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Report Title:	Briefing Paper: North Lincolnshire General Practice Forward View Planning Requirements
Decisions to be made:	JCC are asked to note the contents of the report for information

Continue to improve the quality of services	<input checked="" type="checkbox"/>	Improve patient experience	<input checked="" type="checkbox"/>
Reduced unwarranted variations in services	<input checked="" type="checkbox"/>	Reduce the inequalities gap in North Lincolnshire	<input checked="" type="checkbox"/>
Deliver the best outcomes for every patient	<input checked="" type="checkbox"/>	Statutory/Regulatory	<input type="checkbox"/>

Executive Summary (Question, Options, Recommendations):	
The paper provides a briefing on the General Practice Forward View planning requirements which are due for submission on the 21 st December 2016.	
JCC is asked to:	
<ul style="list-style-type: none"> Note the contents of the briefing paper for information 	

Equality Impact	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Sustainability	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Risk	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Legal	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Finance	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

Patient, Public, Clinical and Stakeholder Engagement to date									
	N/A	Y	N	Date		N/A	Y	N	Date
Patient:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Clinical:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Public:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Report to the Joint Commissioning Committee General Practice Forward View planning requirements

Introduction

This paper provides an overview of the planning requirements in relation to the General Practice Forward View (GPFV) as detailed in the 'NHS Operational Planning and Contracting Guidance 2017-2019 (September 2016).

The planning guidance reiterates the priority given to the 9 'must-dos' described in the 2016/17 planning guidance. These priorities for 2017/18 and along with other local priorities will need to be delivered within the financial resources available in each year.

The 'must do' for primary care is summarised below:

- Ensure the sustainability of general practice in your area by implementing the General Practice Forward View, including the plans for Practice Transformational Support, and the ten high impact changes.
- Ensure local investment meets or exceeds minimum required levels.
- Tackle workforce and workload issues,
- Extend and improve access in line with requirements for new national funding by no later than March 2019.

The detailed requirements in relation to general practice are appended in Appendix 1.

In summary, the planning guidance sets out the expected deliverables in relation to primary care, these include:

- **Investment**
 - During 2017/18 and 2018/19 there will be an increase in funding for core local primary medical allocations of £231 million and then a further £188 million on top respectively. In addition to those allocations, other primary care funding is available for specific purposes as part of the £500 million plus sustainability and transformation package announced in the GPFV, as detailed below, as well as specific extra funding to support improvements in access to general practice, and improvements in estates and technology.
- **Transformational support 2017/18 and 2018/19 from CCG allocations**
 - CCGs should also plan to spend a total of £3 per head as a one off non-recurrent investment commencing in 2017/18, for practice transformational support, as set out in the GPFV. This investment should commence in 2017/18 and can take place over two years as determined by the CCG, £3 in 17/18 or 18/19 or split over the two years. The investment is designed to be used to stimulate development of at scale providers for improved access, stimulate implementation of the 10 high impact actions to free up GP time, and secure sustainability of general practice.

- **Training care navigators and medical assistants for all practices**
 - The £45 million funding for this programme (over five years) announced in the GPFV. This funding will be devolved to NHS England local teams or delegated CCGs based on their share of registered patients as a percentage of the England total.
- **Online general practice consultation software systems**
 - The £45 million funding for this programme (over three years), announced in the GPFV, will start to be deployed in 2017/18 with £15 million devolved to CCGs along with rules and a specification, and a further £20 million in 2018/19.
- **General Practice Resilience Programme**
 - The £40 million non-recurrent funding for the General Practice Resilience Programme (over four years) announced in the GPFV, has already begun to be deployed, with £16 million already allocated in 2016/17. Funding for this programme in 2017/18 totals £8 million, and a further £8 million in 2018/19.

NL Note: CCG have been involved in discussions with NHSE North on best use of this resource for 16/17 across the HCV STP footprint.

- **Funding to improve access to Primary Care**
 - Recurrent funding to commission additional capacity and improve patient access will increase over time. In 2017/18 CCGs with *General Practice Access Fund Schemes*, and a number of additional geographies identified across the country will receive recurrent funding of £6 per head of population (weighted) to commission improved access. In 18/19, this will expand to enable remaining CCGs to improve access, with £3.34 available in 2018/19 for those remaining CCGs. In 2019/20 all CCGs will receive at least £6 per head extra recurrently.
- **Access - to be eligible for funding**

The CCG will need to commission a minimum additional 30 minutes consultation capacity per 1000 population, rising to 45 minutes per 1000 population.

 - Additional 30 minute consultation time per 1000 population (est. pop 171,000) would require commissioning 85.5 hours of additional consultation time for NL CCG
 - Additional 45 minute consultation time per 1000 population (est. pop 171,000) would require commissioning 128 hours of additional consultation for NL CCG
 - Potential NHSE investment available: £3.34 per head during 2018/19, rising to a minimum of £6.00 per head by 2019/20, extra recurrently for these improvements.

- Support general practice at scale, the expansion of MCPs or PACS, and enable and fund primary care to play its part in fully implementing the forthcoming framework for improving health in care homes.
- **Estates and Transformation Fund** – separate up-date provided
- **Other funding for general practice**
 There will also be some non-recurrent funding held nationally to support GPFV commitments in a number of areas, including growing the general practice workforce, premises and the national development programme. In addition, there will be increases in a number of national lines to support the promised increase in investment in general practice set out in the GPFV. This includes:
 - increases in funding for GP trainees funded by Health Education England;
 - Increases in funding for nationally procured GP IT systems;
 - Increases in the section 7A funding for public health services, which support payments to GPs for screening and immunisation services; and
 - 3,000 new fully funded practice-based mental health therapists to help transform the way mental health services are delivered.

The GPFV also assumes that there will continue to be increases in CCG funding to general practice (currently totalling around £1.8 billion in 2015/16) at least equal to, and ideally more than, the increases in CCG core allocations which are 2.14% in 2017/18 and 2.15% in 2018/19.

- **Care redesign**
 As part of their GPFV plan, CCGs should have a clear, articulated vision of the care redesign that will deliver sustainable services today and transformed services tomorrow. This will be part of their STP's vision. This should include details of the changes to be made to redesign services for improved outcomes, including the ways in which greater use will be made of selfcare, technology and a wider workforce, and other actions to address challenges with general practice capacity.

CCGs should agree a plan for implementation of these changes across all member practices and other providers, with an indication of how this has been developed in co-production with primary care providers themselves.

Summary

CCGs will need to submit a GPFV plan to NHS England on 23 December 2016, encompassing the specific areas outlined in this guidance. Plans will need to reflect local circumstances, but must – as a minimum – set out:

- How access to general practice will be improved
- How funds for practice transformational support (as set out in the GPFV) will be created and deployed to support general practice

- How ring-fenced funding being devolved to CCGs to support the training of care navigators and medical assistants, and stimulate the use of online consultations, will be deployed.

The GPFV plan for the submission will be developed and aligned to the NL Primary Care Development Strategy and STP plans for primary care.

JCC are asked

- To note the contents of the briefing

Appendix 2: Annex 6

General Practice Forward View planning requirements

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1.1 Introduction

This technical annex outlines the planning requirements of CCGs to support implementation of the

[General Practice Forward View \(GPFV\)](#)

The GPFV, published on 21 April 2016, sets out our investment and commitments to strengthen general practice in the short term and support sustainable transformation of primary care for the future. It includes specific, practical and funded investment in five areas – investment, workforce, workload, practice infrastructure and care redesign.

Many of the actions in the GPFV are for NHS England, Health Education England and the Care

Quality Commission to take forward. This guidance focuses on the actions needed to implement the more local aspects.

Strengthening and transforming general practice will play a crucial role in the delivery of STP plans, and already many STP footprints are integrating the aims and more local elements of the GPFV into the system wide plans. To complement this, CCGs should similarly translate the aims and key local elements of the GPFV into their more detailed local operational plans. This technical annex distils the priorities that CCGs should consider as they develop these local plans. Some of these are for CCGs to consider alone; others are for CCGs to consider working in collaboration.

CCGs will need to submit one GPFV plan to NHS England on 23 December 2016, encompassing the specific areas outlined in this guidance. Plans will need to reflect local circumstances, but must – as a minimum – set out:

- How access to general practice will be improved
- How funds for practice transformational support (as set out in the GPFV) will be created and deployed to support general practice
- How ring-fenced funding being devolved to CCGs to support the training of care navigators and medical assistants, and stimulate the use of online consultations, will be deployed.

1.2 Investment

The [NHS England allocations for primary care \(medical\)](#) were published for five years.

This sets out that in 2017/18 and 2018/19 there will be an increase in funding for core local primary medical allocations of £231 million and then a further £188 million on top respectively. In addition to those allocations, other primary care funding is available for specific purposes as part of the

£500 million plus sustainability and transformation package announced in the GPFV, as detailed below, as well as specific extra funding to support improvements in access to general practice, and improvements in estates and technology.

1.2.1 Elements of the sustainability and transformation package

a) Transformational support 2017/18 and 2018/19 from CCG allocations

CCGs should also plan to spend a total of £3 per head as a one off non-recurrent investment commencing in 2017/18, for practice transformational support, as set out in the GPFV. This equates to a £171million non- recurrent investment. This investment should commence in 2017/18 and can take place over two years as determined by the CCG, £3 in 17/18 or 18/19 or split over the two years. The investment is designed to be used to stimulate development of at scale providers for improved access, stimulate implementation of the 10 high impact actions to free up GP time, and secure sustainability of general practice. CCGs will need to find this funding from within their [NHS England allocations for CCG core services](#).

b) Online general practice consultation software systems

The £45 million funding for this programme (over three years), announced in the GPFV, will start to be deployed in 2017/18 with £15 million devolved to CCGs along with rules and a specification, and a further £20 million in 2018/19.

The allocations to each CCG will be based upon the estimated CCG registered populations for 2017/18 and 2018/19, which can be found in the “GP Registration Projections” tab of [Spreadsheet file B](#).

CCGs can calculate their share of the funding in 2017/18 by multiplying the £15 million total by their registered population figures in column X within the “GP Registrations Projections” tab of the [Spreadsheet file B](#), and then dividing by the total number of registered patients in England of 58,173,725.

Likewise, CCG shares for 2018/19 can be calculated by multiplying the £20 million total by their registered population figures in column Y, and dividing by the total number of registered patients in England of 58,592,211.

CCGs will be accountable for this spend to deliver the specification outlined. Further details on the specification and monitoring arrangements will be shared in due course.

c) Training care navigators and medical assistants for all practices

The £45 million funding for this programme (over five years) announced in the GPFV, totals £10 million in 2017/18 and £10 million in 2018/19, with £5 million already allocated in 2016/17. Again, this funding will be devolved to NHS England local teams or delegated CCGs based on their share of registered patients as a percentage of the England total.

The allocation for 2017/18 for each CCG area will be their total estimated registered population for that year, shown in column X of the “GP Registration Projections” tab of [Spreadsheet file B](#) divided by the total estimated registered patients in England, of 58,173,725 multiplied by the £10 million total.

Likewise, the allocation for each CCG area is the estimated CCG registered lists figure in column Y of the “GP Registration Projections” tab of [Spreadsheet file B](#) divided by the total of patients in England of 58,592,211 multiplied by the £10 million total.

CCGs will be accountable for this expenditure to deliver the specification outlined for this work, with details on the specification and monitoring arrangements being shared in due course.

d) General Practice Resilience Programme

The £40 million non-recurrent funding for the [General Practice Resilience Programme](#) (over four years) announced in the GPFV, has already begun to be deployed, with £16 million already allocated in 2016/17. Funding for this programme in 2017/18 totals £8 million, and a further £8 million in 2018/19.

This funding will be delegated to NHS England local teams on a fair shares basis as set out in the published [guidance document](#), which contains the details of the allocations. NHS England local teams should ensure these amounts are included in their plans.

A number of other elements of the package are being held centrally. Some schemes have already started and announcements will be made in due course as to how further funding for these will be spent and distributed, or how centrally commissioned arrangements can be accessed. Commissioners of GP services should not currently factor any of the funding for these schemes into their plans.

1.2.2 Funding to improve access to general practice services

This funding is being targeted at those areas of England which had successful pilot sites in 2015/16, known as the “Prime Minister’s Challenge Fund” or “General Practice Access Fund” sites.

CCGs should plan to receive £6 per weighted patient for each of these sites in 2017/18 and £6 per weighted patient in 2018/19.

The programme will expand in 2017/18, bringing the total investment up to over £138m million. This funding will be recurrent. There will be further funding coming on stream in 2018/19, totalling £258 million. This additional funding will be allocated across all remaining CCGs to support improvements in access, as £3.34 per head of population and as set out in the ‘improved access’ section of this document.

It has been agreed that, given some of the unique characteristics of London, the funding for London schemes will be available to be deployed to support improvements across the whole of the geographical area. Further information will be available through NHS England (London).

Further background details on improving access to general practice are available [here](#).

1.2.3 Estates and Technology Transformation Fund (primary care)

CCGs were invited to bid for funding from 2016/17 onwards as set out in guidance issued in May 2016. Details of the process and milestones are also included in that guidance.

CCGs will receive confirmation that a bid has been successful shortly.

1.2.4 Other funding for general practice

There will also be some non-recurrent funding held nationally to support GPFV commitments in a number of areas, including growing the general practice workforce, premises and the national development programme. In addition, there will be increases in a number of national lines to support the promised increase in investment in general practice set out in the GPFV. This includes:

- increases in funding for GP trainees funded by Health Education England;
- Increases in funding for nationally procured GP IT systems;
- Increases in the section 7A funding for public health services, which support payments to GPs for screening and immunisation services; and
- 3,000 new fully funded practice-based mental health therapists to help transform the way mental health services are delivered.

The GPFV also assumes that there will continue to be increases in CCG funding to general practice (currently totalling around £1.8 billion in 2015/16) at least equal to, and ideally more than, the increases in CCG core allocations which are 2.14% in 2017/18 and 2.15% in 2018/19.

1.3 Care redesign

As part of their GPFV plan, CCGs should have a clear, articulated vision of the care redesign that will deliver sustainable services today and transformed services tomorrow. This will be part of their STP's vision. This should include details of the changes to be made to redesign services for improved outcomes, including the ways in which greater use will be made of selfcare, technology and a wider workforce, and other actions to address challenges with general practice capacity.

CCGs should agree a plan for implementation of these changes across all member practices and other providers, with an indication of how this has been developed in co-production with primary care providers themselves.

1.3.1 Improved access

As outlined in the investment section, NHS England will provide additional funding, on top of existing primary medical care allocations to enable CCGs to commission and fund extra capacity to ensure that everyone has access to GP services, including sufficient routine and same day appointments at evenings and weekends to meet locally determined demand, alongside effective access to other primary care and general practice services such as urgent care services.

CCGs will be required to secure services following appropriate procurement processes.

Recurrent funding to commission additional capacity and improve patient access will increase over time. In 2017/18 CCGs with General Practice Access Fund Schemes, and a number of additional geographies identified across the country which will accelerate delivery of improving GP access, will receive recurrent funding of £6 per head of population (weighted) to commission improved access. In 18/19, this will expand to enable remaining CCGs to improve access, with £3.34 available in 2018/19 for those remaining CCGs. In 2019/20 all CCGs will receive at least £6 per head extra recurrently for those improvements in general practice.

In order to be eligible for additional recurrent funding, CCGs will need to commission and demonstrate the following:

Timing of appointments:

- commission weekday provision of access to pre-bookable and same day appointments to general practice services in evenings (after 6:30pm) – to provide an additional 1.5 hours a day;
- commission weekend provision of access to pre-bookable and same day appointments on both Saturdays and Sundays to meet local population needs;
- provide robust evidence, based on utilisation rates, for the proposed disposition of services throughout the week; and
- appointments can be provided on a hub basis with practices working at scale.

Capacity:

- commission a minimum additional 30 minutes consultation capacity per 1000 population, rising to 45 minutes per 1000 population.

Measurement:

- ensure usage of a nationally commissioned new tool to be introduced during 2017/18 to automatically measure appointment activity by all participating practices, both in-hours and in extended hours. This will enable improvements in matching capacity to times of high demand.

Advertising and ease of access:

- ensure services are advertised to patients, including notification on practice websites, notices in local urgent care services and publicity into the community, so that it is clear to patients how they can access these appointments and associated service;
- ensure ease of access for patients including:
 - o all practice receptionists able to direct patients to the service and offer appointments to extended hours service on the same basis as appointments to non-extended hours services
 - o patients should be offered a choice of evening or weekend appointments on an equal footing to core hours appointments.

Digital:

- use of digital approaches to support new models of care in general practice.

Inequalities:

- issues of inequalities in patients' experience of accessing general practice identified by local evidence and actions to resolve in place.

Effective access to wider whole system services:

- Effective connection to other system services enabling patients to receive the right care from the right professional, including access from and to other primary care and general practice services such as urgent care services.

During 2017/18 CCGs should ensure 100% coverage of extended access (evening and weekend appointments) is achieved in GP Access Fund sites and a number of additional geographies identified across the country which will accelerate delivery of improving GP access.

In 2018/19 and 2019/20, we expect this roll out to continue. Remaining CCGs will be required to start access improvement in 2018/19, with funding at £3.34 per head of population for the year, and achieve 100% coverage from April 2019, when funding will reach at least £6 per head of population in 2019/20.

CCGs will need to provide plans outlining their approach to improved access by 23 December 2016 as part of their GPFV plan. This should include trajectories on improved access coverage for their local population.

There are currently significant inequalities in different groups' experience of access. Whilst making changes designed to improve access, CCGs should ensure that new initiatives work to reduce inequalities as well as improve overall access.

1.3.2 Time for Care Programme

In July 2016, NHS England set out plans to establish a new national development programme for general practice – [Time for Care](#). CCGs will want to consider identifying a senior person to lead local work to release staff capacity in general practice. They will be an important part of championing the 10 High Impact Actions to release time for care, support the planning of care redesign programmes and act as a link with NHS England development leads. Where appropriate, they will also support local practices in [submitting expressions of interest](#) for the Time for Care and [General Practice Improvement Leaders](#) programmes.

CCGs should have clear plans for how they will support the planning and delivery of a local Time for Care development programme, to implement member practices' choice of the 10 High Impact Actions. This could include details of:

- how this piece of practice development is being aligned with other developments locally such as technology and estates investment, workforce development and improved collaboration between providers, and
- the investment being made by the CCG to create headroom for practices to engage in development.

1.3.3 Deployment of funding for reception and clerical staff training, and online consultation systems

CCGs are not required to submit a plan to the national NHS England team prior to beginning to spend funds allocated for [training in active signposting](#) and document management, or supporting the purchase of [online consultation systems](#). However, they will be required to report on their use of this funding on a regular basis, as part of wider arrangements for monitoring GPFV activity.

The funding will be allocated equally between all CCGs on a capitated basis. The first tranche of funds were transferred in September 2016, but future allocations will be made near the beginning of each financial year.

It will usually be preferable for practices to undertake training or innovation adoption in local cohorts, rather than on an ad hoc basis. CCGs may wish to consider pooling funding with others in their STP footprint. Reporting of GPFV activity will allow CCGs to indicate where this is being done.

As part of their GPFV plan, CCGs should describe how these two new funds will be used for member practices, and may wish to do this collaboratively across the STP footprint. This should include evidence that the plan:

- a) has been developed in consultation with general practices themselves;
- b) will be delivered in alignment with other development activities such as local Time for Care programmes, and wider workforce and technology strategies;
- c) includes plans to use early adopters to help spread innovations in workforce and technology; and
- d) provides assurance that this funding is ring-fenced for the intended purposes.

1.4 Workforce

In their GPFV plans, CCGs will want to include a general practice workforce strategy for the local system that links to their service redesign plans. These should be clear about the current position, areas of greatest stress, examples of innovative workforce practices, the planned future model and actions to get there.

For example, the plans could include:

- a baseline that includes assessment of current workforce in general practice, workload demands and identifying practices that are in greatest need of support;
- workforce development plans which set out future ways of working including the development of multi-disciplinary teams, support for practice nursing and establishing primary care at scale;
- commitment to develop, fund and implement local workforce plans in line with the GPFV and that support delivery of STPs;
- initiatives to attract, recruit and retain GPs and other clinical staff including locally designed and nationally available initiatives;
- actions to ensure GPs are operating at the top of their license, for example through use of clinical pharmacists in a community setting and upskilling other health care professionals to manage less complex health problems;
- actions which facilitate an expanded multi-disciplinary team and greater integration across community services to optimise out of hospital care for patients including access to premises, diagnostics, technology and community assets.

NHS England has retained some national funds to support workforce developments as indicated in the investment section. This includes:

- International recruitment:** NHS England will produce a framework for CCGs along with other partners to recruit doctors internationally and will fund several overseas recruitment projects for up to 500 doctors nationally. Further information will be available by the end of December 2016.
- Clinical pharmacists in general practice:** in addition to the clinical pharmacist recruited in phase one, additional funding will be available (as set out in the GPFV) for providers over the next three years to assist in costs of establishing the role in practices. Further information will be made available by December 2016.
- HEE and NHS England will produce frameworks and models to support the expansion of physician associates, medical assistants and physiotherapists.

1.5 Workload

[Guidance for the General Practice Resilience Programme](#) sets out indicative funding allocations of

£8 million each year for 2017/18 and 2018/19 for NHS England Regional teams to deliver a menu of support to help practices become more sustainable and

resilient. Local teams should work in partnership with STPs and CCGs to ensure this funding is used to target support at areas of greatest need and work in line with the processes set out in the operational guidance to deliver upstream support for practices. Local teams will keep their assessments of practices to be selected for support under six-monthly review and by July and January of each financial year will be able to confirm their list of practices prioritised for support and that agreed action plans for delivery of support to these practices are in place.

For people living with long term conditions, self care is usual care. STP footprints should ensure that people living with long term conditions reporting low levels of support or confidence to self care (or for those STPs using the Patient Activation Measure, low levels of activation) undertake regular personalised care and support planning and are signposted to tailored support. Personalised care and support planning should take place in general practice and should produce a single care plan, which is owned by the patient and shared with the system.

Commissioners should also have established pathways of care that integrate with community pharmacy. For example, we would expect CCGs to have considered the value provided by a community pharmacy based minor ailments service and also the contribution to better medicines use by patients with long terms conditions – both of which are expected to have a positive impact on patient experience and practice workload.

1.6 Practice infrastructure

CCGs should have clear local estates and digital roadmaps which lay out the plans to create the infrastructure to support new models of care. These should deliver against the requirements set out in recent guidance (Local Estates Strategies: A Framework for Commissioners and the GP IT Operating Model 2016/18).

Estates and technology schemes funded or part funded by the Estates and Technology Transformation Fund must meet the specified core criteria. NHS England will work with CCGs to agree the pipeline of investments.

Digital Roadmaps, as highlighted in the GP IT Operating Model 2016/18, should set out priorities and deliverables for each year. Interoperability must feature as must the pursuit of innovative technologies to transform triage and consultations with patients to alleviate workload pressures.