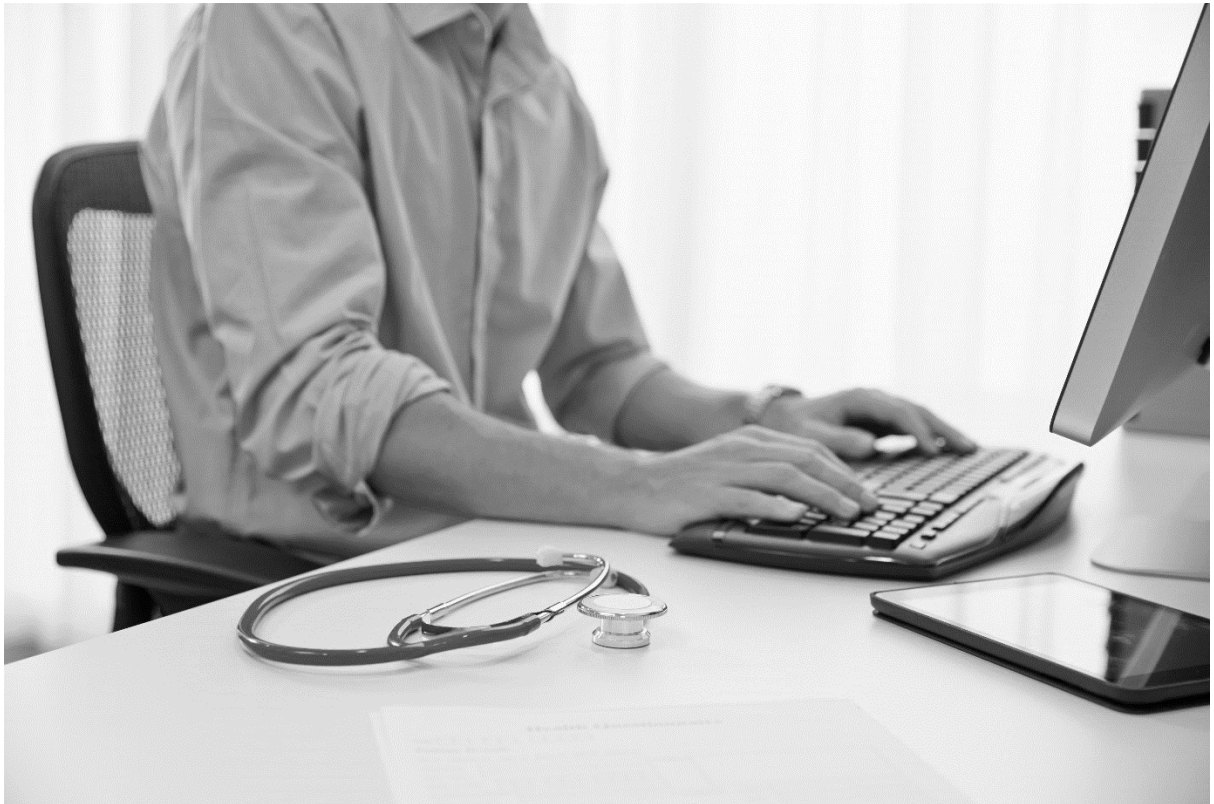


Cheshire Local Medical Committee 2019 Heartbeat Special Issue

UPDATING THE CHESHIRE GENERAL PRACTICE LANDSCAPE WITHIN THE
CONTEXT OF THE NHS LONG TERM PLAN AND GP PARTNERSHIP REVIEW

JANUARY 2019



Introduction

These continue to be uncertain times for general practice; the profession faces many threats and some opportunities. One of our roles within the Local Medical Committee is to ensure that we understand these threats and opportunities and help to support our GPs and their teams to navigate through the constant changes.

This report is written specifically for you to look at the **NHS Long Term Plan and the GP Partnership Review Report** and consider these against the backdrop of the emerging **Integrated Care Systems** in Cheshire.

Our aim is to summarize the national documents and help you to understand what the future may look like. We wish to assure you that your Local Medical Committee is aware of the implication of changes that will affect you and that we are committed to stand up for the profession as the officially recognized, authentic and unconflicted representative body for General Practitioners.

We are working to enable your GP federations and emergent Primary Care Networks to connect with the LMC to ensure a strong voice for general practice.

We hope you find this a useful and informative read.

Dorothy King

Chair

Cheshire Local Medical Committee Limited

24 January 2019

The NHS Long Term Plan

NHS England unveiled its Long Term Plan on 7 January with the aim of making the NHS fit for the future.

Here is a summary of the main elements of the plan that affect general practice directly:

- Increased ring fenced funding for primary and community care worth at least an extra £4.5bn a year in real terms by 2023/4
- **Primary Care Networks** will be developed, supporting closer integration of care within the primary and community sector. GP practices, as part of their GP contracts, will have to work within a multi-disciplinary team with community colleagues serving between 30,000 and 50,000 patients.
- A **workforce implementation plan** will be published later in 2019. There is recognition of the need to increase the GP workforce as well as look to other ways of deploying clinicians and other staff in Primary Care.
- **Other GP contract changes** including the removal of less effective indicators and addition of a quality improvement domain to QOF. Vaccinations and immunisations are under review. The pending premises review will feed into NHSE capital processes.
- There will be an acceleration in digital services for patients, including a commitment to enable all practices to offer video consultations, to support more online booking, online repeat prescribing ordering and for NHS 111 to make direct bookings for GP appointments. In Cheshire this has been delayed until March 2020 at the earliest.
- **Integrated Care Systems** will be live by April 2021, with the aim of delivering the 'triple integration' of primary and specialist care, physical and mental health services, and health with social care. From 2019, the new Integrated Care Provider contract will be available for a single lead provider to manage the integrated care system. These contracts will have to be held by public statutory providers. GPs and networks will need to ensure that they, with the LMCs, have a voice within any ICS, and are able to influence any ICP decisions.
- The plan states that primary and community services will support people in their own home as well as offering enhanced support for those in care homes. There is a focus on preventative work **including** on smoking, obesity, and drug and alcohol abuse.
- There is also information about moving away from the NHS Health and Social Care Act's competition and procurement roles, which do not fit with the Triple Integration agenda.

The GP Partnership Review

The GP Partnership Review, was published on 15 January 2019. The aim of the review was to produce recommendations that would revitalize and transform the partnership model of general practice, to benefit all those who currently work in general practice, patients and the NHS.

There are seven distinct recommendations:

1. There are significant opportunities that should be taken forward to reduce the personal risk and unlimited liability currently associated with GP partnerships
 - a. NHS England's review of primary care premises should develop proposals to mitigate the personal risk associated with being a lease holder or property owner; and provide support and guidance to partnerships on property ownership
 - b. The Government should introduce the option of GP partnerships holding a GMS or PMS contract under a different legal model, such as Limited Liability Partnerships and Mutuals
 - c. The Government and all relevant stakeholders must continue to support the final negotiations to introduce a state backed indemnity scheme from 1 April 2019, for all GPs and for those who work in and for practices
2. The number of general medical practitioners who work in practices, and in roles that support the delivery of direct patient care, should be increased and funded.
 - a. Early career – A new employment opportunity for newly qualified GPs, a Primary Care Fellowship, should be launched by NHS England and HEE. This will support the development of primary care and community health staff in a range of areas appropriate to their future needs and the needs of patients
 - b. Mid-career – Improve career opportunities and training for future leaders
 - c. Late-career – Funded time should be provided for GPs considering early retirement to undertake a variety of different roles which would support primary care
 - d. The review encourages ongoing action by the Government, GMC and other national bodies to streamline and simplify the process by which doctors can return to the UK to practice after working abroad for an extended period of time
 - e. A review of the current pensions arrangements for GPs should be undertaken, with clear solutions proposed to address the current negative impact on partnerships
3. The capacity and range of health care professionals available to support patients in the community should be increased, through services embedded in partnership with general practice
 - a. NHS England should expand and fund the wider general practice workforce working in practices and the local community, to support both patients and the GP workforce

- b. HEE should further develop the role of Practice Nurses
 - c. NHS England should support emerging Primary Care Networks to make better use of the existing community health services workforce to support practices, by working more effectively with community health teams and by enabling the creation of population-based multi-professional teams across primary and community care
- 4. Medical training should be refocused to increase the time spent in general practice, to develop a better understanding of the strengths and opportunities of primary care partnerships and how they fit into the wider health system
 - a. Medical students, Foundation year doctors, GPs in Specialty Training and other clinical professions who could support primary care should spend more time in general practice and in community-based roles
 - b. Expand training opportunities for GPs in practices and in the community
- 5. Primary Care Networks should be established and operate in a way that makes constituent practices more sustainable and enables partners to address workload and safe working capacity, while continuing to support continuity of high quality, personalized, holistic care
 - a. Primary Care Networks should be enabled to determine how best to address the balance between urgent and routine appointments during extended opening hours and weekends
 - b. The review supports the work of NHS England and other national partners to reduce unnecessary bureaucracy, but progress must be monitored closely, and further action must be taken to ensure successful implementation
 - c. RCGP, GPC, NHSE and DHSC should develop and agreed strategy for the effective use of workload data, to support practices and partnerships to manage workload
- 6. General practice must have a strong, consistent and fully representative voice at system level
 - a. General practice should be recognized by the GMC and Government as a specialty
 - b. The recommendations in the report led by Professor Val Wass and co-sponsored by the Medical Schools Council and HEE – ‘By choice – not by chance: Supporting medical students towards future careers in general practice’, must be implemented as soon as possible
 - c. Working at scale, for example through Primary Care Networks, has the potential to improve and support general practice influence at a system level if the right incentives and expectations are put in place
- 7. There are opportunities that should be taken to enable practices to use resources more efficiently by ensuring access to both essential IT equipment and digital technical services
 - a. There should be acceleration of current work to ensure universal, paperless and interoperable systems, and scoping of new, related work where this is resource-efficient

- b. Practices would benefit from a streamlined digital platform which could be used to access and share common documents and information. Opportunities to streamline the extraction of information from GPs by other national bodies should also be considered
- c. Digital solutions should be introduced for every practice, that can support GPs and others working in primary and community care in their roles and career choices – including support for working at scale
- d. The GP IT estate should be brought up to current standards of security and resilience, with appropriate support and training on relevant systems and basic cyber security hygiene for all staff working in general practice

Employers' Pension Contributions

The proposed changes are:

- Increase the employers' contribution to 20.6% from April 2019
- renew current member contribution rates so that the same rates continue to apply beyond 31 March 2019
- provide civil partners and same sex spouses with the same survivor pension rights as widows
- extend the current forfeiture of pension benefits rules

The BMA has calculated that on average GP partners will have to pay around £7,000 p.a. more per doctor in employer contributions to the NHS pension scheme.

Higher earning and older GPs could see a further increase in their annual allowance tax charge.

The Association of Independent Specialist Medical Accountants, reported that the proposed rate for employer contributions will represent an additional payment of £4,665 for GP partners with pensionable earnings of £75,000, £6,220 for those earning £100,000 and an additional £7,775 for GPs with pensionable earnings of £125,000.

There will also be an increase in the costs in employing staff.

This will have a severe impact on practice finances unless additional funding is available.

For an average GP practice with 8,500 patients, it could mean a rise of around £50,000 per year to cover the rate rise for all doctors and practice staff.

What is the LMC doing to help you?

The NHS Ten Year Plan crystallizes the Dept. of Health and Government's vision for the NHS. We have been active to ensure that Cheshire Practices are well positioned to continue to develop in alignment with the strategic aims:

Workforce

- Engaged with the national GP Partnership Review
- Held discussions with our 4 CCGs, NHSE and HEE on supporting and developing GP leadership
- Offered to work with the CCGs on local GP recruitment initiatives
- Engaged with GP Registrars during their education

Workload

- Negotiated with CCGs on local contracts, CQUIN, LES proposals. We have also influenced CCG plans on care homes, wound care and flu prophylaxis proposals
- Been involved in proposals for PCN development, including obtaining funding

Practice Development

- Funded both clinical leadership and practice development programmes
- Provided advice to individual groups of practices to help with their merger plans

GP Wellbeing

- Invested in and relaunched the Cheshire GP Pastoral Care Scheme

Representation

- Been involved with regular scheduled meetings with the 4 CCGs, NHSE and more recently ICP leads
- Co-opted representatives of the 3 main GP federations to the LMC and held regular meetings with Federation representatives
- Attended GP federation meetings when invited
- Started engagement with the emergent Primary Care Networks

If you or your practice have any thoughts on how the LMC might support local GPs/ practices to better consider the impact of any of these changes, or any Q & A sessions you would find helpful, please contact our Chief Executive with your suggestions.

Conclusion

General practice is proactive, reactive, extremely flexible, effective, safe and it responds to the needs of the system swiftly, without bureaucratic delay. However, General Practice is struggling in the context of increased patient demand, more complex and older patients, insufficient funding, increased regulation and scrutiny, and workforce shortages.

This needs to change.

We foresee that general practices that do not embrace a wider responsibility within the local health and social care system may be starved of the extra funding and support needed to help them survive.

Conversely if general practices consider themselves as a delivery unit within a wider system, they may become sustainable and resilient through sharing workload and embracing new opportunities.

William Greenwood

Chief Executive

Cheshire Local Medical Committee

January 2019

This summary is based on work done for the January Cheshire LMC meeting. It also includes some context provided by colleagues at Nottinghamshire LMC and is reproduced with their kind permission.