GP Forward View

Dr Mike Clark
What’s the plan?
How are we going to pay for it?

- House of Commons Health Committee-Primary Care
- General Practice Forward View
- King’s Fund- 2014
  - Commissioning and funding general practice
  - Community Services-How they can transform care
  - Specialists in out-of-hospital settings
House of Commons Health Committee
Primary Care Inquiry/Report

- Chaired by Sarah Woolaston MP
  - Conservative MP for Totnes, retired from General Practice in Bristol & Dartmoor
- Also Dr James Davies MP (ex-GP) and Dr Philippa Whitford (Ex-Consultant Breast Surgeon)
- Oversees operations of DOH and associated bodies
- Review of evidence about the experience of primary care, The new models of care, Building the new team and Funding
- Oral Evidence- GPC, RCGP, RCN, RPS, CSofPhysiotherapy, CQC, HEE, The King’s Fund, Healthwatch and The Patient Association, as well as Government (DOH) and NHSE
Primary care is the **bedrock** of the National Health Service (90% NHS patient contacts)

Highly valued by public but under unprecedented strain and struggling to keep pace with relentlessly rising demand... *increasingly complex* LTC’s

Vital that patients have **timely access** to primary care services... both access to urgent appointments... ability to book routine appointments in advance

Priority of government should be to train, develop and retain not only MORE GP’s but wider **multi-disciplinary teams** working within more **integrated systems of care**

..harness the skills not only of GP’s but Physiotherapists, Practice Nurses, Pharmacists, Mental Health workers and Physician Associates.... teams of professionals using their skills to meet the needs of patients much earlier...

..allow GP’s to concentrate on those aspects of care that ONLY THEY can provide.... expect GP leaders to be at forefront of development of MDT’s
..better use of technology to improve communication WITH and BETWEEN clinicians...pressing need to improve continuity and safety through electronic patient records shared (with consent) wherever people access their care

Government manifesto commitment to 7 day access to services...further clarification is needed about how this commitment is to be implemented and resourced, especially in light of workforce shortfall

...practical application of seven day policy should be locally designed, led with evidence and take account of local recruitment challenges....focus on continuity of patient care and avoid reducing capacity of weekday services as well as urgent OOH primary care cover

...primary care funding has fallen behind in it’s share of the overall NHS budget...5yr funding settlement provides only a very limited uplift in expenditure on primary care...it should receive a larger proportion of overall NHS spending in order to improve access and services for patients
General Practice Forward View

- Came out April 2016

- Simon Stevens (Chief Executive, NHSE) and Dr Arvind Madan (Director of Primary Care, NHSE)

- In partnership with RCGP and NHS Health Education England

- Follow The Money- BBC 4
By 2020/21 - recurrent funding to increase by an estimated £2.4 billion a Year

Coupled with a turnaround package of a further £500 million (non-recurrent)

GP’s role will be to provide first contact care to patients with undifferentiated problems, provide continuity of care where this is NEEDED, and act as leaders within multi-disciplinary teams with greater links to hospital, community and social care specialists.

Specialists will develop more community facing roles, SUPPORTING primary care colleagues in developing case management expertise, both in person and remotely.
NHS England GP FV
What does £2.4 billion/year buy you?

- Currently £9.6 billion/year (£175/capita), rising to £12 billion/year (£218/capita) by 2020/21
  - Primary care funding increasing by 25% but only 14% real terms (rest of NHS 8%)
  - Primary Care proportion of NHS budget should reach over 10%

- BUT....
  - Funding is INCREASING TO an extra £2.4 billion/year, but not from Day 1
  - Looks more like £5.5 billion over 5yrs additional funding compared to current funding
  - This just happens to work out at exactly £100/capita over 5yrs
What else is new?

- New funding formula - better reflect workload (deprivation and rurality)
- Indemnity - partly funded by 2016/17 contract uplift
  - No crown indemnity for GP’s but discussion with defence organisations to indemnify GP’s delivering new models of care (such as across practices)
- BCF - can fund nurses for LTC’s, GP’s in NH’s, M/H and S/W in practice
- 2016/17
  - £322 million additional funding (4.4% increase) to GMS Global sum/baseline
**£1.408 billion ring-fenced**

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<thead>
<tr>
<th>Capital Investment</th>
<th>£900 million over 5yrs</th>
<th>Practices will need to ensure premises are all used productively and efficiently</th>
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<tbody>
<tr>
<td>Sustainability &amp; Transformation</td>
<td>£508 million over 5yrs</td>
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<td>Practice Resilience- Vulnerable practices (£10m in 2015/16 this is in addition) and GP burn out and stress</td>
<td>£56 million (£40 million practice resilience programme (vulnerable practices), £16 million for MH support for GP’s)</td>
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<td>Medical/Non-medical Workforce growth</td>
<td>£206 million</td>
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<tr>
<td>Practice Service Redesigning</td>
<td>£246 million (£171 million from CCG’s for practice transformation support, and £30 million GP development programme ‘Releasing Time For Patients’)</td>
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