



FOCUS ON the local General Practice landscape across Bradford, Airedale, Wharfedale & Craven and North Yorkshire & York within the context of the:

- 2019/20 GP Contract
- NHS Long Term plan
- GP Partnership review

The title of the document looks a little dry doesn't it? Don't worry...

These are very uncertain times for general practice, and it is fair to say that the profession faces many threats and opportunities.

One of YORLMC's roles is to ensure that our colleagues understand these threats and opportunities. YORLMC also has a further important role to play in helping to support GPs and their teams to navigate through the choppy waters and come out the other side stronger and in a better place.

This report is written specifically for you as GPs and your teams to take the newly published [NHS Long Term Plan](#) along with the [GP Partnership Review](#) report and set these against the backdrop of the emerging Integrated Care Systems in both Bradford, Airedale, Wharfedale & Craven and North Yorkshire & York. We will also tell you about the various pieces of work YORLMC is undertaking to contribute to the survival and, we hope, positive development of general practice.

The aim of the report is to help to summarise the national documents and save you some reading time to help you to understand what the future may look like to the best of our ability (unfortunately without the aid of a crystal ball or time travel machine). Furthermore, it's to reassure you that YORLMC is fully aware of the moves afoot that will affect you and provide evidence that we are representing and supporting you, standing up for the profession as the authentic, unconflicted and the only officially recognised representative body for General Practitioners.

Be aware that within this paper there are some personal opinions proffered and assumptions made, this is aimed at colleagues in practices hence the open and at times less formal nature of how this is worded. I would hope that this tone would be appreciated when reading this as I attempt to make this a useful and informative read. I will attempt to step away from the temptation to do more 'blue sky thinking' whilst 'horizon scanning' and would urge you not to worry too much about 'thinking outside the box', just take it in and make your own mind up about what it means to you. Hopefully we can stimulate debate about the needs of general practice over the coming years as such a vital player in the care of our patients across Bradford, Airedale, Wharfedale & Craven and North Yorkshire & York.

It's time to look at where we find ourselves and recalibrate our sights as we understand the changing world around us and look to forge our natural place within it.

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The NHS Long Term Plan

NHS England unveiled its Long Term Plan on 7 January 2019 with the stated aim of making the NHS fit for the future to get the most value for patients out of every pound of taxpayers' investment.

The Plan sets out the clear goal of increasing investment in primary and community services to the tune of £4.5 bn with an ambitious aim to reduce outpatient appointments by a third and the creation of online GP consultations for all within the next 5 years. It sets the strategic direction for the NHS in England over the next 10 years and will be followed by local areas developing their own plans to deliver the ambitions within it.

The aims set out in the Plan for improving the health service, link to a new service model and support for staff, especially around improving preventive care and health inequalities, improving care quality and outcomes, and also focus on expanding digital services.

While the plan spans the NHS as a whole, there is also an important and clear commitment to increase the proportion of NHS investment spent on primary medical and community services.

I have attempted to distill the elements most closely affecting general practice rather than produce a generic and distant overview of the whole Plan, you can go and read that elsewhere should you wish to. The following therefore is a summary of the main elements of the plan that affect general practice provision most directly:

- Increased ringfenced 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 changes to their GP contract, will need to work together within their localities working within a multi-disciplinary team with community colleagues usually 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 flexibly to expand the workforce.
- Other GP contract changes including to QOF which will see removal of less beneficial indicators and addition of a quality improvement domain. The area of vaccinations and immunisations is also under review as well as a pending premises review that will feed into future NHSE capital processes.
- An acceleration in digital services for patients. This will include a commitment to enable all practices to offer video consultations, to offer more online booking, online repeat prescribing ordering and for NHS 111 to make direct bookings for GP appointments.
- Integrated Care Systems will be rolled out by April 2021, with the aim of delivering '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 (ICS). These contracts would be held by public statutory providers. GPs and networks will need to ensure they, together with YORLMC, the unconflicted and the only officially recognised and representative body for General Practitioners, have a voice within any ICS, and are able to influence any ICP decisions.
- The plan outlines that primary and community services will support people in the home as well as enhanced support for those in care homes. There is particular focus on more preventative work on smoking, obesity and drug and alcohol abuse.
- There is also some information about moving away from the counter-productive NHS Health and Social Care Act's competition and procurement rules.

The GP Partnership Review

The GP Partnership Review, commissioned by the Chief Executive of the NHS and Secretary of State for Health and Social Care, was published on 15 January 2019 as an independent review into the partnership model of general practice. The aim of the review was to produce recommendations that would revitalise and transform the model, to benefit all those who currently work in general practice, as well as patients and the NHS.

The Chief Executive of Wessex LMCs, Dr Nigel Watson was appointed review chair and he travelled around the country meeting GPs and front line staff, practice managers, patients and others, to seek their opinions and collect views on what works and what doesn't work. YORLMC was invited to contribute directly to the review and Nigel and his team met with local practices and practice colleagues.

There are seven clear recommendations emerging from the Review and these are outlined below:

- 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 Mutuels.
 - 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 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 are able to 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 healthcare 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 with a clear opportunity to 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, personalised, 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 an 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 innovative digital 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.

The GP Contract agreement 2019/20 (England)

GPC England has negotiated a deal spanning the next five years. Elements will be introduced throughout the five years – 2019 will focus on building the foundations, creating Networks and starting to expand the workforce; 2020 onwards will see the workforce increase further, additional funding and services reconfigured (as decided by the networks).

The most substantial changes commence from April 2019. The changes should provide much needed support and resources for general practice, expanding the workforce, reducing workload, increasing funding, retaining GP and partnership autonomy and ensuring GPs have a leadership role at the centre of primary care.

The top-line changes

- Overall funding in excess of £2.8bn over a five-year period, through practices and networks.
- Indemnity state backed scheme introduced.
- Pay & expenses uplift each year through global sum, in line with predicted inflation.
- Creation of a new Primary Care Network, built up over the five years.
- Additional workforce & linked funding through a new Primary Care Network.
- Amendments to QOF.
- Resources for IT and digital, including greater digital access for patients.
- Delivery of the NHS Long Term Plan ambitions through the additional funding and workforce.

What practices need to do now

- Read the summary of the deal, and the various attachments for each of the specific areas of contract change, which outlines immediate preparation, 2019 requirements and planning for future years. This summary is available [here](#)
- Commence discussions with neighbouring practices about forming networks.
- Begin the QOF quality improvement modules.
- Discuss with clinical staff what the pay uplift and indemnity expenses reduction mean on an individual basis.
- Provide the pay uplift to other practice staff.
- Attend YORLMC events taking place in individual localities that have been designed to deliver information that will aid your understanding of the contract changes taking place - the schedule of events is available [here](#)
- Attend YORLMC's conference Wednesday 03 July 2019. Whilst the agenda for this conference is in development, the focus of the day will be Primary Care Networks, emerging legal structures and indemnity. Further details and booking [here](#)
- Keep a look out for further guidance that will be released shortly.

General practice is the bedrock of the NHS, and the NHS relies on it to survive and thrive.

The agreement reached between NHS England and the GPC which is supported by Government, translates commitments in *The NHS Long Term Plan*¹ into a five-year framework for the GP services contract. The concluded negotiations confirm the direction for primary care for the next ten years and seeks to meet the reasonable aspirations of the profession in that it will:

- secure and guarantee the necessary extra investment;
- make practical changes to help solve the big challenges facing general practice, not least workforce and workload;
- deliver the expansion in services and improvements in care quality and outcomes set out in *The NHS Long Term Plan*, phased over a realistic timeframe;
- ensure and show value for money for taxpayers and the rest of the NHS, bearing in mind the scale of investment;
- get better at developing, testing and costing future potential changes before rolling them out nationwide.

What is YORLMC doing to help you?

We have been involved in various pieces of work that contribute to the future direction which has been signaled through the NHS Long Term Plan.

Retention and resilience

YORLMC takes an active role in a number of workforce initiatives that seek to support GP retention and resilience. These include:

- ensuring the interests of general practice are represented at local workforce groups which discuss co-ordination of workforce activities across locality, regional and national levels.
- delivery of education events designed to support personal resilience.

Both are examples of initiatives funded from the LMC levy.

YORLMC has also been proactive in securing NHSE funding which has created additional capacity to support resilience within General Practice. These include:

- GP Mentoring pilot – this was initially limited to BAWC but following a period of lobbying it was extended to Harrogate district and will very soon also be made available across North Yorkshire and the City of York.
- Support for practice manager and deputy practice manager development.

Wellbeing

We know that to enable GPs and their teams to function, we must look after their wellbeing.

YORLMC already has a comprehensive pastoral care team with many years' experience of defence bodies, NHSE and GMC procedures and is able to provide personal and confidential support for individual GPs and practice teams in difficulty or experiencing major change. However, to further strengthen and add capacity to this resource, YORLMC aspires to create additional capacity from its elected Membership of experienced GPs that will enable additional peer support and help be given to either individual GPs or practice teams. A number of initiatives are in development that will help us to provide further support our constituent practices:

- YORLMC Wellbeing Lead
It is crucial that additional capacity to further support wellbeing within General Practice is created and developing a Wellbeing Lead is high on YORLMC's agenda

The appointment of a Wellbeing Lead will enable support to be tailored to meet individual need. It will be confidential and will include helping an individual GP or a practice team through difficulties linked to contractual, financial or performance concerns and signposting to other professionals where appropriate. The initial focus will be on identifying and working with those GPs and practices that are often described as hard to reach. The help needed will vary but YORLMC's Wellbeing Lead will provide assistance with leadership. They will provide ideas about different ways of working, help explore working at scale as well as the provision of guidance and signposting in relation to practice finance and governance.

- Peer Support
YORLMC is participating in the development of a Y&H wide peer support model that is intended to address unmet need amongst GPs who increasingly need protected time with trusted colleagues to have "better conversations" about challenging issues affecting them in their professional lives. This will not be mentoring, coaching or outcome focused problem-solving but instead, is intended to provide some clarity and direction for doctors seeking a

quick response to a problem or concern. Importantly the support offered will be personal, confidential and on an individual basis.

Support services

YORLMC also has a growing suite of additional services available to practices and these are summarised below.

- [Provision of Education, Training & Development](#)
YORLMC recognises the importance of training in all areas of general practice, as well as understanding how time consuming it can be to source the correct courses for practice staff. The aim of the Education, Training and Development service is to support practices in their development by facilitating access to training locally for all members of the practice team. YORLMC has a number of [lunch and learn](#) training packages and is also currently working closely with local LMCs, CCGs and NHSE to provide training for various GPFV workstreams. A suite of courses deliverable in localities has been developed and is being continually added to. It is possible to book directly onto courses and events [here](#)
- [A range of legal services to practices and Federations under the banner of YORLMC Law at no additional cost](#)
Many individual GPs, Practices and Federations have benefitted from this service since it was first launched during 2016. There is also the opportunity to obtain preferential rates on services falling outside of the YORLMC LAW service, for example partnership drafting and amendments to existing agreements which will be charged at discounted and competitive rates.

YORLMC is supporting and funding the delivery of these services with a view to ensuring that practices and federations receive high quality expert advice from legal professionals with significant NHS experience. To access the services of YORLMC Law please contact the Corporate Affairs Team.

- YORLMC also offers a [HR and Employment Indemnity Package](#) delivered in conjunction with AXA Insurance and available to practices and federations at very competitive rates and under a contract which can be renewed annually. This is a real bonus when compared to the cost and tie-in periods offered by other national providers and the policy will cover any claim regardless of its chances of being successfully defended. The service is only available to the medical profession and is run by healthcare experts in employment law.
- [YORLMC's Buying Group](#) aims to provide discounted services to practices and GP federations for a wide range of goods and services that they buy regularly. These are provided by LMC Buying Group approved suppliers whose discounts have been verified as being likely to yield significant savings compared with others in the market; and who, have satisfied the Buying Group due diligence checks and customer satisfaction requirements which are reviewed regularly.

Wider representation

YORLMC provides leadership to the Yorkshire & Humber LMC Alliance. The Alliance works to strengthen medico-political engagement and collaboration between LMCs across West Yorkshire, North Yorkshire and Humberside. Discussions at the Alliance initiated by YORLMC have taken place in relation to how LMCs engage effectively within the emerging ICSs. This has enabled identification of the key groups at which LMC input will be both appropriate and mutually beneficial. I am pleased to confirm that YORLMC is now regularly attending and contributing to discussion at these key groups, thus ensuring that liaison between the ICS system leadership and grassroots general practice is taking place across YORLMC's geographic footprint.

YORLMC has developed collaborative relationships with GP Federations and will develop supportive and positive relationships with emerging Primary Care Networks.

YORLMC's long standing and regular liaison arrangements with CCGs, NHSE, Local Authorities and Acute Trusts will also continue

Contacting YORLMC's Corporate Affairs Team

An overview of the roles of individual members of YORLMC's Corporate Affairs Team and their contact details can be found [here](#).

Although individual members of the team have their own areas of responsibility any member of the team will be pleased to assist you.

Conclusion

General practice is amazing, proactive, reactive, extremely flexible, effective, safe and whilst based on the independent contractor model it can respond to the needs of the system swiftly and without bureaucratic delay. However, it has been flailing around trying to keep going in the context of increased patient demand, more complex and older patients, insufficient funding to match the resourcing required, increased regulation and scrutiny and workforce shortages.

This needs to change.

We can see that standalone general practices that do not consider themselves as having a wider responsibility within the local health and social care system will be seen as not playing their part and potentially will be starved of the extra funding and support needed to help them survive.

Conveniently, we can see how taking the step to view yourself as a unit of delivery within a wider system might help you to become more sustainable as you share your workload and avail yourself of new opportunities.

That said, as long as you fulfil your contractual obligations, we will always stand by you and support you in your work as GPs – we are the one independent body always here to help you and stand up for your rights. It is this unique status as an independent representative body recognised by statute that allows YORLMC to be so effective in standing up for and supporting you and your practice teams. We are accountable to you, the GPs we represent and unlike CCGs who are answerable to NHS England and the Department of Health we are free to speak up on behalf of GPs, practices and their patients when others cannot.

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February 2019