also be going into general practice beyond this programme, bringing the estimated overall total of capital investment in general practice over the next five years to over £900 million.

How this scheme can help...

This funding stream aims to help practices establish infrastructure which enables extra capacity for appointments in hours and at evenings and weekends to meet locally determined demand. The estates and technology transformation programme will continue to improve infrastructure in general practice and support the delivery of sustainability and transformation plans.

More info

A number of [new GP premises and technology schemes](#) will be supported from 2016/17. Over 800 schemes have been identified for the 2016-2019 investment pipeline, subject to due diligence and approval.

See some [examples](#) of how the estates and technology transformation fund is benefiting local GP services and their patients.

GPC says...

Although the deadline for applications for this fund has now closed for this year, we will monitor future calls for submission.

If your CCG has bid for funding from this scheme it should be included in its GPFV plan. Please keep us informed on the outcome of any proposals you have submitted.

Care redesign

GP access fund

| | |
|--------------------|---|
| Description | To support better access to general practice for the public. NHS England describe this as 'to enable CCGs to commission and fund extra capacity to ensure that everyone has access to GP services, including sufficient routine and same day appointments at evenings and weekends to meet locally determined demand, alongside effective access to other primary care and general practice services such as urgent care services.' |
| How much? | £138 million recurrent funding in 2017/18, £258 million recurrent funding in 2018/19 rising to £500 million by 2020/21. |

How this funding can help?

On top of primary care allocations NHS England have said they will provide over £500 million recurrent funding by 2020/21 to enable CCGs to commission and fund extra capacity across England. This funding is meant to ensure that by 2020 everyone has access to GP services, including sufficient routine appointments at evenings and weekends to meet locally determined demand, alongside effective access to out of hours and urgent care services.

What else we know...

This forms part of the £2.4 billion recurrent funding announced for general practice in the General Practice Forward View.

This will replace the £100 million per annum non-recurrent funding formally allocated through the prime minister's GP access fund.

National funding will be provided to CCGs in the following way:

- CCGs with GP access fund sites will receive £6 per weighted patient in 2017/18 and 2018-19
- 18 transformation areas that have been asked to accelerate extended access will receive £6 per head in 2017/18. Note: In 2016/17 they should already have received £1.50 per head of support.
- All other CCGs will start with £3.34 per head in 2018/19. From 2019/20 they should then receive £6 per head (note: the latter will not be part of CCG's current plans as it is outside CCGs current planning period). NHS England state that, given some of the unique characteristics of London, the funding for London schemes will be available to be deployed to support improvements across the whole of the geographical area.

GPC says...

We welcome investments in to increasing capacity in general practice. However under the new arrangements a much lower amount per patient will be made available to providers of this service and they will therefore have to adjust their appointment provision accordingly and make greater use of clinicians other than GPs to deliver this within the available budget. This can best be done by integrating this service with existing urgent care/OOH services. It should also be noted that appointment provision on Saturdays and Sundays should be tailored to meet local needs. There is no obligation to provide an 8-8, 7 day service.

New models of care funding and support

| | |
|---------------------|---|
| Description | National support for the MCPs, PACS and other new care models being taken forward by the vanguards. |
| How much? | Over £100 million will go towards the vanguards. Over £31 million confirmed so far for MCPs and over £20 million confirmed so far for PACS. It is unclear how much of this will reach general practice. |
| Timeframe | Funding available for 2017/18 – applications were made in Autumn 2016. This is the third and final wave of new care model funding. |
| Who decides? | Highly competitive with a national evaluation of bids by NHS England and NHS Improvement. |

How this scheme can help...

This is the transformational funding to support the development of new care models.

What NHSE have said so far...

'To accelerate progress and support double running costs, a national new care models funding stream will contribute to support additional future MCPs and PACS. In 2017/18 we expect to expand national support from coverage of about eight per cent of the country now, to around a quarter.... The most compelling plans for the next MCPs are likely to cover specific communities in 2017/18, with wider spread thereafter, rather than all of the CCG or whole STP footprint at the same time.'

What this funding is not...

Money to do more of the same. This is about radical transformation and removing the boundaries between services including general practice, community services, secondary care, social care and the voluntary sector.

Criteria

Applications were only open to existing vanguards. In order to secure their allocated funds, vanguards will need to fully implement their care model in line with national frameworks, extend their new care model and share learning within their STP, and deliver clear quality improvement and savings.

GPC says...

NHS England has published an MCP framework document (July 2016), which describes the care model in more detail, and draft MCP contracts (December 2016). There is also a PACS framework (September 2016).

GPC has produced a 'Focus on the draft MCP contract' which sets out the main elements pertaining to the MCP contract and GPC's key concerns.

Our [working together to sustain general practice conference](#) provided further guidance on the new models of care.

This New Care Models funding stream is for establishing MCPs/PACS along the lines described by NHS England. For groups of practices interested in this, GPC's advice is:

- Be clear about which partners you are going to be working with (both other GP practices and other providers/services)
- What is the intention of the new working arrangements? Think about your care redesign – the framework describes this as 'by far the most critical task'
- Be clear what population you will be serving (a minimum of 30,000)
- Be clear what the priority needs of that population are – you will need compelling evidence
- Describe what your 'hubs' look like – what does your multi-disciplinary team look like?
- Be able to tell your story – why is working in this new way going to be better for patients?
- Ask for help – talk to NHSE, the CCG and LMCs – but do not feel pressured into making any hasty contractual decisions at this stage.

Checklist of funding streams

| Fund | Amount | Timeframe | Availability |
|---|---|---|--|
| General practice resilience fund | £40 million (£16m in 2016/17. £8m per year for 3 years) | 4 years From 2016/17 | National programme. NHS England local teams to decide allocations. |
| GP retention scheme | £76.92 per session per week | 3 years 1 July 2016 – 30 June 2019 | No additional decision making process. Retained GP and practice must meet criteria to be eligible. |
| General practice development programme | £30 million | Expressions of interest cut off August 2018 | Expressions of interest submitted to NHS England |
| General practice improvement leader programme | Free to attend | 3 years | Applications to NHS England. Up to 300 places per year for the next 3 years. |
| Training for reception and clerical staff | £45 million (£5 million in year 1 and £10 million per year over the next 4 years) | 5 years 2016/17 – 2020/21 | Central funding will be allocated to CCGs on per-head-of-population basis. |
| Practice manager development | unknown | 3 years From 2016/17 | No information published |
| Online consultation systems | £45 million (£15m year 1, £20 million year 2, £10 million year 3) | 3 years From 2017/18 | Funding allocated to CCGs. CCGs to be disseminated in the most appropriate way. |
| New care models funding | unknown | 2017/18 | Bids from practices with partners to NHS England and NHS Improvement |
| Vulnerable practices fund | £10 million | 2016/17 | NHS England to decide in consultation with CCGs |
| Clinical pharmacists in general practice | £112 million | unknown | NHS England to decide regional allocations |
| NHS GP health service | £19.5 million | 5 years From 2017 | National scheme open to all GPs |
| Estates and transformation fund | £900 million | 5 years | CCG bids to NHS England |
| Prime minister's GP access fund | £500 million | 5 years | National funding provided to CCGs (process unknown) |
| Practice transformational support | £177 million | 2 years | CCGs to provide £3 per head over 2017/18 or 2018/19 (or split between the two years) from their core allocations |

Annex 1: Other funding streams

The [GP Forward view](#) does reference further funding streams that aim to help with the crisis in general practice. These future funding streams to look out for are summarised below. We will provide more information on them once it is published. More information on the GP Forward View funding streams can also be found in the [NHS Operational Planning and Contracting Guidance 2017-2019](#).

Pharmacy integration fund

This is worth £20 million in 2016/17 and rising by a further £20 million each year, to help further transform how pharmacists, their teams and community pharmacy work as part of wider NHS services in their area. Subject to a separate consultation, the proposals include better support for GP practices, for care homes and for urgent care for the use of the fund.

Practice nurse development

£15 million will be invested nationally in general practice nurse development, including support for return to work schemes, improving training capacity in general practice for nurses, increases in the number of pre-registration nurse placements and other measures to improve retention.

Mental health

There will be investment in an extra 3000 mental health therapists to be working in primary care by 2020 to support localities to expand the IAPT (Improving Access to Psychological Therapies) programme.

IT support

Core GP IT services will be expanded in 2017/18, to include: funding for Wi-Fi for staff and patients within practice settings (funding to be made available for hardware, implementation and service costs); cost-effective purchase of telephone and e-consultation tools; funding to support education in using digital services to best effect, and enhancements to the e-referral system to improve alerts and communications.

Stamp duty

NHS England will fund stamp duty and land tax costs for practices signing leases with NHS Property Services from May 2016 until the end of October 2017.

Management costs

NHS England will develop new funding routes to enable transitional funding support for practices seeing significant rises in facilities management costs in the next 18 months in leases held with NHS property services and community health partnerships.