

## Briefing paper to LMC on recent announcements and updates from NHS England on elements of the GP Forward View

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**Purpose** To summarise the opportunities for GP practices

**Introduction** I was disappointed in how little the [General Practice Forward View](#), announced back in April, promised in terms of direct financial uplifts to general practice.

However, there are opportunities for practices and I thought you might find it helpful if the LMC produced a summary document to assist our practices.

ELEMENT	Key points and links to more information
<b>GP RETURNER SCHEME</b>	<p>Previously announced – not to be confused with the GP Retainer Scheme (see below)</p> <p>Offers a bursary of £2,300 per month and participants will be given a supervised placement in general practice. A portfolio route is also available.</p> <p>Scheme rules:</p> <p><a href="https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/03/gp-induction-refresher-scheme-upd.pdf">https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/03/gp-induction-refresher-scheme-upd.pdf</a></p> <p>Anyone who wishes to practice as a GP in England and who has not practiced as such in the last 24 months needs to contact the GP National Recruitment Office (NRO) in the first instance to register their interest in practicing:  <a href="https://gprecruitment.hee.nhs.uk/Contact-Us">https://gprecruitment.hee.nhs.uk/Contact-Us</a></p>
<b>MENTAL HEALTH TREATMENT SERVICES FOR GPS</b>	<p>On 6<sup>th</sup> July NHSE launched the procurement for the provider(s) of a new service to enable GPs to access mental health treatment services to help with stress and burnout.</p> <p>The aim is for this support to be in place by December 2016.</p> <p>I suspect the go-live date will be deferred simply due to the tight timelines on the procurement.</p>

<p><b>IMPROVING HOW HOSPITALS WORK WITH GENERAL PRACTICE</b></p>	<p>A new set of standards have been imposed in the NHS Standard Contract in relation to the hospital/general practice interface with a view to reduce the burden (i.e. dumping of work) on GPs:</p> <ol style="list-style-type: none"> <li>1. Outpatient DNAs - Hospitals cannot adopt blanket policies under which patients who do not attend an outpatient clinic appointment are automatically discharged back to their GP for re-referral</li> <li>2. Discharge summaries – these must be sent by direct electronic or email transmission for inpatient, day case or A&amp;E care within 24 hours. Summaries for inpatient or day case care must also use the Academy of Medical Colleges headings, so GPs can find key information in the summary more easily.</li> <li>3. Clinic letter – hospitals to communicate clearly and promptly with GPs following outpatient clinic attendance, where there is information the GP needs quickly in order to manage the patient’s care (certainly no more than 14 days after the appointment).</li> <li>4. Onward referral of patients – Unless a CCG requests otherwise, for a non-urgent condition directly related to the complaint or condition which caused the original referral, onward referral to and treatment by another professional within the same provider is permitted, and there is no need to refer back to the GP. Re-referral for GP approval is only required for onward referral of non-urgent, unrelated conditions.</li> <li>5. Medication on discharge – providers to supply patients with medication following discharge from inpatient or day case care. Minimum of 7 days.</li> <li>6. Results and treatments – hospitals to organize the different steps in a care pathway promptly and to communicate clearly with patients and GPs. This specifically includes a requirement for hospitals to notify patients of the results of clinical investigations and treatments in an appropriate and cost effective manner, for example, telephoning the patient</li> </ol> <p><a href="https://www.england.nhs.uk/wp-content/uploads/2016/07/letter-contract-requirements.pdf">https://www.england.nhs.uk/wp-content/uploads/2016/07/letter-contract-requirements.pdf</a></p>
<p><b>GP RESILIENCE PROGRAMME</b></p>	<p>In addition to the £10 million Supporting Vulnerable Practice fund announced in December 2015, NHSE are releasing £16 million for General Practice Resilience. A further £8 million will be released each year in 2017/17, 2018/19 and 2019/20.</p>

	<p>This will rely on local NHS England regional teams communicating to key stakeholders (which included LMCs) by 19 August how they propose to deliver the menu of support available – to date our local team have not done this.</p> <p>For Central Midlands the breakdown of funds to be spent are:  2016/17 £1,337,330  2017/18 £ 668,335  2018/19 £ 668,335  2019/20 £ 668,335</p> <p>Guidance: <a href="https://www.england.nhs.uk/ourwork/gp/v/resilience/">https://www.england.nhs.uk/ourwork/gp/v/resilience/</a></p>
<p><b>INDEMNITY SUPPROT SCHEME</b></p>	<p>A new indemnity support scheme starts 2016/17. First payment will be made in April 2017, which will be paid direct to practices. This will run for two years.</p> <p>NHSE are also running another Winter Indemnity Scheme to reward GPs working in OOH.</p> <p>More details <a href="#">here</a>.</p>
<p><b>RETAINED DOCTOR SCHEME</b></p>	<p>From 1 July 2016 NHSE are increasing both the money for practices employing a retained GP and the annual payments towards professional expenses for GPs on the scheme.</p> <p>Practices employing a GP on this scheme will now receive £76.92 per session per week compared to £59.18 previously.</p> <p>The annual payment towards professional expenses for GPs on the scheme will increase from £310 to between £1,000 and £4,000 depending on the number of weekly sessions worked. For example, £1,000 for one session worked, £2,000 for two sessions worked etc.</p> <p>The scheme is open to:</p> <ul style="list-style-type: none"> <li>• Doctors who are currently designated as ‘retained doctors’</li> <li>• Doctors who are interested in the scheme and hold full registration with the GMC and are on the National Performers List</li> </ul> <p>Retained doctors in this scheme may work between 1 and 4 sessions per week, and may remain on the scheme for up to five years, with an annual review each year to ensure they remain eligible. The additional resources will be paid to practices via their usual payment route. This additional resource will be available for up to 36 months from 1 July 2016 to 30 June 2019.</p>

	<p>NHSE have instructed applicants to contact their local Health Education (HEE) GP Dean, who will be able to provide information to potential applicants. Our local deanery has been in touch to advise applicants should contact Clare Cooper at <a href="mailto:clare.cooper7@nhs.net">clare.cooper7@nhs.net</a>.</p> <p>Scheme guidance and FAQs: <a href="https://www.england.nhs.uk/commissioning/primary-care-comm/gp-workforce/retained-doctors/">https://www.england.nhs.uk/commissioning/primary-care-comm/gp-workforce/retained-doctors/</a></p>
<p><b>£30m GENERAL PRACTICE DEVELOPMENT PROGRAMME</b></p>	<p>Three year £30 million development programme. More info <a href="#">here</a>.</p> <p>£30 million ‘Releasing Time to Care’.</p> <p>£45 million to support training of reception and clerical staff to play a greater role in navigation of patients, including handling clinical paperwork to free up GP time.</p> <p>£6 million practice manager development programme.</p> <p>£45 million to support uptake of online consultation systems.</p>
<p><b>RELEASING TIME TO CARE</b></p>	<p>Programme to support practices to manage workload differently.</p> <p><b>10 High Impact Actions</b></p> <ol style="list-style-type: none"> <li>1. Active signposting</li> <li>2. New consultation types</li> <li>3. Reduce DNAs</li> <li>4. Develop the team</li> <li>5. Productive work flows</li> <li>6. Personal productivity</li> <li>7. Partnership working</li> <li>8. Social prescribing</li> <li>9. Support self-care</li> <li>10. Develop QI expertise</li> </ol> <p><a href="#">Scheme guidance</a></p> <p>Practices need to complete an <a href="#">Expression of Interest Form</a> A development adviser will contact practice within 4 weeks of completing the Expression of Interest. This will then lead to a 9-12 month programme of collaborative service redesign based on the <b>10 High Impact Actions</b>.</p>

	<p>Access the case materials from the workshops held in 2014-15 <a href="#">here</a>. (There are some excellent case studies and practical ideas here).</p> <p>(The 10 High Impact Actions are supported by the BMA, and are based on the <a href="#">Making Time In General Practice</a> report published by the NHS Alliance in October 2015 – it is definitely worth practices reading the detail of this scheme).</p> <p>Every practice in the country will have an opportunity to join a Time To Care programme over the next 3 years.</p> <p>There are a number of Webex webinars practices/federations can log in to hear more information</p>
<p><b>BUILDING CAPABILITY FOR IMPROVEMENT</b></p>	<p>NHSE are running a 9-month General Practice Improvement Leader programme to build confidence and skills in leading improvement.</p> <p>Read more details <a href="#">here</a></p> <p>You need to complete <a href="#">Expression of Interest Form</a> to register interest to join the programme (suitable for GPs, practice managers, practice nurses with a management role, GP federation managers)</p>
<p><b>TRAINING FOR RECEPTION AND CLERICAL STAFF</b></p>	<p>£45 million is available over next five years (2016/17 to 2020/21) to develop capabilities within the general practice workforce for new ways of working. In the first year £5 million will be available, and £10 million in each subsequent year.</p> <p>This talks about two ‘active roles’ for practice staff, supported by dedicated training:</p> <ul style="list-style-type: none"> <li>• <a href="#">Active signposting by reception staff</a></li> <li>• <a href="#">Correspondence management by clerical staff</a></li> </ul> <p>It’s worth taking a look at these roles- the aim is to reduce the time spent by GPs both signposting patients and dealing with routine clinical correspondence where no action is required on the part of the GP.</p> <p>Central funding will be allocated to CCGs in the autumn of 2016/17 on a per-head-of-population basis, to allow them to disseminate it in the most appropriate way to practices.</p> <p>The above links also detail the criteria this funding can be used for, and backfill costs for staff are specifically referenced.</p>

<b>PRACTICE MANAGER DEVELOPMENT</b>	More detail to be published in the autumn, but there will be funding for three years from 2016/17 to develop the growth of networks of local practice managers. See <a href="#">link</a> .
<b>ONLINE CONSULTATION SYSTEM</b>	£45 million allocated over 3 years to support purchase of online consultation systems by practices. Available from 2017/18 over 3 years. Central funding will be allocated to CCGs. More detail <a href="#">here</a> .