



**Islington**

Clinical Commissioning Group

# **General practice in Islington: Update on GP contract, workforce, technology**

Dr Imogen Bloor, GP and Primary Care Clinical Lead  
Becky Kingsnorth, Assistant Director, Primary Care  
Islington CCG

# Purpose of the presentation

- The Health and Care Overview and Scrutiny Committee has previously received presentations on:
  - An overview of the programme of work underway in Islington to support the sustainability of general practice;
  - Place-based care, integration with other services and social prescribing, as ways to embed general practice in, and draw resources from, the wider system;
  - General practice at scale, and the work of Islington GP Federation;
  - The North Central London strategy for General Practice.
- This is understood to be the final meeting at which this scrutiny topic will be considered.
- At this final meeting we have included information about:
  - The new GP contract launched nationally, since the last meeting;
  - Digital enablers;
  - Workforce projects.

# Five-year framework for GP contract reform to implement The NHS Long Term Plan

## Summary:

Announced on 31 January 2019 NHS England and the General Practitioners Committee (GPC) England have 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 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.

NB: This summary version has been taken from the BMA website here <https://www.bma.org.uk/collective-voice/committees/general-practitioners-committee/gpc-england/gp-contract-agreement-england>

The full framework is available here <https://www.england.nhs.uk/publication/gp-contract-five-year-framework/>

Key headlines are outlined below.

## Primary Care Networks (1):

Practices will form Primary Care Networks through a new Network “Directed Enhanced Service” (DES). Networks will facilitate shared decision making between practices for their total network populations (typically 30-50,000), around funding and workforce distribution, and augmented service provision. Networks will need to be geographically contiguous.

### Network requirements and services

- Practices will sign a network agreement which outlines what decisions the network has made about how they will work together, which practice will deliver what (for specific packages of care), how funding will be allocated between practices, how new workforce (see later slides) will be shared (including who will employ them) etc.
- Practices will be expected to work together in Networks to provide extended opening hours (currently provided on an individual practice basis)
- In full from 2020/21, the DES specification will require networks to outline how they will provide specific support for those in care homes, undertake medication reviews
- From 2020/21 commence the delivery of personalised care, support early cancer diagnosis and anticipatory care, and how data will be shared within the network.
- From 2021/22 onwards, additional requirements will be added Cardiovascular disease, prevention and inequalities, although the details of these are still to be negotiated. These areas will be linked to the expanded workforce employed by the network.

## Primary Care Networks (2):

### Network workforce

- Additional workforce will be introduced and partially-funded through the Network. The number will build up over the five years.
- NHS England will fund 70% of each professional including their on-costs. Networks will need to fund the additional 30% themselves. The exception is social prescribers, which NHS England will fund 100% including on-costs.
- The network will decide how the additional workforce is employed (i.e. by a single lead practice, by an organisation (e.g. a Federation or community trust) on behalf of the network, or different professionals employed by different practices within the network).
- The workforce and network will be led by a Clinical Director, chosen from within the GPs of each network. This Clinical Director will be funded – an average of a day a week for a network of 40,000 patients (including on-costs) from new funding provided by NHS England.

New workforce	Per network
2019	1 x clinical pharmacist 1 x social prescriber
2020	First contact physiotherapists and physician associates
2021	All of the above will increase and community paramedics will be introduced.
2022-2023	All of the above workforce will be increased
2024	By 2024 a typical network will receive 5 clinical pharmacists (equivalent of one per practice), three social prescribers, three first contact physiotherapists, two physicians associates and one community paramedic.

### IT and Digital

- Changes to support electronic access, to appointment booking, to consultations and to information, will be phased across the years. A programme to digitalise paper records will commence to enable the creation of a complete electronic record for each patient.
- Practices will be required to offer 1 appointment per 3,000 patients, per day, for NHS 111 to book registered patients in to, following triage. These are existing appointments as decided by the practice, but should be spaced evenly throughout the day.
- Practices will no longer use fax machines for either NHS or patient communications.

### Practice funding & pay

- For 2019, the GP contract will increase by 1.4% (in addition to the funding through networks). This includes:
  - 2% uplift for GP and staff pay and expenses.
  - Uplift for practices to establish and develop networks (via an additional service within global sum).
  - Uplift due to population increase.
  - Adjustment for indemnity state-backed scheme.
  - Increase to value of giving some vaccinations and immunisations, including influenza
  - £20m recurrent for costs associated with Subject Access Requests.
  - £30m for practices to make appointments available to NHS 111.

### GP Quality Outcomes Framework

- Changes to the GP Quality and Outcomes framework through which practices receive payment for achievement against specified indicators.
- Introduction of Quality Improvement programme at Network level.

## Local implications:

- The new GP contract supports and accelerates many aspects of our work in Islington and the North Central London Primary Care Strategy
- Further detail is awaited on many aspects of the contract and the timescales are ambitious.
- We are having encouraging conversations with the Islington GP Federation and Local Medical Committee about working jointly to support practices as the existing network arrangements become more formalised through the contract.
- The following slides give brief information about selected digital developments and workforce developments which are also aligned to the strategy.

# Digital developments

## NHS App:

- NHS Digital has developed an **NHS App**, which will be activated in Islington in April 2019 enabling patients to access their GP records, book appointments online, request repeat prescriptions, undertake a symptom checker and register their organ donation preferences.
- This will be actively promoted nationally from September 2019.
- In Islington we will be working with practices to ‘switch on’ the link between the App and individual practices over the coming months in preparation for the April go live date.
- For practices the key change will be the focus, through the contract, on having 25% of appointments available online – this may lead practices to make changes to booking systems and consider their triage processes.



## Digital developments

# Online consultations:

- Three-years funding through the GP Forward View (GPFV) was made available from 17/18 to develop local solutions for providing online GP consultations.
- A small number of Islington practices have expressed an interest to implement online GP consultations.
- NCL recently completed a procurement to identify a successful supplier for the GPFV Online Consultations. The solution is an online symptom checker which has the potential to release capacity in general practice.
- Due diligence process is underway, including testing in a live practice environment (e.g. direct integration into EMIS for appointment booking).
- Video consultation functionality will be available from mid March 2019. The NCL supplier is piloting this in another area. An app version of the solution is expected to be available in February 2019 and so will be available in those practices who have expressed an interest to offer this service once this solution has been implemented.
- Initial discussions with the supplier have indicated they have the capability and interest in aligning their product with the NHS app over time.

# Workforce

## North Central London wide projects:

Project	Narrative	Impact / benefits
<b>NCL Workforce action plan / GP Strategy implementation</b>	NCL HCCH Workforce Action Plan is currently being drafted. It will be taken to a variety of groups for engagement, including the IEPB and HCCH Board.	<ul style="list-style-type: none"> <li>Will articulate <u>how</u> the workforce elements of the GP strategy will be implemented</li> <li>Will align our local strategy for workforce with a variety of national and local policies including the 'NHS Long Term Plan' and NLP strategic priorities</li> </ul>
<b>International GP Recruitment</b>	National & regional programme to recruit international GPs. Candidates are identified by NHS England, NCL are responsible for interviewing candidates and finding placements for them. Have secured 5 practice placements for the 5 recruits. The federations are coordinating these placements.	Increased numbers of GPs in hard to recruit areas. Increased training capacity across primary care with increased numbers of GP trainers and supervisors
<b>GP Retention Schemes</b>	Targeting newly qualified or close to retiring GPs by supporting portfolio working and opportunities to receive training / deliver mentoring. Funded through Health Education England, GPFV funding, and through National retainer scheme. In Islington this is managed by the Federation	Increase of retention rates amongst target GP cohort i.e. primarily newly qualified or close to retiring GPs. Building up skills and capacity.
<b>New employment models in Primary Care</b>	Work on standardising guidance on employment T&Cs for all primary care staff; to scope the possibility of a 'collaborative bank' to address some of the supply and demand issues. This is common to all sectors, but needs tailored solutions for primary care.	Engagement across NCL – facilitating system wide discussions identifying quick wins and opportunities for collaboration on T&C for staff groups in primary and community care. Links to delivery of GPFV.
<b>Practice Educator Team development (formerly superhub)</b>	This is to support NCL wide education and training – 1 x NCL nurse advisor role, 1 x NCL nurse educator role, project management support, mentoring & education support. Host organisation has been confirmed as Whittington Health.	Support the retention of nurse trainees by providing them with a NCL point of contact to support with their studies.
<b>GP Nursing 10 Point Plan</b>	Local delivery of the GP Nursing 10 point plan. To date the funding has been used to pay for nurse leads' time to develop a business case for recruiting a team of nurse education advisors / supervisors (3k). CCGs have been trying different schemes. In Islington the GP Federation employs a lead practice nurse adviser, funded by the CCG, who is developing this work.	<ul style="list-style-type: none"> <li>Building a whole systems approach to learning and development will encourage cross-organisational communication and working.</li> <li>A practice educator team has greater potential to address current variation in practice.</li> <li>Opportunities to offer experienced nurses paid sessions to mentor less experienced staff could help retain them for longer.</li> </ul>

## Workforce

# Local projects:

Project	Narrative / update	Impact / benefits
<b>Physicians' associates in primary care</b>	New role to support doctors in diagnosis and management of patients. 11 associates started training in October 2018 within NCL (Camden). Secondary care rotations are being planned for 19/20. Some practices employ Physician's Associates directly though none yet in Islington.	<ul style="list-style-type: none"> <li>Developing new roles to fill workforce vacancies.</li> </ul>
<b>Super-admin</b>	Delivered through Islington GP Federation. Training for existing or new staff to follow up coding letters, missed appointments etc. GPFV funding in place.	<ul style="list-style-type: none"> <li>Aims to free up clinical capacity by reducing clinician's administrative burden</li> <li>Increased efficiency of admin functions such as correspondence and referrals</li> </ul>
<b>Care navigation</b>	Developing care navigators within practices – aim is to get all reception staff within practices to 'bronze level' competency on HEE framework. The Federation has initiated work on this with sign-posting training for receptionists.	<ul style="list-style-type: none"> <li>Patients are enabled to see the right person or service first time</li> <li>Reduces wasted appointments</li> <li>Increases capacity and access</li> </ul>
<b>Clinical pharmacists in general practice</b>	Implemented locally – led by federations or CCG. For Islington there are eight clinical pharmacists each shared across a primary care network.	<ul style="list-style-type: none"> <li>Patient access to specialist advice re medicines</li> <li>Reduces wastage of inappropriate medication</li> <li>Patient safety</li> </ul>
<b>Trainee Nursing Associates (TNAs)</b>	Funded apprenticeship training roles. Two TNAs started this apprenticeship pilot in Islington, in December (there are another three in social care settings). Some candidates were assessed as not academically suitable for the programme, and this is now being addressed with offers of study skills training, and Maths and English courses.	Add to the number of nursing associates across NCL. Development of a career pathway for HCAs with potential to move into more senior roles and take on additional clinical responsibilities. Reduce workload for other clinical staff.
<b>General practice nurse training</b>	Historically, training of practice nurses has been very variable. Health Education England are now trying to ensure that the training offer for practice nurses is consistent, with a more equitable offer across London.	<ul style="list-style-type: none"> <li>Increase of general practice nurses within NCL. The long term aim is for a reduction in GP workload as nursing staff can take on clinical responsibilities unsuitable for HCAs.</li> </ul>
<b>The Learn &amp; Earn pathway (apprenticeship scheme)</b>	Health Care Assistants (HCA) are not a regulated workforce and therefore have inconsistent training to carry out their role. We have developed a training and career pathway based upon an apprenticeship model, so that it is sustainable, but that also includes the requirements of the 'Care Certificate' and other clinical skills necessary for the job. We have started with HCAs but intend to create similar pathways for a variety of roles within a primary care team, including administrators.	<ul style="list-style-type: none"> <li>Greater consistency of training and education particularly in relation to non-regulated staff such as HCAs and admin staff in primary and social care</li> <li>Access to apprenticeship funding stream to train practice and social care staff</li> </ul>

# Conclusion

- Over the past five meetings we have covered the topics below – whether as an overview or in more detail.
- The North Central London Strategy for General Practice and the new GP contract will see further development in each of these areas in the coming years
- We would like to thank-you for your input throughout this scrutiny review, and look forward to working with you on the recommendations that result from the review and on further development of general practice in the coming years.

Targeted investment into general practice	Focus on existing and new workforce	Target estates to support need
Investment into quality improvement teams	Prioritise digital opportunities	Support practices to respond flexibly to demand
The Care and Health Integrated Network (CHIN) Model	Enable collaborative working across local healthcare systems	Social prescribing