BMA

Focus on the NHS England General Practice Forward View

May 2016

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Introduction

NHS England published the *General Practice Forward View*[1] on 21 April, setting out a programme of support for general practice over the next five years. This strategy follows strong lobbying and calls for action from GPC, including in our most recent paper '*Responsive, safe and sustainable: our urgent prescription for general practice*'[2]. There is a welcome change in tone and emphasis in the *Forward View*, including in the introduction by the Chief Executive of NHS England, which is explicit in acknowledging the disinvestment and neglect of general practice over the past decade, and the need to address pressures affecting GPs.

Our *Responsive, Safe and Sustainable* paper outlines the urgent actions needed to alleviate the current significant pressures. A large number of our proposals have been accepted by NHS England and included in their roadmap for the future.

Whilst the *Forward View* represents a comprehensive package of support to general practice, both in the immediate and longer term, we are equally clear there are a number of areas requiring more clarity and work on the detail of implementation. There are also actions from our *Responsive, Safe and Sustainable* yet to be addressed by NHS England that we will continue to push for.

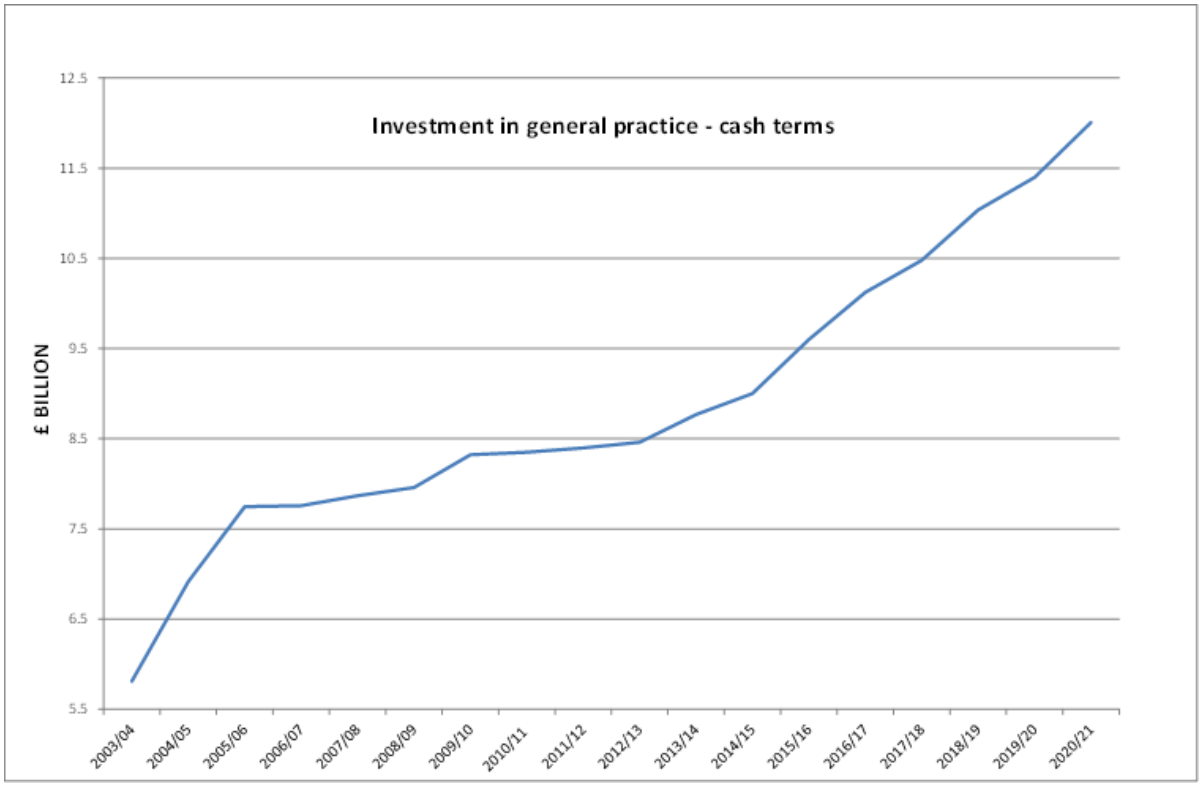
This focus on paper summarises some of the key potential opportunities for general practice from the *Forward View*, and provides a steer for LMCs and practices on maximising its potential to deliver change locally.

Chapter 1: Investment

NHS England has committed to **invest a further £2.4bn a year by 2020/21 into general practice services**. Investment in general practice services will therefore rise from £9.6 billion a year in 2015/16 to **over £12 billion a year by 2020/21**. This additional investment represents a **14% real terms increase**, in comparison to 8% real terms increase for rest of NHS. NHS England has stated that this is expected to grow further as care and resource is moved into the community.

The following graph displays the proposed increase in investment in general practice between now and 2020/21 in real terms:

[1] https://www.england.nhs.uk/ourwork/gpfv/
[2] http://www.bma.org.uk/working-for-change/urgent-prescription-for-general-practice



NHS England has also committed **£508 million** for a **five-year Sustainability and Transformation package**. £56m has been allocated to a **practice resilience programme starting in 2016/17**, to include **support for GPs suffering burnout and stress**.

Also included within the £508m package is **£206m for workforce measures to grow the medical and non-medical workforce** and **£246m to support practices in redesigning services** (see later chapters).

Other key headlines on investment include:

- The commissioning and funding of services to provide **extra primary care capacity** across England by 2020/21 will be supported by over **£500 million of recurrent funding**, part of the proposed increase in funding of £2.4 billion by 2020/21.
- **Action will be taken to address rising indemnity costs**. NHS England has acknowledged that GPs should be no more exposed to the rising costs of indemnity than hospital doctors. The Department of Health and NHS England will bring proposals for discussion with the profession in **July 2016.** Potential solutions are intended to help reduce the overall cost to the individual
- Confirmation of the continued support for **capital investment** through the five-year £900 million fund (see chapter 4)
- A proposed **new funding formula that is intended** to better reflect practice workload due to be discussed in summer 2016 and implemented from April 2017
- The **Better Care Fund** has been increased to a minimum of **£3.9bn in 2016/17**. From **April 2016**, CCGs, Local Authorities and NHS England will be able to pool budgets to jointly **commission expanded services**, including additional nurses in GP settings to coordinate

care for patients with long-term conditions, GP services in care and nursing home settings, and the provision of mental health professionals and social workers in GP settings

GPC has long argued that the funding going into general practice must increase. As set out in '*Responsive, Safe and Sustainable*', GPC has called for the funding deficit to be addressed, with a £2.5bn additional recurrent investment. It is positive that NHS England has recognised this need, but the challenge will be in ensuring how this reaches general practice – how much will be via annual contract uplifts, and how much through other dedicated funding streams- and that this is done quicker than the current 2020/21 timeline. See Annex 1 for a breakdown of the financial commitment outlined in the GPFV.

GPC has been clear with NHS England that addressing the issue of rising indemnity costs is vital and is pleased that this call has been heard. There is ample evidence that prohibitive indemnity costs are limiting GP working capacity. The important work will now come in translating this recognition into action. The GPFV gives a July deadline for NHS England's proposals and GPC will closely work with NHS England on these.

The outcome of the review of the funding formula is awaited. As set out in '*Responsive, Safe and Sustainable*', GPC has argued that the funding formula must fairly reflect the workload of practices, including activity that is common to all practices that is not related to the demographics of the patient population. This is not a simple task and careful modelling must take place to ensure the effects of altering the formula are fully understood.

Chapter 2: Workforce

- NHS England has recognised the need to support workforce growth, with £206m allocated for **measures to grow the medical and non-medical workforce by 10,000 additional staff by 2020**. NHS England has committed to double the current rate of growth with **5,000 extra doctors working in general practice by 2020/21**. A number of proposals have been made for taking this work forward, including the need to increase GP training recruitment to 3,250 a year and targeted support for GPs returning to work

- The **return (of at least 500 GPs) to practice** through ever improving schemes such as the Retainer Scheme and Induction and Refresher (I&R) Scheme

GPC has consistently called for clear and credible plans to recruit more GPs, as well as a strategy for how the wider workforce can support general practice. It is a concern that the *Forward View* talks of "doctors working in general practice" rather than GPs and we will need clarification about what this means. GP numbers have not kept pace with other elements of the NHS workforce, such as consultants, and this must be addressed. Supporting GPs in returning to work is also a key priority. We await further details of how NHS England intends to achieve the numbers stated, and look forward to working with them on this.

- **New funding of £112m** (in addition to the existing £31 million) **for clinical pharmacists in practices** has been committed, leading to a **further 1500 pharmacists** in addition to the current 470 in general practice by 2020. The clinical pharmacists programme is being extended to enable every practice to access a clinical pharmacist, across a minimum population on average of 30,000

GPC has continually argued for funding to support clinical pharmacists in practices, which all practices should have access to. The fourfold increase in funding allocated for this is welcomed, but funding must be recurrent rather than time limited. GPC will continue to press for this.

- A **Pharmacy Integration Fund**, worth £20m in **2016/17** (which will rise by £20m each year), will be introduced to look at how pharmacists, their teams and community pharmacy fit into the wider NHS services in the local area

- Pilots trialling the introduction of **medical assistant roles** to specifically support GPs

- 3,000 new fully funded practice-based **mental health therapists** by 2020 – an average of a full-time therapist for every 2-3 typically sized practices

- From April 2016, the increased Better Care Fund will mean expanded services, e.g. additional nurses in GP settings, can be commissioned (see chapter 1)

As set out in '*Responsive, Safe and Sustainable*', GPC has repeatedly lobbied for support for other areas of the workforce, such as clinical pharmacists, medical assistants, and mental health therapists, to be increased to encourage its development and growth. GPs' workload can be supported and time released by expanding the skill mix in and around the practice and through building an expanded and comprehensive primary care team. We will work with NHS England on sustainable plans to develop the workforce across the wider NHS, and how this can be built around primary care teams. Whilst it is good that we have been successful in significantly increasing the funding for clinical pharmacists, we remain concerned that this is non-recurrent funding.

- There is a £15m national investment for **practice nurse development**, over £50m to **support training of reception and clerical staff** and **practice manager development**, and a plan for the **training of 1000 physician associates**

- The **support training of reception and clerical staff** will be through a national investment of **£45 million**, potentially benefitting **every practice**. Training will allow staff to play a greater role in the navigation, or 'queue busting', of patient care pathways and handling of clinical paper work, to free up GP time

Practices need support in as many areas as possible to enable them to be in a position to meet the rising demands on their services. We welcome any initiatives in which GP time can be freed up through improved administrative systems, and we await further details of how this funding will be used. It will be vital to ensure that every practice has access to such schemes and training.

- **£16m** (in addition to an existing £3.5million) committed for free, confidential local **specialist mental health services** to support GPs suffering with burnout and stress

GPC has continually highlighted the pressures which GPs are under and the effect and impact that this level of stress can have. It is important that NHS England has recognised the need to develop services to help with this, which must work in tandem with reducing the reasons for the significant pressures on the workforce. We await further details of how this resource will be used.

- New measures entitling GPs who want **flexible working**, e.g. additional benefits relative to undertaking a rolling series of short term locum roles – an alternative to day-by-day or week-by-week locum work

Flexibilities which can enable trained GPs to continue to practise in a more permanent capacity or encourage them to return to work are extremely important and we will work with NHS England on how this can best be achieved.

- £3.5 million investment in **multi-disciplinary training hubs** in every part of England to support the development of the General Practice workforce

This fits in with our proposals for locality hubs, as outlined in *Responsive, Safe and Sustainable,* and the possibility that these could also be used as training hubs. We will work with NHS England on how this resource can be used.

Chapter 3: Workload

- NHS England has proposed a **three-year £30 million 'Releasing Time for Patients' development programme**, which will support the release of up to 10% of GPs' time by enabling practices to work together and consider new ways of care delivery (see chapter 5

for further information)

GPC has highlighted the need for practices to be supported to investigate new ways of working that can release GPs' time. GPC and LMCs will need to ensure that practices have access to funding which is allocated to CCGs to enable them to explore different ways of working. We will be working with NHS England on the details of how funding will be allocated to CCGs.

- The **NHS Standard Contract for hospitals** has been amended from **April 2016** to ensure hospitals will no longer refer patients back to their GP for re-referral, and also that hospitals are able to make internal referrals where this is for a related, non-urgent condition. The changes also set out a new requirement on hospitals to ensure that patients are managed through care pathways promptly and that communication with patients and GPs is clear. This also requires the hospital to notify patients of the results of clinical investigations and treatments. A number of other changes to the Standard Contract are also outlined. Additionally, the *Forward View* commits to a new **interface working group** to **improve the primary/secondary care interface** and GPC will be integral to this work

GPC has long argued that GPs have been unfairly burdened with inappropriate bureaucratic workload shift from secondary care, which not only unnecessarily increases workload, but also wastes appointments. Changes to the NHS standard contract are very much needed, and have the potential to make a positive impact on GPs' workload. It will be vital to ensure that CCGs enforce these new requirements.

GPC has published a wider list of practical steps which should be taken to stem inappropriate workload shift from secondary to primary care, in '*Responsive, Safe and Sustainable*'. Our list of suggestions within this document has been shared with NHS England and we will continue to encourage action on these. These are also areas that LMCs should discuss directly with their CCGs and local Trusts.

We are pleased that the *Forward View* has committed to a primary/secondary care interface group, in which GPC will wish to influence an end to inappropriate use of GP time.

- The *Forward View* sets out a new **four-year £40 million practice resilience programme** starting in **2016/17**. NHS England will work with GPC on the development of this programme and will consider introducing practice resilience teams

GPC has consistently highlighted the urgent need for immediate support for practices in crisis, and we are pleased to see that this has been recognised with the £40 million practice resilience programme. Allocating funding is only one step; ensuring that practices have access to tangible support and funding is the next priority. As described in our '*Responsive, Safe and Sustainable*', the introduction of practice resilience teams would provide much-needed practical support for practices.

Further details on how practices can access funding and support are awaited, but practices and LMCs should ensure that they are involved in discussions locally with their CCGs on how practices can access this programme. GPC will continue to push NHS England to confirm how funding will be

allocated and what arrangements CCGs will be responsible for providing. We are in dialogue with NHS England to ensure this programme is made the first priority for implementation in 2016/17.

- There is a commitment to "streamlining" the workload involved with **CQC inspections** :
    - NHS England will work with GPC on how practices will be appropriately compensated for further increases in CQC fees in 2017/18
    - There will be a **reduction in the number of CQC inspections** once all practices have been inspected. Practices rated as good/outstanding will move to a maximum interval of 5 years between inspections
    - A streamlined approach to inspection for new care models, federated practices or super partnership practices
    - CQC is consulting on changes to its regulatory model for its work following completion of first round of inspections

GPC has repeatedly called for the replacement of the content and pattern of CQC visits and ratings, which we believe to be fundamentally flawed, and which our CQC survey in January 2016 also showed is causing considerable stress and disruption to practices, and taking GPs and staff away from patient services. GPC does not consider that the commitment from NHS England to reduce the number of inspections once all practices have been inspected goes far enough, and will continue to lobby for an end to the current system and to replace it with a markedly scaled down proportionate, supportive and targeted approach. NHS England has also committed to work on how practices can be appropriately compensated for further increases in CQC fees in 2017/18; further discussions will take place throughout 2017 but GPC is clear that CQC fees must be fully reimbursed.

- A review of the **Quality and Outcomes Framework** (QOF) by NHS England and GPC will take place, including discussions on a possible replacement

- Discussions on GPC's wish to end the avoiding unplanned admissions enhanced service from April 2017

GPC secured agreement to review these two areas in the 2016/17 contract agreement and will work with NHS England during the coming year to do this.

- A simplified system for how GP data and information is requested and shared across NHS England, CQC and GMC will be introduced

- The general practice payment system will be simplified to reduce workload for practices and prevent practices having to spend time chasing and reconciling payments

- A new **audit tool for practices to identify ways to reduce appointment demand** using the same methodology as the 'Making time in general practice report'

- From 2017/18, all practices will have access to automated appointment measuring interface to inform practices of activity and allow planning to match appointments with demand

- A review of 'mandatory' training requirements

- Final testing to be completed by May 2016 to allow patient record transfers between practices without the need to print paper copies

The *Forward View* brings together a number of practical steps, as outlined above, which have the potential to reduce unnecessary workload for GPs and practices. Any steps which can reduce workload, duplication and bureaucracy must be implemented as soon as possible and GPC will ensure it is involved in national discussions on these matters. We have particularly pushed for NHS England to recognise and take control of the increasing number of supposed 'mandatory' training requirements and welcome this commitment to review. We will be calling for a reduction in these requirements.

- Starting in 2017/18, as part of the 5 year £508 million sustainability and transformation package, CCGs will be required to invest £171 million in a non-recurrent fund for **Practice Transformational Support**. This will cover:
    - Working at scale:
        - Looking at how working in practice groups or federations can develop additional funded services and help to reduce costs
        - Enable practices to provide extended access collectively
        - Grow capacity through a network of locality Primary Care Access Hubs
    - Commissioning and funding of services to provide extra capacity across England
    - Greater integration of extended access with out of hours and urgent care services
    - Enhanced urgent care services e.g. 111 Online and 111 Clinical Hubs
    - The introduction of a new voluntary Multi-specialty Community Provider contract from April 2017

GPC has long argued for organisational development resource to support practices. The £171 million Practice Transformational Support fund will be extremely important in enabling practices to look at how they can work collectively. Any possible ways of allowing practices to work differently and therefore reduce their workload should be investigated. See Chapter 5 for further information.

Chapter 4: Practice Infrastructure

- The *Forward View* recommits to a continued **£900 million for capital investment**

- New rules on premises costs proposed from **September 2016**, will enable NHS England to fund up to 100% of the costs for premises developments, where this was previously capped at 66%

GPC has worked extremely hard on the issue of premises and is pleased that this has led to the important premises commitments outlined in the GPFV being secured. The commitment that up to 100% of the costs for premises developments will be funded is critical to enable those practices who are not in a position to be able to meet large costs but who need vital premises development.

- NHS England will **fund stamp duty and land tax costs** for practices signing leases with NHS Property Services from May 2016 until the end of October 2017

- NHS England will develop new funding routes to enable **transitional funding support for practices seeing significant rises in facilities management costs** in the next 18 months in leases held with NHS Property Services and Community Health Partnerships

GPC has lobbied for support for practices in meeting high premises costs, both in relation to when signing new leases or when facilities management costs are raised. Recognition of the increasing costs which practices are facing is extremely important and must continue to be supported.

- NHS England will work with NHS Property Services on the issue of how to allow underwriting lease arrangements or buying out GP owned premises where this fits in with wider commissioning gains

GPC is clear that a solution to the issue of "last man standing" must be found, and secured a commitment from NHS England that they will work with NHS Property Services on how to enable lease arrangements to be underwritten or GP owned premises to be bought out. GPC will be pressing for further details on this.

- NHS England has committed to **increase allocations to CCGs by over 18%** for the provision of IT services and technology. A **£45 million programme** from 2017/18 will also support update of online consultations

- A **nationally accredited catalogue and buying framework** for IT products and services, supported by a network of local procurement hubs offering advice and guidance

- **New core requirements** will set out what general practice should be able to expect from IT services. These will include:
    - Ability to access digital patient records both inside and outside the practice premises
    - Provision of specialist support

  - Outbound electronic messaging from the practice for direct individual patient clinical communication
  - Ability for patients to transact with the practice online
  - From June 2016, the ability for electronic discharge letters/summaries from secondary care to be transmitted directly into GP clinical systems
  - From December 2016, specialist guidance and advice for practices on information sharing agreements and consent based record sharing

- Completion of the roll out of access to the **summary care record to community pharmacy** by March 2017

- Funding will be made available to cover the hardware, implementation and service costs for Wi-Fi services in GP practices for staff and patients from April 2017

It is critical that practices are provided with IT services which are fully resourced and supported. GPC has long called for the local variations in service provision to be addressed, and a national catalogue and buying framework, as well as new core requirements, must address this. Our paper *'Responsive, Safe and Sustainable'* listed a number of proposed improvements, and this has been shared with NHS England. We will work with NHS England on the roll out of their commitments, and it is clear that practices must see tangible improvements to the service they receive, as well as new services to advance systems.

Chapter 5: Care redesign

- The commissioning and funding of services to provide extra primary care capacity across England by 2020/21 will be supported by over **£500 million of recurrent funding**, part of the proposed increase in funding of £2.4 billion by 2020/21. This is to support access to GP services, including sufficient routine appointments at evenings and weekends to meet locally determined demand, alongside effective access to out of hours and urgent care services. Joining-up services is also a stated aim, for example with hubs hosting GP out of hours, community nursing teams and access to diagnostic services.

GPC is clear that extended access must be locally determined and must be properly resourced and supported. It must also fit in with access to urgent care services in the local area, and we have made it clear that individual commissioners should have the freedom to decide what appropriate access in their area would look like, which is committed to in the GPFV. Further details on how the £500 million will be made available to practices are awaited and GPC will ensure it is involved in these discussions. We understand that a number of the Prime Minister's Challenge Fund sites have been advised that the level of funding per patient that they receive will be reducing. Clearly any reduction in funding will have an impact on the level of service which can be provided.

- CCGs will be required to provide **£171 million** as a **one-off investment for practice transformational support**

> As previously mentioned, GPC has called for practices to be provided with organisational development funding to support different ways of working, including working at scale and collaboration with other practices. Given that many CCGs are facing significant financial pressures, we await details of how this funding will be made available and assurance that it will be used to support practice transformation as promised.

- **A £30 million 'Releasing Time for Patients' development programme**, to include patient management of minor self-limiting illnesses through technology. This will support:
    - **Innovation spread** – national programme to gather and disseminate successful examples and measure impact. Ideas produced by NHS England/BMA Releasing Capacity workshops to continue to be shared.
    - **Service redesign** – local programmes to implement high impact innovations to release capacity
    - **Capability building** – investment and support to build change leadership capabilities in practices and federations

> As above, GPC has pushed for NHS England to support practices to investigate new ways of working that can release GPs' time. This will be extremely important in order to manage rising pressures on workload, wording in tandem with managing demand. Further details of the proposed £30 million development programme, how practices will access it and what it will entail are awaited and GPC will ensure it is involved in national discussions on this. The recent joint BMA and NHS England 'releasing capacity' workshops highlighted a number of practical steps which could be taken to reduce workload and this work must be built upon further.

- Support for practices to look at how **working at scale** can be achieved:
    - How practice groups or federations can develop additional funded services and help to reduce costs
    - How practices can be enabled to provide **extended access collectively**
    - How capacity can be grown through a network of locality **Primary Care Access Hubs**
    - How new opportunities for workforce development can be provided
    - How practices' resilience can be grown

We believe that it is critical to look at how practices can be supported to look at how working at scale can take place. Our *'Responsive, Safe and Sustainable'* paper highlights the possible benefits of encouraging this. Developing systems to allow working at scale is not an easy task, and funding must be provided to ensure that practices have the support and resource to enable them to investigate how this could work effectively. This is vital, particularly in terms of building practices' resilience. For example, there is significant potential in considering how locality hubs could provide the support necessary for a sustainable service at practice level. GPC will discuss with NHS England ideas for how such hubs could operate, and local areas should pick this up with their CCGs and NHS England regional teams. Some local areas have already begun the process for looking at how such a hub could be introduced, and in a number such a service is already up and running. See [LINK] for further information on how such a model could work.

- Introduction of a **new voluntary Multi-specialty Community Provider contract** from April 2017. Key features are likely to be:
    - A choice of different organisational forms
    - Local flexibility for quality and performance monitoring scheme
    - New employment and independent contractor options
    - Move from GMS/PMS contracts to be voluntary

Further details on the contractual arrangements for MCPs are awaited. GPC is clear that any move away from GMS/PMS contracts must be voluntary, that a 'right to return' should exist and that practices engaging in such contracts should be able to do so and retain their current G/PMS contract. See our guidance on possible contracting models for such arrangements.

2016/17 immediate steps

The *Forward View* represents a five-year programme of support for primary care. However, rapid implementation is vital to help resolve the current crisis. Below are the items within the *Forward View* scheduled to begin or continue in 2016/17:

- In 2016/17, a four year £40 million **practice resilience programme** will be introduced. Practice resilience teams may form part of this.
- In 2016/17, the minimum size of the **Better Care Fund** will grow to £3.9bn
- By July 2016, NHS England will consult the profession and others on proposals to tackle **indemnity costs**
- By September 2016, new rules on **premises costs** will be introduced to enable NHS England to fund up to 100% of the costs for premises developments (previous cap was 66%)
- From May 2016 until October 2017, **NHS England will fund stamp duty land tax costs** for practices signing leases with NHS Property Services, and will compensate VAT where the ultimate landlord has chosen to charge VAT.

- From April 2016, a number of new requirements in the **NHS Standard Contract** for hospitals will be introduced to reduce inappropriate bureaucracy being passed onto GPs, together with the creation of a primary/secondary care interface group (full details above)
- From April 2016, a **new Portfolio Route** will be introduced for GPs with previous UK experience who have continued to work outside the UK, which will remove the need for them to sit exams to return to practice
- From May 2016, the financial compensation available through the current **GP retainer scheme** will be increased
- From May 2016, targeted financial incentives for **GPs returning to work** in areas of greatest need will be offered
- From December 2016, a new national service to improve GPs' **access to mental health support** will be established. NHS England had already committed up to £3.5 million to this service and has now increased that by a further £16 million
- In 2016/17, a three-year £30m **'Time to Care'** national development programme will be introduced to support release of up to 10% of GPs' time (full details above).
- During 2016/17 a greater range of **core requirements for technology services** provided to general practice will be introduced (full details above)
- By September 2016, a national programme to help practices **support people living with long term conditions to self-care** will be launched
- In 2016/17 £220m has been invested as part of contract negotiations to cover rising practices expenses, including national insurance, CQC fees and indemnity rises, an increase in vaccinations and immunisation fees and to pay for a 1% pay increase

2017/18 – be prepared

The below proposals are listed as due to be implemented in 2017/18. LMCs will need to plan and work with CCGs during 2016/17 to ensure that these are delivered in a meaningful way in subsequent years.

- In 2017/18, CCGs will being making a one-off £171 million investment for **practice transformational support,** to stimulate development of at-scale providers for extended access delivery, measures to free up GP time and to improve in-hours access. This will cover working at scale in groups or federations, growing capacity through local Primary Care Access Hubs and greater integration of extended access with out of hours and urgent care services. LMCs and practices will need to consider and prepare for an appropriate urgent vs routine split.
- **Care redesign** will require considerable consideration and development this year. The new voluntary Multispecialty Community Provider contract will be introduced in some areas from April 2017, integrating general practice, community and wider healthcare services. NHS England will soon publish the MCP Care Model Framework and contract elements, describing the emerging options in more detail. GPC has argued that any arrangements must be voluntary and practices should be able to retain their GMS/PMS contracts when working in MCP arrangements.
- Practices should also be aware of and preparing for **skill mix initiatives**, such as the new fully funded practice-based mental health therapists and co-funded practice clinical

pharmacists. NHS England has committed to a minimum of 5,000 other staff working in general practice by 2020/21

- By summer 2017, Health Education England will roll out **250 post CCT fellowships** to offer wider and more varied training opportunities in areas of poorest GP recruitment.
- From 1 April 2017, a more **fit for purpose GP retainer scheme** will be introduced.
- An **automated appointment measuring interface** will be made available to every practice from 2017/18. The system is soon to be tested by practices as part of the GP Access Fund. The system will give practices detailed information about their activity and how it varies over time, to help match supply of appointments more closely to demand.
- From 2017/18 practices will have access to **new software to automate common tasks**, for example putting care plans in place or responding to incoming correspondence.
- **Core GP IT services will be expanded in 2017/18**, to include: funding for Wi-Fi for staff and patients within practice settings (funding to be made available for hardware, implementation and service costs); cost-effective purchase of telephone and e-consultation tools; funding to support education in using digital services to best effect, and enhancements to the e-referral system to improve alerts and communications.

Next steps for LMCs

A national advisory oversight group will steer implementation of the measures within the *Forward View* and GPC will be represented on this group. To ensure the needs of practices are at the forefront of implementation, we are proposing to establish an **LMC Reference Group**, to allow LMC recommendations and feedback to be fed into both the advisory oversight group and the primary/secondary care interface working group.

There are a number of additional steps we recommend LMCs consider taking now to help ensure the commitments made within the *Forward View* are realised.

- LMC should discuss the commitments within the *Forward View* with their CCGs and work with them to identify the funding within their budget;
- A number of new legal requirements have been introduced through the **NHS Standard Contract** for hospitals in relation to reducing bureaucratic workload shift from hospitals to practices, e.g. not referring patients missing appointments back to the GP, the use of onward referrals within hospitals, and hospitals being responsible for notifying patients of hospital initiated investigations. **LMCs should work with their CCG to ensure that this requirements are being implemented**
- Every part of England has been asked to produce a **Sustainability and Transformation Plan** (STP), to be completed by **July 2016**. These will include plans to secure and support general practice. Securing sustainability, particularly through addressing workforce and workload issues, is one of nine national 'must dos'. GPC has asked NHS England to ensure LMCs and practices are invited to be involved in the development of plans, including through investment in backfill costs for practices. **We recommend LMCs not already involved in these plans ensure this is taken up locally**.

Conclusion

GPC is clear that NHS England's proposals are a much needed acknowledgment of the state of general practice, as well as a strategy for how to take forward the work in addressing the current crisis. Over the last 3 years, GPC has been lobbying for vital measures to provide general practice with the support it needs. The *Forward View* represents a significant and comprehensive package to support general practice, both in the immediate and longer term. Of significance, the *Forward View* has acknowledged the chronic underfunding of general practice, and has committed to a funding trajectory that will reverse this and will result in an increased proportion of spend on general practice.

We are equally clear that there are a number of areas which require a lot more clarity and a lot more detail. There are also areas, such as CQC regulation, which do not go far enough. GPC will continue to work with NHS England on addressing these areas. There are a number of proposals, outlined in annex 2, which we covered in '*Responsive, Safe and Sustainable*' which have not been covered, or not as fully as is necessary, by the *Forward View* and we will continue to press NHS England to address these.

We believe that this document is a framework for what needs to now happen, with many of the proposals and funding a floor not a ceiling. Working out the detail and implementing these plans is critical and, to this end, we have therefore secured a commitment that an Advisory Oversight group, on which the BMA, RCGP and patients will sit, will be created to steer and drive the implementation of the measures. In order for this framework to have the confidence of GPs, it is critical that they see tangible and rapid delivery against these commitments, not least securing early delivery of the promised funding increase. GPC, will continue its work to ensure that NHS England's words are translated into action so that practices receive the support which is so urgently needed. LMCs will be absolutely key in ensuring that these proposals are delivered in each area, and GPC will regularly engage with LMCs, including the creation of an LMC reference group as a source of expertise to inform the national representation.