Royal College of General Practitioners

GP Forward View

Assessment of progress
Year 2

Contents

Executive summary

The *General Practice (GP) Forward View* was a landmark. For years, general practice had seen its share of health spend decline while, at the same time, contending with increasingly pressing challenges. The publication of the *GP Forward View* in England in 2016 represented a new approach to general practice, with the interests of GPs and their patients at the heart of the proposals. A significant injection of funding alongside the expansion of the primary care workforce was urgently needed.

Two years on, however, an urgent overhaul of the *GP Forward View* is required. There were not enough doctors working in general practice when the *GP Forward View* was published. Now, there are even fewer. This is a fundamental problem and while it persists many of the other commitments in the *GP Forward View* cannot achieve the impact they were designed to. Without enough GPs, excessive workload remains a major problem, exacerbating the pressures that are causing doctors to leave the profession. Short-staffed general practices are not in a position to bid for new funding, investigate opportunities to change processes or seek to extend the offers they are making to their patients. Therefore, despite good intentions, the ambitions of the *GP Forward View* are at risk.

Many of the GP workforce commitments are 'slow-burners' that will take time to yield results. For example, in 2017, the target to recruit 500 GPs from abroad was ambitiously expanded to 2,000. Few of these doctors are yet in the English system and the process of identifying and recruiting suitable candidates has proved harder than anticipated. There has been a promising increase in the number of GP training places filled, which should result in more GPs entering the workforce within a few years. Nonetheless, general practice is feeling the workforce shortages now. Primary care is still steadily losing GPs and that puts comprehensive implementation of the *GP Forward View* in peril. An urgent rethink of the workforce aspects of the plan is required. In particular, this should look to go further and faster in expanding the wider practice team – where there has already been good progress - whilst continuing to work towards the goal of increasing the size of the GP workforce by 5,000.

The *GP Forward View* committed to increase the proportion of investment going into general practice services, and this grew in 2016/17, with the promised allocation to general practice being slightly exceeded. This is positive news. However, there is a danger that with the total spend on the NHS increasing, the proportion invested into general practice will go into reverse. While the existing investment commitments are welcome and are being delivered, it is apparent that more funding for general practice is needed in an environment that has become ever more challenging. Without additional investment over and above that committed to in the *GP Forward View*, the College calculates that by 2020/21, investment in general practice could reduce to 8.9% of NHS health spend, lower than in 2015/16, the year before the *GP Forward View* was launched. A significant portion of the additional funding for the NHS announced by the Prime Minister must be used to invest more in general practice, to create the modern, dynamic primary care that is needed to increase the capacity of general practice, enabling it to do more to support people to live well in the community and to keep them out of hospital. The RCGP is calling for investment in general practice to increase to £14.5bn by 2020/21, which is £2.5bn more than currently planned in the *GP Forward View*.

It is important to recognise that there has been substantial progress in implementing many aspects of the *GP Forward View*. The announcement of the Government's intention to introduce a state-backed indemnity scheme was hugely significant. This is an area that has long placed an increasing, unfair strain on GPs and a new approach has the potential to make a big difference. Initiatives such as the practice-based pharmacists scheme and the induction and refresher scheme are delivering real benefits, and the GP health service is providing a much-needed lifeline to GPs in need of support.

The transformational ambitions of the *GP Forward View* should not be lost. With the right investment, the general practice workforce should grow, through training and recruiting new doctors, attracting returners back to the profession and improving retention by easing the financial and workload pressures and expanding multi-disciplinary teams. While the *GP Forward View* must be overhauled, the RCGP believes that it remains the best platform through which to invest in the future of general practice, so that it continues to meet the needs of patients, both now and into the future.

Introduction

Two years have now passed since the *GP Forward View* was published. In 2016, NHS England made scores of commitments of support, including an additional £2.4bn a year and 5,000 full-time equivalent (FTE) doctors working in general practice by 2020/21. The RCGP welcomed the *GP Forward View* but also promised its members that it would monitor the progress of these commitments. In 2017, the College published an interim assessment[1] and its assessment of the first year of the *GP Forward View*,[2] and has continued to track its progress.

At this point, the global ambitions of the *GP Forward View* are not being realised. One of the most important targets, increasing the number of FTE GPs, is heading in the wrong direction. Although considerable work is being done in this area, and programmes such as international recruitment are getting underway, there were approximately 1,000 fewer FTE doctors working in general practice in 2017 compared with 2015. This necessarily has an impact on GPs, their patients and the wider practice team and renders many of the other commitments more challenging or less impactful.

In the College's most recent tracking survey, only 17% of GPs in England believed that the *GP Forward View* would make a positive difference to general practice in England, which represents no meaningful change from the year before (18%). Meanwhile, three quarters (77%) of GPs expect working in general practice to get worse over the next few years.

In this context, the next steps are crucial. Through these pages, the RCGP has set out the status of the various commitments of the *GP Forward View* and identifies the most important areas of focus. This is particularly important in light of the Prime Minister's recent announcement of increased funding for the NHS, as there are clearly significant opportunities to expand on and enhance the work that the *GP Forward View* has started and the vision it originally set out.

This report contains a section for each chapter of the *GP Forward View*: investment, workforce, workload, practice infrastructure and care redesign. These cover the key commitments in these areas, while short summaries of progress on all commitments are in Appendix A.

The RCGP has members in all four nations of the UK. The *GP Forward View* and this assessment of its progress relate to general practice in England. Nonetheless, the College recognises that some commitments have a potential impact in other nations. Therefore, the College will continue to work closely across the UK and represent the best interests of its members in each nation.

Sources of information

We have based our analysis of the delivery against *GP Forward View* commitments on numerous sources:

- Publicly available data, including figures from NHS Digital and Clinical Commissioning Groups (CCGs).
- Information and feedback from NHS England, Health Education England (HEE) and the British Medical Association (BMA).
- An online and telephone tracking survey among RCGP members (details in Appendix B).
- Feedback on schemes from members in response to specific questions distributed through our Chair's regular blog to members.
- Reports from the RCGP regional ambassadors, who are frontline GPs working with Sustainability and Transformation Partnerships (STPs).

Investment

With an additional £2.4bn a year promised to general practice by 2020/21, the funding commitments of the *GP Forward View* are considerable. As well as increases in primary care allocations, there is planned investment in a number of worthwhile programmes of support.

There is more money going into general practice overall and NHS England have been clear that funding remains on track. There has also been a huge step forward with regards to indemnity, with plans for a comprehensive state-backed indemnity solution announced at the RCGP Annual Conference in 2017 and considerable ongoing work to deliver this in full for April 2019.

Despite these positive findings, there is still a broad feeling among GPs that there is not enough money in the system and certainly not enough getting to 'the front line'. This may be due to many years of underinvestment, the way in which it is being spent or increased expectations on primary care. Therefore, although the current financial commitment is being delivered, this may not be sufficient to shore up general practice against the demands it is now facing.

Key investment commitments in the *GP Forward View*

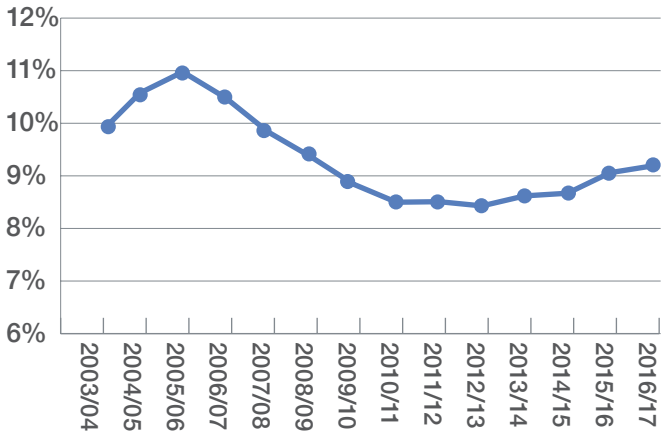
- Invest a further £2.4bn a year in general practice by 2020/21.
- Proposals for reducing the costs of indemnity.
- A sustainability and transformation package for general practice of £500m over five years.
- A practice resilience programme worth £40m.

Total funding for general practice

The general practice investment figures for 2016/17, the first year of the *GP Forward View*, confirmed that the promised allocations were slightly exceeded at a total level.[3]

This means that GP funding as a percentage of NHS health spend was 9.17% in that year, up from 9.04% the previous year.* There is still a long way to go before general practice receives the 11% that the RCGP has been calling for, but the first year of the *GP Forward View* showed an increase.

GP funding as a share of NHS health spend (RCGP calculations)



Although final audited figures are not yet available for 2017/18, the second year of the *GP Forward View*, NHS England is again confident that the additional £301m extra investment into primary medical care allocations was made. The impact on the share of NHS spending going into general practice is not yet known; the RCGP will calculate and report this once all the necessary data has been released.

In the most recent RCGP tracking survey, there were some small improvements in perceptions of investment in general practice. Although 45% of GPs thought there was less funding available centrally than a year ago, this has reduced from 49% when the same question was asked in 2017.

* To calculate the percentage share of NHS health spend, the RCGP uses NHS Digital figures on Investment in General Practice, excluding drug reimbursement and dispensing fees, and NHS England spend, excluding social care expenditure.

The proportion who think it is financially unsustainable to run a practice has reduced to 53% from 57%. Additionally, of those who are pessimistic about the future of general practice, 53% attribute this to government and funding, down from 61% at the same time in 2017 and 66% shortly after the *GP Forward View* was launched. However, although these figures are going in the right direction, the differences are modest. Despite increases in investment in general practice, two thirds (66%) say there is nowhere near enough funding, and a majority think running a practice is financially unsustainable.

There are likely to be several reasons why GPs are not consistently reporting a positive impact from increased investment.

i. The sustained period of underinvestment while pressures on general practice were increasing means that it will take time for increased investment to be felt.

ii. The increases in investment come at a time when there is also increasing expectation of general practice. This is partly due to the inevitable increased demand from a growing and ageing population, but also the expectations outlined in many Sustainability and Transformation Plans (STPs) that primary care will take on more activity and deliver more care. Continued workforce constraints mean that additional funding has not translated into an increase in the number of GPs available to deal with workload pressures.

iii. As outlined in the RCGP's previous annual assessment, GPs regularly report that investment that doesn't come directly to the practice is sometimes perceived as being spent in ways that they find inefficient or unhelpful.

iv. The RCGP regularly receives feedback regarding the frustration experienced in general practice in trying to access the various funding streams, with some of the issues summarised by one of the College's local ambassadors:

> **The fragmented nature of the funding pots available has meant that individual applications have been needed to be turned around swiftly, and this represents an additional upfront investment in terms of time for individual practices, without any guaranteed success/returns.**
>
> ***RCGP local ambassador for Devon and Cornwall***

The picture on investment is therefore mixed. It is genuinely important and positive to see investment in general practice increasing. However, the College has real concerns that GPs are not feeling enough benefit from this additional funding.

Future funding trends

In June 2018, the Prime Minister announced that the NHS will receive increased funding of £20.5bn per year in real terms by 2023/24.[4] This increase will be frontloaded in the first two years, which are also the last two years of the *GP Forward View*.

With the total spend on the NHS increasing, there is a risk that the share of health spend going into general practice will go into reverse, unless more money is invested. Without additional investment over and above that committed to in the *GP Forward View*, the College calculates that by 2020/21, investment in general practice could reduce to 8.9% of NHS health spend, which is lower than the share general practice received in 2015/16, the year before the *GP Forward View* was launched. This would represent a major failure, given the commitment contained in the *GP Forward View* to increase the proportion of NHS spend going into general practice services.

If the way in which healthcare is delivered is to be truly transformed, the additional funding announced by the Prime Minister must be used to enable people to live well in the community and stay out of hospital as far as possible. This cannot happen unless it is invested in increasing the capacity of the primary and community sector, with general practice at its heart. The RCGP has consistently called for at least 11% of NHS health spend to go towards general practice and calculates that, to achieve this, £14.5bn should be invested in general practice in 2020/21.This is an increase of £2.5bn compared with the *GP Forward View*'s commitment to £12bn.

Indemnity

State-backed scheme

The RCGP's assessment of the first year of the *GP Forward View* expressed concern about the lack of progress relating to long-term solutions for the rising costs of indemnity and underlined the need for fast resolution of this issue. A few months later, at the RCGP Annual Conference 2017, the Secretary of State for Health announced plans to introduce a state-backed indemnity scheme for general practice. In June 2018, the Department of Health and Social Care (DHSC) confirmed that they are committed to implementing the new scheme from April 2019.[5] This announcement and update represent a huge step forward and have been welcomed by the RCGP.

Additionally, according to the most recent RCGP tracking survey, three quarters (75%) of members know at least a little about plans for a state-backed indemnity scheme.

Of these, almost two thirds (62%) think the scheme will have a positive impact on them, with most of the remaining respondents neutral. This suggests that a new approach to indemnity has the potential to make a meaningful difference to general practice, as long as it is developed and designed suitably. The RCGP is working closely with DHSC, NHS England, the BMA and other relevant stakeholders to progress this while ensuring the needs of general practice are represented.

A key measure of success will be improved affordability of indemnity for general practice. This means that GPs must feel a real difference in terms of their outlay on indemnity, which is not recouped pound-for-pound through other means, such as the GP contract. The profession must see a substantial net reduction in costs associated with indemnity.

Short-term indemnity solutions

To cushion the rising costs of indemnity, practices have been paid a total of £60m for 2017/18, an increase from £30m paid for 2016/17, recognising the cumulative cost burden of annual increases. Support for 2018/19 has not been confirmed, but as the state-backed scheme will not be in place until 2019/20, this short-term support must continue in order to avoid additional pressures falling back onto GPs. The support so far is welcome and much-needed.

Additionally, the winter indemnity scheme that supports GPs with indemnity costs when working additional sessions in out-of-hours sessions was continued for a third year in 2017/18. This enables GPs to consider working out-of-hours during periods of winter pressure, without being deterred by prohibitive indemnity costs. The RCGP has received positive feedback about this scheme; for example, a GP in the West Midlands praised the "excellent financial support for indemnity" that meant they were able to provide extra cover over winter. The RCGP tracking survey also found that there was higher take up (12%) and awareness (58%) of the scheme compared with the same period in 2017.

Sustainability and transformation package for general practice

The *GP Forward View* committed over half a billion pounds to a sustainability and transformation package specifically for general practice. This relates to range of commitments detailed elsewhere in this document. However, in summary, after the first year of the *GP Forward View,* spend on these elements was as below:

Investment in the sustainability and transformation package for general practice

	Total commitment	Spend in 2016/17	More details
Practice resilience programme	£40m	£17.2m	Below
Workforce measures	£206m	£48m	Workforce section
Service redesign	£246m	£8m	Care redesign section
GP health service	£16m	Information unavailable	Workforce section

Spend in 2017/18 is not confirmed across all elements of the package, but much of the investment in the service redesign element is scheduled for 2017/18 and 2018/19, so the relatively low investment in 2016/17 is not unexpected.

Resilience funding

There was £8m allocated to the practice resilience programme in 2017/18. NHS England have confirmed that this budget was spent, providing approximately 3,000 packages of support.

An RCGP member outlined why the support had been valuable for them:

> We demonstrated our need for support at the locality level as our practice had to step in to provide GP sessions for a neighbouring practice who had 5 of their 8 GPs leave suddenly. The process was quite quick and locally NHSE and the CCG have been very supportive.
>
> *GP, West Midlands*

The RCGP tracking survey revealed that more GPs worked at practices that had to their knowledge received resilience funding compared to the same time last year (11% v 4%). The relatively smaller rise in practices that had unsuccessfully applied for funding suggests that the programme is reasonably accessible for practices in need. Interestingly, awareness of the funding has remained similar over the past year, with three in ten (30%) GPs unaware of the scheme. This could indicate room to further communicate the programme, to ensure practices in need are able to access the funding.

Conclusion

There has been positive progress with the investment commitments in the *GP Forward View*, with the amount of money invested in general practice increasing as promised. The announcement of a state-backed indemnity scheme is also incredibly welcome; a fair and well-structured scheme has the potential to positively impact all GPs, often significantly.

It is becoming apparent, however, that investment in general practice is having a more limited impact than hoped for, with mounting pressures on a service that has spent years with insufficient funding and difficulties in increasing the number of GPs. More funding for general practice is essential if the way healthcare is delivered is to be transformed and more people kept out of hospital. In addition, without additional funding above that committed to in the *GP Forward View*, there is a danger that the share of NHS health spend going into general practice will go into reverse. The RCGP calculates that for 11% of NHS health spend to go to general practice, £14.5bn would need to be invested in 2020/21, an increase of £2.5bn compared with the *GP Forward View*'s commitment of £12bn.

Workforce

There are not enough people working in general practice. This was the premise upon which the *GP Forward View* promised an additional 5,000 full-time equivalent (FTE) doctors and 5,000 FTE other practice staff working in general practice by 2020/21. The need for this expanded workforce is clear: not only does the growing, ageing population require more from primary care, but there are also additional expectations that general practice will deliver extended access and that secondary care will be able to move some of its responsibilities over to primary care.

However, since the *GP Forward View* began, the GP workforce has contracted: there are approximately 1,000 fewer FTE doctors working in general practice compared to two years ago. The possible impact on the health service cannot be understated. This may be the single most important commitment of the *GP Forward View*, as without enough GPs to deliver care and support each other, increased workload is inevitable and a vicious cycle is created, with more doctors leaving due to the pressures.

This has not gone unnoticed, and steps have been taken to address it. Most notably, the target for the international recruitment programme was ambitiously increased to 2,000 GPs by 2020/21, up from 500. There has also been progress in increasing the number of GP trainees to 3,250 a year. Over time, initiatives like these will bring new doctors into the workforce and it is to be hoped that the overall numbers will grow again. However, it may be some years before this impact is felt and a further exodus of doctors would risk diminishing it. Furthermore, the number of FTE GPs is currently so much lower than targeted that even a reversal of fortunes would still not be sufficient to meet this commitment.

More positively, good progress has been made in increasing the number of other staff working in general practice. Some of the individual programmes need further work to ensure that the multidisciplinary team is being expanded and enhanced. Additionally, the role of the GP remains central, as one that manages complexity, uncertainty and risk. Still, as this part of the workforce is being more successfully recruited, there is an opportunity to ensure that GP capacity is released through intelligent allocation of tasks to other members of the practice team.

Key workforce commitments in the *GP Forward View*

- An additional 5,000 doctors working in general practice by 2020/21.
- Increase GP training recruitment to 3,250 a year.
- Measures to improve the experience of returning to work.
- A new retainer scheme more fit for purpose by April 2017.
- An additional 5,000 other staff in general practice by 2020/21.
- Investment of £15m in general practice nurse development.
- An additional 1,500 pharmacists in general practice.
- An additional 3,000 mental health therapists in general practice.
- A specialist mental health service to support GPs suffering from stress and burnout
- Pilots for new GP assistant roles

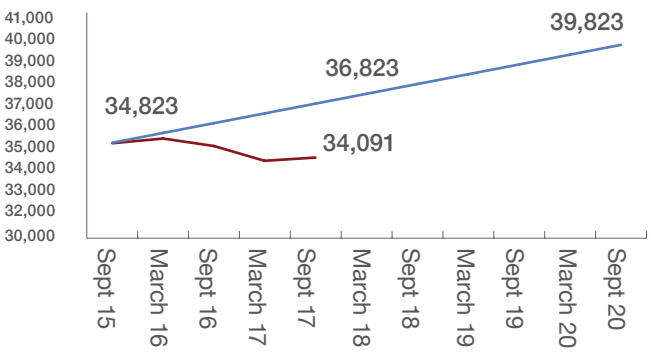
The GP workforce

The number of FTE doctors working in general practice is falling. Methodological changes in collecting data for locums means there is insufficient data to establish figures at the start of the *GP Forward View*; however, the RCGP has estimated locum numbers in 2015/16 in an attempt to understand the workforce gap.

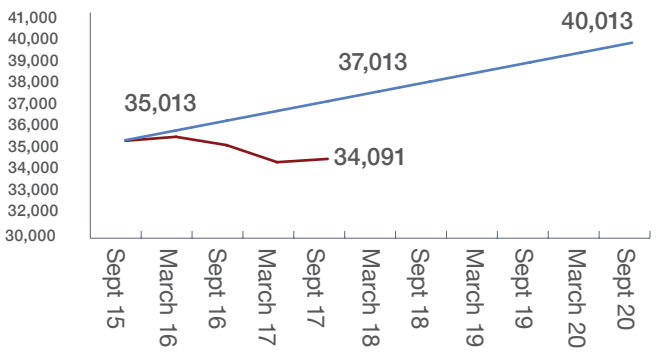
These calculations suggest that in September 2017, two years into the five-year target, there was a shortfall of between 2,732 and 2,922 FTE GPs compared with the number needed to stay on track to achieving an additional 5,000 doctors. Therefore, to see an increase of 5,000 FTE doctors working in general practice between 2015 and 2020, there now needs to be an increase of almost 6,000 FTE doctors in the three years between 2017 and 2020. A once-ambitious task now seems Herculean.

There have been some small but significant changes around GPs' plans to remain working in general practice. Eight in ten (80%) of those asked in the RCGP tracking survey said they were likely to be working in general practice in England in two years, up from 76% at the same time in the previous year, and half (51%) said this was likely in five years, compared to 46% last year. Other respondents were either neutral, unlikely or didn't know.

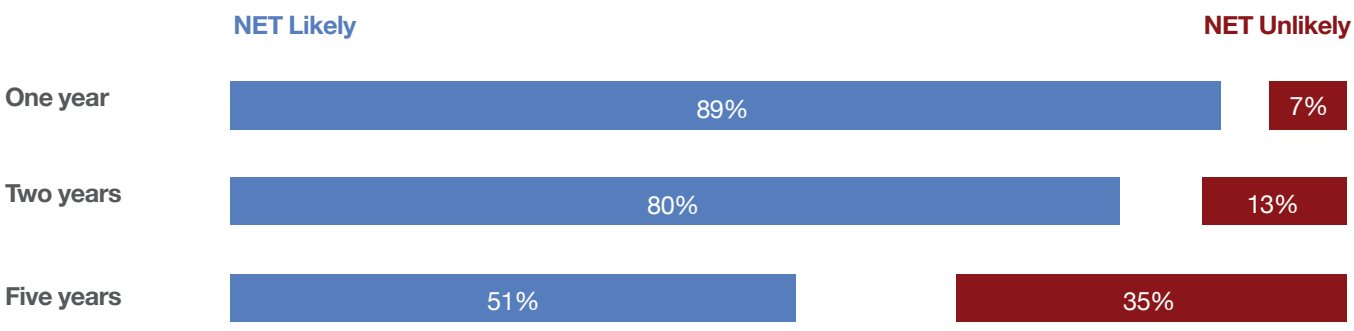
Achieving 5,000 GPs vs current status (low estimate for original starting point)



Achieving 5,000 GPs vs current status (high estimate for original starting point)



Thinking about the future, how likely or unlikely are you to be working in general practice in England in each of the following time frames?



However, at best, these shifts in attitude will narrow the gap rather than close it. Therefore, although attempts to increase the number of GPs must continue, this should be in tandem with other strategies, for instance more rapid and ambitious expansion of the wider practice team, beyond the current target to increase the size of the wider workforce by 5,000.

Recruitment

Unsurprisingly, given the workforce numbers, the RCGP tracking survey found that three quarters (74%) of those involved in recruiting GPs this year said it had been difficult; 47% said it has been very difficult. One fifth (19%) of GPs say there has been a GP vacancy that has been open for more than three months at their practice, and a further fifth (19%) say there is more than one of these.

Since the RCGP last assessed the progress of the *GP Forward View*, NHS England have announced significant expansion of their international recruitment efforts, with plans to recruit 2,000 GPs from other countries, an increase from the original commitment of 500. This represents a substantial pledge and demonstrates that action is being taken to address current workforce numbers.

By the end of March 2018, the number of GPs who had been recruited internationally was low: 58 in the pilot sites in Lincolnshire, Essex and Cumbria, with a further 68 applicants being assessed in Humber, Coast and Vale. Learnings from the pilots will help inform the expanded recruitment. NHS England's modelling indicates that they will need 600 GPs relocated by the end of March 2019 to achieve their new target. Despite the existence of a substantial pipeline of applicants at the earlier stages of the recruitment progress, achieving this is likely to prove challenging.

Regionally, the RCGP regional ambassador network reports a lot of interest in this programme, but also concerns regarding the time taken to deliver the process and the suitability of candidates.

> **We were expecting international recruits in April, then delayed until July and we have now been told to anticipate a much reduced, supply, if at all. Curiously, NHS England has employed administrators and clinical leads to support the programme so not sure how those resources will be used/hopefully not wasted. If we do receive any international doctors then we will work with local training hubs and training practices to welcome the doctors and support them.**
>
> ***RCGP local ambassador for Nottinghamshire STP***

The RCGP has been working to help streamline the recruitment process for applicants outside the European Economic Area (EEA). The main element of this has been curriculum mapping, which is now being used to streamline the application process for the Certificate of Eligibility for GP Registration (CEGPR). This should substantially simplify this process, making it less burdensome for potential applicants.

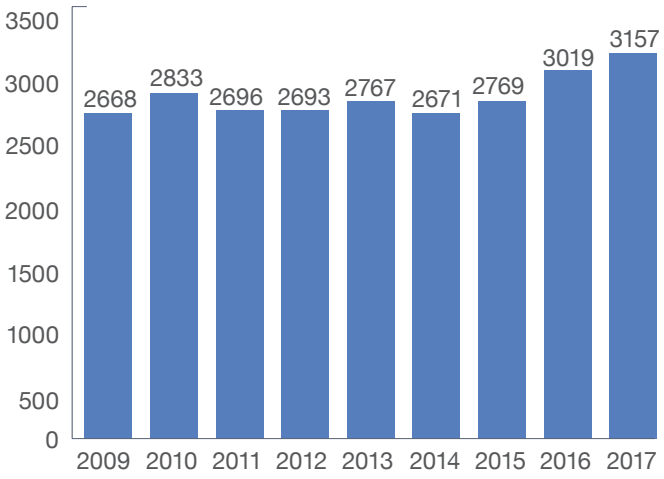
Additionally, there has been important progress around visas, with the cap on tier 2 visas being removed for doctors and nurses. These visas are for non-EEA skilled workers, so the cap had the potential to seriously limit the international GP recruitment programme. More should be done to contend with remaining visa issues, such as enabling NHS England to be a sponsoring employer for GPs and channeling resources to provide support with the visa process for overseas GP trainees in the UK.

The international recruitment programme certainly has potential to bring much-needed doctors in general practice in England, but the number of doctors recruited in this way must increase rapidly if the scheme is to have the success it seeks.

Training

The *GP Forward View* commits to increasing GP training recruitment to 3,250 students each year. The number of training places filled rose in the past two years, with 3,157 taken in 2017. Although short of 3,250, this represents a substantial increase. Health Education England (HEE) reports that recruitment data for the current year suggests there is a higher application rate and acceptance rate than previous years, so there are expectations that the target will be reached or exceeded.

Filled GP training places



These increases are one of the factors that will contribute to a potentially higher number of GPs entering the profession. To sustain these, it will be important to maintain efforts to ensure that general practice is an attractive option for medical students and is not perceived to be an undoable job. The target number of GP trainees should also be increased, particularly against the backdrop of expansion in the number of undergraduate medical school places.

The expansion of the scheme offering salary supplements to GP trainees accepting posts in hard to recruit areas was announced by the Secretary of State at the RCGP Conference 2017, following calls from the RCGP. The Targeted Enhanced Recruitment Scheme (TERS) will support 265 training places in this way in 2018. In 2017, there were 144 places available, and 133 were filled over 14 hard to recruit areas. This fill rate represents an increase from 2016.

In *Destination GP*, a report on medical student perceptions and experiences of general practice by the RCGP and the Medical Schools Council (MSC), placements in general practice were shown to have a markedly positive effect on students' interest in working in the profession. Furthermore, 81% of students reported that GPs they interacted with on placements were the group that had most influenced their perceptions of general practice; these students were more likely to have positive associations with general practice.[6] Despite this, practices that host undergraduate placements do not receive the full teaching costs (in stark difference to hospitals). In order to encourage more practices to take on placement students and to increase capacity, undergraduate training in general practice should be fully funded, in parity with other specialties.

Returning to general practice

The *GP Forward View* aims to attract 500 'returners' to general practice by halving the time it takes to return to work and improving the experience. In addition to financial and practical support introduced in the first year, NHS England now also funds Disclosure and Barring Service (DBS) checks for doctors on the Induction and Refresher (I&R) Scheme. As of March 2018, 660 GPs had applied to join the scheme, with 204 of these completed. This positive progress against the target suggests there is significant demand for this, and therefore there is an opportunity to increase this target, benefiting from the existing training and experience of returning GPs. Additionally, there are 174 GPs who have been accepted onto the scheme but are currently classed as inactive; this needs to be investigated to understand whether there are barriers that could be removed to help GPs complete the programme.

The Targeted Incentives Scheme for Recruiting Returning Doctors pilot offered support to practices that had historically encountered difficulty recruiting GPs to promote and advertise vacant posts. Due to low take up, this ended in August 2017. It would be helpful to see the learning from this initiative and understand the barriers to success for this scheme.

Retention

There are a number of reasons that GPs choose to leave the profession. Alongside retirement, GPs who said they were unlikely to still be working in general practice in England in the next five years in the RCGP tracking survey indicated reasons including general practice being too stressful (48%), working too many hours (34%) and finding general practice unrewarding (22%). Therefore, retaining GPs is a matter that is implicitly targeted by many of the commitments of the *GP Forward View*, as creating a more supported system will make a difference to GPs in their daily jobs. Additionally, there are a few specific retention measures.

A new GP retainer scheme was introduced in April 2017, supporting GPs to work up to four sessions per week. As of September 2017, there were 218 retained GPs working in general practice, an increase from 155 in September 2015 and 171 in September 2016.

Following the GP Careers Plus pilots, which tested models of employing GPs allowing for more flexibility, NHS England recently announced the Local GP Retention Fund, which will make at least £7m of additional funding available during 2018/19. This will support local systems to develop initiatives to retain recently qualified GPs, those seriously considering

leaving general practice or changing their working hours, and GPs no longer practising but still on the National Performers List. NHS England has announced a further £3m will be used to establish seven intensive support sites across in areas which appear to be struggling most with retention, with the aim of working out which strategies are most effective. Support will include additional resources, tools and expertise.

The RCGP welcomes these schemes as a way of increasing support for retaining GPs. However, it is important to note that this is a modest amount of funding split across the country and is currently for 2018/19 only. It will be essential that any learning from the success of these schemes be built upon in the future to strengthen wider scale retention strategies.

GP Health Service

The GP Health Service was launched in January 2017 as a confidential NHS service for GPs and GP trainees. Over 1,000 new patients have accessed the service, and the estimated number of new patients in the first 12 months was exceeded. In 2017/18, 840 GPs accessed the scheme, which is 2% of the GP workforce. The service is potentially very important, as explained by one GP:

> **As a GP Appraiser, I have signposted three GP colleagues to the scheme (from an Appraiser caseload of 20) […] All three are struggling for various reasons with the intensity, complexity and incessant demands of in-hours work and will leave general practice if support is not forthcoming.**
>
> ***GP, South West***

At this stage, there is no official evaluation of the work of the GP Health Service and it is currently only funded until 2021; however, informal feedback received by the College suggests that the work it does is valuable and important. It is clearly essential that GPs facing burnout or high stress levels have support.

Almost half (44%) of GPs responding to the RCGP tracking survey were unaware of the GP Health Service. As it functions on self-referral, it is important that its existence is well-understood by GPs across the profession, to ensure those in need can access it.

The wider practice multi-disciplinary team

The wider practice team is an essential part of general practice. In recent years, as part of the *GP Forward View*, roles have variously been expanded, piloted and introduced. RCGP ambassadors have reported positive experiences, while flagging that the initial time and investment needed to introduce these roles can be substantial.

> Examples of extending the workforce to incorporate pharmacists, extended nurse practitioners & paramedics to rethink delivery of urgent care & visiting services have generally been positive, though have required considerable investment in time and finances.
>
> *RCGP local ambassador for Devon and Cornwall STPs*

The *GP Forward View* committed to increasing the number of other practice staff by 5,000 by 2020/21. In September 2017, there were 91,022 FTE practice staff, an increase of 2,727 since September 2015. This represents progress ahead of what would be needed to achieve the target. However, compared to September 2016, when there were 91,171 FTE practice staff, there has been a small decrease, mainly driven by a decrease in administrative and non-clinical staff, who are an essential part of the team and have an important role in enacting more productive workflows to reduce the administrative burden on GPs. It is important that this does not continue, and progress continues to be made to increase the wider practice team. Provisional figures for March 2018 suggest that the numbers are rising again, with an additional 1,737 FTE practice staff in the six months since September 2017, which is promising. Another key factor to consider within these figures, is the skill-mix of the wider general practice workforce and whether this is resourced to meet local population needs. While the overall number of practice staff is increasing, certain roles are increasing at a higher rate than others, and many practices continue to struggle to recruit and access certain roles they require.

Nurses

Nurses are highly valued members of the general practice workforce and they play a crucial role in the delivery of high-quality patient care in primary settings. There are a variety of different specialist and generalist roles and levels of responsibility, from Health Care Assistants to Advanced Nurse Practitioners who are able to gain prescribing rights.

The total number of practice nurses in England overall has increased slightly since the *GP Forward View* was published, with an increase of 402 FTE nurses between September 2015 and September 2017, although there has been some fluctuation. Practices are struggling to recruit nurses in many areas, with seven in ten (71%) of those involved in recruiting nurses this year saying it has been difficult – 32% reporting it has been very difficult. This shows the importance of the effective investment in and development of the future workforce.

The *GP Forward View* committed to an additional £15m for general practice nurse (GPN) development. In July 2017, NHS England published a ten-point action plan for general practice nursing which builds on this commitment, setting out key actions to recruit, return and retain GPNs in the workforce. Deliverables were grouped under ten areas:

1. Celebrate and raise the profile of general practice nursing and promote general practice as a first destination career
2. Extend leadership and educator roles
3. Increase the number of pre-registration placements in general practice
4. Establish inductions and preceptorships
5. Improve access to 'return to practice programmes'
6. Embed and deliver a radical upgrade in prevention
7. Support access to educational programmes
8. Increase access to clinical academic careers and advance clinical practice programmes
9. Develop better healthcare support workforce, apprenticeship and nursing associate career pathways
10. Improve retention

Four regional boards have now been established which will be responsible for ensuring the delivery of many of these actions locally, while some actions will be coordinated nationally. Although there have been some delays in establishing early progress of the plan, there are a few actions underway. In terms of overall investment, NHS England report that spending was on track to be allocated in full for 2017/18.

It is not possible to evaluate the progress of the success of the developments so far, as many of the actions are at an early stage. However, some programmes have been initiated and if delivered effectively could have a positive impact. For example, HEE has developed a pilot preceptorship programme, and early progress has been made in commissioning return to work courses. Over the next two years it is essential that the range of programmes are effectively resourced and supported to deliver real change.

Targets have now been established by NHS England and HEE to help 100 nurses return to work in primary care, and overall to increase the workforce to 16,398 FTE by 2020, an increase of 1,000 FTE across England from 2015. With an increase of 402 FTE nurses between 2015 and 2017, this is on track. However, these targets should be far more ambitious and substantially revised upwards. The RCGP tracking survey found that seven in ten (71%) of those involved in recruiting nurses this year said it had been difficult, suggesting there is a need for a much greater expansion of the GPN workforce.

Developing the current primary care nursing workforce is also essential, including increasing access to Advanced Nurse Practitioner courses, ongoing professional development opportunities and academic careers. Retaining the nursing workforce will be just as important as recruiting more into the profession, and therefore sufficient funding must be available within general practice to boost the terms and conditions employers can provide. There is currently widespread variation in terms and conditions and access to professional development across the GPN workforce, which should be addressed as part of negotiations between the Government and the BMA.

While there is some progress, RCGP has identified that barriers remain to the development of practice nursing. This includes the low tariff for practices hosting nursing student placements. Currently this works out at around £15 per day, which does not cover the costs, particularly to backfill clinical shifts for nurses to allow them time to both attend and deliver training. It is essential that all undergraduate nursing students have access to a high-quality placement in general practice, and this should be for a substantial amount of time to enable students to be inspired to choose a career in general practice. The infrastructure behind nurse training must also be strengthened and supported, including stronger links between Higher Education Institutions, training hubs, and general practice. Without this, provision of nursing education and training will continue to be highly variable across the country.

Pharmacists

The *GP Forward View* committed to expanding the pharmacist workforce in general practice, by extending an existing programme and investing an additional £112m, with the aim that there should be 1,500 extra pharmacists working in general practice by 2020. In September 2017, 615 FTE pharmacists were actively working in general practice, an increase of 202 since September 2016. Data from 2015 is not comparable.

A total of 1,200 FTE clinical pharmacists for Phase 1 and Phase 2 of the programme are due to be in post by summer 2018. Indicative plans that are in place suggest there will be an additional 2,000 clinical pharmacists working in general practice by 2020/21, exceeding the original target set out in the *GP Forward View*.

A high proportion of feedback from GPs has been incredibly positive about the role these pharmacists play in general practice, and early indications suggest they can have a significant impact on GP workload and efficiencies within practices, particularly in relation to medicines management and supporting patients with polypharmacy.

A recently published evaluation of the pilot scheme commissioned by NHS England provides evidence that the clinical pharmacist role in general practice can increase the capacity of general practice to see patients and help to improve GP workloads.[7] However, the evaluation also shows that there is room to further improve the programme and build on the role in primary care, such as by improving effective communication with all those involved in delivery of the programme. It also shows the potential for further development around the role of the pharmacist in general practice, including reviewing the development and funding for undergraduate training to reflect the growing pharmacist role in primary care. Additionally, it provides evidence that the clinical pharmacist role should be a minimum of two days per week, to enable the pharmacist to be integrated in practices and support consistent delivery of patient care. This indicates a need to increase the number of pharmacists available in general practice, particularly across groups of smaller practices where the pharmacist's time will otherwise be spread too thinly. On this basis, the College considers that the current criteria for provider applicants to the scheme to show a clinical pharmacist should be working at a scale of 1 to 30,000 patients should be reduced.

> Having a pharmacist as part of the practice team is absolutely invaluable.
>
> *GP, South East*

Feedback from our members has also revealed some concerns about the *GP Forward View* programme. A key part of this is that the funding for the employment of pharmacists is not recurrent. Therefore, many practices are concerned that they will not be able to afford to continue to employ their pharmacists once this funding ends, unless additional recurrent funding is provided practices to support this. A GP in West Midlands has found that pharmacists add value to general practice, but is concerned about being able to afford their member of staff once *GP Forward View* funding ends:

> Pharmacists [are] nice to have — but as pilot comes to an end can we really afford them? […] With collapsing income, we may have to abandon them.
>
> *GP, West Midlands*

The sustainability of the employment of pharmacists in general practice therefore needs to be reviewed and sufficient funding must be provided so that the clear benefits they provide in reducing workload and in the delivery of effective, safe patient care can continue.

Mental health therapists

Patient demand for mental health services has grown over the past few years, and there has been increasing recognition of the need for mental health to be treated with equal importance in healthcare delivery as physical health. Delivering this in primary care is important for patients.

The *GP Forward View* committed to investing in an extra 3,000 mental health therapists to be working in primary care by 2020 through the expansion of the Improving Access to Psychological Therapies (IAPT) programme. According to NHS England, by the end of 2017/18 there were over 650 additional mental health practitioners working in primary care from the early implementer sites. It is not yet clear how this is measured, or what proportion of time these therapists spend in primary care, and patient access rates have not yet been fully evaluated.

There are currently a range of different ways that these therapists are co-located within general practice, and an important factor of the success of the programme will be how well integrated and accessible they are within the general practice team. The most recent RCGP tracking survey results indicate that 32% of GPs have access to a mental health therapist for their patients, but of those with access, only 41% would rate that access as 'good'. This was the lowest ranking of quality of access for any of the staff groups included the survey. This may be an indication of the early stage of IAPTs delivery; however, it will be essential that this programme is delivered in a way that enables sufficient patient access to mental health therapists in primary care, and enables their effective integration as part of the team.

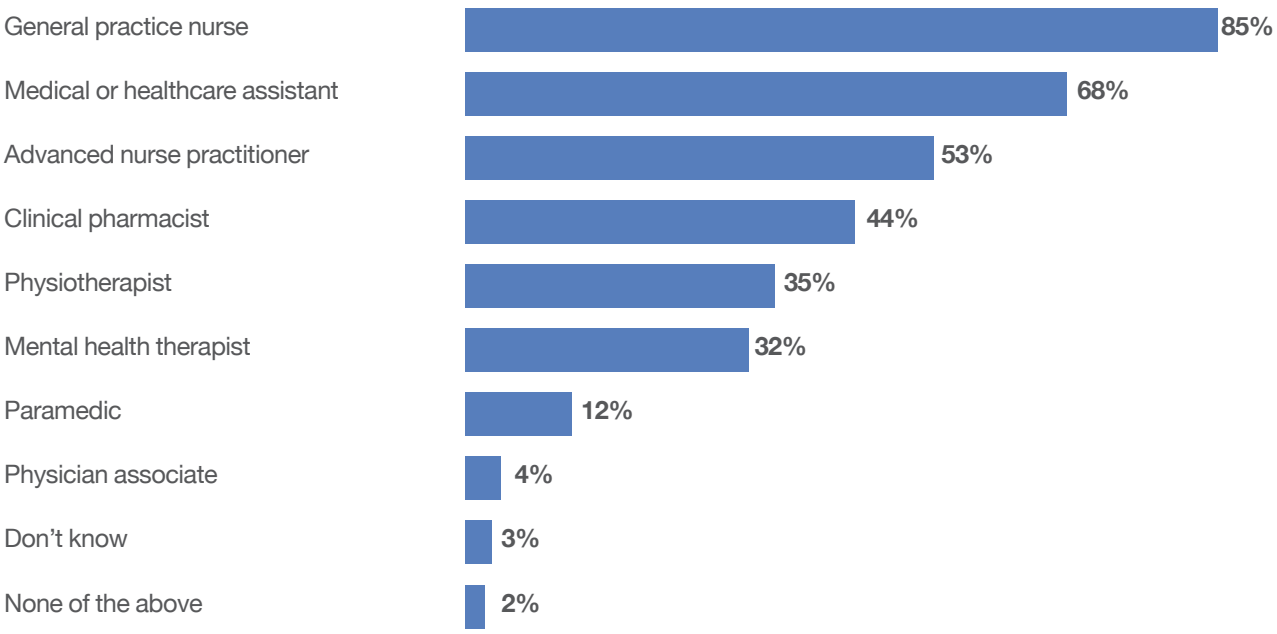
Our survey results support our analysis that there is clearly scope for further expanding the wider practice team and increasing access to these staff within general practice across all the roles we have identified. Further developing the training of staff in general practice, and improving resources to support their integration and employment are essential for the success of the *GP Forward View*, to create a sustainable workforce that can deliver care for the needs of local populations.

GP assistants

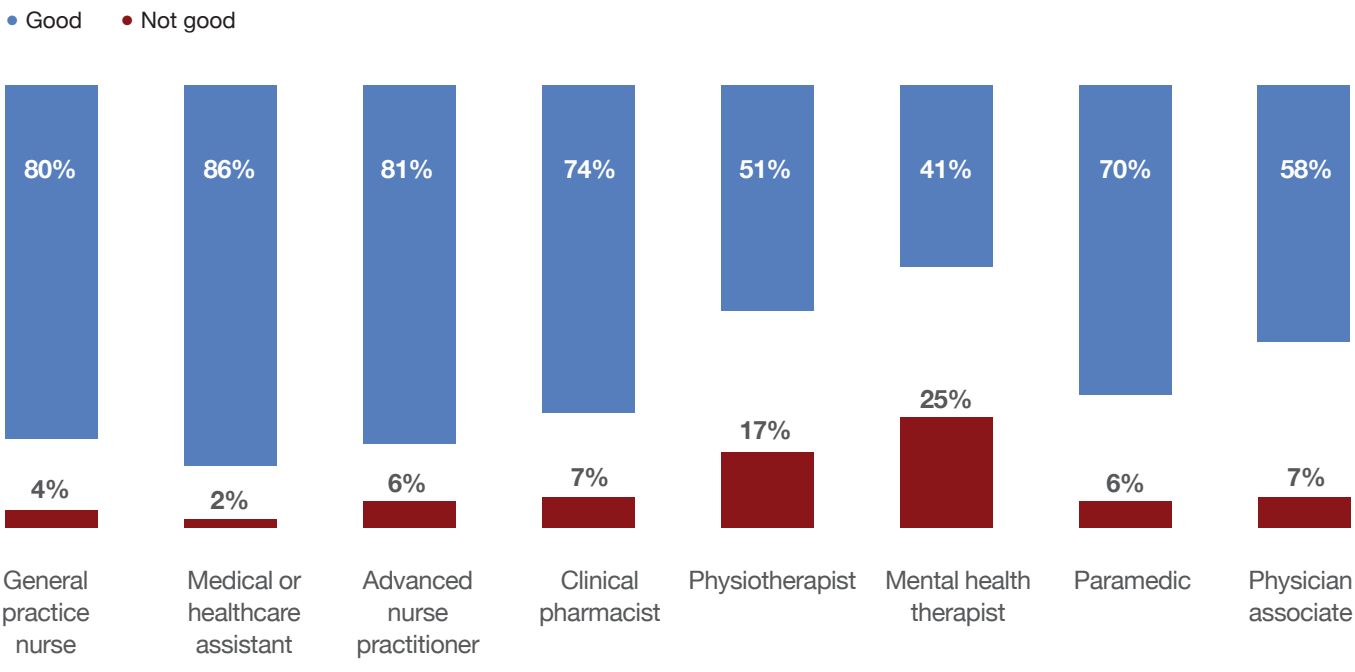
GP assistants are a new role in general practice that help support doctors. The proof of concept pilots committed to in the *GP Forward View* (London/Kent, Surrey and Sussex) are still ongoing and will report later this year. As part of the work of the GP assistants working group established in June 2017, evidence has been gathered around activities that were not part of the pilot, and have informed a recommendations report has been written but not yet published.

Progress on GP assistants has been too slow given their potential to reduce GP workload, which is a key contributing factor to doctors leaving the profession. The purpose of the pilots is to clarify the role. This should be done as soon as possible, and plans to launch the newly-scoped role should be expedited.

Please indicate which, if any, of the below you have access to for your patients at your practice. By 'access' we mean the practice where you work has access to the services of somebody in this role for the benefit of patients.



And how would you rate your access to these members of staff?



These figures are based on respondents who said they had access to each type of staff member.

Conclusion

As there are not enough doctors working in general practice, many of the other aims of the *GP Forward View* are imperiled. Without sufficient GPs, it is impossible for the service to provide extended hours across the board, continuity of care, or support to relieve the pressures of secondary care. The resulting workload for the GPs that remain in practice is not only intense, but also limits capacity to investigate and apply for or initiate potential lifelines offered in the rest of the *GP Forward View*. Ultimately, this leads to more doctors leaving the profession.

The additional 5,000 doctors promised by the *GP Forward View* are not forthcoming. As much has been said by the previous Secretary of State, Jeremy Hunt, who recognised in June 2018 that the target would not be met by 2020.[8] At this stage, there is damage limitation needed in the immediate short-term, with serious long-term planning for the future to safeguard the profession and patients. The goal to increase the size of the GP workforce by 5,000 should be retained, and targets for the numbers of doctors joining the profession and returning to work as a GP should be increased, building on the positive progress that has been made in these areas.

The wider multi-disciplinary team cannot replace the role of GPs as expert medical generalists, but their skills can effectively complement those of the GP, helping to improve access and services to patients, and allowing GPs to focus on the tasks that only they can do. With good progress being made in expanding the size of the multi-disciplinary team, there is now an opportunity to go further and faster, focusing both on newer and more established roles within the wider practice team. In particular, there should be a more ambitious approach to the expansion and development of the general practice nursing workforce. However, this in itself is unlikely to be enough. Shoring up the GP workforce should therefore be an absolute priority for all those who have power to affect change.

Workload

The evidence suggests that excessive workload is the main pressure in general practice. In the RCGP's most recent tracking survey, one in five (22%) GPs say they never take breaks of at least ten minutes, with no change compared with the previous year. Two in five (41%) say they are so stressed they feel they cannot cope at least once a week. There has been a small increase in GPs saying they work longer than their contracted hours at least once a week, up to 90% from 87%. These findings not only put patient safety at risk but also impact on the potential success of other elements of the *GP Forward View*.

The *GP Forward View* contains some initiatives that could help general practice. In particular, the 'Time for Care' programme provides opportunities for practices to implement high impact actions to release GP capacity. Some of these are particularly promising, where tasks are intelligently redistributed to other members of the wider practice team and patients are more empowered, but further support could help practices implement these ideas where they are already struggling. Beyond this, there have been some regulatory changes designed to reduce the burden on general practice, which are welcomed.

Overall, however, it is not clear that the commitments in the *GP Forward View* are sufficient to contend with the mounting pressure that general practice is under. As more GPs exit the workforce, workload inevitably rises. To prevent further doctors from leaving, they must believe that that workload pressures will recede at some point; to achieve this, more radical action is likely to be required.

Key workload commitments in the *GP Forward View*

- Invest £30m in a development programme to help release capacity within general practice.
- New contract measures to improve the interface between primary and secondary care.
- Move to a maximum interval of five yearly CQC inspections for good and outstanding practices.
- CQC will consult on changes to its regulatory model with the aim of reducing the regulatory burden for practices that deliver good or outstanding care.

NHS England have collated a list of what is being done to address GP workload, which includes work beyond that which was originally promised in the *GP Forward View*.

Managing Demand

1. Enabling self-care
2. Enhanced 111 services
3. Improved Care Navigation
4. Roll-out of access hubs
5. Self-referral services
6. Increased mental health support
7. Social Prescribing
8. Fit note changes
9. Low-value medication guidance
10. Online triage & consultation funding

Reducing Administrative Burden

11. Improving the primary-secondary care interface
12. Simplifying reporting
13. Reducing the regulatory burden
14. Streamlining payment systems
15. QOF changes

Building Capacity in General Practice

16. Increasing GP workforce
17. Increasing wider workforce
18. Supporting & developing the workforce
19. GP Resilience Programme
20. GP Health Service

The 10 high impact actions

The *GP Forward View* provides for a three year £30m programme called 'Time for Care', which aims to release GP capacity through what are known as the 10 high impact actions.

These are:

- **Active signposting:** making sure the first point of contact directs patients to the most appropriate source of help.
- **New consultation types:** using communication methods such as phone and email for some consultations, reducing clinical contact time.
- **Reduce Did Not Attends (DNAs):** making changes to ensure patients remember their appointments and that it is easy for them to cancel or rearrange.
- **Develop the team:** integrating other healthcare professionals into the team.
- **Productive workflows:** introducing new ways of working.
- **Personal productivity:** training and support to enable staff to work more efficiently and improve resilience.
- **Partnership working:** creating partnerships and collaborations in the local health and social care system.
- **Social prescribing:** referral and sign-posting to non-medical services in the community.
- **Support self-care:** supporting patients to play a greater role in their own health and care.
- **Develop QI expertise:** developing a specialist team to support continuous quality improvement.

In May 2018, the RCGP released a report about the 10 high impact actions, bringing together research into the effectiveness of each action and feedback received from College members.[9] There was particularly positive evidence around productive workflows, active signposting, developing the team, supporting self-care and social prescribing. A caveat is that GPs often expressed concern about upfront resources needed to implement some of the actions, particularly at a time of immediate pressures.

According to NHS England, by the end of March 2018, 176 CCGs had a 'Time for Care' programme in their area. Following the initial 12-week component of the programme, undertaken by 1,002 practices so far, practices report an average time saving of 446 staff hours per year.

The RCGP's local ambassadors have also reported some positive outcomes from this programme:

> Multiple sites [are embracing] incoming correspondence being processed initially by an up-skilled administrative assistant, with promising results.. This has led to both a reduction in the number of letters that reach the GP and [more] of those reaching the GP with many of the action points already tackled.
>
> *RCGP local ambassador for Devon and Cornwall STPs*

> The Productive General Practice programme commenced in September 2017 and ended in December 2017. 35 practices undertook two modules each and 12 additional modules were undertaken. Six further practices have now been funded to undertake modules in 2018—19. The time saved from this training is approximately 4350 hours FYE [full year equivalent] for admin roles and 4939 hours FYE for clinical roles.
>
> *RCGP local ambassador for Gloucestershire STP*

Different practices will find different actions impactful, so it is recommended that they review information, resources and guidance available (and signposted in the RCGP report) to ascertain what would suit them best.

The interface between primary and secondary care

Amendments to the NHS Standard Contract for hospitals were made to help relieve some administrative burden on GP practices from April 2016, as outlined in the *GP Forward View*. Although these changes have the potential to impact GP workload significantly, in the most recent RCGP tracking survey, only 5% of GPs have noticed a reduction in the administrative workload of GP practices that they think are a result of these changes. This represents very little change from the previous year, when 3% had noticed this, despite the fact that NHS England and NHS Improvement have written jointly to Trusts and CCGs setting out the requirement of the new measures in the NHS Standard Contract.

RCGP local ambassadors report that issues at the interface continue:

> There are a lot of unnecessary activities, primarily the responsibility of secondary care, that are still passed on to primary care: blood test, pre-operation preparation and then report back to Trust, cancellation of operation due to high blood pressure just before surgery etc. […] An audit to show the scale and detail of the problem to take place in East Kent soon.
>
> *RCGP local ambassador for Kent and Medway STP*

A recent development is the creation of Local Health and Care Record Exemplars (LHCRE) in May.[11] LHCREs are set to receive up to £7.5m over two years to put in place an electronic shared local health and care record that makes the relevant information about people available to everyone involved in their care and support. This is important as research undertaken by the RCGP in 2017 revealed that one of the major challenges GPs faced at the interface between primary and secondary care was a lack of shared systems and information. According to NHS England, LHCREs announced so far cover approximately 40% of the population.

A number of other resources have been produced by a stakeholder working group, including patient-facing leaflets explaining what they can expect when they are referred to hospital and guidance clarifying responsibilities for prescribing between primary and secondary/tertiary care.

Regulation

Care Quality Commission (CQC)

The CQC, NHS England, the General Medical Council (GMC) and other bodies responsible for regulation and oversight in general practice have been working together to coordinate and improve the overall approach to the regulation of general practice in England. This group has published high level guidance to support a shared view of quality in general practice,[12] but it remains yet to be seen whether this results in a more proportionate regulatory model expected by practices. It is not clear that work is ongoing following this to monitor to what extent the regulatory burden on general practice reduces.

This follows on from changes reported in last year's assessment of the *GP Forward View*, including a new maximum inspection interval of five years for practices rated good or outstanding, and reimbursement of the CQC fee increase made directly to practices by NHS England for 2017/18. These are welcome but the process continues to be burdensome.

The RCGP continues to believe that the model of regulation in general practice is disproportionate and does not add enough value to the average practice, where the approach can be heavy-handed. Although regulation is important, the CQC would be more impactful if it focused on struggling practices, with an appropriate regulatory model for this.

Quality and Outcomes Framework (QOF)

Under the *GP Forward View*, NHS England committed to developing a new successor to QOF. A working group was set up to explore possible options, which the RCGP made an active contribution towards, and in July 2018 it published potential changes to QOF.[13] The RCGP welcomes the review and in particular supports the recommendation for a focus on professionally-led quality improvement addressing the more complex elements of general practice. The College is also clear that any replacement for QOF must not add to the current workload crisis, should be piloted and rigorously evaluated, and should be introduced in an incremental way that does not destabilise vulnerable practices.

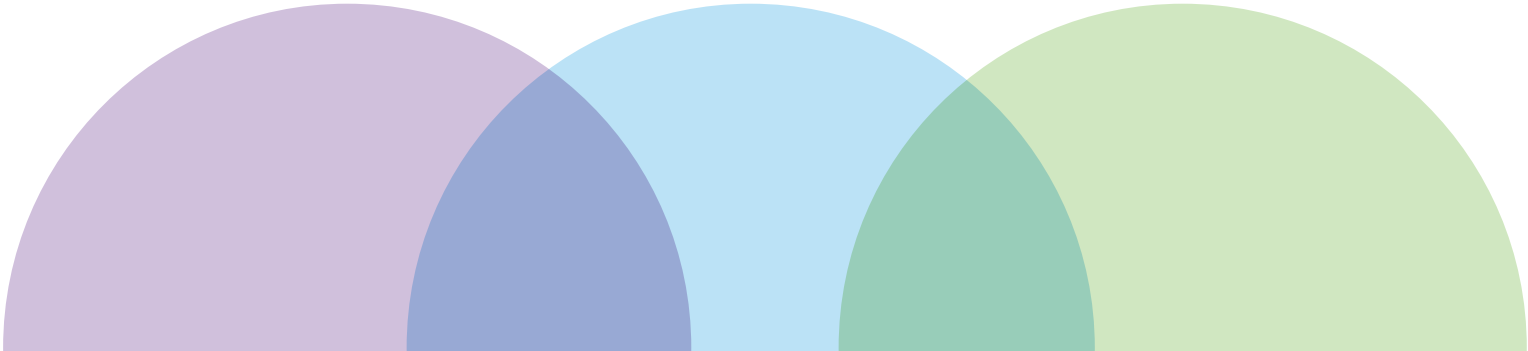
Wider feedback on the review will be used to inform the negotiations between NHS England and BMA General Practitioners' Committee (GPC) on what specific changes will start taking effect from 2019/20. The RCGP sees the review of QOF as an important opportunity to improve the environment within which general practice operates.

Conclusion

The feedback that the RCGP receives from its members is clear: the workload in general practice is unsustainable. This was the case when the *GP Forward View* was published two years ago and remains the case now.

There are some good approaches to releasing GP capacity, particularly in the best of the 10 high impact actions. Practices who have implemented changes, such as altering processes around correspondence or introducing new roles into the team, have reported substantial time-savings in some instances. This can therefore be expanded to ensure that practices have the knowledge and support to take the necessary steps to implement the most effective options. NHS England also report that more is being planned in this area, beyond the key commitments of the *GP Forward View*.

Still, at a time when general practice is under such intense pressure, it is uncertain whether the *GP Forward View* offers enough to reduce GP workload to provide a real lifeline for doctors. Without the belief and buy-in of the workforce, workload challenges will be the reason that the number of GPs continues to decline. Everything possible must be done to avoid this.



Practice infrastructure

The ways in which patients access primary care are changing and the symptoms with which they present to their GPs are becoming more complex. There is a challenge to ensure that the supporting infrastructure to enable effective patient diagnosis and treatment is fit for purpose. Meanwhile, the traditional model of GPs working in small local surgeries is evolving, with many GP practices working as part of a network or federation, with a more varied wider practice team, which again requires appropriate infrastructure.

With a growing and ageing population, issues of space and modernisation will only become keener. Meanwhile, there are clearly opportunities offered by an increasingly digital world, and it is important that general practice can take advantage of these. Future digital innovation has the potential to enable the public to access services and information about their health more easily. This along with the ability to share patient record data between health professionals in and out of hours could free capacity in general practice and improve continuity of care and the effectiveness of diagnosis and treatment.

However, in the most recent RCGP tracking survey, half of GPs felt that it was not financially sustainable to run a general practice, and premises costs feature as one of the key contributory factors for this opinion for 47% of respondents. As the number of partners decreases, there is an increasing concentration of economic liabilities, which is likely to further exacerbate this issue.

Key practice infrastructure commitments in the *GP Forward View*

- £900m of capital investment in general practice by 2020/21.
- New rules on premises costs to enable NHS England to fund up to 100% of the costs for premises developments.
- Support for other costs such as Stamp Duty Land Tax and VAT for practices who are tenants of NHS Property Services.
- Wi-fi services in GP practices for staff and patients from April 2017.
- A £45m national programme to stimulate uptake of online consultation systems for every practice.

The *GP Forward View* makes a number of key pledges to improve practice infrastructure including developing the general practice estate and improving technology and digital infrastructure in general practice. Although investment is being made, there is some doubt whether this is sufficient, particularly for the general practice estate.

Capital investment

The *GP Forward View* identifies many pressing needs for investment in the general practice estate. Not only do many practices require investment to maintain their existing facilities, but significant investment is also required to allow general practice to deliver more care in the community.

The *GP Forward View* pledges to deliver £900m of capital investment by 2020/21, supported by measures to speed up the delivery of capital projects. This £900m is estimated to breakdown as follows:

- £225m from the Primary Care Transformation Fund (PCTF), through the Estates and Technology Transformation Fund (ETTF) (£75m/year until 2018/19)
- £150m from the extension of the PCTF, through the ETTF (£75m/ year in 2019/20 and 2020/21)
- £525m other capital investment

Estates and Technology Transformation Fund

NHS England reports that as at the end of March 2018, 974 schemes have been completed using the ETTF, and there are a further 738 active schemes (427 in due diligence, 170 pre-projects, and 375 in delivery).

The RCGP has received some positive feedback from those receiving funding:

> We have been able to refurbish the older part of our surgery, which needed it as CQC had deemed some flooring to be a problem. Process was quite smooth and we received a 2/3 grant. Work is nearing completion.
>
> *GP, West Midlands*

However, due to the significant pressures on the general practice estate, there is more demand on the ETTF than it can deliver. One in 10 respondents to the RCGP's latest tracking survey had either received ETTF monies or are in the process of applying for some, but 38% of members surveyed work at practices that have been unsuccessful with their application.

> Spent days and days of our life putting ideas and a bid together regarding premises as ours are woefully inadequate — CCG initially supportive but when I went in they declined to support as they couldn't afford the increased ongoing revenue costs and insisted on a cost neutral scenario which was not possible.
>
> *GP, Yorkshire and the Humber*

The RCGP's local ambassadors further report widespread concerns that the application process is overly bureaucratic and the funding is not sufficient to meet the need and ambitions of general practice. The digital programme is considered to be less burdensome and as a result the take-up of funding and implementation of initiatives is much further advanced than the estates programme. Ambassadors recognise that the variety of ownership and management arrangements for GP premises complicates this investment; however, they are critical of the speed of decision-making.

> We applied for funding for new premises as there are several housing developments in the area and we are unable to expand. However, all the money was awarded to an IT project called the care portal. We will be unable to cope with the rising population and will have to close our list if we do not get new premises.
>
> *GP, East Midlands*

Technology

CCG spend on technology

An 18% real terms uplift in CCG GP IT revenue allocations in 2016/17 was delivered by NHS England, as promised in the *GP Forward View*. However, following publication of the audited investment figures in general practice, there is an indication that £152m was spent by CCGs on the provision of IT services and technology for general practice, against an allocation of £173m.

NHS England present a couple of possible explanations. Firstly, these accounts do not include spend between NHS organisations, so if any allocation has been spent with other CCGs or NHS England, for example, this would not be counted in the figures. Secondly, CCGs can code expenditure to a few different cost centres, so there may be some inconsistency in coding.

The RCGP is pleased that NHS England will be issuing more explicit coding guidance. Nonetheless, the College is concerned that there is a chance that the full amount of money allocated is not going to general practice as planned. In particular, local spending has been raised as an issue where large acute deficits often command huge financial attention. Individual CCGs, whose accounts indicate that they have not spent their expected allocation, should have this matter raised with them to clarify if it is a coding or definition issue, or a more serious matter of monies being diverted away from primary care.

This spend is particularly important as the RCGP tracking survey has identified that technology has been an increasing cost burden on practices. Almost one quarter (23%) of respondents who thought that it was not financially sustainable to run a general practice indicated that technology costs were a factor in the latest survey, up from 13% in the first wave of the survey in August/September 2016.

Online consultations

The RCGP are in favour of the use of technologies to support clinical practice. These should be integrated into established practice as part of their wider offer, rather than delivered by private providers outside practices.

The *GP Forward View* identified a £45m programme to stimulate the uptake of online consultations systems for every practice, with £15m allocated in 2017/18. All CCGs have received their allocation of funding and over 60% of CCGs have used the expert procurement advice service to work with practices to launch new services. NHS England estimates that around one third of practices will offer online consultations in 2018/19.

The RCGP local ambassadors have confirmed that funding has reached CCGs and that a variety of localised systems are being implemented to enable online consultations. However, practices are often limited in their choice around providers. It is also generally deemed to be too early in the process to know the impact of this programme.

Wi-fi in practices

Funding was made available to cover the hardware, implementation and service costs of wi-fi in GP practices for staff and patients from April 2017, as part of the *GP Forward View*. As of April 2018, all CCGs had received this funding and the programme was live in 62% of CCGs. NHS England report this is expected to be 98% by the end of September 2018. The increased provision of wi-fi in practices is also evident in the RCGP tracking survey: 37% of respondents said their practices provided wi-fi for patients in the most recent survey, compared with 19% the previous year.

In the RCGP's first annual assessment, full coverage was expected by the end of 2017. That would have represented excellent progress, so slower delivery does not present too much cause for concern, although it is important that this is delivered.

Conclusion

There is huge demand for investment in practice infrastructure, particularly for premises that are no longer fit for purpose as practices increasingly need to provide care for more patients, as well as sometimes needing space for more members of the wider practice team and training. These are important aims, so it is essential that the general practice estate can support them.

However, the evidence suggests that there are many practices that have been unable to secure sufficient support. This is particularly true in relation to premises, but there also appear to be possible shortfalls in expected investment in GP IT, which is important in an increasingly digital age.

Care redesign

Care redesign represents an opportunity for general practice. Traditional models are seldom best-suited for new challenges. Transformation could present ways of delivering better patient care while stabilising the wider health system.

This must be approached with caution, however. A transformation agenda that fails to hear the voice of general practice will be in danger of overloading primary and community care in a bid to reduce pressures on secondary care. While there is much that general practice can offer, many practices are not currently able to take on any additional or new work.

In 2017/18, there has been some progress, with CCGs beginning to provide practice transformational support. However, with several new, revamped and rebranded models, there is some confusion and cynicism from GPs about the progress and intent of transformation.

Key care redesign commitments in the *GP Forward View*

- Additional recurrent funding of £500m by 2020/21 provided to enable CCGs to commission and fund extra capacity across England to improve access to general practice.
- CCGs to provide £171m of practice transformational support.
- Go live with a Multispecialty Community Provider (MCP) contract in April 2017.

Does your practice currently offer any of the following extended hour services (excluding urgent care provision)?

- Yes, in collaboration with other practices
- Yes, but not in collaboration with other practices
- No, but we are planning to offer these in the future
- No, and we are not planning to offer these in the future
- Don't know

Weekday evening appointments

Saturday appointments

Sunday appointments

Extended access

NHS England have brought forward their target of all patients having access to evening and weekend appointments to October 2018, due to being ahead of schedule with this. There is therefore a very small window to ensure this is met. Feedback to the RCGP indicates concern that this will be difficult to deliver in a meaningful way, as areas that have not yet achieved this are often not yet positioned to do so as they are struggling to identify sufficient clinicians to provide core hours services. Additionally, as highlighted in the RCGP's last assessment of the progress of the *GP Forward View*, local demand differs greatly, but local plans seldom demonstrate any attempt to assess this. This means there are likely to be practices under pressure to deliver extended access, despite low demand from their patients, and necessarily at an opportunity cost. The *GP Forward View* was clear that extended access plans do not require every practice to be open evenings and weekends and it is important that this does not change.

Nonetheless, there is evidence of individual practices increasingly delivering extended access. For example, in the RCGP tracking survey, most GPs who responded indicated that their practice delivered weekday evening appointments, while about half deliver Saturday appointments. In both instances, 23% say this is offered in collaboration with other practices.

At an individual practice level, as of March 2018, 88.3% of practices provide either partial or full extended access to their patients. Although this is high, it represents an increase of only 0.5 percentage points over 6 months, which suggests that further increases may be challenging. There are also clear regional differences, ranging from London (where 76.6% of patients are registered at practices with full extended access) to Midlands & East of England (26.61%) and the South West (25.1%).[10]

With £123m invested in extended access in 2016/17 by NHS England, they report that the allocated spend of £143m was on track in 2017/18, with audited figures available later this year. In 2018/19, allocations increase to £271m.

Funding for care redesign

The *GP Forward View* requires that CCGs invest £171m in practice transformational support during 2017/18 and 2018/19. Although audited figures are not yet available, NHS England indicate that they expect at least this amount to be invested over the two years. The RCGP local ambassadors report that there is good evidence that funding for practice transformation is being used by CCGs in a variety of ways to support working at scale and improve integrated care.

> **The initial £1.50 per head was increased by the CCG to £1.89 a head and made recurrent. As a result, clusters were able to employ new staff with this money. In Gloucestershire, the monies have been used to employ nine new pharmacists, three new community frailty matrons, fund a repeat prescribing back office team and provide an urgent visiting service.**
>
> ***RCGP local ambassador for Gloucestershire STP***

New models of care

There has been substantial change in this area. Last year, this report focused on Multispecialty Community Providers (MCPs), but since then, there has been increasing discussion of a range of models, including Primary Care Homes (PCHs), Accountable Care Organisations (ACOs) and Integrated Care Systems (ICSs). The RCGP does not believe there is one model that will uniformly suit all regions and providers, and therefore has not endorsed any single approach. However, both PCHs and ACOs have been discussed at RCGP UK Council. ACOs are now known as Integrated Care Organisations (ICOs).

Broadly, the new models are aiming to provide a more integrated service across the health system, delivered at scale. This is a goal that the RCGP supports. However, there are concerns about some of the approaches:

- There has often been a lack of consultation with GPs in developing these models.
- This has led to some cases where the role of general practice appears sidelined.
- The pace of change in this area is leading to cynicism.

Additionally, judicial reviews of the new ICO contract have delayed progress.

> In Hillingdon, new models of care are being piloted for patients with Multi-morbidity (multiple long-term conditions) by running multi-morbidity clinics in primary care supported by a pharmacist, nurse, health care assistant and GP using a year of care approach. The model ensures person-centred care as opposed to LTC-specific care delivery. Also, various models of care developed for frail elderly patients using care coordinators and community matrons to work closely with GPs to case-manage patients with complexity who are at high risk of an unplanned admission.
>
> *RCGP local ambassador for North West London STP*

New models are seeing most success where locally distinctive solutions are being found that involve delivery partners across the piece.

Training for experienced GPs

To prepare GPs for taking an increasing role in leading service redesign, the *GP Forward View* committed to invest in leadership development, coaching and mentoring skills for experienced doctors. The General Practice Improvement Leaders (GPIL) programme has had 273 participants, including GPs, practice managers and federation leads.

When participants were surveyed, it was found that their confidence to lead change had increased substantially, with all feeling more confident following the programme. Participants reported time savings for staff in practice, improved processes, improved team morale and new collaborative working across practices. The programme will continue in 2018/19.

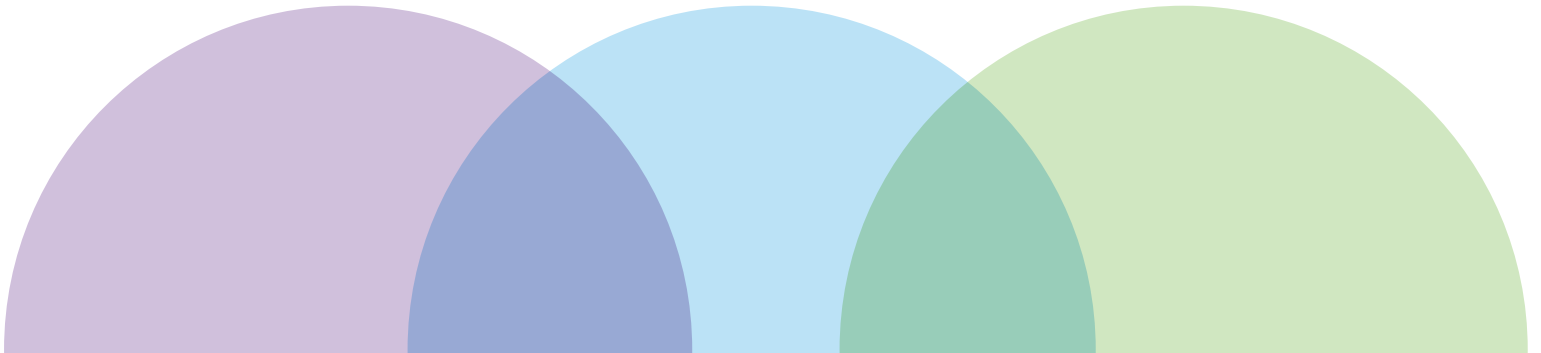
There were also 338 experienced GPs who took part in a coaching programme in 2017/18. A follow up with participants from 2016/17 revealed broadly positive experiences, with 60% providing examples of how the coaching had led to positive impact.

Conclusion

Change is inevitable, and essential to ensure that primary, community and secondary care are better able work together to provide the best care and experience for patients. Pressures across the system are exacerbated by inefficiencies, which many new models aim to address.

Currently, although investment in transformation has begun through CCGs, progress in large scale care redesign is patchy, with the added complication of judicial reviews delaying the proposed new ACO contract.

There are also mixed feelings among the profession, with some GPs deeply cynical of the proposed changes. These concerns appear to be exacerbated when there is limited engagement with GPs or local systems, so to secure future buy-in, new care models should ideally be co-designed with GPs.



Conclusion and recommendations

The *GP Forward View* contains scores of commitments to support and secure general practice, but its success is at risk of being undermined due to the shrinking GP workforce. While many of the programmes and initiatives are very welcome and have demonstrated their ability to positively impact individual practices, they are not sufficient to turn the tide.

This does not deny that there are significant areas in which the *GP Forward View* is delivering. Work to progress state-backed indemnity represents an important policy change and has the potential to significantly reduce costs for GPs. The increase in the numbers of people working in the wider practice team is very important, and feedback on roles such as pharmacists has been promising. Investment figures seem to be on track to delivering the promised additional £2.4bn a year by 2020/21. There has also been positive progress on attracting more doctors to join the profession and in supporting qualified GPs to return to it.

However, the declining number of FTE GPs is a huge concern. Therefore, the focus of ongoing work to change the fortunes of general practice should be on areas that will retain the greatest numbers of GPs in the profession, providing them with much needed hope for the future and enabling them to work to achieve their potential.

There is also a risk that, if more money is not invested into general practice, the share of NHS spend on general practice could decline, reversing the early progress that has been made towards fulfilling the *GP Forward View's* pledge to increase it. With the Prime Minister committing an additional £20.5bn real terms investment per year to the NHS by 2023/24, the *GP Forward View* must be overhauled, with a plan and accompanying investment to secure the long-term sustainability of general practice and to enable it to play its part in delivering the healthcare of the future. This will require substantially more investment in general practice, over and above that already committed in the *GP Forward View*.

The RCGP outlines some areas of focus below, in a bid to start a wide conversation about real, practical solutions to the challenges facing general practice. In addition to this, the College is undertaking substantial work over 2018/19 to construct a long-term Vision for the Future of General Practice, which will involve extensive consultation with GPs, input from patients and members of the wider practice team, primary and secondary research and conversation with the organisations critical to the success of general practice. This will therefore ultimately provide rich detail to continue this conversation.

Recommendations

Significant additional steps must be taken to address the shrinking GP workforce. Achieving the target of 5,000 additional FTE GPs by 2020/21 seems impossible under current conditions, which means that substantial changes are needed to see this turn around. Making general practice a better environment for retention of GPs is vital, as additional GPs entering the system can only have an impact if existing doctors are not leaving at the same or faster rates.

Training

The increase in the number of medical students going into GP training is encouraging. This momentum should be continued and the number of GP training places further increased, backed by major new investment in a GP recruitment campaign. This is especially pertinent given the increasing number of medical school places, as 50% of medical students should go on to train in general practice; therefore, more GP training places will be needed to accommodate this.

To support this, undergraduate training in general practice should be better funded, achieving parity with hospital placements, as GP placements are one of the most important influences on students' perceptions of general practice.[6]

International recruitment

Now that the expanded programme has been in place for several months, it is important to learn from what is working and where there are barriers.

- GPs should be added to the Shortage Occupation List.
- NHS England should be a sponsoring employer for GPs.
- Resources should be focused at the need for support with the visa process, both for overseas GP and trainees in the UK.
- Progress against the international recruitment target should be reviewed before the end of 2018, with a view to releasing funding to other schemes if the expected pipeline of international recruits does not materialise.

Returning

As there has been good progress with the I&R scheme, more GPs who have left should be encouraged to consider returning to practice. The capacity of this scheme should be expanded, doubling the target to 1,000, and opportunities, made as attractive as possible and communicated widely.

Additionally, the current package of support provided to GPs on the Return to Practice scheme expires in November 2018. NHS England and HEE are currently planning a review of this, which should include working with RCGP, the BMA and other stakeholders to ensure a new package is delivered that is optimally catered to the needs of GPs who may consider returning to the workforce, and to incentivise as many as possible to do so.

Retention

Every effort should also be made to promote the retention of GPs at all stages of their careers. There are a number of possible avenues for this:

- The GP Retention Fund is a positive initiative, but could benefit from a number of changes, including widening its scope and more significant investment.
- There is only one intensive site for each NHS England region; more could be included in this initial work.
- Any learning from the success of the roll out of this fund should be further built upon in the future, with enduring funding to support it.
- Approaches should be personalised to look at the drivers for each GP who may consider leaving the workforce and analysis undertaken to ensure the support is directed towards hotspots of attrition.
- The process should be improved, with clearer signposting and more realistic deadlines, as the original scheme gave only a four-week deadline for submissions.
- Funding is needed to support flexible working arrangements to free up GPs to spend time during practice hours on reflection, continuous professional development and career development, in a way that offers greater parity with hospital doctors.
- GPs who are recently retired or who are soon to do so should be enabled to continue to work reduced sessions in general practice and act as mentors for trainee doctors, so their passion and capacity are harnessed. This could be achieved by reducing their responsibility for administrative task and allowing more time for clinical work and mentoring.
  The rules on pensions should be reviewed to encourage part time working after retirement and remove the perverse financial incentives that are leading to GPs being advised by their accountants to retire early.
- More should be done to ensure awareness of the GP health service, as it relies on self-referral. This will likely require continuous engagement, as there will be doctors who disregard the initial communications but for whom the service becomes more relevant over time.

Workload

The various underlying drivers of workload pressures also requires serious action. Key recommendations from the RCGP's review of the 10 high impact actions remain relevant:

- Deploy high visibility public awareness campaigns designed to promote behavior change, to provide consistent information about self-care and alternative sources of advice and treatment, as well as information about changes to general practice.
- Expand existing schemes with high potential to reduce administrative work for GPs, such as training for reception and administrative staff to implement productive workflows and active signposting.
- Provide resources and guidance to facilitate the expansion and integration of the wider practice team.
- Develop and offer resources for social prescribing, including ways for staff to easily find appropriate organisations and contacts, as well as a dedicated role to work effectively with patients.

There are some further recommendations:

- There must be a guarantee that the replacement for QOF will not increase workload, with a pledge to explicitly monitor this as part of rollout.
- There should be an impact assessment of the changes made to CQC inspections to understand if the burden on practices has been reduced and what else could be done to achieve this.

Multi-disciplinary team

There is clearly also an opportunity to expand and better utilise the multi-disciplinary team, which is a key approach to releasing GP capacity:

- Practice nursing needs a more ambitious programme of development and expansion of the workforce, backed by higher investment, with the target for the number in general practice by 2020/21 increased. This should incorporate a more ambitious return to practice scheme for practice nurses. Nurses should be a priority within plans to expand and enhance the practice team.
- All undergraduate nursing students should have access to a high-quality placement in general practice, and this should be for a substantial amount of time to enable student to be inspired to choose a career in general practice, with tariffs that are fair for the practices involved.
- Funding of clinical pharmacists in general practice should be made recurrent, and the programme expanded to allow for more pharmacists, and therefore a better pharmacist: patient ratio.
- GPs must have meaningful access to mental health therapists.
- There should be a rollout of GP Assistants to deal with patient administration. Staff could be trained to undertake these roles in a relatively short space of time and could substantially reduce the time that healthcare professionals spend on administrative tasks, allowing them to concentrate on clinical work. Funding should be made available to practices to employ people in this new role, allowing GP capacity to be freed up, and an ambitious target set.
- New roles should continue to be explored and piloted. For example, there should be a pilot for practice-based occupational therapists.

Given the importance of the multi-disciplinary team, their growing importance in increasing GP capacity, and the success so far in increasing the number of people working in these positions, the current target of 5,000 additional FTE members of the wider practice team by 2020/21 should be increased.

Premises

Practices need to be able to operate in premises that are suitable for their patients' needs and which provide the space for the development of new services and models of care. The level of capital investment to transform the general practice estate should be increased, and increased support and advice made available to practices to help them through the application process.

Data and transparency

It is vital that more data of higher quality is available. This can highlight regions facing problems or achieving success. It also provides transparency, so that GPs can see clearly what is being done in their area, and engage locally if they have concerns or alternative proposals.

- To ensure the recruitment and retention of GPs is a priority, this should be an explicit KPI informing STP ratings. This would ensure more focus on this issue, so that as well as national responses, locally-relevant solutions are formed. This could be in the form of specific targets for numbers of GPs and members of the wider practice team to be met locally. Ideally, there should be regional reports of vacancy data and engagement with the various workforce schemes.
- Good quality workload indicators should be established, collected and analysed. This will help identify practices under particular pressure as well as provide evidence about ways of working that are more effective at releasing GP capacity.
- Clear details of local progress and spending on *GP Forward View* schemes should be published at regular intervals.

Investment

To achieve all these things, significant additional investment will be needed. Partly this is about releasing existing funding in a way that GPs will feel more directly, but there is clearly a need to invest substantially in primary care. Practices should be able to hire members of the wider practice team without concerns about the money stopping in a year or two. They should be able to have the space to offer a good quality training experience. They should believe there is a safety net if there needs to be one, or funds to implement the changes that they see will transform patient experience. They should be able to invest in advanced technology. They should feel a suitable financial benefit to providing additional services that were previously delivered elsewhere in the system. Most of all, they should feel secure enough that GPs believe that they can stay and continue to do the job they love.

Without substantially increased investment, the share of NHS health spend going into general practice will again decline, at a time when primary and community care will be taking on an increasingly critical role. As a minimum, the RCGP calculates that, by 2020/21, investment in general practice should be at £14.5bn, which is £2.5bn more than currently planned in the *GP Forward View*.

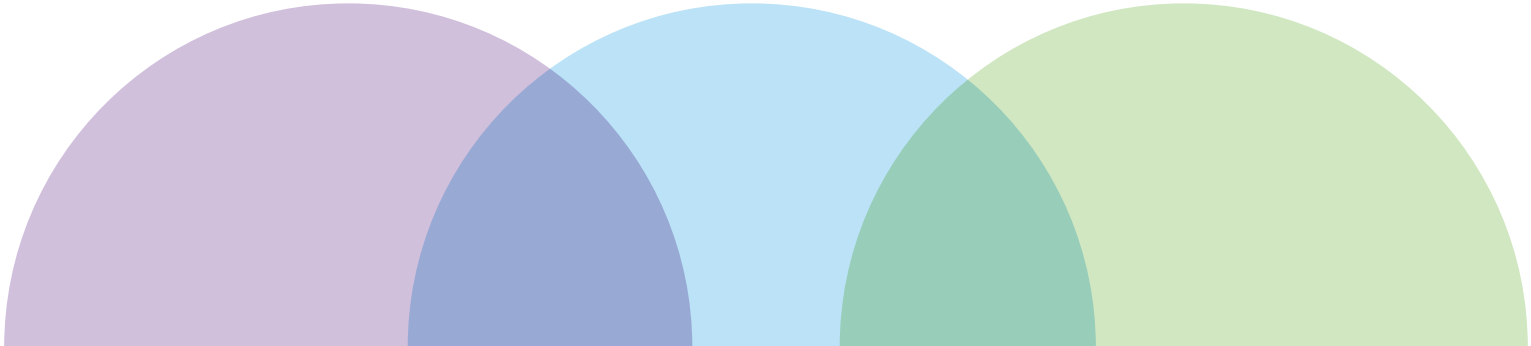
Additionally, more funding should be channeled through the GP contract, so it reaches practices directly. Currently, some of the processes for accessing funding are burdensome and complicated. Practices might not have capacity to apply or might need to make numerous time-consuming applications for discrete parcels of funding. This contributes to the widespread feeling among GPs that not enough of the committed investment is reaching their practices.

It should go without saying that investment committed to general practice in the *GP Forward View* should be spent, and for the most part this seems to be the case, but attention should be given to technology investment, where there is some lack of clarity over regional spending.

Final words

The RCGP's recommendations are intended to highlight areas that should be prioritised to overhaul the *GP Forward View* and ensure the future of general practice. These will need to be further developed. The College will be undertaking substantial work this year to create a Vision for the Future of General Practice, which will seek to progress the conversation about how to contend with some of the most difficult issues facing modern general practice, looking towards a transformed health service that works better for patients, doctors and staff.

While these changes are achievable and desirable, it is important that general practice is at the centre of the government's long-term plans for the NHS. For too long, the transformation agenda has only considered general practice as a way to alleviate the pressures of secondary care, with little engagement with the capacity of general practice to offer this. Future plans must be developed more collaboratively, ensuring that primary and community care is secure. The opportunities are great and the original ambition of the *GP Forward View* is an appropriate springboard. This must be the time that general practice is given the chance to flourish.



Appendix A Summary of progress on all commitments

Investment

Invest a further £2.4bn a year in general practice by 2020/21. An additional £322m in primary care allocations in 2016/17.
NHS England invested the amount promised in 2016/17, and report that they have done the same in 2017/18, which will be confirmed when the Investment in General Practice Report is published by NHS Digital later this year. This is positive. However, GPs are reporting that not enough money is reaching practices.

A sustainability and transformation package for general practice of £500m over five years.
In 2016/17, the following money was invested: • Practice Resilience Programme: £17.2m • Vulnerable practice programme £9m • Workforce measures: £48m • Service redesign (National Development Programme): £8m In 2017/18, significantly more has been invested, notably within service redesign, with final audited figures yet to be confirmed. Overall, the funding remains on track to be committed as planned.

Complete the remaining Personal Medical Service contract reviews.
All PMS contract reviews have been completed. Outstanding issues continue to be addressed.

The Department of Health and Social Care (DHSC) to consult on a Fixed Recoverable Cost scheme to cap the level of recoverable costs on clinical negligence claims.
This consultation has ended. The Civil Justice Council and DHSC have set up a working group to consider process further. Recommendations are expected to be published in Autumn 2018.

DHSC and NHS England will bring proposals for reducing the costs of indemnity for discussion
The Secretary of State announced plans for a state-backed indemnity scheme at the RCGP Annual Conference in October 2017. DHSC has recently re-confirmed that this should be in place for all practice staff for all NHS activity by April 2019. The RCGP is actively contributing to discussions on what this will look like.

Four-year £40 million practice resilience programme.
£17.2m was spent in 2016/17, supporting around 2,100 GP practices. NHS England report that, subject to audit, it is expected that spend exceeded the 2017/18 budget of £8m, providing around 3,000 packages of support.

Workforce

Double the rate of growth of the medical workforce to create an additional 5,000 doctors working in general practice by 2020.

There are approximately 1,000 fewer FTE doctors working in general practice, comparing September 2017 with September 2015, which means the target is now effectively 6,000. This is a major contributing factor to the pressures on general practice.

Increase in GP training recruitment to 3,250 per year.

In 2017, HEE filled 3,157 GP training places against this target. While lower than the target, this represents the highest number of GP trainees ever recruited. Recruitment for the 2018 intake is underway and HEE are expected to reach the target this year.

Major recruitment campaign to attract people to become GPs supported by 35 ambassadors and advocates.

There was an increase of 2,896 FTE practice staff between September 2015 and September 2016, so this is doing very well.

Work with RCGP to continue refining and developing GP specialty training to provide greater flexibility while maintaining standards in order to maximise recruitment.

HEE report that the GP Directors have worked with the GP National Recruitment Office to develop greater flexibility for GP programmes. Examples include deferral options, widening access to specialty training, GP accreditation of transferrable competences, global health fellowships, ST4 GP fellowships and post-CCT Fellowships. RCGP continues to receive feedback from members about the process and how it could be further improved, and will continue to work with stakeholders to this end.

International recruitment campaign to attract up to 500 skilled and qualified GPs from overseas.

In August 2017, NHS England announced a significant expansion of this programme, with a new target of 2,000 appropriately trained and qualified overseas doctors currently working abroad coming to work as a GP in England by 2020. As of the end of March 2018, 58 GPs have joined the International GP Recruitment Programme in the pilot sites. A further 68 applicants are being assessed. This is an important step to address the issues of workforce numbers. However, concerns have been raised about the feasibility of reaching this target.

Evaluate the targeted £20,000 salary supplements in the areas that have found it hardest to recruit into GP training.

Following an announcement by the Secretary of State at the RCGP Annual Conference, HEE are expanding the scheme further in 2018, with 265 posts being made available. There was a 92% fill rate in 2017, with 133 practices and GP trainees benefitting from the scheme, out of 144 places on offer. This is a higher fill rate than 2016.

Roll out of 250 post-CCT fellowship by summer 2017 in areas with the poorest GP recruitment to offer wider and more varied training opportunities in these areas.
An expected 71 post-CCT fellows were appointed within 2017/18. The current level is disappointing, as the target was missed by a long way. For 2018/19, four HEE regions are aiming to recruit at least 250 post-CCT fellows.

Further measures to improve the experience of returning to work, halving the time it takes to return to work to attract 500 returners.
Increased financial and practical support for doctors on the I&R Scheme was introduced in November 2016. This includes reducing the length of placements required for high-scoring GPs and increasing the frequency of quarterly assessments to every six weeks. As at March 2018, 660 GPs had applied to join the I&R scheme, of which 204 GPs are now able to work in practice without conditions, and a further 238 are currently undertaking assessments or placements. This represents strong progress against the target. The second phase of the "Return to General Practice" Campaign has recently been launched, which includes social media and press adverts in the UK and overseas. The current package of financial support for I&R doctors is due to expire in March 2020. NHS England and HEE are now undertaking a review to look at how to extend the support and increase the number of GPs returning to the workforce.

Create a central contact point for any doctor wishing to return to English general practice and address delays in securing disclosure and barring service (DBS) checks for returners.
As reported in the assessment of the first year of the *GP Forward View*, applicants now have a caseworker, meaning they have a single point of contact. Since April 2017, NHS England has also funded DBS checks for doctors on the scheme.

Introduce a new retainer scheme more fit for purpose by April 2017.
Following the relaunch of the scheme in April 2017 to support GPs who, for personal reasons, cannot work more than four sessions per week and cannot secure a suitable substantive post, and improvements made the previous scheme, provisional statistics indicate that as at March 2018, 286 retained GPs are being supported overall. This is an increase of nearly 80% since September 2015. Although not all of these are supported through the GP retention scheme, the number exceeds the indicative target of 50 GPs.

Targeted financial incentives to return to work in areas of greatest need
The Targeted Incentives Scheme for Recruiting Returning Doctors closed in August 2017 due to low take-up.

Invest further in leadership development, coaching and mentoring skills for experienced doctors.

During 2017/18, 338 experienced GPs were supported by the coaching programme. The follow-up of participants who received coaching in 2016/17 showed that there was a 26% decrease in those rating themselves 50% or more likely to leave the profession in the near future. This programme will continue and be expanded in 2018/19.

Nearly 1,100 GPs, nurses and practice managers have been engaged in the General Practice Leaders Improvement programme as of 31 January 2018. At 6 months, 50% report that the project has released staff time. A further third of participants report that the chief benefits are cost savings, improved practice morale, improved collaboration, patient safety improvements and improved patient health and wellbeing.

The Primary Care Improvement Community (PCIC) is a facilitated community of practice for anyone working to stimulate, facilitate and lead service redesign in primary care. It was launched in 2016 and membership has grown to over 3,800. Activities in the community include national conferences, regional training and networking workshops, online knowledge exchange and networking.

Support the employment of a minimum of 5,000 extra staff in general practice by 2020/21.

In September 2017, there were 91,022 FTE practice staff, an increase of 2,727 since September 2015. This represents progress ahead of what would be needed to achieve the target.

Invest an extra £15m nationally in general practice nurse development including support for return to work schemes, improving training capacity in general practice for nurses, increases in the number of pre-registration nurse placements and other measures to improve retention.

In July 2017, NHS England published a General Practice Nursing (GPN) ten-point plan which sets out how the £15m announced in the *GP Forward View* will deliver the which brings together key actions to meet general practice workforce challenges under the themes of 'recruit, retain, return'. Regional boards have been established over the last year and have been tasked with delivering many of these actions locally. NHS England reports that investment is on track to be committed in full overall. Evaluating progress against the ten-point plan is not possible at this stage.

Extend the existing clinical pharmacists programme with a new £112m investment leading to an extra 1,500 pharmacists in general practice.

In September 2017, 615 FTE clinical pharmacists were actively working in general practice, an increase of 202 FTE since September 2016. Data from September 2015 is not comparable. As of March 2018, applications for a further 708 FTE clinical pharmacists have been approved to date, working across >3,200 practices in total.

Invest in an extra 3,000 mental health therapists to be working in primary care by 2020.

At the end of 2017/18 there were over 650 additional mental health practitioners working in primary care from the IAPT early implementer sites. However, it is not yet clear what proportion of time these therapists spend in primary care, and patient access rates have not yet been fully evaluated. RCGP members indicate relatively poor access to mental health therapists.

Invest £45m in training reception and clerical staff play a greater role in care navigation, signposting patients and handling clinical paperwork.

These elements of the Time for Care programme have proven particularly helpful. Funding was delegated to CCGs early in 2017/18 to arrange training for reception and clerical staff in active signposting and document management. This included any money not spent in 2016/17 as all public commitments in the *GP Forward View*, such as this one, will be spent in their entirety by the end of the programme. Feedback from practices, CCGs and training providers indicate that this is in high demand.

Train 1,000 physician associates to support general practice.

In September 2017, 62 FTE physician associates were working in general practice, an increase of 26 FTE since September 2016. Data from September 2015 is not comparable.

With HEE support, 32 Higher Education Institutes are now offering training to be become a physician associate. HEE has also agreed on a national physician associate funding model to deliver equity and consistency across England which has been communicated through Regional Directors. The model, which will also incentivise physician associates choosing primary care as a career destination, has been effective from January 2018 onwards.

Introduce pilots for new GP assistant roles.

A working group was established in June 2017. A recommendations report has been written but is currently in its final draft stages. The proof of concept pilots (London/Kent, Surrey and Sussex) are still ongoing and will report later this year.

Pilot the role of primary care physiotherapy services.

The status of this is not known.

Invest an extra £6m in practice manager development.

This programme focuses on sharing good practice. Outputs to date include eLearning (to date, over 900 managers have used these resources), a series of free workshops (attended by over 480 managers in 2017/18), networking and advanced skills development.

Multidisciplinary training hubs in every part of England to support the development of the wider practice workforce.

There are 126 hubs across the country coordinated by 13 local offices. There is a mixed model of newly established and existing models which have been further developed. Work is ongoing to provide ‘full coverage’ which will provide all practices access to the services of a training hub. It is not yet clear when this will be achieved or what this will mean in terms of support to practices across the board.

Introduce new retention measures entitling GPs who want flexible working but who can commit to working in a practice or an area for a period, additional benefits relative to undertaking a rolling series of short term locum roles and create an alternative to day-by-day or week-by-week locuming for those at a point in their career or family life who need more flexibility.

The £7m Local GP Retention Fund was announced recently, to support GPs who are seriously considering leaving general practice or who have already left. A further £3m has been announced to develop Intensive Support with seven identified sites, which will receive support at different levels – personal support for GPs, practice support and system support/ improvements.

Specialist mental health service to support GPs suffering from stress and burnout.

As at 31 March 2018, since Jan 2017 the GP Health Service has seen 1,271 GPs. This included exceeding the commissioning estimate target of 750 new patients within the first 12-month period.

Workload

New standard contract measures for hospitals to stop work shifting at the hospital/general practice interface to be in place from April 2016.

These changes have been introduced into the NHS standard contract. However, the vast majority of GPs in the most recent RCGP tracking survey had not noticed any workload change because of the changes. Additionally, a number of guidance documents have been published, including patient-facing documents.

Move to maximum interval of five yearly CQC inspections for good and outstanding practices subject to the provision of transparent data, available to CQC, NHS England and CCGs; and to CQC remaining assured that the quality of care has not changed significantly since the previous inspection.

These welcome changes have been made. However, more could be done to reduce the regulatory burden on general practice.

Work with payment providers to streamline payment processes for practices to focus on improvements to consistency and accuracy of payments, a single payment vehicle with a single itemised statement.

This work has not begun.

Launch a national programme to help practices support people living with long term conditions to self-care.

Over 57,000 Patient Activation assessments were delivered until December 2017 across 90+ sites, enabling self-management support interventions to be targeted towards those who will benefit most. 30,899 assessments were delivered before patient activation became part of the personalised care group in July 2017. 15 dedicated self-management areas have enabled 8,229 people to attend group-based or peer support activities and 16,000 people to go through formal self-management education or health coaching programmes following a patient activation assessment.

Reformed 111 service and work with CCGs to ensure they institute plans to address patient flows in their area using tried and tested ideas
Work is underway in relation to GP direct booking following the recent GP contract negotiations where it was agreed by the GPC that NHS England would work with the BMA and GP groups to develop an evidence base for GP booking from NHS111 ahead of next year's contract negotiations.

Roll out the most effective measures from the Rapid Testing Programme for use by CCGs from late summer 2016 onwards.
The Elective Care Rapid Testing Programme involves frontline staff, including GPs, from across health systems working to co-design new models for the delivery of elective care across specialty pathways. The first wave handbooks on gastroenterology and musculoskeletal and orthopaedics were published in November 2017. The second wave of testing has been completed on diabetes, dermatology and ophthalmology, with handbooks due to be published in the summer of 2018.

Develop, test and implement the technical requirements for a new task automation solution to reduce workload. Practices will have access to the new automation function in 2017/18.
NHS Digital have run a scoping exercise with clinical leads and technical experts. This has indicated that a market is already emerging for software that meets the needs identified for this project. It has therefore been decided not to proceed with the development of an alternative.

CQC will consult on changes to its regulatory model for after it has inspected all practices in 2016/17 — the changes will reduce the regulatory burden for practices that deliver good or outstanding care.
This consultation took place. The Regulation of General Practice Programme Board (RGPPB) published its statement on the shared view of quality in general practice in March 2018.

CQC will implement a streamlined approach to inspection for new care models and federated or super-partnerships practices with a focus on the leadership, governance and learning culture of the provider, not necessarily on inspecting every single site.
NHS England, the CQC and NHS Clinical Commissioners developed a joint working framework to help reduce duplication and burden in the regulation and oversight of general practice.

CQC will agree with NHS England and local CCGs a shared framework to understand and report on quality.
The Regulation of General Practice Programme Board has published high level guidance to support a shared view of quality in general practice.

NHS England will discuss with the GPC how best to recognise any further fee increases and will ensure practices are appropriately compensated.
The April 2017 Statement of Financial Entitlements (which covers payments to GMS practices) included a provision that allows reimbursement of CQC fees by the commissioner on receipt of a paid invoice from the practice. Any rise in fees should be covered by this provision.

Publish a set of sentinel indicators on My NHS in July 2016 to improve and simplify transparency of information about general practice.
The sentinel indicators were published on the MyNHS website in September 2016.

NHS England and the BMA will review QOF in the coming year.
Following analysis of public feedback, NHS England and BMA General Practitioners' Committee (GPC) will determine which specific changes to QOF will take effect from 2019/20.

Implement new holistic team-based funding instead of QOF for practices opting into the new MCP voluntary contract.
NHS England is undertaking a review of QOF, with the support of an advisory group including RCGP, GPC and other stakeholders. As part of it, the group is exploring and considering a more holistic approach to quality. No decisions have been taken on the outcome, which is subject to negotiation with GPC.

A programme of work to cut the bureaucratic burden of oversight (implementing the Statement of Intent between NHS England, the CQC and the GMC) Implementation from April 2017.
The Regulation of General Practice Programme Board was formed with the purpose of coordinating and improving the overall approach to the regulation of general practice in England.

Major programme to ensure that all incoming clinical correspondence from other NHS providers is electronic and coded by 2020.
SNOMED CT implementation is planned to be completed by 31 March 2020. The implementation commenced in April 2018 across the GP Practice estate with 'backend' functionality is compliant in 3 of 4 GP principal clinical systems, the final system being compliant by June 2018.

Review all mandatory training requirements for general practice and reduce these requirements to ensure a far more proportionate approach is taken.
NHS England has clarified that there is no statutory or mandatory training for GPs. However, there is widespread belief among GPs that there are mandatory training requirements.

Infrastructure

There will be capital investment of £900 million over five years.

Investment via ETTF is broadly on track and the 2017/18 figures will be included in the annual NHS Digital publication of the Investment in General Practice report in the Autumn. Beyond the ETTF, approximately £140m capital investment was made in 2016/17.

Introduce new rules on premises costs to enable NHS England to fund up to 100% of the costs for premises developments, up from a previous cap on NHS England funding of 66% from September 2016.

An agreement has been reached between BMA and NHSE to allow the revision of the Premises Cost Directions to provide additional flexibility for grants of up to 100% of funding, bullet payments and fit-out of new premises. However, there are still further steps before this is finalised.

For practices who are tenants of NHS Property Services: NHS England to fund Stamp Duty Land Tax for practices signing leases from May 2016 until the end of October 2016 and provide compensation for VAT for practices for which the landlord has opted to charge VAT from May 2016 until the end of October 2016 and provide 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.

This scheme concluded in March 2018. Approximately 50 practices will be financially assisted for a period up to 15 years.

18% increase in allocations to CCGs for provision of IT services and technology for general practice.

Although these allocations were made, CCG spending on GP IT was reported as lower than expected. This may be due to reporting issues, but steps should be taken to confirm this funding is going towards general practice and recorded properly as such.

£45 million national programme to stimulate uptake of online consultations systems for every practice.

This was launched in 2017/18, with £15m allocated for the first year. It is estimated that one third of practices will offer online consultations in 2018/19.

Develop an approved Apps library to support clinicians and patients.

Digital tools to help manage and improve people's health are currently available to the public and clinicians through an apps library on a public beta site: https://apps.beta.nhs.uk/

Wi-Fi services in GP practices for staff and patients. Funding will be made available to cover the hardware, implementation and service costs from April 2017.
All CCGs have now received their funding and 62% CCGs are now live. The figure is expected to be 98% by the end of September 2018. An increasing proportion of RCGP members report there is wi-fi for patients in their practice.

A nationally accredited catalogue and buying framework for IT products and services, supported by a network of local procurement hubs offering advice and guidance.
NHS Digital GP IT Futures programme are developing a a front door information resource for buyers and suppliers giving access to an assured range of services. The private beta prototype has recently been completed and is ready for testing with buyers and purchasers as part of the market engagement activity that the programme is about to commence for the future procurement of GP IT Systems and products for delivery in 2019.

NHSE and HSCIC [now NHS Digital] will work with the supplier market to create a wider and more innovative choice of digital services for general practice and provide certain functions at a national level where that makes sense.
One of NHS Digital's GP IT Futures programme's objectives is to reform the commercial landscape of GP and primary care IT. This is focused on improving digital services market conditions, including supplier product investment, service innovation, fair competition and user/purchaser access.

Complete the roll out of access to the summary care record to community pharmacy, by March 2017.
The roll out of the Summary Care Record has been completed and pharmacies incentivised to use it through the Quality Payments Scheme.

Achieve full IT interoperability across clinical software systems and embed the standards in the minimum standards required for accreditation of future digital primary care systems.
Delivery of capability between the Principle Clinical System suppliers through the GP Connect programme has been delayed due to issues with quality and timeliness of supplier deliverables. Minimum standards are being drafted for interoperability that will be shared with suppliers in summer 2018 that they will need to deliver against through the new GP IT Futures framework from summer 2019 onwards.

Continue the Estates and Technology Transformation Programme
NHS England confirm that they are on track to deliver the original planned investment. As at 31 March 2018, 974 schemes had been completed, and there are a further 738 active schemes (427 in due diligence, 170 pre-projects, and 375 in delivery). There is clearly a lot of additional demand in this area.

NHSE to invite CCGs to put forward recommendations for investment in primary care infrastructure in future years by the end of June 2016.

CCGs submitted their requirements for both estates and technology schemes as part of the ETTF bidding process, prioritising the schemes in order of importance. This then led to the pipeline for ETTF. NHS England is also running a two-year pipeline for business as usual improvement grants and GP IT.

Amend the core IT requirements for general practice to include:

- the ability to access digital patient records both inside and outside the practice premises
- specialist support services
- outbound electronic messaging
- the ability for patients to transact with the practice through online appointment management, repeat prescription requests and access to their detailed record and test results
- electronic discharge letters/summaries from secondary care

A revised set of requirements are being drafted that will be shared with suppliers in summer 2018 that they will need to deliver against through the new GP IT Futures framework from summer 2019 onwards. The revisions include uplifting all existing GP requirements, introducing new capabilities to reflect the changing needs of primary care.

Data and tools that aid GPs (and local commissioners) in understanding and analysing demand, activity and gaps in service provision allowing effective planning, resourcing and delivery of practice services — from June 2017.

The General Practice Workload Tool is a practice-based reporting dashboard which allows general practices to quickly view their appointment capacity and utilisation and how it varies over time. A version of the tool is currently available to all practices using EMIS Web and SystmOne. The tool will be available to practices using Microtest and Vision systems later in the year.

Include as a core requirement funding to support education and support for patients and practitioners to utilise digital services to best effect and impact from December 2017.

NHS England has made available a set of resources to support clinicians in offering and promoting online services to their patients.

CCGs will also have access to funding for subsidiary technology services to support their GP practices. Over time, some of these local investments may become core service offerings.

Funding for Wi-Fi in GP practices has been made available to all CCGs and implementation is under way. Separately, £45million over three years is being offered to practices to introduce online consultations to in addition to traditional methods like face to face or telephone consultations.

Revised funding arrangements are being designed for the GP IT Futures framework in summer 2019 that aim to make the charging for GP IT more transparent and easier for purchasers and users to understand so that they can make more informed choices regarding which systems to use.

Care redesign

Requirement on CCGs to provide £171m in practice transformational support.
Although audited figures are not yet available, NHS England indicate that they expect at least this amount to be invested over the two years. The RCGP local ambassadors report that there is good evidence that funding for practice transformation is being used by CCGs in a variety of ways to support working at scale and improve integrated care.
NHS England will provide additional funding, on top of current primary medical care allocations – over £500 million by 2020/21 — to enable CCGs to commission and fund extra capacity across England to ensure that by 2020, everyone has access to GP services, including sufficient routine appointments at evenings and weekends to meet locally determined demand.
In 2016/17, £123m was invested to improve access to general practice.
Scale up the offer of the National Development Programme to accelerate change.
As at 31 March 2018, 176 CCGs covering 5,347 practices have a Time for Care programme in their area, and new CCGs continue to sign up.
Go live with the new voluntary Multi-Specialty Community Provider contract in April 2017.
NHS England plans to launch a consultation on a new contract for integrated services in Summer 2018.
Integration of extended access with out of hours and urgent care services, including reformed 111 and local Clinical Hubs.
Commissioners will be expected to work towards the delivery of a sustainable, integrated model of services which delivers improved access to general practice as part of a wider set of integrated services, including urgent care such as NHS 111 and Urgent Treatment Centres, to get the best outcome for patients. NHS England is working with a range of local and national stakeholders to support this work and consider further opportunities and challenges. Two national workshops focusing on integration between primary and urgent care took place earlier this year and a further event is expected to take place in late summer to progress work in a number of key areas, including the development of a national narrative for patients and commissioners.
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Appendix B
RCGP tracking survey information

The results presented are based on wave 4 of an online and telephone survey with GPs working in England. Where relevant comparisons with the previous fieldwork have been included. Generally, the comparison presented is to wave 2 to avoid seasonal effects impacting the results, unless otherwise stated. All comparisons that are described in the text are significant when tested with a 95% level.

The sample was taken from the RCGP member database. A quota sampling methodology was used. Quotas of age, gender and region were employed to select the sample based on GP workforce data from NHS Digital.

Data are weighted to reflect the age, gender and region of the GP workforce in England. Results are based on all respondents unless otherwise stated. Where results do not sum to 100%, this is due to multiple responses, or computer rounding.

The RCGP commissioned the survey from Ipsos MORI (waves 1 and 2) and ComRes (waves 3 and 4).

Wave	1	2	3	4
Fieldwork dates	August 1st – September 7th 2016	January 27th – March 3rd 2017	August 3rd – September 17th 2017	February 9th – 19th March 2018
No. of respondents	1,288	1,250	823	1,216

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