



NHS England and NHS Improvement
Skipton House
80 London Road
London
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18 August 2021

Dr Richard Vautrey
Chair, BMA General Practitioners Committee
BMA House
Tavistock Square
London, WC1H 9JP

Dear Richard,

SUPPORTING GENERAL PRACTICE

Thank you for making time for an early meeting with Amanda Pritchard, and our open and productive conversation.

Right now, the pressures on the profession are intense. We recognise that General Practice is working harder than at any other time in its history. Its teams have been providing more appointments than before the pandemic, excluding vaccinations. GPs, PCNs, their Clinical Directors, and all those working in constituent practices have delivered the lion's share of the COVID vaccination programme.

Based on data from 850,000 patients, the independent GP Patient Survey 2021 showed marked increases across many questions: (i) overall patient satisfaction with general practice; (ii) patient satisfaction in being able to make an appointment; and (iii) patient satisfaction with the appointment times offered. A notable reversal of recent trends, these results serve objective testimony to the dedication and professionalism of GPs and their multi-disciplinary practice teams, including practice managers and receptionists. They reflect how well the majority of practices have been able to adapt and innovate during the pandemic, maintaining and improving access. They reinforce the need to hold onto what has worked better for professionals and patients alike as we continue to learn together about how best to combine different modes of online, telephone and face-to-face access.

General practice is working flat-out continuing to support the response to the pandemic, improving the health of its registered populations, providing convenient care for people with urgent needs, as well as dealing with the backlog of chronic disease management. We know that alongside the elective waiting list, general practice also faces backlogs for care, plus additional demand as more patients wait for the hospital care they need.

In this context, and the very real workload challenges being experienced, expanding workforce capacity in general practice is more vital than ever before, and we want to work with GPC England to achieve this. With over 9,000 FTE already in additional roles by March 2021 across England, PCNs have made impressive progress and are on track. At the same time, we also agree that additional support is needed from CCGs and ICSs in helping those PCNs who are struggling most with recruitment and retention, as we expand to over 15,000 by end of March 2022, as part of more joined-up, system-wide workforce plans. We also agree with you of the need to reinvigorate efforts to drive more systematic uptake of GP recruitment and retention initiatives. And we need to create time for new joiners to form part of redesigned teams.

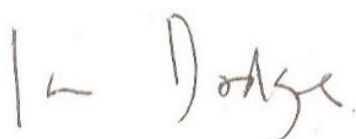
As we plan for autumn and winter against this challenging backdrop, we have heard the call by GPC England for different phasing of new PCN service specifications. In our meeting we described how NHS England is looking again at whether certain of these can be deferred from this October until no later than April 2022, bearing in mind the renewed urgency of tackling healthcare inequalities for example in hypertension detection, working in tandem with our community pharmacy partners. Funding through voluntary incentives are the principal way in which NHS England will be promoting PCN service improvement goals from the Long Term Plan, reinforced by simple and concise service specifications - not the other way round.

Taking into account immediate pressures, we agreed that the main implementation focus of the PCN Investment and Impact Fund should be 2022/23 rather than 2021/22, so that PCNs have maximum possible time to prepare.

At the same time, NHS England must also honour the existing commitment to expanding the 2021/22 Fund up to the £150 million of promised available funding, as a lead-in to the £225 million 2022/23 Fund. We also agreed that NHS England should aim to provide clarity on both the rest of the 2021/22 IIF and at the same time the 2022/23 IIF as soon as possible.

Finally, Amanda and I affirmed the value we place on our relationship and dialogue with you and GPC England. We have shared objectives of supporting the sustainability of General Practice and improving services and outcomes for patients. The primary care team here stands ready to resume working with you, including on PCN extended access arrangements, as soon as you may be able.

With very best wishes,

A handwritten signature in black ink that reads "Ian Dodge". The signature is written in a cursive style with a large initial "I".

Ian Dodge
National Director for Primary Care,
Community Services and Strategy