

To: All Surrey & Sussex GP Practices

3rd April 2017

Dear Colleagues

GP Forward View

I am writing to all practices to summarise current progress in terms of implementation of the GP Forward View, and also to highlight proposed developments over the next two years.

Elements of the GP Forward View are being delivered by NHS England, either nationally or locally; others are being devolved to CCGs. However, colleagues may also have noticed their local CCGs are gradually becoming shadows of their former selves, as more senior managerial roles are increasingly being shared across CCGs, and operationally they are now working more closely together, often in the context of the local STP [Sustainability and Transformation Plan] footprint.

I have written to practices highlighting a number of the local GP Forward View commitments being implemented, including:

- GP Health Programme [letter dated 6th March 2017, only to Surrey and Sussex practices]: this rolls out the currently London based Practitioner Health Programme [PHP] so it is accessible for all GPs. Initially, within Surrey and Sussex, these services will be delivered from London.
- GP Indemnity Support [letter dated 30th March 2017]: this is a two year GPFV commitment designed to offer interim support to practice based General Practitioners by covering inflationary uplifts to their indemnity costs. It is being delivered via the GP Contract Agreement as two lump sum payments in March 2017 and 2018, with SFE guidance in terms of the distribution of this funding.
- Revamp Retainer Scheme: there have been significant improvements both financially and in relation to other terms and conditions in the retainer scheme, to encourage retention of GPs within the workforce.
- GP Occupational Health Programme (letter dated 22nd March 2017, only to Surrey and Sussex Practices]: unfortunately, this is rather limited in its scope and will provide only General Practitioners on the medical performers list with significant support, if required, and at present no other practice staff members.
- Clinical Pharmacists Phase II: this is being rolled out nationally and is being reviewed by NHS England.

Local Medical Committees for
Croydon, Kingston & Richmond, Surrey,
East Sussex and West Sussex

- Hospital Standard Contract: substantial changes have been made to hospital contracts with the aim of reducing the burden of work being passed to General Practitioners, and there are further changes being made in 2017/18. The LMC has written to all local Acute Trusts noting compliance with this contract, and has asked CCGs to also assist on this in their discussions with Hospitals.
- Practice Resilience Programme: this front-loaded programme is financially quite small scale (£40 over four years, with £16 million in 2016/17) but NHS England has used some monies constructively to support practices in difficulties.
- IT and Staff Training Support Programmes: relatively small scale programmes are being developed for both practice managers and practice administrative staff.

In terms of financial investment, aside from the ETTF [Estates and Technology Transformation Fund] which is making limacine progress at best, the most substantial funding is represented by the so-called Care Design programmes outlined in the NHS Operational Planning and Contracting Guidance 2017-2019. These being:

- Transformational Support 2017/18 and 2018/19 from CCG allocations (Para. 1.2.1). CCGs are required to spend a total of £3 per head as non-recurrent investment either in 2017/18, 2018/19, or split as £1.50 over each of these two years. This must be found from their core allocations, and should be spent to:
 - stimulate the development of at scale providers from improved access
 - stimulate implementation of the IO high impact actions to free up GP time
 - secure the sustainability of General Practice.

Colleagues will appreciate these are broad-based aims and there is no further guidance in terms of prioritisation or proportionate spending.

The LMC is asking all CCGs to identify their spending plans, and trying to ensure these required outcomes are being met by what the CCG is being asked to do. Some CCGs are circulating requests to General Practice federations or localities in terms of proposals for these monies:

- Funding to improve access to General Practice services (1.2.2).

This funding is initially being directed at those areas of England, which had Prime Minister's Challenges Fund or equivalent support; these areas will receive £6 per weighted patient in 2017/18 and 2018/19, presumably to avoid the negative publicity were current services to close.

Other areas will receive £3.34 per head in 2018/19, rising to £6 per head in 2019/20. This funding will be used to achieve:

- weekday provision of access to pre-bookable and same day appointments to general practice services in evenings (after 6.30 pm) to provide an additional 1.5 hours per day.
- commission weekend provision of access to pre-bookable and same-day appointments on both Saturdays and Sundays to meet local population needs.
- commission a minimum additional 30 minutes' consultation capacity per 1000 population, rising to 45 minutes per 1000 population.

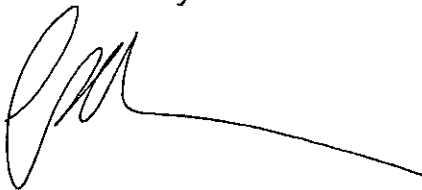
There are other criteria in terms of IT, publicising the service to the public and monitoring the service.

In many areas within the LMC Confederation, this investment has not yet commenced, but in some, such as Richmond CCG, it is supporting a current service, though the level of investment requires adjusting the range of services that are offered. Clearly any expansion of GP services begs the question of who is going to provide GP staffing when the workforce is so stretched, but any investment which can reduce workload by providing alternative capacity should be supported. It is anticipated these services will be delivered via local hubs, an approach the GPC supports, and it has recently published a document describing how this approach can support safe working in General Practice.

I hope this background to current progress with the GPFV is helpful; if colleagues have any queries, please contact the LMC Office.

With best wishes.

Yours sincerely

A handwritten signature in black ink, appearing to be 'JP', followed by a long horizontal line extending to the right.

Dr Julius Parker
Chief Executive