General Practice Resilience Programme

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Description	This guidance describes how the General Practice Resilience Programme (GPFV) will operate to deliver the commitment set out in the General Practice Forward view. This programme aims to deliver a menu of support that will help practices to become more sustainable and resilient, better placed to tackle the challenges they face now and into the future, and securing continuing high quality care for patients.
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Document Status

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General Practice Resilience Programme

Operational Guidance

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This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request. Please contact england.primarycareops@nhs.net.

1 Contents

1 Summary

This guidance document describes how the General Practice Resilience Programme (GPRP) will operate to deliver the commitment set out in the General Practice Forward View[1] to invest £40m over the four years ending 2019/20 to support struggling practices.

This guidance has been refreshed following the first year of delivery and sets out how the GPRP will operate in 2017/18. Key changes and points arising are highlighted via text box.

The GPRP aims to deliver a menu of support that will help practices to become more sustainable and resilient, better placed to tackle the challenges they face now and into the future, and securing continuing high quality care for patients.

The intended audience for this guidance is:

- NHS England regional teams working under Directors of Commissioning Operations who lead delivery of this programme.
- Clinical Commissioning Groups, local provider GPs and their Local Medical Committee (LMC) representatives, and Royal College of GPs (RCGP) Faculties and Regional Ambassadors who work in close collaboration with regional teams to support this programme.

As part of agreed devolution arrangements, Greater Manchester has been allocated a transformation fund which includes an appropriate share of NHS England funding for primary medical care initiatives. It will be for Greater Manchester to determine how it is spent in the local area.

Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:

- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and
- Given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

2 Introduction

Rising GP workload pressures are widely recognised in England. Managing GP services that are at or beyond capacity risks locking those practices into responding reactively and inhibits effective strategic leadership and practice management. Recruitment challenges exacerbate these difficulties. In addition, practices do not

[1] https://www.england.nhs.uk/gp/gpfv

exist in isolation and the impact of these pressures can have a 'domino effect' in local areas. One or two local problems can quickly impact on otherwise functioning and stable practices.

NHS England is committed to supporting GP practices to improve their sustainability and resilience, securing operational stability, developing more effective ways of working, and working towards future sustainability including, if appropriate, helping practices to explore new care models.

In 2016/17, in addition to the GPRP, two national programmes were also in operation offering turnaround support to GP practices in difficulty:

- £10m investment in externally facilitated support – the Vulnerable Practice Programme[2]; and,
- RCGP Peer Support Programme[3] providing support to practices entering CQC special measures following first wave of inspections.

The Vulnerable Practice Programme came to completion in March 2017 with over £10m invested in diagnostic and improvement support to 714 practices.

The RCGP Peer Support Programme continues to offer up to six months turnaround support, up to the value of £10,000 for GP practices entering into special measures following a first CQC inspection rating. Over 115 practices have taken up this support so far.

The centrally commissioned arrangements have been extended for a limited time into 2017/18 to ensure continuing support offer to practices placed in special measures following a first CQC inspection.

The Framework[4] for responding to CQC inspections of GP practices is being reviewed and will be updated in light of the risk-based approach to CQCs second wave inspections from October 2017.

NHS England has worked with the RCGP, British Medical Association (BMA) General Practitioners Committee (GPC) and NHS Clinical Commissioners (NHS CC) to consider how best to offer support through the design of the GPRP, following its first year of implementation.

This guidance sets out how the GPRP will be delivered and confirms:

- Operational and funding arrangements at NHS England local team level
- Practices (individual or groups) will be identified for support using existing national criteria

[2] https://www.england.nhs.uk/wp-content/uploads/2015/12/letter-support-vulnerable-gps-final-finance.pdf
[3] http://www.rcgp.org.uk/policy/rcgp-policy-areas/supporting-practices.aspx
[4] https://www.england.nhs.uk/wp-content/uploads/2014/10/frmwk-respond-cqc-insp.pdf

- A menu of support will be offered by regional teams, ranging from support to stabilise practice operations where there is a risk of closure, through to more transformational support that will secure resilience in to the future.
- Regional teams will tailor this support and decide how to deliver this in view of local practice needs working in conjunction with CCGs, provider GPs, LMCs representatives and RCGP Faculties and Regional Ambassadors (referred hereafter as 'key partners').
- We will work nationally to quality assure support by enabling learning and sharing of best practice, working with RCGP to maximise learning from local peer support and through the roll out of regional events.

3 Funding

NHS England is committed to investing £40m in the GPRP over four years.

In 2016/17 there was £16m available to be invested in support to help practices become more sustainable and resilient, with £8m available in 2017/18 and per year thereafter until March 2020.

This means regional teams will be able to invest in support arrangements over the medium term, giving greater certainty and continuity in the support offer available to GP practices over the lifetime of the GPRP (notwithstanding local ambitions to ensure support continues to be responsive and evolving with local practice needs).

The funds will be transferred direct to regional teams. Fair shares at this footprint have been calculated on a registered patient population basis. Regional teams will work with key partners to ensure the funding is used to target support at areas of greatest need and will work in line with the processes set out in this guidance to deliver support to practices.

In 2016/17 regional teams have already invested £16m through the GPRP.

GPRP allocations for 2016/17 were made to regional teams at the end of July 2016 and future years will be made at the start of each financial year. Annex A provides details of remaining funding allocations for each regional team, updated for future years with latest registered patient population fair shares.

While funding is available annually, delivering support through the GPRP is recognised as an ongoing process. This means following the first year of support regional teams will need to consider the ongoing requirements of those practices or groups of practices supported.

At the same time to ensure there is clarity on opportunities for new practices seeking support and to provide transparency on local decision making, regional teams should confirm indicative shares of the allocated funding against the following categories of intended spend:

a) Continuing support for practices already in the GPRP
b) Extending support to new practices

These indicative shares should be developed and discussed with key partners and aim to reflect prioritised needs for support through the GPRP. It is recognised final expenditure may differ in view of changing local needs and delivery of support.

4 Menu of support

There are many definitions of struggling practices in need of support to become more sustainable and resilient. This means there is a wide range of support needed.

We have identified a menu of support for which the GPRP funding should be used to secure this at a local level. This will include the provision of immediate help to practices facing urgent operational pressures, to transformation support to move to more resilient care models. The menu of support comprises:

- **Rapid intervention and management support for practices at risk of closure**
  For example, the Central Midlands local team works with CCGs to offer assistance with practices that receive poor CQC ratings (in addition to the RCGP Special Measures peer support programme) to maximise prospects for turnaround.

  This element of the menu of support is not just about working with practices with poor CQC ratings and we recognise there are many definitions where practices may need rapid intervention support to prevent closure e.g. following sudden critical vacancies. One of the key concerns has been the ability to provide support quickly to practices to help coordinate key activities. This means the funding can be used to deliver rapid support including help to secure any immediate clinical capacity needs, assuring and supporting continuing operations and coordinating additional improvement needs to help with operational delivery and effectiveness.

- **Diagnostic services to quickly identify areas for improvement support**
  For example, seven practices in London were put forward for a diagnostic assessment from chosen suppliers (a local GP alliance and a non-local GP federation). This has helped identify some common themes to target support including lack of practice direction following significant personnel changes (a need to develop practice vision) and scope to improve operational efficiency (leading to redesign of practice processes improving both practice responsiveness and efficiency).

- **Specialist advice and guidance – e.g. Operational HR, IT, Management, and Finance**
  For example, a small number of practices in Cumbria & North East local team wanted to take ‘working together’ to the next stage and agreed in principle on a merger. The limiting factor to making progress had been limited local practice capacity and expert advice to assist with proposals. These were addressed through programme funded support.

The programme funding can be used to secure expert advice and support on delivering any operational changes (e.g. help with demand and capacity planning, effective use of operational systems and processes including help to release capacity).

- **Coaching / Supervision / Mentorship as appropriate to identified needs**
  For example, South Central local team secured support from a multi-professional team helping a practice conduct a detailed review of safeguarding arrangements. The scheme supported training for all staff, as well as support and advice on developing an approach to clinical audit, and help and advice to individual GPs, through appraisal and access to occupational health support.

- **Practice management capacity support**
  For example, South Central local team has provided cover for practice manager sick leave, using an experienced business manager to help provide stability, support a practice diagnostic review and help to develop a practice action plan.

- **Coordinated support to help practices struggling with workforce issues**
  For example South Central local team helped a practice secure capacity for a practice nurse home visiting service for non-urgent chronic disease management for 3-months. This was to inform development of the practices skill mix and provide additional short-term capacity.

  This element of the menu of support has been included as it is recognised that maintaining clinical sessions is a priority for practices struggling with workforce issues (e.g. sudden critical vacancies, sickness, and long term vacancies) and increasing competition for a diminishing workforce can escalate workforce challenges in local areas.

  The funding can be used flexibly to secure practical workforce support. For example, regional teams can create a local pool of expert peer support by funding key elements of GP costs (e.g. General Medical Council, Medical Defence Organisation and appraisal toolkit fees) in return for securing a minimum clinical commitment (e.g. 2 sessions per week) to work to support practices. This would be a portfolio career choice, targeting experienced GPs who may have recently retired or who can offer additional clinical commitments, supporting GP retention/returners locally. Salary costs would remain practice responsibility. Alternatively, it can be used to establish post(s) in regional teams with responsibility for (and attached to) a locality, working with practices to help plan, coordinate and match their recruitment needs and opportunities. This could also include leading on developing pragmatic solutions for practices where short term barriers exist (e.g. help to support skill mix alternatives to GP recruitment during periods of maternity leave).

- **Change management and improvement support to individual practices or group of practices**
  For example, South West local team identified through local provider GPs and other local stakeholders a strong need for change management resource to support practices in thinking about and delivering future resilience. Support to

practices was underpinned by a Project Management Office approach with project/change managers linking with practices to plan and deliver across 4 main work streams (new care models, infrastructure, working at scale and provider development).

The emphasis here is on providing dedicated project or change management support available to practice to help plan, develop proposals and implement changes. The GPRP funding can be used to target support at groups of practices including support for local strategic planning, future vision and review of practice business models, help to identify and realise opportunities to working at scale, succession planning, facilitating premises improvements or better use on IM&T etc.

To support practices in coming forward for support it is recognised that it is important to demonstrate examples of support being requested, received and the positive impact of this for practices engaging with the GPRP.

There is a developing bank of case studies and examples of support published on the GPRP website:

https://www.england.nhs.uk/gp/gpfv/workload/resilience/

Regional teams are encouraged to continue to share examples here as well as through local communications.

Much of this initial menu of support should already be in place and being delivered as a consequence of the existing national programmes of turnaround support but we want to ensure the GPRP improves accessibility by developing local capacity and capability to deliver a wider range of practice support to practices and in a more agile and responsive way.

Greatest impact should be achieved under the GPRP by regional teams tailoring the menu of support to the assessed needs of practices in local areas. It is recognised there may be different views locally on the emphasis of practice needs, for example, whether investment should be used to prioritise help to practices with workforce issues or whether greater benefit would be achieved from targeting groups of practices at a scale to provide more upstream support.

Regional teams will continue to consult on their plans for delivering the menu of support with their key partners. For example GPRP funding can be used to fund.

- **Additional local team capacity and capabilities to provide support directly** – for example 'local resilience teams', as established in some areas already, provide a resource with capacity to work with practices. Examples to date have included NHS England or CCG-employed staff.
- **Contracted third party Supplier(s) to work with practices** – including GP Federation or other at scale providers. Suppliers can provide specialist aspects of the menu and there is also potential to extend to delivery of local resilience teams.

- **Backfill (or other costs) for individual GPs and other practice team members** – to work to provide peer support to practices locally, providing 'sender' practices have additional capacity to offer such support.
- **Section 96 Support and Financial Assistance** – where there are opportunities to support practices directly in delivering the menu of support with actions agreed under an MOU.

Where existing support teams or equivalent arrangements apply, the GPRP funds can be used to deliver support further and faster to practices. Regional teams are encouraged to consider how they can build on the foundations of the work they started with the Vulnerable Practices Programme and first year of the GPRP However, the emphasis on how this menu of support is delivered is on local flexibility.

5 Other relevant support available or Building Personal Resilience

There is also the human dimension to supporting practice sustainability and resilience. Personal resilience is widely recognised and evidenced as an important factor in organisational resilience which is recognised in the GPRP.

In parallel to the GPRP, NHS England launched in January 2017 the NHS GP Health service[5], a free and confidential treatment service providing support for GPs and trainee GPs who may be suffering from mental ill-health and addiction.

Regional teams will recognise the upstream benefits of supporting GPs, practice nurses and wider practice team members to develop personal resilience skills and will consider with their key partners whether access to personal resilience training would be a helpful facet of the local GPRP support offer.

6 Identifying practices to support

The national criteria as applied in previous years will continue to be applied by regional teams to identify practices for support under the GPRP. Resources under the GPRP allow support to be made available to a wide spectrum of practices, including providing 'upstream' support i.e. practices at the tipping point who may be struggling with workload but who are otherwise operationally stable.

Local teams have the flexibility to quickly identify practices for support under the GPRP by selecting:

- Practices previously prioritised and offered support but who did not take this up.
- Groups of practices where practice based assessments identify a need in a particular locality or place (e.g. s there is a risk of domino effect unless support is targeted at scale).

[5] www.gphealth.nhs.uk

Regional teams will also need to identify which practices previously supported through the GPRP will require continuing support.

The following key lines of enquiry should be applied to the assessment of continuing support needs, ensuring a systematic approach to decisions on identifying which practices to continue to support:

- **Has the earlier support now been delivered?**
- **Did this earlier support achieve what it set out to achieve?**
- **Has a longer term commitment been made to the practice / group to continuing support (e.g. as part of an agreed MOU)?**
- **If further support is not provided would this mean earlier support delivered is less impactful and represents poor value for money?**
- **Is there continuing support from CCG and / or LMC for this practice / group to remain part of the GPRP?**

Decisions and thresholds set locally should be made on the basis of local intelligence and decisions as to where the greatest impact can be achieved using the available resources. Regional teams will again need to work in conjunction with key partners here.

With the funding boost made in 2016/17 (£16m compared to £8m annually from 2017/18 onwards) some regional teams worked to ensure funding for support was delivered equitably across their constituent CCGs with prioritisation of practice needs at this footprint.

In view of the funding now available regional teams will need to work with all their constituent CCGs to ensure that support is targeted more effectively to practices or areas in greatest need, meaning prioritisation at a regional team footprint and across and between CCG areas to ensure greatest impact.

Regional teams will need to keep assessments under regular review, and should ensure there are clear opportunities for practices to self-refer for assessment for improvement support under the GPRP. This will include making available a named local team contact for practice enquiries that can be included in local and national communications.

For 2017/18 onwards, to support first practice enquiry on self-referring for and accessing support, a national template has been produced (Annex B).

While regional teams may have local processes in place this seeks to provide a safety net for any practice not already sighted on local communications. Self-referrals using this national template will be directed to the relevant regional contacts detailed on the NHS England website.

Regional teams will need to ensure they have necessary processes in place to embed the national self-referral enquiry template into local processes on selecting practices for support. This must include ensuring any practice self-referring for support using this template

receives a response within 10 working days of receipt.

Annex C sets out the national criteria to support ongoing assessment and prioritisation of support.

Regional teams will need to be able to confirm details of those GP practices they have agreed to support. Further details will follow on the national reporting arrangements which will support accountability and oversight of the delivery of GPRP.

Monthly reporting arrangements are being reviewed and amended for 2017/18 and will be confirmed ahead of first reporting milestones detailed in this guidance.

Until then, regional teams should continue to ensure details of practices receiving support from 2016/17 and the status and output of this support is recorded locally using the established reports and to include any new practices entered into the GPRP early in 2017/18.

7 Practice commitment

Support to GP practices will be conditional on matched commitment from practices, evidenced through an agreed action plan which will need to include clear milestones for exiting support. Practices will not be required to match-fund the support.

GP practices selected to receive support under the GPRP will be expected to enter into a non-legally binding Memorandum of Understanding (MoU) with NHS England.

The template MoU (Annex D) as part of this guidance, can be used by regional teams and practices to record local arrangements, including objectives and responsibilities in respect of any support or funding provided.

GPRP funding should not be used where there is no identifiable exit strategy for support and where there is no engagement with the local primary care strategy.

8 National support

Regional teams are reminded of the materials produced in 2016/17 to help with future procurements for GPRP support. This comprised help to navigate procurement channels and support for the business case approval process (nine sample business cases covering the menu of support).

For 2017/18 central support will focus on understanding the outputs and evaluation of support delivered to date so that we can capture the effectiveness of the GPRP so far and importantly begin to support regional teams with greater evidence of support that works and importantly what doesn't.

NHS England will be jointly hosting four regional events with the Royal College of General Practitioners early in 2017/18:

- 26th June 2017: Midlands and East (Birmingham)[6]
- 27th June 2017: North (Leeds)[7]
- 4th July 2017: South (Reading)[8]
- 6th July 2017: London[9]

The purpose of these events is to commence this process of learning and sharing. Further work with regional teams will be to consider and agree how to formally evaluate outputs, building on established monthly reporting arrangements.

9 Key milestones

NHS England is committed to moving forward with the delivery of this programme rapidly and to ensure decision making is not protracted.

Concern about the slow pace of progress and visibility of support has been a feature of the programme in the past year and therefore, regional teams are required to assure local implementation progresses in line with the following milestones:

- **By 7 July 2017:**
  - regional teams to have refreshed 2017/18 delivery plans with CCGs and LMCs, including decision on indicative share of resilience funds to be used for continuing support and/or for extending support to new practices or groups.
  - regional teams to have communicated any critical local processes/ timescales/deadlines to practices engaged in or seeking support and for these to be underway.

- **By 31 July 2017**
  - regional teams to have prioritised continuing practices that will be supported and any new practices for support (supported offered and confirmed).

- **By 8 September 2017** (for all practices confirmed taking up support at 31 July):
  - all MOUs agreed with GP practices
  - all business cases for securing third party support to have been submitted for approval.

- **By 29 September 2017:** (for all practices confirmed taking up support at 31 July)
  - deadline for any direct funding to be made to GP practices (where this is the agreed delivery route linked to actions in the MOU).

[6] http://www.rcgp.org.uk/learning/business-development/circ-events/gp-resilience-moving-forward/gp-resilience-moving-forward--26-june-mac-birmingham.aspx
[7] http://www.rcgp.org.uk/learning/business-development/circ-events/gp-resilience-moving-forward/gp-resilience-moving-forward--27-june-crowne-plaza-leeds.aspx
[8] http://www.rcgp.org.uk/learning/business-development/circ-events/gp-resilience-moving-forward/gp-resilience-moving-forward-4-july-holiday-inn-m4-j10-reading.aspx
[9] http://www.rcgp.org.uk/learning/business-development/circ-events/gp-resilience-moving-forward/gp-resilience-moving-forward-6-july-grand-connaught-rooms-london.aspx

- assure 100% of allocated funds have been committed i.e. evidence planned commitments.

- **15 December 2017**
  - each regional team to have actually spent at least 75% of allocated funding.

- **By 31 March 2018**
  - each local team have spent 100% of allocated funding.

Completion of local activity to these milestones will be actively monitored through established monthly reporting arrangements and performance will be escalated where necessary to Regional Directors and regional Directors of Commissioning Operations.

For any questions on the programme which you would like to raise which are not covered by the information in this guidance please send an email to england.primarycareops@nhs.net including in the subject heading ‘GPRP Question’.

10 Annex A – Remaining Funding allocations

Regional teams	Reg. Population (April 2017)[1]	Allocation FY17/18	Indicative Allocation FY18/19[2]	Indicative Allocation FY19/20[3]	Indicative Remaining GPRP Allocation[4]
North Region Total	**13,208,888**	**£1,806,000**	**£1,806,000**	**£1,806,000**	**£5,418,000**
Cheshire and Merseyside	2,601,963	£356,000	£356,000	£356,000	£1,068,000
Cumbria and North East	3,072,592	£420,000	£420,000	£420,000	£1,260,000
Lancashire & South Cumbria	1,746,280	£239,000	£239,000	£239,000	£717,000
Yorkshire and the Humber	5,788,053	£791,000	£791,000	£791,000	£2,373,000
Midlands & East Region Total	**17,629,042**	**£2,410,000**	**£2,410,000**	**£2,410,000**	**£7,230,000**
Central Midlands	4,870,547	£666,000	£666,000	£666,000	£1,998,000
East	4,513,159	£617,000	£617,000	£617,000	£1,851,000
North Midlands	3,744,766	£512,000	£512,000	£512,000	£1,536,000
West Midlands	4,500,570	£615,000	£615,000	£615,000	£1,845,000
London Region Total	**9,637,413**	**£1,317,000**	**£1,317,000**	**£1,317,000**	**£3,951,000**
London	9,637,413	£1,317,000	£1,317,000	£1,317,000	£3,951,000
South Region Total	**14,841,808**	**£2,029,000**	**£2,029,000**	**£2,029,000**	**£6,087,000**
South Central	3,833,375	£524,000	£524,000	£524,000	£1,572,000
South East	4,790,836	£655,000	£655,000	£655,000	£1,965,000
South West	3,341,838	£457,000	£457,000	£457,000	£1,371,000
Wessex	2,875,759	£393,000	£393,000	£393,000	£1,179,000
Devolved Budgets Total[5]	**3,011,398**	**£440,000**	**£440,000**	**£440,000**	**£1,320,000**
Greater Manchester[6]	3,011,398	£440,000	£440,000	£440,000	£1,320,000
England Total	**58,328,549**	**£8,000,000[7]**	**£8,000,000**	**£8,000,000**	**£24,000,000**

(1) Registered patient population available from NHS Digital; Data used is as of 1st April 2017 and accounts for all organisational changes at this date. For more information visit: www.content.digital.nhs.uk/catalogue/PUB23475

(2), (3), (4) Indicative allocations as calculation will be subject to latest available registered population data during this period.

(5), (6) These amounts represent the proportion of the total allocations attributable to the devolved Greater Manchester Health and Social Care Partnership. Primary Care Transformation funding has been made available as part of the wider General Practice Forward View portfolio, sufficient to cover the indicative amounts listed above. For more information visit: https://www.england.nhs.uk/commissioning/devolution

(7) All figures are rounded to the nearest £1000. Actuals are provided internally.

- Additional note: all purchase orders when being raised for services to be delivered, will need to be coded to analysis code V0399 - refer to the GPFV coding guidance on NHS England's intranet for more information.

11 Annex B – Self-referral / inquiry template

General Practice Resilience Programme

Self-referral / inquiry for support – Page 1

Please complete all fields where applicable.

Completed forms should be sent to your local NHS England resilience programme lead - contact details are available here:

https://www.england.nhs.uk/gp/gpfv/workload/resilience/accessing-support/

Contact details

Practice lead:

Name:
Email:
Telephone:

Practice name:
Practice code:
List Size*:

(*if not included below)

Is the referral/inquiry on behalf of a group of practices?

Yes/No

If yes please provide details of all practices below
(or append details if necessary)

Practice Name	Practice Code	List Size
	Total list size:	

General Practice Resilience Programme

Self-referral / inquiry for support – Page 2

Menu of support requested and history of past support

Clinical Commissioning Group Name:

Does the CCG support your request for support: Yes/No/Don't know*
(*delete as appropriate)

What categories of support are required? Tick all that apply:
Please refer to published guidance for reference as needed: https://www.england.nhs.uk/gp/gpfv/workload/resilience/accessing-support/

Rapid intervention / management (i.e. interim support such as clinical staff support due to unfilled vacancies) □

Diagnostic and improvement □

Specialist advice and guidance □
(e.g. operational/HR/management/finance)

Coaching/supervision/mentorship □

Practice management capacity □

Workforce/recruitment issues □

Change management (e.g. management support) □

Other (e.g premises adaptation – must be linked to agreed resilience plan) □

Has the practice(s) previously received funded support from:

- Royal College of Practitioners Peer Support Programme (CQC special measures support)?

  Yes/No

- Vulnerable Practice Programme?

  Yes/No

- General Practice Resilience Programme?

  Yes/No

General Practice Resilience Programme Self-referral / inquiry for support – Page 3	
Case for support	
Please provide details of issues currently impacting on your service, staff and patients: (200 word Maximum)	Please provide details of the nature of the support you believe you require: (200 word Maximum)

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Self-referral / inquiry for support – Page 5

Programme administration (not for practice use/completion)

CCG Statement of Support : (CCG Use Only) (200 word maximum)

CCG Priority:

NHS England Assessment and Decision (NHSE use only)

National assessment criteria outcome
(refer to programme guidance)

Further information required to complete assessment/prioritisation? Yes/No

Scope for Support: Impact of Support: Rating:

General administration/Communications to practice lead

- Date self-referral/inquiry received:
- Date of response to advise next steps and or outcome*:
  (* 2 week serviced standard applies)

12 Annex C - National Criteria

Identifying General Practice sustainability and resilience needs is challenging. There are elements of any assessment which are subjective and deciding on the nature, severity or weight of issues facing individual practices are even more problematic to measure. These criteria (as previous) seek to chart a middle route between those aspects that are measurable and those less tangible issues which can help identify and prioritise practices sustainability and resilience needs. The nature of the issues facing a practice can be grouped generally as follows; demand, capacity and internal issues.

The range of criteria identified below can be used as a screening tool by local commissioners to guide their assessment with local stakeholders on offers of support to improve sustainability and resilience. Based on this assessment regional teams should use the support matrix (effectively rating the need and impact of support). This can be used to prioritise practices for support within a given organisational or geographical area as well as to target support between areas where there is likely to be greatest benefit.

It is suggested that regional teams will utilise their judgement when completing the assessment working with their key partners. It should be noted that the criteria overlap in some cases, for example a practice with a high vacancy level may also seek to close their list to new registrations.

Considerations

Patient safety is paramount - when undertaking the assessment if it becomes evident that safety could be compromised, commissioners should be alert to the need for escalation through the appropriate channels, whilst recognising the need for continuing support.

Domain	Criteria	Description and rationale for inclusion
Safety		
1.	CQC rating – inadequate	Practices rated as inadequate by the CQC are already directed to the RCGP Peer Support Scheme. It is not proposed that this is changed but is included within the criteria for the sake of completeness and recognising practices moving out of special measures may still need additional ‘upstream’ support. **Update 2017/18: The RCGP Peer Support Scheme continues to offer up to six months turnaround support, up to the value of £10,000 for GP practices entering into special measures following a first CQC inspection rating. Over 115 practices have taken up this support so far.**

Domain	Criteria	Description and rationale for inclusion
2.	CQC rating - requires improvement	Practice rated as requiring improvement where there is greatest need for support are already directed to the vulnerable practice programme. It is not proposed that this is changed but is included within the criteria for the sake of completeness and recognising additional 'upstream' support may still be needed. FAQs provide further guidance. **Update 2017/18: The Vulnerable Practice Programme came to completion in March 2017 with over £10m invested in diagnostic and improvement support to 714 practices.**
3.	Individual professional performance issues	This reflects that sometimes the overall operations of the practice can impact on or be impacted by professional performance issues.
Workforce		
4.	Number of patients per WTE GP and/or WTE Practice Nurse	These criteria help detect significant workload facing a practice in comparison to other practices. Neither criteria are an indicator of the need for support in themselves but they may indicate opportunities for improvement support, including skill mix.
5.	Vacancies (including long-term illness)	This is a key local indicator of a practices sustainability and resilience. It is a crude 'measure' however in that long term or sudden critical vacancies may impact on operations of the practice in different ways. It will be important to consider the nature of the vacancies. The proportion of staff in the practice aged 55 and over may also be an important consideration given potential for early retirements.
External Perspective		
6.	Other external perspectives not covered in the above criteria, for example significant support from LMC, CCG or NHS England local team	**This is a key criteria**. The level of support increases dependent upon how many local external bodies have significant concerns. Practices self-referring for support may also be considered here.
7.	Primary Care Web Tool	Using this tool and in particular those practices that trigger 5/6 or more outlier indicators provides an indication of some issues in a practice that may require support.
Organisational Issues		
8.	Practice leadership issues (partner relationships)	This is a key area where practices may need support but it is difficult to define so will be for local commissioners to reflect and justify.
9.	Significant practice changes	It is self-evident that this increases the need for support for individual or groups of practices. Practice mergers may make local practices stronger and more resilient, practice splits less so but still requiring support to ensure sustainable operations.
10.	Professional isolation	This is a self-evident criterion, but there are many resilient single handed practices that continue to operate successfully. However by definition a single handed

Domain	Criteria	Description and rationale for inclusion
		practice has less resilience than a larger practice. Again it would be for local commissioners to reflect a risk rating against this.
Efficiency		
11.	QOF % achievement	This is often used as a shorthand measure of how well a practice is operating. The vast majority of practices score well above 90% with average 94% achievement. Just 500 practices score under 80% achievement, 100 practices score under 65% achievement. 21 practices achieve a score which is half of England average achievement (47%). Significant changes in achievement could also evidence changes in operations in need of support.
12.	Referral or prescribing performance compared to CCG average	It is proposed that this is flagged where a practice is a clear outlier (e.g. top / bottom 5%) for aggregate prescribing or referral rates compared to the CCG average.
Patient Experience/ access		
13.	List closure (including application to close list)	This is a key indicator and is akin to the practice self-declaring that they need support. It is a crude 'measure' in that the practice may need support to meet an increase in demand or it may need support to better manage its current demand. It will be important to consider the reasons for list closure. It will be important for local commissioners to also reflect here on practices with refused applications or practices bordering onto a closed list practice.
14.	GP Patient Survey - Would you recommend your GP surgery to someone who has just moved to your local area? (% no).	This is one of a set of patient experience criteria that could be usefully included. Patient advocacy is known to correlate with good quality care.
15.	GP Patient Survey – ease of getting through by phone (% not at all easy).	Could be usefully included in that it provides an early indication where practices may be supported to better match or manage capacity and demand issues.
16.	GP Patient Survey - ability to get an appointment to see or speak to someone (% no)	Could also be usefully included in that it provides an early indication where practices may be supported to better match or manage capacity and demand issues.

Sustainability and Resilience Support Matrix

Following an assessment of the criteria above local NHS England teams should decide where individual practices should be placed on the support matrix below.

Placement should be scored between 1-5 for both scope for support and impact of support. Descriptions for scoring are also provided.

Local NHS England teams will need to ensure there is a record justifying placement based on their assessment of the criteria and demonstrating a consistent approach to the assessment of practices.

Support Matrix

Impact of support	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Very likely
Very High - 5	A	A/G	G	G	G
High - 4	A	A	A/G	A/G	G
Moderate - 3	A/R	A	A	A	A/G
Low - 2	R	A/R	A/R	A	A
Very low - 1	B	R	R	R	R

Scope for support

Description: Scope for support

	Likelihood Scoring				
	1	**2**	**3**	**4**	**5**
Descriptor	**Rare**	**Unlikely**	**Possible**	**Likely**	**Very Likely**
Frequency / What is the scope for support the practice?	There is no evidence that support is needed	Do not expect it to need support, but it is possible it may do so in the future	Might need support on basis of evidence presented	Likely need support because of specific issues/circumstances but not expected to persist.	Very likely to need support because of persisting local issues or circumstances. Very likely to need support because of specific urgent issue of circumstance.

Description: impact scoring

	Likelihood Scoring				
	1	**2**	**3**	**4**	**5**
Descriptor	**Rare**	**Unlikely**	**Possible**	**Likely**	**Very Likely**
Frequency / What is the scope for support the practice?	Very minor support needs Minimal impact for practice, staff, patients	Single support issue Low impact on practice and staff, and negligible impact for patients	Moderate impact of support for practice, staff and for multiple patients	Significant effect for practice and staff if support provided, and moderate impact for patients.	Very significant impact for practice, staff and patients if support provided

13 Annex D – Memorandum of Understanding

Memorandum of Understanding (MoU)

For the

General Practice Resilience Programme (GPRP)

Between

Insert DCO area, NHS England (Commissioning Board)
[NHS England]

and

Insert GP Practice name
[Practice]

Ref: Click here to enter text.
Date: Click here to enter a date.

Contents

1. PARTIES

1) **NATIONAL HEALTH SERVICE COMMISSIONING BOARD** of Quarry House, Quarry Hill, Leeds, LS4 7UE (**NHS England**).

2) INSERT GP PRACTICE NAME of Insert GP Practice address / Registered office of Practice (**the Practice**).

2. BACKGROUND & PURPOSE

2.1 This MoU forms part of the General Practice Resilience Programme (GPRP) guidance which describes how NHS England sets out how to provide 'upstream' support to practices experiencing difficulty by investing £40m over the next four years to support primary care general practice. The guidance can be found here: https://www.england.nhs.uk/ourwork/gpfv/resilience/

2.2 This MoU is to be used to provide clarity and understanding of the support services being provided to the Practice by NHS England and/or a third party supplier (Supplier) as set out in Appendix 1 of this MoU (Improvement Plan) and provide assurance on what can be expected as part of the GPRP.

3. PRACTICE ROLES AND RESPONSIBILITIES

3.1 The Practice will be expected to fully engage in the GPRP working with NHS England and any Supplier to ensure effective use of resources in a timely and effective manner.

3.2 The Practice acknowledges that a high level of commitment is essential for optimal impact and the Practice will make available such staff as are required to develop and implement the Improvement Plan at the request of NHS England/the Supplier.

3.3 The Practice will adopt an open approach and engage effectively with other stakeholders including other practices, the local medical committee and patients (including the patient participation group) where appropriate to enable an inclusive approach to the Improvement Plan set out in this MOU.

3.4 The Practice will share all information with NHS England and/or the Supplier that is relevant to the delivery of the Improvement Plan of this MOU.

3.5 The Practice retains full responsibility for all aspects of their contractual and professional obligations regarding the provision of primary medical care services to their patients.

3.6 The Parties have entered into this MoU in good faith to improve the Practice as set out in this MoU.

4. NHS ENGLAND ROLES AND RESPONSIBILITIES

4.1 NHS England will secure the provision of the Support Services as set out in Appendix 1 (Improvement Plan) paragraph 2 (Support Services) of this MoU.

The Support Services may be provided by NHS England or by a third party supplier (the Supplier) at the discretion of NHS England and may be withdrawn with a given notice period , in accordance with Clause 12 (Termination) of this MoU.

4.2 NHS England may share any relevant information with the Supplier and Practice that may help inform the delivery of the Improvement Plan subject to Clause 9 (Confidentiality) of this MoU.

4.3 NHS England will be responsible for holding the Supplier to account where agreed actions have not been completed or delivered in accordance with this MoU.

5. KEY OBJECTIVES FOR THE MoU

5.1 The parties shall sign up to the Improvement Plan to achieve the key objectives set out in Appendix 1 (Improvement Plan) Paragraph 1 (Key Objectives) of this MoU.

6. PRINCIPLES OF COLLABORATION

6.1 All parties to this MoU will use their reasonable endeavours to co-operate in the implementation of the Improvement Plan in order to effectively address the resilience and sustainability of the Practice, in the overall interests of patients.

6.2 All parties will adhere to the terms set out in this MoU and supporting appendices.

7. GOVERNANCE

7.1 NHS England retains the overall responsibility for the GPRP and has nominated strategic and operational leads who will act as key points of contact for the Practice and NHS England. For the purposes of the Improvement Plan:

a) The Strategic Lead shall be Insert name and contact details of strategic lead

b) The Operational Lead shall be: Insert name and contact details of operational lead

7.2 The Strategic Lead will act for NHS England in providing strategic oversight and direction of the Improvement Plan as part of the wider oversight and governance of the GPRP in relation to the Practice. The Strategic Lead must be a member of NHS England.

7.3 The Operational Lead will liaise on all operational matters relating to the agreed contributions to support delivery of the Improvement Plan and advise the Strategic Lead, providing assurance that the Key Objectives are being met and that the Improvement Plan is performing within the boundaries agreed with the Practice. The Operational Lead may be a member of NHS England or a representative nominated by NHS England.

7.4 The Practice shall nominate a Practice Lead and notify NHS England of the name and contact details of the Practice Lead. For the purpose of the Improvement Plan:

a) The Practice Lead shall be: Insert name and contact details of practice lead

7.5 The Operational Lead and the Practice Lead shall agree the Improvement Plan and Key Objectives, and will identify the commitments to support its delivery. The Strategic Lead will then approve the Improvement Plan for implementation.

8. REPORTING

8.1 The PRP will be continually evaluated. Practices will be required to report on progress of the Improvement Plan as well as support any other reporting requirements agreed between the parties.

8.2 Reports should wherever possible utilise existing systems of communication between the parties, and be reasonable in accordance with the capacity of the Parties and/or reflective of the requirements of the Improvement Plan. Reporting will not be onerous, and will not be the basis of any performance management of the contract. Frequency and content of reporting will be as follows:

DRAFTING NOTES: Insert details of agreed reporting here e.g. delivery of progress against any key milestones agreed, assessment of support and its effectiveness when key objectives delivered.

Each paragraph inserted here must be formatted as followed:

a)

b)

c)

9. ESCALATION

9.1 If either party has any issues, concerns or complaints about the Improvement Plan, or any matter in this MoU, that party shall notify the other party and the parties shall then seek to resolve the issue by a process of negotiation to decide on the appropriate course of action to take.

9.2 If the issue cannot be resolved within a reasonable time the matter shall be escalated by the Practice Lead and/or the Operational Lead to the Strategic Lead for resolution who may seek advice of the local medical committee in reaching their decision.

10. CONFIDENTIALITY

10.1 NHS England recognises that the success of the GPRP relies on the Practice being open with the Supplier and that the Support Services may raise the need to address sensitive issues for the Practice. Where this applies, NHS England

may accept that the Practice and the Supplier may enter into a confidentiality agreement to protect certain aspects of data collected by the Supplier in their role of providing the Support Services.

11. DURATION

11.1 It is important that the GPRP supports as many practices as possible; therefore the Improvement Plan will need to be time-limited to meet the strategic objectives of the wider GPRP. The Improvement Plan should describe an agreed exit strategy. Where there is an identified ongoing need, this MoU may be extended at the sole discretion of NHS England to offer an additional period of support to the Practice subject to availability of resources.

11.2 This MoU shall become effective upon signature by both parties, and will remain in effect until Click here to enter a date or the date the Improvement Plan is delivered, whichever is the sooner, unless otherwise varied or terminated by the parties.

12. VARIATION

12.1 Save for the circumstances described in Clause 10.1 this MoU, including the corresponding appendices, may only be varied by written agreement of both parties.

13. TERMINATION

13.1 Either party may terminate this MoU by giving at least three months' notice in writing to the other party without reason.

13.2 In addition, NHS England may terminate this MoU by giving at least one months' notice in writing to the Practice where, acting reasonably, and in discussion with the local medical committee as the representative body, it considers that the Practice has failed to cooperate or to fulfil its roles and responsibilities under this MoU.

13.3 Where the termination is not a mutual agreement, Parties should refer to Clause 8 (Escalation) of this MoU.

14. CHARGES AND LIABILITIES

14.1 Except as otherwise stated in this MoU, the parties shall each bear their own costs and expenses incurred in complying with their obligations under this MoU.

14.2 The parties agree to make the contributions set out in Appendix 2 (Contributions) to this MoU. The Support Services provided by NHS England (or by a Supplier on its behalf) are made at NHS England's absolute discretion and may be changed or withdrawn, providing reasonable notice is given to the Practice where such notice is practicable.

14.3 Except as otherwise stated in this MoU, both parties shall remain liable for any losses or liabilities incurred due to their own or their employee's actions. Neither

party intends that the other party shall be liable for any loss it suffers as a result of this MoU.

15. STATUS

15.1 This MoU is not intended to be legally binding, and no legal obligations or legal rights shall arise between the parties from this MoU. The parties enter into the MoU intending to honour all their obligations.

15.2 Nothing in this MoU is intended to, or shall be deemed to, establish any partnership or joint venture between the parties, constitute either party as the agent of the other party, nor authorise either of the parties to make or enter into any commitments for or on behalf of the other party.

16. SIGNATORIES

Signed for and on behalf of **NHS England** Insert representatives' name Insert representatives' role Insert DCO team _____ (Signature) _____ (Date)
Signed for and on behalf of Insert Practice name Insert representatives' name Insert representatives' role _____ (Signature) _____ (Date)

17. CONTACT POINTS

Strategic Lead – NHS England	
Name:	Insert representatives' name
Role:	Insert representatives' role
Address:	Insert representatives' address
Phone number:	Insert representatives' phone number
Email:	Insert representatives' email address

Operational Lead – Insert representative' organisation name	
Name:	Insert representatives' name
Role:	Insert representatives' role
Address:	Insert representatives' address
Phone number:	Insert representatives' phone number
Email:	Insert representatives' email address

Practice Lead – Insert representative' organisation name	
Name:	Insert representatives' name
Role:	Insert representatives' role
Address:	Insert representatives' address
Phone number:	Insert representatives' phone number
Email:	Insert representatives' email address

Appendix 1 - Improvement Plan

1. KEY OJECTIVES

1.1 The key objectives for developing greater sustainability and resilience are set out below.

1.2 These key objectives form the basis of the operational delivery of the Improvement Plan to secure greater sustainability and resilience and present achievable aims for the agreed period of support.

1.3 The objectives should be grouped into three main categories which centre around:

a) securing operational stability;

b) developing more effective ways of working; and

c) working towards future sustainability, including if appropriate helping practices to explore new care models

1.4 The key 'SMART' objectives of this Improvement Plan are:

DRAFTING NOTES: Insert key 'SMART' objectives here. Each paragraph inserted here must be formatted as followed:

-
-
-

2. THE SUPPORT SERVICES

2.1 The Support Services to deliver this Improvement Plan are:

DRAFTING NOTES: Insert details of the support services as agreed to be provided by NHS England and/or commissioned to a Supplier to deliver the objectives of this improvement plan.

You may insert text from or imbed the documentation as part of any procurement activities in commissioning a Supplier, then providing a summary of the Support Services here and within the table in Appendix 2 (Contributions).

Each paragraph inserted here should be formatted as followed:

c)

d)

a)

Appendix 2 – Contributions

1. DESCRIPTION OF CONTRIBUTIONS

1.1 This MoU does not act to pass financial or resource contributions between the parties, but the details of any contributions that will be made by either party shall be set out here. The terms of any financial assistance (if included) will be set out in a separate agreement.

1.2 The Operational Lead should for example confirm and describe which of the menu of services will be commissioned on behalf of the Practice and agree with the Practice Lead what commitments will be required from the Practice in order for the Improvement Plan to be delivered. Note this list is not intended to be exhaustive and may be modified as required.

1.3 NHS England has stated it may on occasion use its powers under Section 96 of the 2006 NHS Act to achieve the aims of GPRP by providing financial assistance to a practice for the purposes of securing the provision of Support Services. Any such financial assistance is at the discretion of NHS England and may be withdrawn at any time, in accordance with Clause 12 (Termination) of this MoU.

	Theme	Description of service commissioned or agreed to support Improvement Plan	NHS England contribution	Practice 'in kind' contribution
1.4	Rapid intervention and management support for urgent support to practices at risk of closure	Insert text here as required or state not applicable	Insert text here as required or state not applicable	Insert text here as required or state not applicable
1.5	Diagnostic services to quickly identify areas for improvement support.	Insert text here as required or state not applicable	Insert text here as required or state not applicable	Insert text here as required or state not applicable
1.6	Specialist advice and guidance – e.g. Operational HR, IT, Management, and Finance	Insert text here as required or state not applicable	Insert text here as required or state not applicable	Insert text here as required or state not applicable

	Theme	Description of service commissioned or agreed to support Improvement Plan	NHS England contribution	Practice 'in kind' contribution
1.7	Coaching / Supervision / Mentorship as appropriate to identified needs	Insert text here as required or state not applicable	Insert text here as required or state not applicable	Insert text here as required or state not applicable
1.8	Practice management capacity support	Insert text here as required or state not applicable	Insert text here as required or state not applicable	Insert text here as required or state not applicable
1.9	Coordinated support to help practices struggling with workforce issues	Insert text here as required or state not applicable	Insert text here as required or state not applicable	Insert text here as required or state not applicable
1.10	Change management and improvement support to individual practices or group of practices	Insert text here as required or state not applicable	Insert text here as required or state not applicable	Insert text here as required or state not applicable
1.11	Personal resilience training	Insert text here as required or state not applicable	Insert text here as required or state not applicable	Insert text here as required or state not applicable
1.12	Insert text here as required or state not applicable. Add rows as required.	Insert text here as required or state not applicable	Insert text here as required or state not applicable	Insert text here as required or state not applicable