NHS Long Term Plan:
GP Related Summary

THE LANCASHIRE & CUMBRIA CONSORTIUM OF LOCAL MEDICAL COMMITTEES

Celebrating Excellence in General Practice

Contents

Chapter 1: A new service model for the 21st century

Funding

- At least £4.5bn increase in funding for primary and community care by 2023/24.
- Additional funding 'likely' to come from CCGs.
- A 'shared savings scheme' will hand primary care networks part of any funding they save by reducing avoidable A&E admissions, admissions, preventing delayed discharge or reducing avoidable outpatient visits or over-medication.

GP contract

- GP practices will be expected to sign up to 'network contracts' that tie them into practice networks covering 30-50,000 patients.
- These 'network contracts' will sit alongside practices' existing GMS, PMS or APMS contracts.
- Practices in networks will be funded through a 'designated single fund through which all network resources will flow'.
- Most local enhanced services commissioned by CCGs will be moved into network contracts rather than deals with individual practices.
- The QOF will undergo 'significant changes' - with a new 'quality improvement element' being developed in collaboration with the RCGP. Indicators deemed 'least effective' will be dropped, with new targets to be added to promote 'more personalised care'.
- Standards, funding and procurement of GP vaccinations and immunisation will be reviewed with the goal of improving uptake.

Integrated care

- The plan promises to move all practices into networks to deliver 'fully integrated community-based healthcare' for the first time since the NHS was created.
- Expanded community teams will be developed alongside networks, with a requirement for teams including GPs, pharmacists, district nurses, community geriatricians, dementia workers, physiotherapists, social care and voluntary sector staff to be brought together around network areas.
- NHS111 will be able to book patients directly into GP practices and appointments at pharmacies from this year.
- General practice will be linked more closely to care home support, with the NHS planning to roll out nationally its 'enhanced health in care homes' vanguard scheme. The scheme will link primary care networks to care homes, with named GP support for all patients and networks collaborating with emergency services on out-of-hours care.

NHS organisations

- The reform could lead to a dramatic cut in CCG numbers. There are 44 STPs, and the long-term plan says there will be typically 'a single CCG for each ICS area'. CCGs will become 'leaner, more strategic organisations'.
- ICSs will have 'full engagement with primary care', with a named clinical director within each primary care network - and board-level representatives from networks.
- Online consultations
- All patients to have a right to access digital GP consultations over next five years
- Patients will have access to digital GP consultations 'usually from their own practice or, if they prefer, from one of the new digital GP providers'.

Chapter 2: More NHS action on prevention and health inequalities

- The top five factors that cause premature deaths in England include: smoking; poor diet; high blood pressure; obesity; and alcohol and drug use. These priorities will guide the renewed NHS Prevention programme and the new ICSs will help deliver these programmes.
- The ICSs will provide stronger foundations for working with local government and voluntary sector partners and will be supported by the PCNs.
- Obesity – targeted support offer and access to weight management services in primary care for people with a diagnosis of type 2 diabetes or hypertension with a BMI of 30+
- Quality marks for carer-friendly GP practices, developed with the CQC will help carers identify GP services that can accommodate their needs
- An extra 110,000 patients will be offered physical health checks every year by 2023/24 - taking the total to 390,000
- Uptake of annual health checks in primary care by patients with a learning disability will be increased to 75%, and health checks for patients with autism will be piloted.
- Targeting of a higher share of funding at areas with the greatest health inequalities, such as Blackpool. CCGs benefitting from the health inequalities adjustment will have to clearly set out how they are targeting the funding to improve equity. Expectation that CCGs will ensure all screening and vaccination programmes are designed to support a narrowing of health inequalities.

Chapter 3: Further Progress on care quality and outcomes

There are two subsections to this chapter: 'A strong start in life for children and young people' and 'Better care for major health conditions'.

1. A strong start in life for children and young people

The first sub-section focuses mainly on the redesign / introduction of services that general practice would refer into. For example, improved access to postnatal physio and new maternity outreach clinics.

Impact on GPs

- There could be multi-disciplinary teams that general practice would have an interest in and new pathways to be developed that would benefit from a primary care perspective.

2. Better care for major health conditions

This sub-section highlights a number of specific ambitions around improving care for conditions including: cancer, cardiovascular disease, stroke, diabetes, respiratory disease and adult mental health services.

Impact on GPs

- Again, there could be multi-disciplinary teams that general practice would have an interest in and new pathways to be developed that would benefit from a primary care perspective.
- Expansion of workforce initiatives focused around PCNs (such as MSK practitioners and clinical pharmacists working on a network footprint) will require practice sign-up and an increased awareness of governance around shared staffing etc.

- Cancer: GPs will be expected to have greater awareness of cancer symptoms and the referral threshold for some cancers will be lowered. PCNs will be required to help improve early diagnosis of patients in their own neighbourhoods.
- Plans to improve approaches to health checks are likely to impact GP workload; practices could see an increase in the volume patients identified with high risk conditions and requiring rapid treatment.

Chapter 4: Workforce

- A 'workforce implementation plan' will be published later this year once the government has set a budget for training, education and CPD.
- The government and NHS England remain committed to recruiting an extra 5,000 full-time equivalent GPs 'as soon as possible' and will develop incentives to boost numbers of doctors trained to match 'specialty and geographical needs, especially in primary care.'
- Employers will offer all entry level jobs as apprenticeships before considering other recruitment options.
- PCN Funding for additional staff with a focus on Clinical Pharmacists, Link Workers, First Contact Physiotherapists and Physicians associates.
- Medical school places are already increasing from 6,000 to 7,500 a year, and options such as more part-time study places and accelerated four-year degree programmes will be explored.
- Medical schools will be allocated training places based on 'the production of medical graduates who meet the primary care and specialty needs of the NHS'.
- Newly qualified doctors and nurses entering general practices will be offered a 'two-year fellowship' under plans proposed in the GP partnership review, to provide a 'secure contract of employment alongside a portfolio role' designed to support the individual and the needs of the local health economy.
- National scheme to support NHS organisations recruiting from overseas.

Chapter 5 – Digitally-enabled care will go mainstream across the NHS

- The Plan highlights a range of digital goals related to general practice, including a commitment to enable all practices to do video consultations
- There is mention of a commitment for all practices to offer more online booking and online repeat prescribing ordering
- NHS 111 will be able to make direct bookings for GP appointments
- Whilst patients will continue to be able to choose to be registered with digital-first providers, the plan outlines that steps will be taken to address the financial issues related to this as well as committing to review the out of area registration arrangement. All of these elements have been included within the current contract negotiations
- All patients will have access to the NHS App- the roll out for this has already begun
- Electronic prescribing is already being used in 93% of the 7300 practices across the country so there is an aim to get this to 100%
- ERS is taking place in every practice
- Those who work in nursing homes will be able to get access to the patient's medical records
- There will be a local health and care record programme whereby integrated care records across practices will be introduced
- There will be specialist guidance for GPs including referral decision trees, templates and direct access to investigations which will all be online.

Chapter 6 -Taxpayers' investment will be used to maximum effect

The chapter starts by highlighting that the funding settlement will mean an average 3.4% growth over the next five years. However, this is lower than the average growth of 3.7% since 1948.

The extra spending is to deal with current pressures and demographic changes, principally the growth in people aged over 85 from 1.3 million to 2 million.

This chapter is largely technical and applies more to the mechanics of secondary care contracting than primary care.

The plan emphasises that getting the NHS onto a sustainable financial path is a key priority and sets out 5 tests:

1. Returning the NHS to financial balance
2. Achieving efficiency savings year on year of 1.1% to be reinvested
3. Reducing growth in demand through integration and prevention
4. Reducing variance across the health care system
5. Making better use of capital investment

It looks like there will be some moves away from the current payment system to one based on population at least for non-elective care. There will be yet more pressure on the 30 worst performing NHS Trusts (are any of them ours?) with a new financial recovery fund and additional requirements for efficiency savings in the worst trusts.

The Plan identifies 10 areas for improved efficiency, including:

- Electronic rosters or e-job plans for all clinical staff (does this include general practice!)
- Centralised procurement (I thought we already had this!)
- Establishing pathology and imaging networks to drive down costs, invest in specialist equipment and remote reporting (these were proposed some time ago)

- Improving efficiency in community health services, mental health and primary care by investment in IT, and new staff roles in Primary Care Networks
- Reducing spend on medicines through EPS and greater support from pharmacists to GPs
- Cutting admin costs further
- Reducing clinical interventions that are not effective
- Improving patient safety through appointment of specialist staff

In summary it is a bringing together and rehash of existing initiatives with little that is new.

Chapter 7: Next Steps

- ICSs are central to the delivery of the LTP, however at present local systems are in different states of readiness. NHS to support each to produce and implement a developmental plan and a timetable.
- By 2021 the NHS want ICSs across the country, this will come from the effective providers and commissioners.
- As ICSs increasingly take hold, NHS will support organisations to take on greater collaborative responsibility.
- Support the creation of NHS integrated care trusts, reducing admin costs and help with clinical sustainability as well as easing organisational mergers to progress.