The First Steps in New Deal for General Practice

Date sent: Sunday 21 June 2015

Email sent by Wessex LMCs, on Sunday, 21st Jun 2015

The New Deal for General Practice

On Friday the Secretary of State for Health, announced what he has described as a new deal for general practice.

There was recognition of the strength of British general practice and its heritage and he stated that general practice is the "Jewel in the Crown" of the NHS.

Many of the facts and figures the LMC has used in our previous communications about increased workload, consultation rates, and being one of the most undervalued parts of the NHS, appear in his speech.

The SoS describes this as a deal that needs two parties and he needs GP co-operation and support in improving quality and continuity of care for the vulnerable patients and delivering better access, 7 days a week for everyone.

LMC Comment: I am sure there are some who want to stop reading here and feel 7 days opening for all surgeries is not needed and not wanted and feel they should delete this email – please don’t, please read on. Your surgery does not have to be open 7 days a week. You do not have to personally work 7 days a week.

A new deal on workforce

There is recognition of the problems GPs currently face and also that the workload will increase over the next 5 years with an ever ageing population and the increase in the number of patients with one or more long term conditions.

The Government are committing to increase the primary care workforce by at least 10,000. Including 5,000 more doctors working in general practice as well as more practice and district nurses, physician’s assistants and pharmacists.

LMC comment: That can only be achieved if their posts are fully funded and general practice becomes an attractive place to work once again. We must address the capacity and workload issues because unless this happens it will prove impossible to increase the number of GPs.

There is huge variation in the number of GPs/1000 population and there will be a focus on recruitment in the under doctored areas.

There is a commitment that at every stage of a doctors career the attractiveness of general practice should be promoted.

There will be a challenge to the focus of training for medical students, so that time spent in general practice is not only compulsory but is a better experience.

LMC comment: We know that medical students and doctors in their FY1 and FY2 years
are frequently told that general practice in not where they should work, real doctors stay in hospital. This attitude must change.

Any consultant who is heard uttering these words should immediately be made to spend a week in general practice seeing what it is really like to be a GP.

I have had 4 consultants spend the day with me in general practice, each was well informed and valued General Practice, yet they were all surprised at the range of patients we managed, the complexity of illnesses we saw and how important it was in many patients that you knew the patient, their social and family circumstance and were able to address the issues in a holistic way.

We must also play our part here, as many medical students, FY2 doctors and GP trainees are given a very negative view of the world of general practice by GPs and practices. We need to promote our specialty because if we don't others will not.

There will be an extension of the new pre-GP scheme that was introduced by Health Education England last year.

_LMC comment: This was available in Wessex and had poor uptake but needs to be available for several years to evaluate the benefit._

The number of GP training places will increase from 2,600 to 3,250.

_LMC Comment: This is a great aspiration but in Wessex about 20% of our posts remain unfilled, how do we increase our numbers? This will only be achieved if we make general practice a great place to work once again._

The newly established refresher and returner scheme has been updated and over 50 GPs have made use of the scheme.

There will be joint work with the RCGP and BMA to look at ways of retaining GPs near retirement.

_LMC Comment: this is good but too late for some._

There will be incentives for some newly qualified GPs to have an extra year of training and support to develop skills in areas such as paediatrics, mental health and emergency medicine. These schemes exist and have been directed to the areas of most need.

_LMC Comment: This is welcomed, we have had a number of GP Fellows, post qualification, we need to create new and interesting career structures for younger doctors and this is a great way to achieve and to do this will need additional funding._

**Infrastructure**

This refers to the £1Bn over 4 years made available for new premises.

_LMC Comment: Some practices in Wessex are already benefiting from this funding._

There is recognition of the need to invest in digital innovation, which includes having interoperable electronic health records for the whole of the NHS, to help practices link their patients records to community care providers, the social care sector and secondary care.

_LMC Comment: This will help with integration with community services, improving communication, deliver efficiencies, reduce duplication and improve outcomes. If you have been reading my emails about our Vanguard Site, this is clearly what we’re trying to achieve through the New Models of Care (also known as Multi Specialty Community Providers - MCPs)
There will be £7.5m of the infrastructure fund spent on training clinical pharmacists and equipping them with the tools to work in general practice.

**LMC Comment:** Great if they are trained but we then need them to be funded to work in general practice. The target should go much further and look to recruit and fund 1 day per 3,000 patients, fully funded and placed in practices. That would mean we need an additional 3,000 pharmacists. They could help practices with repeat prescribing, medication reviews, polypharmacy, reducing costs in care homes and managing long term conditions. I believe most practices would more than cover the costs of the pharmacists with the reduction in their prescribing costs.

### A new deal on access with a 7 day NHS

**LMC Comment:** This will be the comment that hits the headlines. But take a deep breath and read what is said.

This is not about every GP working 7 days a week.

This is not about each and every general practice being open 7 days a week.

This is about providing better access for urgent care in the evening and weekends. It is about those who are seeing the patients having access to the primary clinical record.

It is up to local areas to come up with innovative solutions.

It could be every practice in your area open 8-8 seven days a week (very unlikely).

It could be about a local OOHs provider being enhanced with a mixture of routine and urgent appointments with access to the primary electronic record.

Or it could be about a group of practices working together through their GP provider company providing a service (more detail of this model which I have been involved in developing in our Vanguard Site (see attached).

There is a clear statement that doing more of the same is not an option. There needs to be improvement in workforce supply and infrastructure.

The Prime Minister's Challenge Fund will be rolled out to the whole country.

**LMC Comment:** That is welcomed but the funding needs to be recurrent.

### Struggling practices

A fund of £10m is being made available to help struggling practices.

**LMC Comment:** This is welcomed but we need more details.

### Bureaucracy and burnout

Work is underway to identify and reduce the burden of red tape.

**LMC Comment:** Again need more details. If you have ideas, please let me know and I will pass them on.

### The deal

Generated on 24/04/2019 by FourteenFish. Copyright 2019 FourteenFish Ltd and Wessex LMCs.
The SoS will commit money to the plan -- more GPs, more community nurses, more money for infrastructure and help to reduce burnout.

The vision of the out of hospital model set out in the Five Year Forward View requires more investment in primary care and this is described as the biggest opportunity in investment in primary care in a generation.

**LMC Comment:** I hope GPs and Practice Managers will recognise there is quite a lot in here that the LMC has been promoting, this type of model both in terms of making general practice a better place to work, but also to recruit new GPs and retain older ones. We need to make the deal work and to do that we need a significant increase in additional resources. I believe the best way to achieve the end point most of us desire is that it must be led by frontline GPs and not imposed from on high.

For general practice we are being asked to:

- Break down the barriers with social care, community care and mental health
- Play a bigger part in public health and prevention
- Empower GPs to take responsibility for their patients.

The buck stops with the GP for the care of their patients.

**LMC Comment:** We are all working hard to break down barriers. We support the concept of the family doctor with the responsibility that ensues and I am sure we can play a bigger part in the public health and prevention agenda if adequate resources are made available.

The LMC will work with the CCGs and NHS England to secure extra resources for general practice and primary care. We will also work hard to drive the agenda forward and remove the barriers that exists.

The issue of 7 day access will not go away as it is a political commitment and we will work with all involved to find workable solutions.

Have a good weekend.

Best wishes

Nigel

Dr Nigel Watson
Chief Executive

Wessex LMCs

Churchill House, 122-124 Hursley Rd

Chandler’s Ford, Eastleigh

Hants. SO53 1JB (Registered Office)

Tel: 02380253874

Mobile: 07825173326

www.wessexlmcs.com

Attached file: Delivering-7-day-access-to-general-practice.docx

---

**Related guidance and emails...**

**LMC Email update February 2015**

Email sent by Wessex LMCs, on Sunday, 15 Feb 2015 Over the last couple of years I seem to start my
emails by telling you what you...

**LMC Christmas email update**
Email sent by Wessex LMCs, on Thursday 25th Dec 2014 By the time you read this, hopefully you will have had a great Christmas with your...

**Contract changes for 2017/8**
Email sent by Wessex LMCs, on Thursday 25th Dec 2014 The contract changes have been announced today for 2017/8. These will apply to both...

**Wessex LMCs Email update July 2018**
‘We live in interesting times’ is a famous quote which has been translated from a Chinese saying and certainly reflects what is...

**Wessex LMCs Email update July 2018**
‘We live in interesting times’ is a famous quote which has been translated from a Chinese saying and certainly reflects what is...

**The GP partnership review and what does the LMC do for you?**
Simon Stevens the Chief Executive of NHS England said in 2016: “GPs are by far the largest branch of British medicine, and as a recent...

**New Models of Care, or Vanguard or MCP please see below**
This email describes what is happening in one part of the Wessex LMC patch. I am involved in the development of the new structures and...

**LMC Update**
Email sent by Wessex LMCs, on Tuesday 24th Jan 2017 Life can only get better from now on, apparently Monday 16th January was known as...

**Health and Wellbeing: Introduction**
We live and work in difficult times. Everyday the news seems full of bad news stories, the pressure of daily life seems to increase...

**LMC Update 18th May 2014**
Email sent by Wessex LMCs to all GPs and Practice Managers, on 18/05/2014. LMCs will be gathering in York this week for our national...