

From crisis to renaissance? Delivering a sustainable future for General Practice

Richard Vautrey
Chair, BMA GP committee

BMA



**Responsive, safe
and sustainable**

Towards a new future for general practice



Recognition of the problem

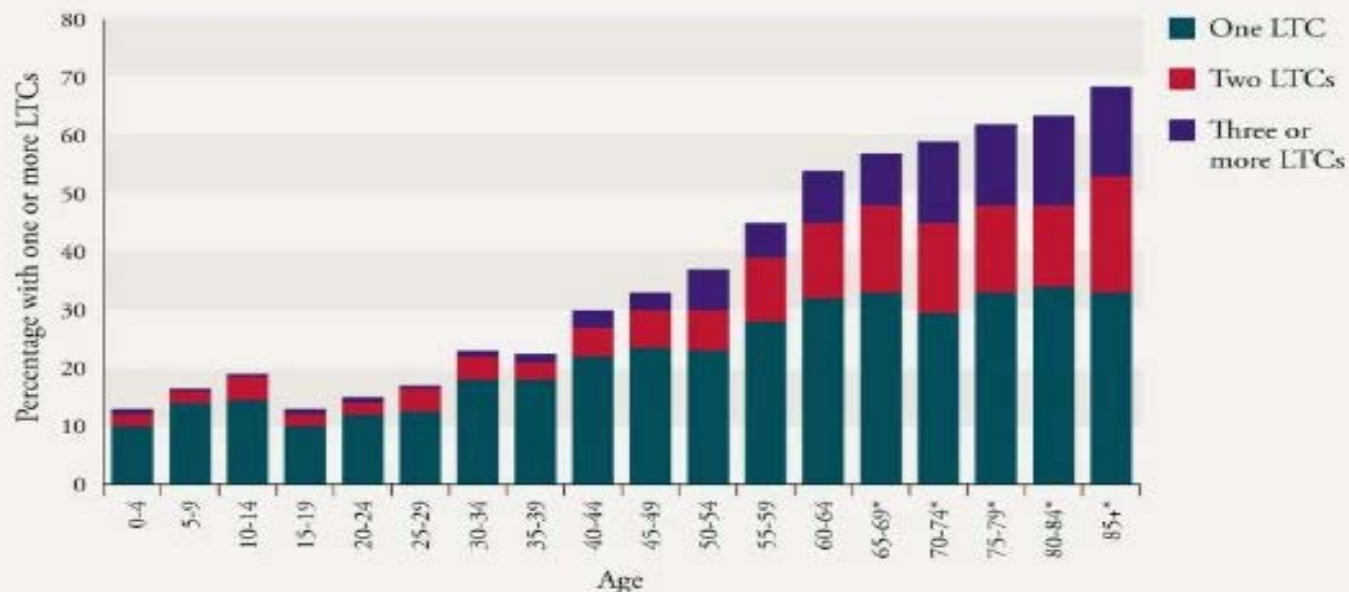
NHS Five Year Forward View Oct 2014

“General practice, with its registered list and everyone having access to a family doctor, is one of the great strengths of the NHS, but it is under severe strain”

“Primary care services have been under-resourced compared to hospitals. So over the next five years we will invest more in primary care”



Proportion of people with long-term conditions by age, England



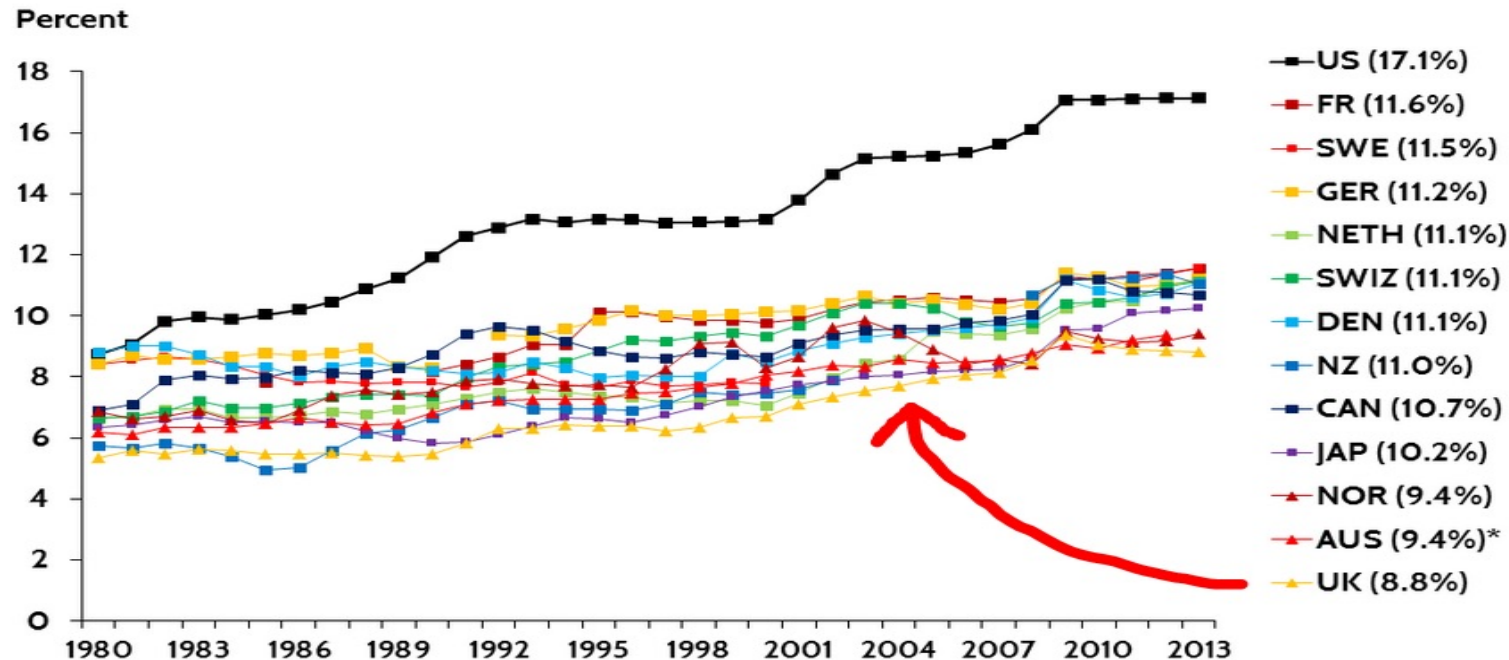
Source: General Household Survey 2005 and population census estimates 2004 for England.

*For those aged 65 or over, an adjustment has been made using 2001 census data to account for those living in communal establishments.

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Underfunding of healthcare in the UK

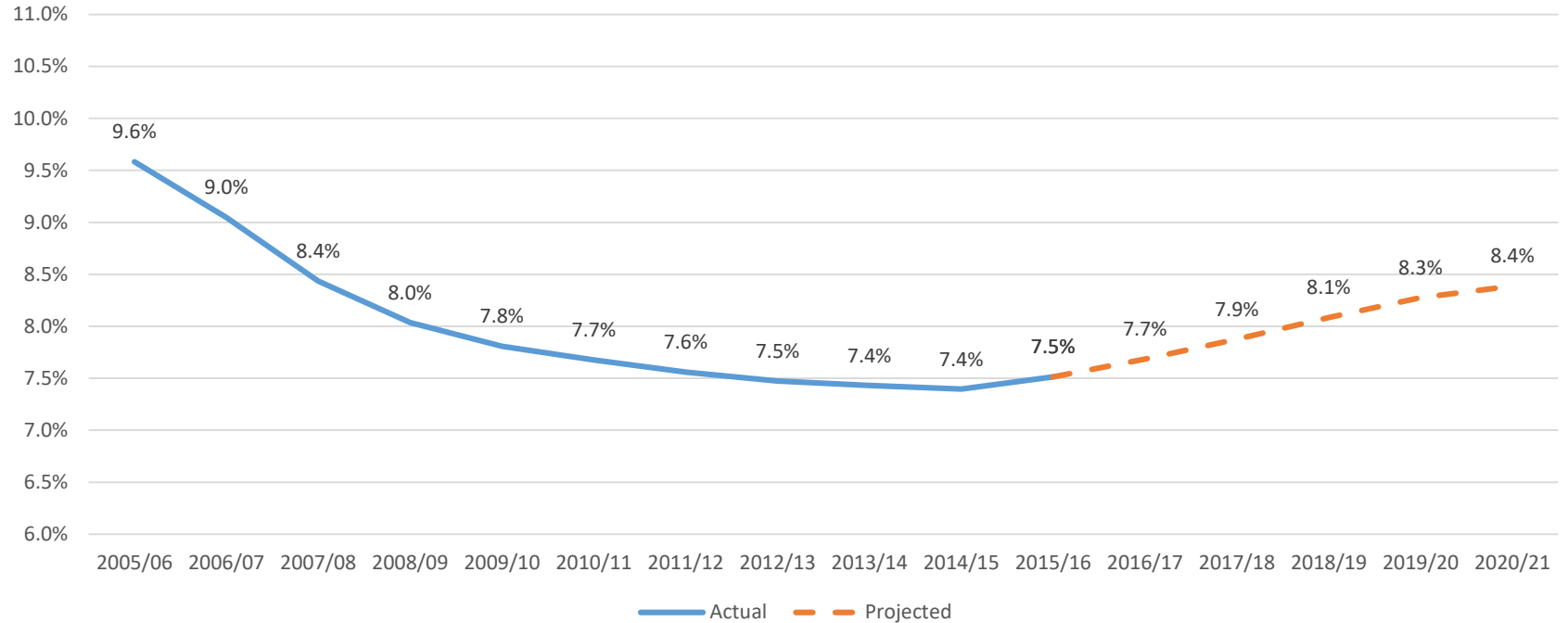
Exhibit 1. Health Care Spending as a Percentage of GDP, 1980–2013



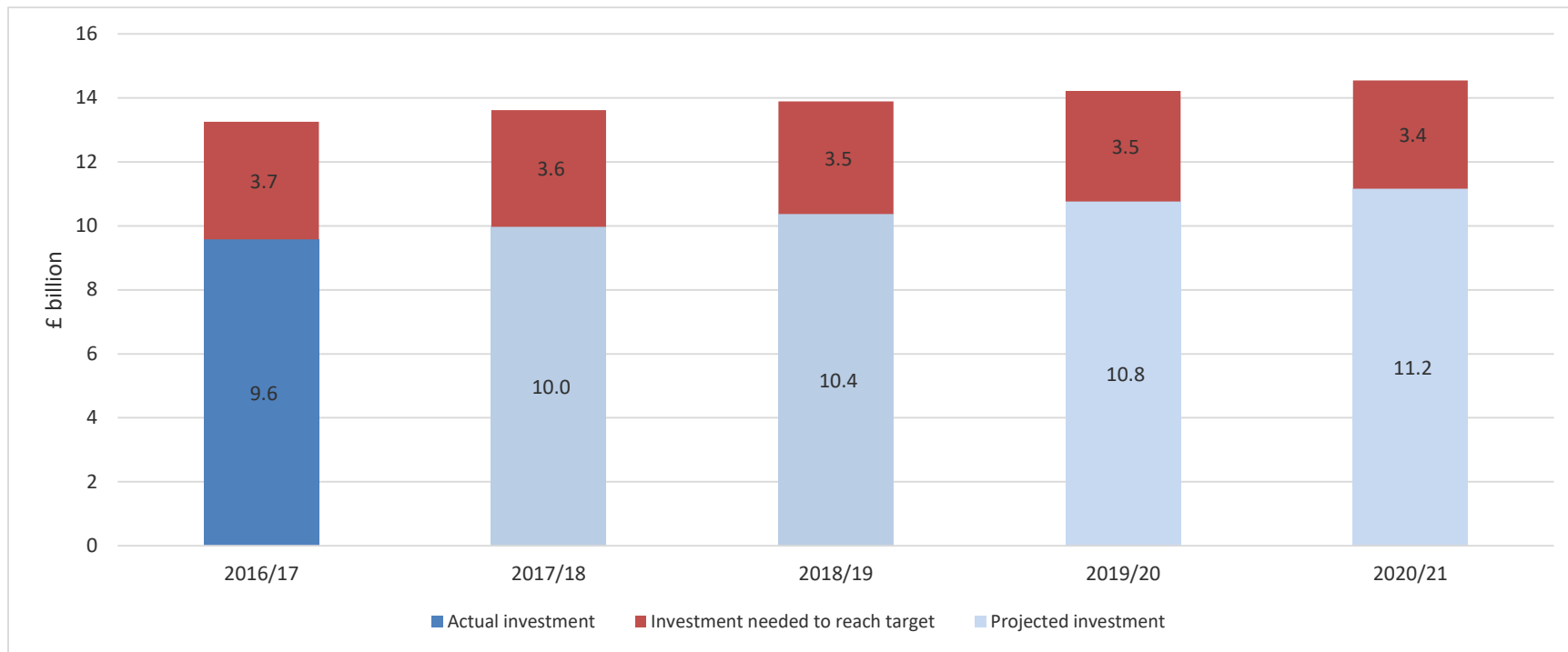
Share of NHS funding invested in general practice (England)

Year	% total investment	% excluding dispensed drugs
2004/5	10.0%	N/A
2005/6	10.4%	N/A
2006/7	9.8%	N/A
2007/8	9.2%	N/A
2008/9	8.7%	8.0%
2009/10	8.5%	7.8%
2010/11	8.3%	7.7%
2011/12	8.2%	7.6%
2012/13	8.0%	7.5%
2013/14	8.0%	7.4%
2014/15	8.1%	7.5%
2015/16	8.3%	7.7%
2016/17	8.5%	7.9%

GP share of NHS budget – projected change



Investment gap in General Practice 16/17-20/21 (excluding dispensed drugs)



Factors that have a negative impact on GPs

GPC survey 2015

- Excessive workload -71%
- Unresourced work being moved into general practice - 54%
- Not enough time with their patients - 43%
- Constant contract change - 41%
- Excessive regulation - 39%
- Poor work-life balance – 27%
- Threat of evenings/weekend working – 25%
- Bureaucracy – 24%
- Negative press coverage – 24%

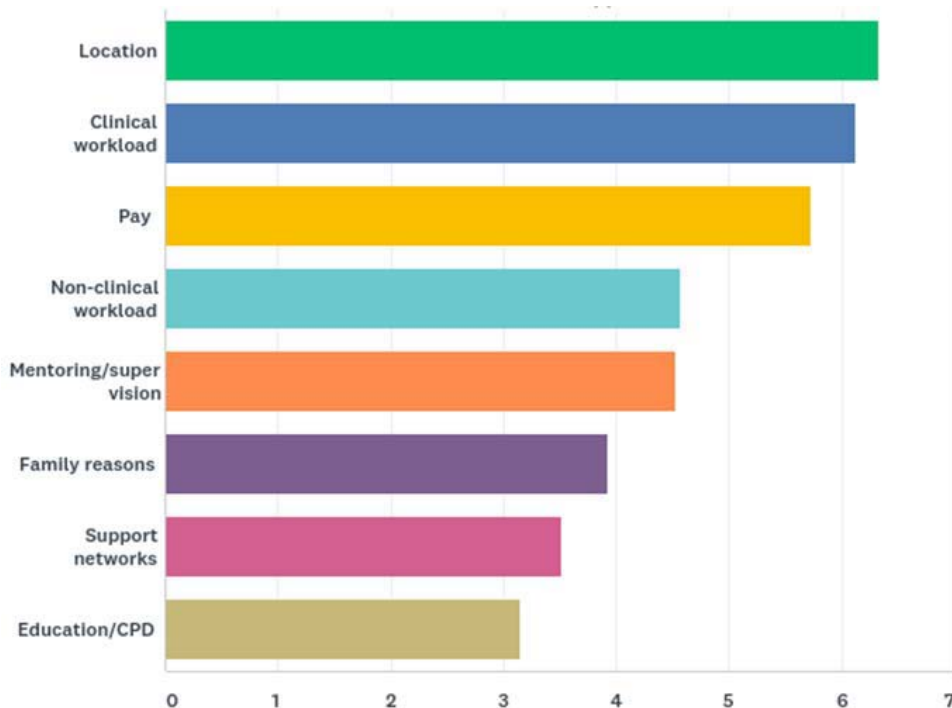
GP workforce

London trainee survey 2017

Next career choice:

- Salaried GP 47%
- Short-term locum 19%
- Long-term locum 18%
- Other 12%
- Partner 4%

Factors affecting job choice



5000 more GPs?

Current reality (excluding locums):

March 2017 – June 2017

- 39,884 GPs, an increase of 224 (0.6%) from 39,660
- 33,236 FTE GPs, an increase of 263 (0.8%) from 32,972

March 2016 – March 2017

- Number of FTE GPs fell by 1252 (3.7%)
- Number of FTE consultants rose by 1465 (3.4%) to 45,096
- Number of doctors in training rose by 843 (1.7%) to 50,969

List closure ballot

Turnout	23.9%			
	Yes (% of respondents)	Yes (% of all practices)	No (% of respondents)	No (% of all practices)
Temporary suspension of patient registration	53.74%	12.84%	46.26%	11.05%
Application for formal list closure	43.96%	10.5%	56.04%	13.39%

“The government needs to understand that this landmark survey sounds a clear warning signal from GPs that cannot be ignored, and that the workload, recruitment and funding crisis in general practice must be addressed with far more vigour and commitment.”

Dr Richard Vautrey



Daily Mail
 THURSDAY SEPTEMBER 1, 2007 www.dailymail.co.uk NEWSPAPER OF THE YEAR 63p

I disagree with Rees-Mogg on rape and abortion – but how I admire a man of real principle
SARAH VINE PAGES 10-11

More than half of under-pressure GPs now want to close their lists

DOCTORS: WE WON'T TAKE ON ANY MORE PATIENTS

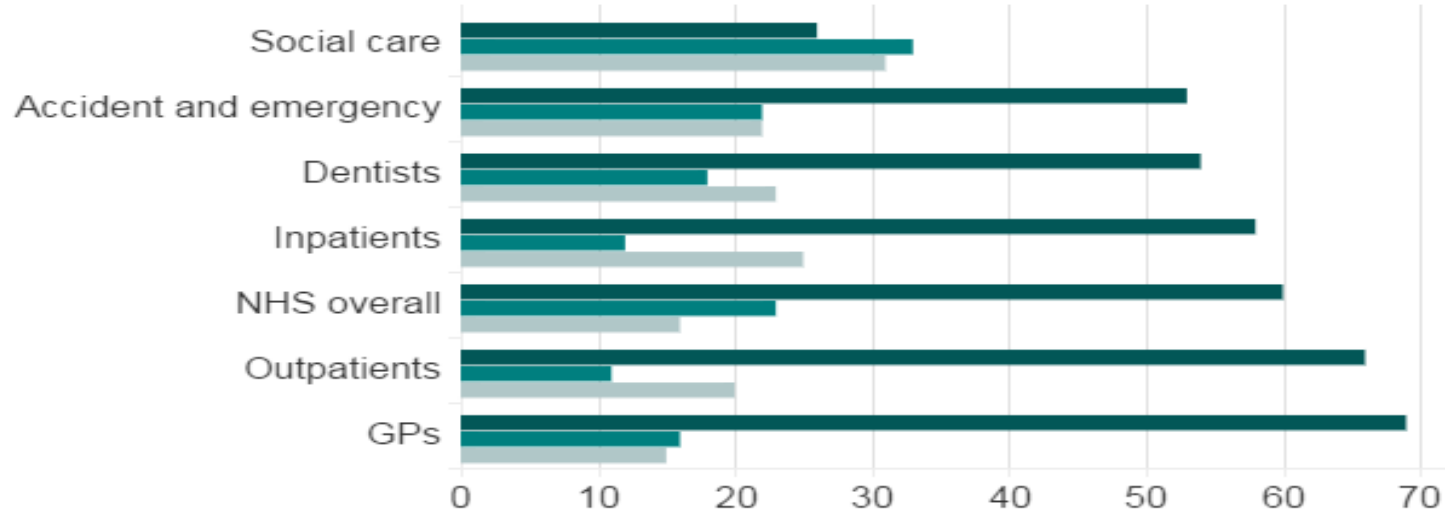
HALF of GPs want to close their lists to new patients. Their clubs have closed for ever and in packed so they can continue with care to those already on their books. Almost 5,000 under-pressure doctors took part in a survey organised by the British Medical Association and the results are being sent to breaking news. The results will now double the number of GP surgeries to completely close their lists in a bid to ease pressure on the Government. The BMA has been criticised for trying to get through trials to doctors' representatives in the past but it is now on the front page. It is not clear why it is being sent to breaking news but it is a sign of the government's support for the BMA's efforts to ease the pressure on the NHS. The BMA has been criticised for trying to get through trials to doctors' representatives in the past but it is now on the front page. It is not clear why it is being sent to breaking news but it is a sign of the government's support for the BMA's efforts to ease the pressure on the NHS.

Love Cruise made Katie keep secret for FIVE years SEE PAGE 7

Maintaining GP popularity with patients

Satisfaction with NHS and social care services

■ % Very and quite satisfied ■ % Very and quite dissatisfied ■ % Neither

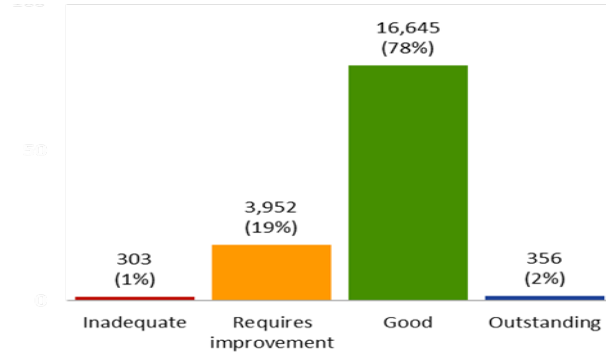


Source: NatCen's British Social Attitudes survey

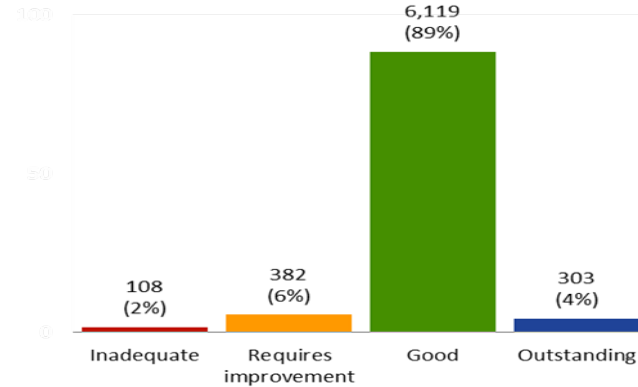


CQC ratings as at 31 July 2017

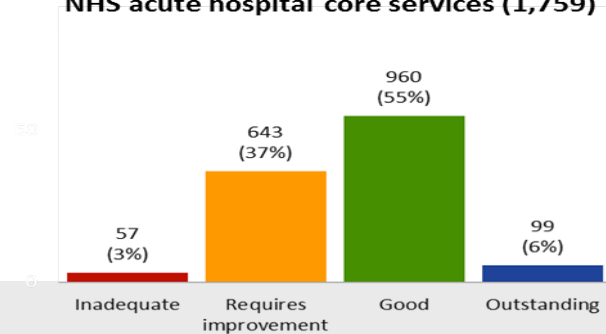
Adult social care (21,256)



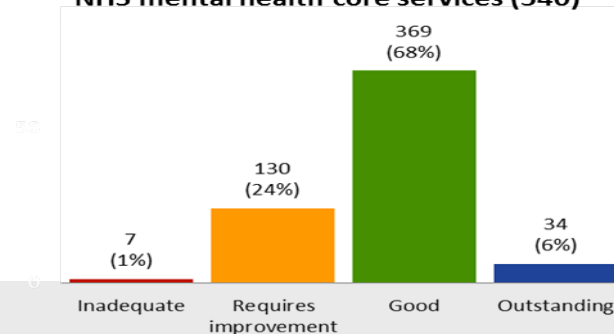
General practices (6,912)



NHS acute hospital core services (1,759)



NHS mental health core services (540)



Delivering new funding – 16/17 contract

- Expenses funded and 1% pay uplift
- CQC fees - £15m
- Indemnity - £33m
- National Insurance contributions - £56m
- Superannuation - £14m
- Increase to V&I IoS fee from £7.64 to £9.80 - £30m
- Increased QOF point value (CPI adjustment) - £14m
- £220m - more than double 2015/16 investment and seven times 2014/15

- Additional £102m for population growth and local schemes
- **Overall total of £322m new funding (4.4% increase)**

Delivering £238m new funding – 17/18 contract

- Expenses funded and 1% pay uplift
- CQC fees fully reimbursed
- Sickness payments guaranteed - up to £1734.18 per week
- Indemnity rise paid - £30m
- Superannuation 0.08% pension admin charge - £3.8m
- Overseas visitors changes admin workload - £5m
- Learning Disabilities ES - increase from £116 to £140 per health check
- Morbidly obese in influenza vaccination programme - £6.2m
- Bagging and labelling records - £2m
- Workforce census - £1.5m
- Business improvement district levies reimbursement - £1m
- Increase to QOF point value in line with CPI adjustment - £13m
- Population growth funded - £58.9m

Managing and reducing workload

- Workload data
- Defining capacity
- “Black alerts”
- Use of hubs
- Skill mix and delegation e.g physio first
- Reducing inappropriate secondary to primary care workload shift

Recruitment

- New medical schools
- Increase in GP training places to 3250 (from 2296 in 2016)
- International recruitment scheme – 2000 GPs over 3 years
- Remove indemnity differential

Induction and returner scheme

- Increased monthly bursary for doctors from £2,300 to £3,500
- £1,250 to assist with indemnity & £464 for GMC membership and DBS fees
- Removal of assessment fees for first time applicants (worth up to £1,000)
- 370 doctors now on the scheme

Workforce – More GPs (2)

Retained doctor scheme

- For GPs considering leaving or left general practice
- £76.92 per session (up to 4 per week) for each GP
- GP receives an annual professional expenses supplement of £1,000 to £4,000 dependent on number of sessions they do

- Need for focus on support and retention for GP partners

Workforce – current plans

Clinical pharmacists

- £112 million co-funding programme started January 2017 - not recurrent after 3 years
- phase 1 included 658 practices and 491 clinical pharmacists - phase 2 on-going

Practice manager development

- £6m over 3 years

Reception and clerical staff

- £5m funding in 2016/17 then £10m annually - £45m in total
- Training in active signposting and management of clinical correspondence

Mental health therapists

- Extra 3000 in primary care to expand IAPT programme by 2020
- Funding arrangements unclear

Practice infrastructure

Online consultation systems

- £45 million (£15m in 2017/18, £20 million in 2018/19, £10 million in 2019/20) to contribute towards the costs of purchasing

Estates, technology and transformation fund (ETTF)

- 653 schemes have been completed so far
- 225 in the pipeline for 2017/19 and over 800 schemes currently in due diligence
- concerns about bureaucracy and slow pace of delivery
- applications greater than available funding
- premises cost directions negotiations
- aspirations of GPs in the future?

GPFV – working at scale

Working at scale

- £171m = £3/patient funded via CCGs over 2 years for working at scale
- Can be used to stimulate development of at scale providers for improved access, implementation of 10 high impact actions and/or secure sustainability of general practice

GP Access Fund

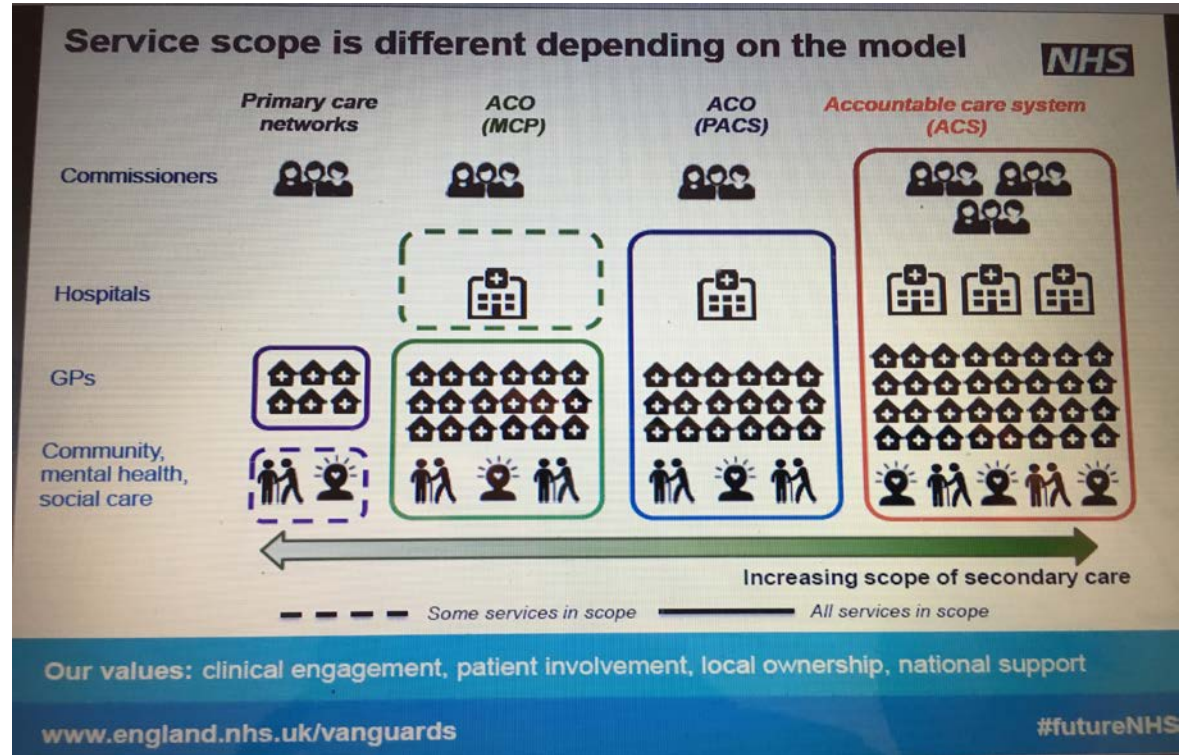
- £138m = £6/patient for current GP Access Fund sites, 18 new sites to begin
- £3.34/patient for other CCGs in 2018/19 increasing to £6 in 2019/20
- Local flexibility – no longer 8-8, 7 days a week

MCPs “not the only game in town”

- Aims of MCP/ACO model can be implemented without practices relinquishing their GMS/PMS contracts
- Working at scale can be achieved by GPs working collectively through a variety of models:
 - Formal or informal networks
 - Federations
 - Locality teams
 - Collaborative partnerships between local health organisations
 - Superpartnerships
 - Primary care home models

Accountable care systems

- Accountable
- Whole population
- Single budget
- Competitive tender
- Salaried and managed service?



Towards a healthier future for General Practice

- Sustained and significant funding investment
- More GPs, nurses, clinicians and support staff
- Highly skilled practice management
- Manage workload enabling quality consultations
- Building collaborative teams in each locality
- Premises and IT development
- Promotion of General Practice
- Culture change in the NHS

BMA



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British Medical Association
1825-2025