



LMC Q&A event

NHSEI plan for improving
access for patients and
supporting general practice

Agenda

- Welcome
- Presentation
- Discussion – Q&A
- Live polling
- Polling results



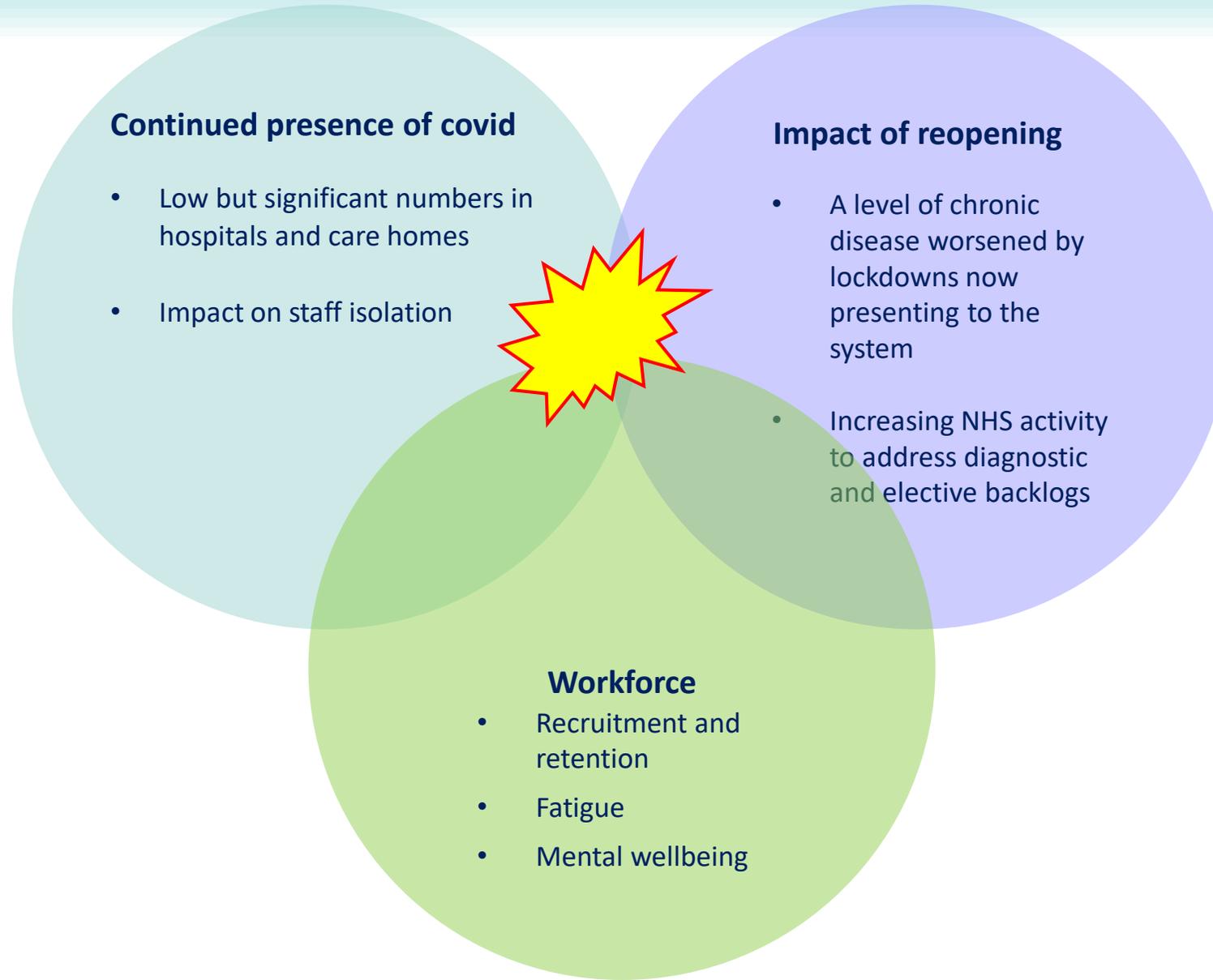
NHSEI Access plan



- Published on 14 October
- No consultation
- Detailed plans required by 28 October
- £250m funding



The Current Health & Care System Context



National Access Improvement Plan

The plan provides detail on actions to support general practice and improve access including face-to-face appointments with GPs. These actions fall into three broad categories:

- A. Increasing and optimising capacity
- B. Address variation and encourage good practice
- C. Improving communication with the public, including tackling abuse and violence against NHS staff



Data asks

- “All ICSs should start an immediate exercise to look at five data sets:
 1. Any practice below pre-pandemic levels
 2. Lowest 20% of face-to-face appointments
 3. 20% of practices with the highest level of 111 calls from patients during GP hours
 4. 20% practices with the highest A&E attendances compared to what would be expected
 5. CQC to also provide intel on complaints, concerns, whistleblowing as per their ‘Give feedback on Care’ process”

- An initial national cut of the above data has been provided by NHSE and Business Intelligence colleagues in HCV are currently analysing it to provide a HCV view – this will be shared once prepared.



LMC response

- Pace
- Data – inaccurate and inappropriate
- Reporting of data
- Level of funding
- Address the underlying issues?
- Link this funding to appoint numbers/types



System response

- Understand real issues
- Desire to support for Primary Care
- Understand data sensitivities
- Collaborate on how to help

BMA - GPC Response

- i. rejects the plan published by NHSEI on 14th October 2021 and calls on all LMCs (local medical committees) in England to disengage from any participation with the implementation of that plan (53 agree, 2 disagree, 2 abstain)*
- ii. calls on all practices in England to pause all ARRS recruitment and to disengage from the demands of the PCN DES (47 agree, 8 disagree, 2 abstain)*
- iii. promises its full support to protect and defend any constituent GPs who refuse to engage or comply with the unreasonable contractual impositions by NHSEI of “Pay Transparency” and “Covid Medical Exemption Certification” (54 agree, 1 disagree, 2 abstain)*
- iv. calls on all practices in England to submit undated resignations from the PCN DES to be held by their LMCs, only to be issued on the condition that submissions by a critical mass of more than 50% of eligible practices is received (48 agree, 8 disagree, 1 abstain)*
- v. instructs the GPC Executive to negotiate a comprehensive new contract to replace the outdated, underfunded, unlimited, unsafe workload of the current GP contract (49 agree, 6 disagree, 2 abstain)*

Ideas for key pieces of work/projects – to be prioritised and costed

Increasing capacity

Key Proposals	At scale	At Place	Practice/PCN
• Additional capacity from remote GP consultation services			
• Additional PCN Extended Access appointments to support same day access			
• Paying for additional clinical resources in PCN Hubs			
• Establishing SDEC hubs to manage urgent cases more efficiently			
• Creating a central HR service to free up capacity in practices; would focus on recruitment			
• Create centralised PALS/complaints service to free up capacity in practices			
• Address some urgent estates capacity issues to make frontline staff easier to access			
• Establish winter illness hubs to manage surges in demand (e.g. RSV clinics, pneumonia vaccs)			
• Further rollout of CPCS service			
• Increase uptake of NHS App for repeat prescriptions and appointment booking			

Minimise variation and widen good practice

Key Proposals	At scale	At Place	Practice/PCN
• Standardise Opel reporting and response to maintain capacity (e.g. remote consultation)			
• Common telephony and first point of contact protocols (including website home pages)			
• At scale training programme and training resources – consistency and capacity			
• Common approach to coding and collection of key activity data			
• Work with secondary care to make interfaces with primary care more efficient and effective			

Communications and staff support

Key Proposals	At scale	At Place	Practice/PCN
• ID passes with a silent button enabling colleagues to raise an alarm if they feel threatened			
• Engage with national communications programmes and support local roll out			
• Establish ICS wide fellowship programme (could also help capacity in medium term)			

DRAFT

Investment in general practice

National contract includes:

- Global Sum/MPIG (GMS only)
- Balance of PMS Expenditure
- APMS Essential and Additional Services and Other Payments
- Primary Care Network Participation
- Quality and Outcomes Framework
- Direct Enhanced Services (GMS, PMS)
- Other Selected Services
- GP Extended Hours Access (GMS, PMS)

Locally delivered (nationally negotiated) includes:

- Local Incentive Schemes (GMS, PMS)
- APMS Enhanced Services
- Premises
- PCO Administered Funds
- Out of Hours
- IT (incl. centrally funded IT)
- Improving Access to General Practice
- Estates and Technology Transformation Programme
- General Practice Workforce Programmes
- Other General Practice Transformation Programmes
- New Models of Care
- Provisional Local Authorities' Public Health Costs

PCN DES – 21/22 funding

- £1.76 per patient Network Participation Funding (to practices)
- £1.50 per patient Core PCN Funding
- £120 per bed for care home premium
- ARRS increased from £430m to £746m
- IIF increased from £24.25m (amended due to pandemic) to £150m
- Additional £43m for PCN leadership and management
- Increase to Clinical Director payment
- Extended access scheme worth £454m (£87m extended hours, £367m extended access) – delayed until 2022/23



Next steps

- Take direction from constituents
- Continue to engage with plans
- Collecting undated DES PCN resignations
- Provide information, advice and updates





Discussion and Questions

Live Poll



Follow link



8 questions



5 minutes



Results

