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PSNC Briefing 027/16: General Practice Forward View

The General Practice Forward View (GPFV), sets out a plan, backed by a multi-billion-pound investment, to stabilise and transform general practice. It has been developed by NHS England with Health Education England (HEE) and in discussion with the Royal College of GPs (RCGP) and other GP representatives.

The GPFV document contains specific practical and funded steps on investment, workforce, workload, infrastructure and care redesign. This PSNC Briefing summarises the elements of the plan which are of most relevance to community pharmacy and PSNC's comments on the plan.

1. Investment

Package of investment in general practice:

- Overall investment to support general practice services will rise by a minimum of £2.4 billion a year by 2020/21. This represents a 14 percent real terms increase.
- For 2016/17, NHS England has allocated an additional £322 million in primary medical care allocations, providing for an immediate increase in funding of 4.4 percent.

Local investment:

- Every part of England has been asked to produce a Sustainability and Transformation Plan (STP), which will include plans to secure and support general practice, and enable it to play its part in more integrated primary and community services.

A five-year general practice Sustainability and Transformation package:

- A national £508 million five-year Sustainability and Transformation package for general practice to help further support struggling practices in the interim, develop the workforce, stimulate care redesign and tackle workload.

Fairer distribution of funding:

- NHS England is working with the British Medical Association (BMA) to review the Carr-Hill formula, which is used to allocate core funding to practices, to specifically examine the impact of deprivation, age and other factors that influence practice workload. This work will be concluded in the summer of 2016.

Better Care Fund:

- The Better Care Fund (BCF) requires Clinical Commissioning Groups (CCGs) and local authorities to pool budgets and to agree an integrated spending plan for how they will use their BCF allocation. In 2016/17, the minimum size of the BCF has been increased to £3.9 billion.
- From April 2016, CCGs, local authorities and NHS England will be able to pool budgets to jointly commission expanded services, including:

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- additional nurses in GP settings to provide a coordination role for patients with long term conditions;
- GPs providing services in care and nursing home settings;
- providing a mental health professional in a GP setting; and
- hosting a social worker in a GP surgery.

2. Workforce

Expansion of workforce capacity:

- Plans to double the rate of growth of the medical workforce to create an extra 5,000 additional doctors working in general practice by 2020.
- A minimum of 5,000 other staff working in general practice by 2020/21.
- National investment of £45 million benefitting every practice to support the training of current reception and clerical staff to play a greater role in navigation of patients and handling clinical paperwork to free up GP time.
- Investment by HEE in the training of 1,000 physician associates to support general practice.
- Introduction of pilots of new medical assistant roles that help support doctors, as recommended by the RCGP.
- HEE and the RCGP will continue to develop the current recruitment campaign to raise the profile of general practice as a career. This will be supplemented with a major international recruitment drive, to attract up to 500 appropriately trained and qualified doctors – and possibly more - from overseas over the next five years.

Building the wider workforce:

- The current investment of £31 million to pilot 470 clinical pharmacists in over 700 practices will be supplemented by new central investment of £112 million to extend the programme by a pharmacist per 30,000 population for all practices not in the initial pilot – leading to a further 1,500 pharmacists in general practice by 2020. NHS England notes that appetite for the original pilot scheme was high. More needs to be learned from the evaluation of the pilot, but early indications suggest clinical pharmacists may have a role in streamlining practice prescription processes, medicines optimisation, minor ailments and long term conditions management. This will be rolled out further across the country over the next five years, so that every practice can benefit.
- A clinical pharmacist training programme will be opened up to practices that have directly funded a clinical pharmacist.

3. Workload

Managing demand more effectively

- NHS England is investing in a major new £30 million 'Releasing Time for Patients' development programme to support practices release time.
- Practices have identified that one way of doing this is to assist patients in managing a greater proportion of their minor self-limiting illnesses for themselves.
- In addition, by September 2016, a national programme will be launched to help practices support people living with long term conditions to self-care.
- GPs can also influence the commissioning of local pathways for community pharmacy to help patients with self-care and minor ailments. The developments in digital interoperability and access to a shared primary

care record provide practices with an opportunity to harness this potential for reducing demand for urgent appointments.

New standards for outpatient appointments and interactions with other providers

- A number of new legal requirements in the NHS Standard Contract have been introduced for hospitals in relation to the hospital/general practice interface from April 2016. These include:

- Discharge summaries: hospitals will be required to send discharge summaries by direct electronic or email transmission for inpatient, day case or A&E care within 24 hours, with local standards being set for discharge summaries from other settings. Furthermore, the hospital should provide summaries in the standardised format agreed by the Academy of Medical Royal Colleges, so GPs can find key information in the summary more easily.

- Medication on discharge: a new requirement on providers to supply patients with medication following discharge from inpatient or day case care. Medication must be supplied for the period established in local practice or protocols, but must be for a minimum of seven days (unless a shorter period is clinically necessary).

A successor to the Quality and Outcomes Framework (QOF)

- NHS England has agreed to undertake a review of QOF with the General Practitioners' Committee in the coming year.

Accelerating paper free at the point of care within general practice

- Rolling out electronic prescriptions is speeding up processes for practices and helping to reduce clinical risk for patients.
- A major programme is also underway to ensure that by 2020 all incoming clinical correspondence from other NHS providers is electronic and coded.

4. Practice infrastructure

Development of the primary care estate:

- Investment for general practice estates and infrastructure – supported by continued public sector capital investment, estimated to reach over £900 million over the course of the next five years.

Greater use of technology to enhance patient care and experience, as well as streamlined practice processes:

- Over 18 percent increase in allocations to CCGs for provision of IT services and technology for general practice.
- £45 million national programme to stimulate uptake of online consultations systems for every practice.
- Online access for patients to accredited clinical triage systems to help patients when they feel unwell.
- Development of an approved Apps library to support clinicians and patients.
- Actions to support the workload in practices to reduce use of paper, and achieve a paper-free NHS by 2020.
- Actions to support practices to offer patients more online self-care and self-management services.
- Actions to make it easier for practices to work collaboratively, including achievement of full interoperability across IT systems.
- Wi-Fi services in GP practices for staff and patients. Funding will be made available to cover the hardware, implementation and service costs from April 2017.

- A growing number of practices are introducing new apps and web portals that help patients assess and manage their own health risks. These provide information, symptom checkers and sign posting to alternate services, such as community services, expert patient groups and community pharmacies that also have a large role to play in health promotion. They also can include online and telephone consultations.

Core GP information technology (IT) services:

- NHS England is introducing a greater range of core requirements for technology services to be provided by vendors to general practice. Services should include:
  - the ability to access digital patient records both inside and outside the practice premises, for example, on home visits;
  - specialist support including services for information governance, IT and cyber security, data quality, clinical system training and optimisation, clinical (systems) safety and annual practice IT review;
  - outbound electronic messaging (for example, SMS) from the practice for direct individual patient clinical communication;
  - the ability for patients to transact with the practice through online appointment management, repeat prescription requests and access to their detailed record and test results, with the aim that at least 10 percent of patients will be using one or more online services by the end of this year;
  - the ability for electronic discharge letters/summaries from secondary care to be transmitted directly into GP clinical systems – from June 2016; and
  - specialist guidance and advice for practices on information sharing agreements and consent based record sharing – from December 2016.

5. Care redesign

Support to strengthen and redesign general practice:

- Commissioning and funding of services to provide extra primary care capacity across every part of England, backed by over £500 million of recurrent funding by 2020/21. This forms part of the proposed increase in recurrent funding of £2.4 billion by 2020/21 to enable CCGs to commission and fund extra capacity across England 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.
- Introduction of a new voluntary Multispecialty Community Provider contract from April 2017 to integrate general practice services with community services and wider healthcare services.

Ten high impact actions to release capacity:

1. Active signposting;
2. New consultation types;
3. Reduce did-not-attends;
4. Develop the team;
5. Productive work flows;
6. Personal productivity;
7. Partnership working (such as community pharmacy);
8. Social prescribing;
9. Support self-care; and
10. Develop quality improvement expertise

PSNC's view on the plans

As part of our discussions following the DH letter to PSNC on 17th December 2016, we have put a number of proposals to the NHS that would enable community pharmacies to better support their local communities, to reduce burdens on other healthcare professionals, particularly GPs and to make savings for the NHS. Our proposals would support these new plans for general practice, and we hope they will be given proper consideration. Without making better use of community pharmacy we fear the pressures on primary care will remain an insurmountable challenge.

NHS England has rightly recognised the advantages that GPs and community pharmacy teams working together more closely would bring, and pharmacists working in GP practices must work as part of a team that properly integrates GP practices and community pharmacy teams. But these new plans to support GPs do not go far enough and they fail to take full advantage of community pharmacy. Community pharmacy teams provide help and advice to patients and the public in the heart of local communities, and we are ready, willing and able to do much more to support people to stay healthy and manage illness and to reduce the burden on GPs and hospitals. Minor ailments and emergency supply of medicines services are just two examples of community pharmacy services that we know could significantly reduce pressure on GP practices.

If you have queries on this PSNC Briefing or you require more information please contact Zainab Al-Kharsan, Service Development Phamacist.