



# Five year forward

THE CURRENT PICTURE AND FUTURE ROLE OF GENERAL PRACTICE.  
COLLATED FOR YOU BY THE LANTUM GP COMMUNITY

THE FIVE YEAR FORWARD VIEW AND YOUR CAREER

# This pack is delivered to you by the Lantum GP Community

Lantum is a platform and community that helps GPs make the most of their career

We use smart and user-friendly technology to give control back to GPs

At Lantum, we believe that technology can bring amazing benefits

But we understand that healthcare is all about the people

That's why our thriving GP community is here to help you every step of the way... Welcome on board.

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THE FIVE YEAR FORWARD VIEW AND YOUR CAREER

# This information pack will help you...

- Understand the current framework of general practice
- Position yourself in the current climate
- Shape the future of general practice
- Understand where we've come from and where we are now
- Look to the future
- Think about how you can have a positive impact

... welcome and enjoy.

THE FIVE YEAR FORWARD VIEW AND YOUR CAREER

# Changing times

**NHS has dramatically improved over the past fifteen years...**

- Cancer and cardiac outcomes are better
- Waits are shorter
- Patient satisfaction much higher
- Progress has continued even during global recession and austerity thanks to protected funding and the commitment of NHS staff

THE FIVE YEAR FORWARD VIEW AND YOUR CAREER

# Changing times

- But quality of care can be variable, preventable illness is widespread, health inequalities deep-rooted
- Patients' needs are changing
- New treatment options are emerging
- General practice faces particular challenges in areas such as mental health, cancer and support for frail older patients.
- Service pressures are building in primary care.

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## How we got here

In 2004 **Derek Wanless's** health review warned that unless the country took prevention seriously we would be faced with a sharply rising burden of avoidable illness.

That warning has not been heeded – and the NHS is on the hook for the consequences.



## THE FIVE YEAR FORWARD VIEW AND YOUR CAREER

# GPFV

- NHS England published the General Practice Forward View (GPFV) in April 2016 with support from Royal College of GPs (RCGP) and Health Education England.
- The GPFV is a substantial 5 year package of investment and transformation that will continue to respond to changing circumstances.
- It sets out a plan to stabilise and transform general practice, improving services for patients and investing in new ways of providing primary care.
- An Advisory Oversight Group with patients and partners (including the BMA and the RCGP) will steer implementation.
- What matters now is getting on and delivering it so that practices can start to feel the difference.



# Current picture

## Finance

- Reduced by 0.8% in real terms since 2008/09 (compared with 12.3% increase in acute)
- Reversed recently under NHS England by 2.7% (14/15), 4.1% (15/16) and 4.4% (16/17)

## Patient Satisfaction

- 4 in 5 patients got same day appointment (if they wanted one)
- 8% found it difficult to get a convenient appointment
- 1 in 20 patients describe experience of care as poor



# Current picture

## **Performance**

- CQC 87% practices rated good or excellent of the practices inspected so far
- On Primary Care Web Tool - 20% practices require review and 30% approaching review

## **Workload**

- Workload volume and complexity increasing in several recent studies

## **Morale and Workforce**

- Morale lowest since 2001 when records began
- 35.3 % of GPs intend to quit in the next five years (up from 21.9% in 2010)
- For the over 50s, the figure has gone up to 60.9% (up from 41.7% in 2010)

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# NHS Spend

- Combination of growing demand if met by no further annual efficiencies and flat real terms funding would produce a mismatch between resources and patient needs of nearly **£30 billion** a year by 2020/21.
- **£8bn committed by the government AND £22bn efficiency savings by 2020/21**
- Population health improvement
- Improving the experience of care for the patients we serve
- At a reduce overall cost to the system

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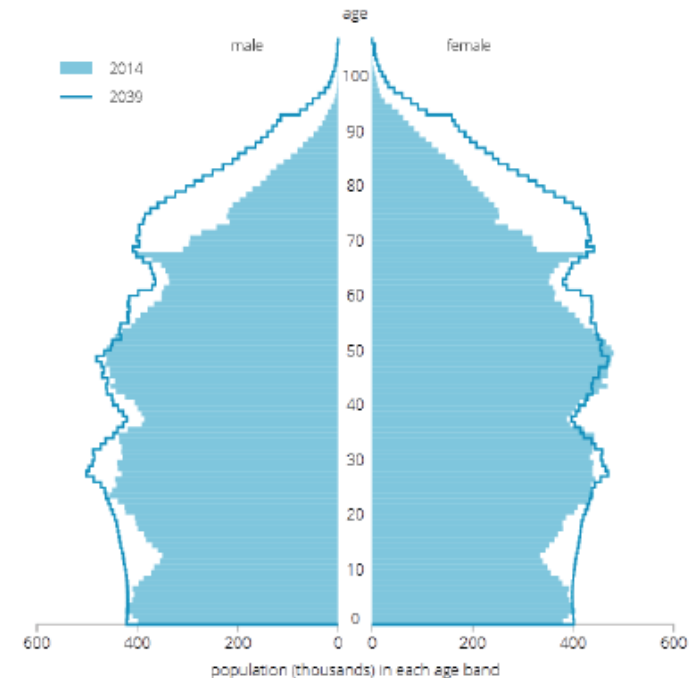
# Public Health

- Action on obesity, smoking, alcohol and other major health risks.
- Develop and support new workplace incentives to promote employee health and cut sickness-related unemployment.
- Advocate for stronger public health-related powers for local government and elected mayors.

# Key challenges

2.9 million people are expected to have three or more long term conditions by 2018, up from 1.9 million in 2008.

- Ageing population
- Increasingly complex patient diagnoses
- Slower than required growth in numbers of healthcare professionals
- Variations in outcomes
- Changing user expectations



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# Large scale general practice: Rise to the challenge

- Investment
- Workforce
- Reduce Workload
- Infrastructure
  - Technology
  - Estate
- Care Redesign

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# NHSE Key Promises

- Accelerate funding of primary care
- Expand and support GP and wider primary care staffing
- Reduce practice burdens and help release time
- Develop the primary care estate and invest in better technology
- Provide a major programme of improvement support to practices

## THE FIVE YEAR FORWARD VIEW AND YOUR CAREER

# Investment

- GPs and practice teams provide vital services for patients. They are at the heart of communities, the foundation of the NHS and internationally renowned.
- But services are now under unprecedented pressure and, as set out in the NHS Five Year Forward View, it has become clear that action is needed so we have a responsive NHS, fit for the future.

### NHS 5 YEAR FORWARD

- The General Practice Forward View, published in April 2016, sets out a plan, backed by a multi-billion pound investment, to stabilise and transform general practice.

### GENERAL PRACTICE FORWARD

# Investment

- Funding to support general practice with a minimum extra £2.4 billion a year by 2020-21
- Investment will rise from £9.6 billion pounds a year in 2015-16 to over £12 billion a year by 2020-21 - over 10 per cent of NHS England healthcare budget
- Represents 14 per cent real terms increase, approximately double the increase for CCG-funded services
- A one off Sustainability and Transformation package (STPs) of investments, totalling over half a billion pounds over next five years
- Capital investments estimated at £900m over the next five years
- Supplemented by CCG investment locally
- New funding formula will be implemented from April 2017 to better reflect practice workload, including deprivation and rurality



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# Workforce

- Having taken the past 10 years to achieve a net increase of around 5,000 full time equivalent GPs, the aim is to add a further 5,000 net in just the next five years.
- 3,000 new fully funded practice-based mental health therapists
- 1,500 co-funded practice clinical pharmacists,
- Practice nurses, physician assistants, practice managers and receptionists.

## THE FIVE YEAR FORWARD VIEW AND YOUR CAREER

# Workforce

- To deliver the General Practice Forward View we need to:
  - expand the size of the workforce
  - broaden the range of professionals in the team
  - Increase the capabilities of our existing team members.
- 5,000 extra health professionals by 2020/21
- Double the rate of growth of the medical workforce
- Work with Medical Schools to improve popularity of general practice
- National recruitment Campaign with 35 Ambassadors to fill 3,250 places a year
- £20K incentives for 109 under-doctored areas

## THE FIVE YEAR FORWARD VIEW AND YOUR CAREER

# Workforce

- 250 Post-CCT fellowships in under-doctored areas
- New Induction and Returner scheme with better incentives, re-entry routes and faster processes
- Investment in leadership development, coaching and mentoring skills for experienced doctors
- Refining GP Specialty training
- Overseas recruitment campaign
- Promotion of health and well-being to support GPs with stress and burnout
- Flexible career scheme options

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# Workforce

- 5,000 others Health Professionals by 2020/21
- £15M investment in support and development of practice nurses e.g. return to work schemes, training capacity, pre-registration placements, mentorships and implementing the Queens Nursing Institute voluntary education and practice standards
- £6M Practice Manager Development Programme
- £45M training and development programme for Reception Care Navigation and Medical
- Assistants to support management of clinical correspondence

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# Workforce

- Expansion of the Clinical Pharmacist Programme from £31M to train 470 in over 700 practices, with an extra £112M, making it available to every practice wishing to participate
- Integration work with Community Pharmacy through the Pharmacy Integration Fund.
- Training of 1,000 Physician Associates
- 3,000 Mental Health therapists working in primary care
- Primary Care Physiotherapy Pilots
- £3.5M for 13 Nationwide Multi-disciplinary Training Hubs to support workforce development through a multitude of national and local initiatives

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## Reduce Workload

- New practice resilience programme to support struggling practices
- Streamline the Care Quality Commission inspection regime
- Support for GPs suffering from burnout and stress
- Cuts in red-tape, legal limits on administrative burdens at the hospital/GP interface.
- Cut inappropriate demand on general practice.

## Reduce Workload

- Managing demand more effectively – a range of activities, including assisting patients to manage minor-self limiting illnesses and national programme to help practices support people living with long term conditions in 2016
- Community pharmacy to support self-care and local minor ailment schemes, supported by access to Summary Care Records
- CCGs to pilot social prescribing initiatives, assisted by newly appointed national champion
- Reformed 111/Urgent Care to be rolled out with greater access to clinicians
- Building practice resilience: £10 million investment to support most vulnerable GP practices to improve.

# Reduce Workload

- Introduction of a new three year £40 million practice resilience programme – moving away from ‘struggling practices’ to Practice Resilience Programme
- Launch the £30M ‘Releasing Time for Patients’ Programme
- Appointment software to help practices match supply to demand for all practices from 17/18 and a new audit tool for all practices to identify ways they could reduce appointment demand
- Streamlining of payment processes for practices and failsafe cash flow procedure
- Automation of common tasks in clinical software systems



# Reduce Workload

- Accelerate paper-free initiatives e.g. Patient Online, EPS, ERS, Advice and Guidance, record transfer and (eventually) coded data across providers
- Better access to 'Fit for Work' pathways, especially in mental health and MSK, and review of Fit Note certification procedures
- Simplified systems for communications, reporting and regulation across NHS England, CQC and GMC e.g. interval of up to five yearly CQC inspections for good and outstanding practices
- Making specialist advice rapidly available to GPs by rolling out of proven local schemes

## Reduce Workload

- New standard contract e.g. Local access policy must involve GPs, new rules on DNAs, onward referral, e-Discharges within 24 hours in a standard format, outpatient letters within 14 days (and 24 hours from 17/18), hospitals to communicate results and treatment direct to patients (in a cost-effective manner) and a minimum of 7 days medication to be provided.
- Interface Working Group to be find efficiencies and monitor progress
- Sharing best practice and resources including case studies and practical implementation tools, spreading the existing innovations benefitting some practices but unknown to others
- Review of AUA DES and QOF, including local QOF
- Review of mandatory training requirements

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# High Impact Action



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# Infrastructure

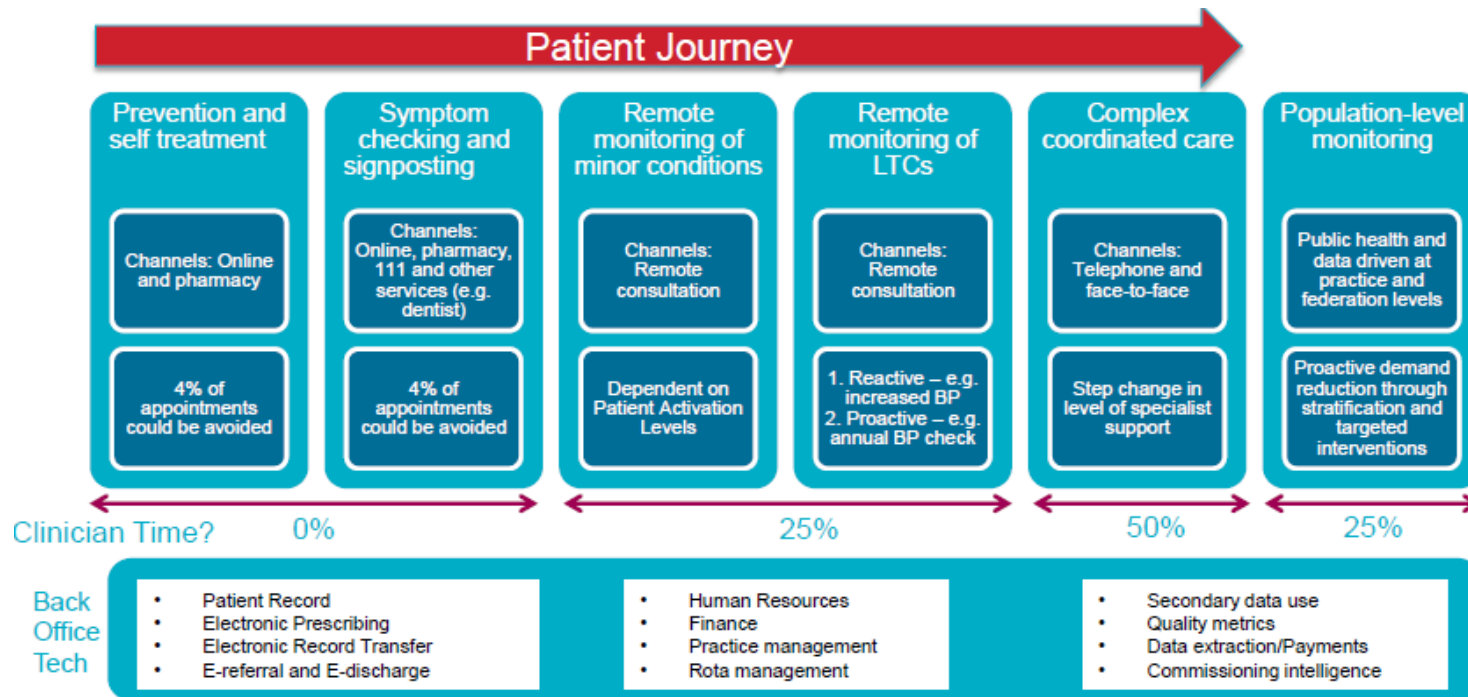
- Upgrade to practice premises
- Proposals to allow up to 100 percent reimbursement of premises developments
- Direct practice investment technology to support better online tools and appointment, consultation and workload management systems
- Better record sharing to support team work across practices.

# Technology

- Over 18 percent increase in allocations to CCGs for provision of IT services and technology for general practice.
- Online access for patients to accredited clinical triage systems to help patients when they feel unwell, such as 111 Online
- Actions to support practices offer patients more online self-care and self-management services
- £45 million national programme to stimulate uptake of new technology and online consultations systems
- Development of an approved Apps library to support clinicians and patients
- Actions to support the workload in practices reduce, and achieve a paper-free NHS by 2020 e.g. improvements to e-referral system, Advice and Guidance platform, EPS, transfer of records and other processes.

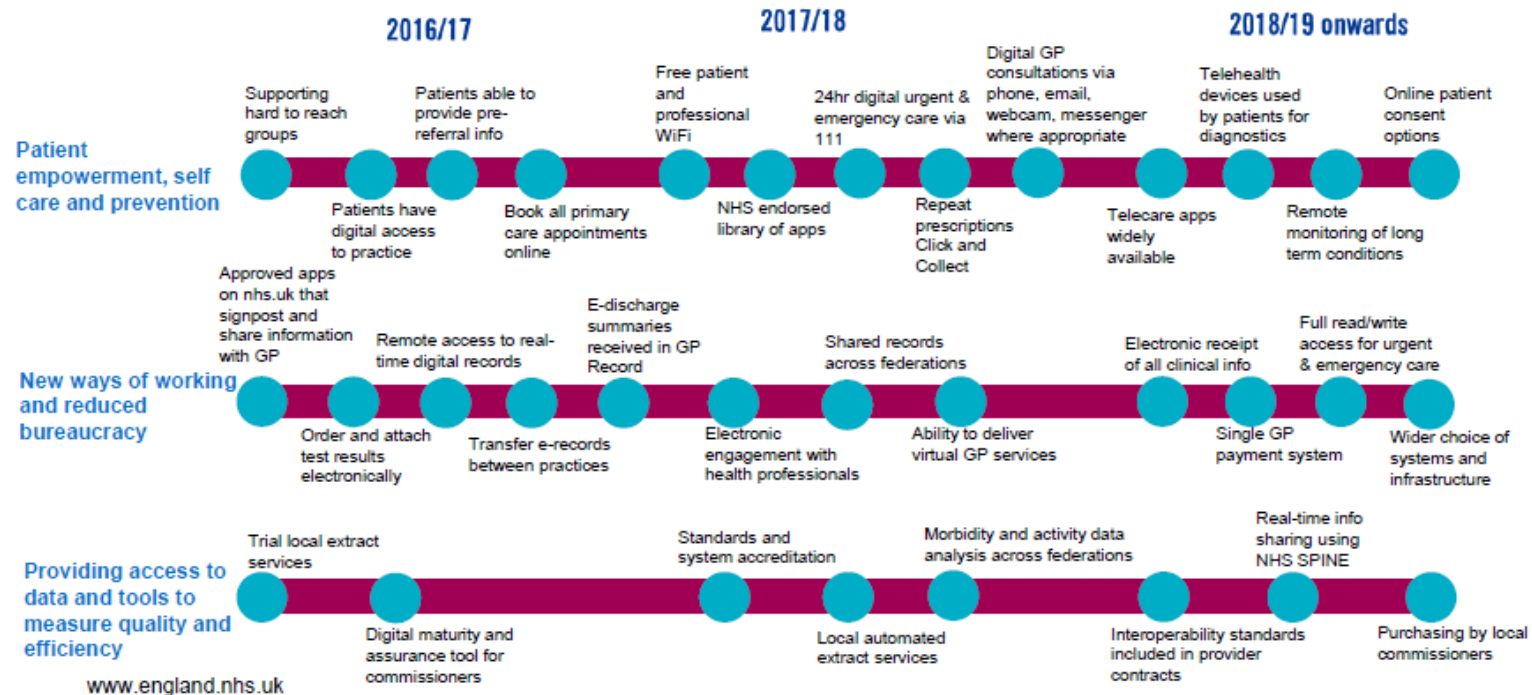
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# Caseload Management



## THE FIVE YEAR FORWARD VIEW AND YOUR CAREER

# Digital Primary Care



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# Estate

- NHSE pledges to transform the way care is delivered, to improve the NHS estate and infrastructure faster, in the following ways:
- £900m public sector capital over next five years, backed with measures to speed up delivery
- New rules on premises costs to be introduced in September 2015 to enable 100 percent reimbursement of premises costs
- New offer for practices who are tenants of NHS Property Services for NHSE to fund Stamp Duty Land Tax for practices signing leases until the end of October 2017, and compensate VAT where the ultimate landlord has chosen to charge VAT.
- Transitional funding support for practices seeing significant rises in facilities management costs in next 18 months



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# Care Redesign

- On **care redesign** it signals practical support for individual practices and for federations and super-partnerships
- Direct funding for improved in hours and out of hours access
- Clinical hubs and reformed urgent care
- New voluntary GP contract supporting integrated primary and community health services.
- Working at large scale making best use of new technologies.
- Development and expansion of the workforce and better premises.
- Signposting to the most appropriate services
- Supporting self-care

# Care Redesign

- Three year £30m 'Releasing Time for Patients' development programme to reach every practice in the country to help up to 10 percent of GPs' time and build more sustainable practices:
  1. **Innovation spread:** a national programme to share best practice e.g. support to implement the Ten High Impact Actions.
  2. **Service redesign:** locally hosted action learning programmes with expert input, supporting practices and federations to implement high impact innovations which release capacity and improve patient care.
  3. **Capability building:** investment and practical support to build change leadership capabilities in practices and federations.
- Develop a communications campaign that supports the rapid dissemination of best practice in service innovations across the country
- Learn from the Vanguard sites and support mainstreaming of proven service improvements across all practices.

# Care Redesign

- Commissioning and funding of services to provide extra primary care capacity across every part of England, backed by over £500 million of recurrent funding by 2020/21. This forms part of the proposed increase in recurrent funding of £2.4 billion by 2020/21
- Integration of extended access with out of hours and urgent care services, including reformed 111 and local Clinical Hubs
- £171 million one-off investment by CCGs starting in 2017/18, for practice transformational support
- Introduction of voluntary Multi Speciality Community Provider contract from April 2017 to integrate general practice services with community services and wider healthcare services

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# Shared Budgets

- **When people do need health services, patients will gain far greater control of their own care**
- Option of shared budgets combining health and social care.
- The 1.4 million full time unpaid carers in England will get new support
- NHS will become a better partner with voluntary organisations and local communities.

## Models of care

- **Decisive steps to break down the barriers in how care is provided** between family doctors and hospitals, between physical and mental health, between health and social care.
- More care delivered locally but with some services in specialist centres, organised to support people with multiple health conditions, not just single diseases

# Integrated Care

- Permit groups of GPs to combine with nurses, other community health services, hospital specialists and perhaps mental health and social care to create integrated out-of-hospital care – the **Multispecialty Community Provider**.
- Early versions of these models are emerging in different parts of the country, but they generally do not yet employ hospital consultants, have admitting rights to hospital beds, run community hospitals or take delegated control of the NHS budget.
- A further new option will be the integrated hospital and primary care provider – **Primary and Acute Care Systems** – combining for the first time general practice and hospital services, similar to the Accountable Care Organisations now developing in other countries too.
- **England is too diverse for a ‘one size fits all’** care model to apply everywhere.
- Different local health communities will instead be supported by the NHS’ national leadership to choose from amongst a small number of radical new care delivery options

# Hospital Services

- Across the NHS, **urgent and emergency care** services will be redesigned to integrate between A&E departments, GP out-of-hours services, urgent care centres, NHS 111, and ambulance services.
- **Smaller hospitals** will have new options to help them remain viable, including forming partnerships with other hospitals further afield, and partnering with specialist hospitals to provide more local services.
- Midwives will have new options to take charge of the **maternity** services they offer. The NHS will provide more support for frail older people living in **care homes**.

# Hospital Services

- They are place-based plans, which cover an entire health and care system rather than a single organisation – 44 across England!
- They are multi-year, which cover the period from October 2016 to March 2021
- Each footprint has been asked to identify 3-5 critical decisions to prioritise
- They are umbrella plans that cover a range of delivery plans, different geographies and types of services
- The plans must show how they will achieve sustainable financial balance by 2021
- The plans are expected to set out how the local area will implement a number of national priorities, such as seven day services, improving cancer outcomes and a paperless NHS.
- STPs are expected to diagnose themselves against the three gaps identified in the 5YFV and use this data to determine their priorities.



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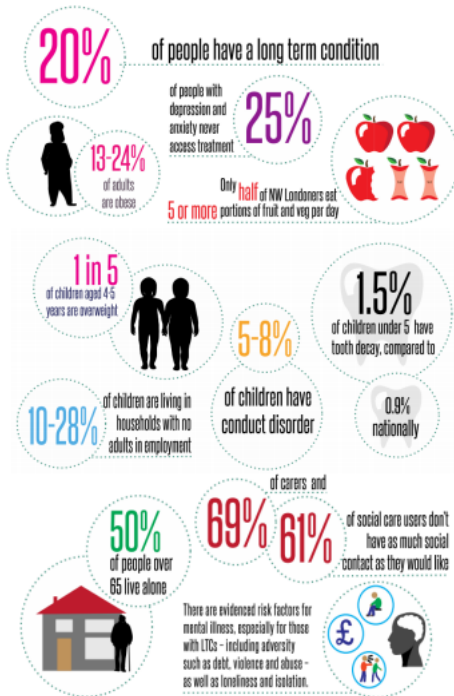
# STPs

The three gaps are:

- **The health and well-being gap**
  - the need to start prioritising prevention to address health inequalities and reduce avoidable illness.
- **The care and quality gap**
  - to use technology effectively and reshape care delivery to reduce the variations in quality and outcomes of care.
- **The funding and efficiency gap**
  - to ensure that additional funding for the NHS is used to make it more efficient and eventually financially sustainable.

## THE FIVE YEAR FORWARD VIEW AND YOUR CAREER

# North West London



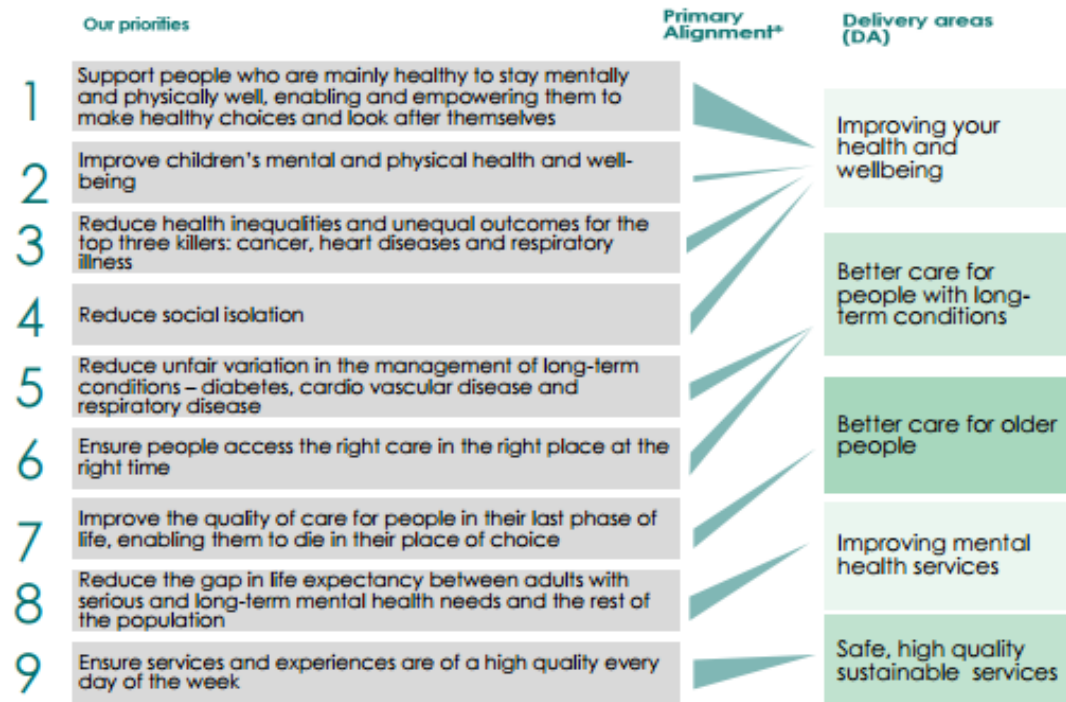
Mostly healthy	One or more long-term conditions	Cancer	Serious and long term mental health needs	Learning disability	Severe physical disability	Advanced dementia / Alzheimer's	Children	Socially Excluded Groups
<ul style="list-style-type: none"> <li>1,216,000 adults in NW London are mostly healthy</li> <li>38% of the total population</li> <li>24% of care spend in NW London</li> </ul> <p>In 2030:  <ul style="list-style-type: none"> <li>4% more adults</li> <li>31% more +65s</li> </ul> </p>	<ul style="list-style-type: none"> <li>338,000 adults in NW London have 1 or more LTC</li> <li>16% of the population</li> <li>22% of the care spend in NW London</li> </ul> <p>In 2030:  <ul style="list-style-type: none"> <li>36% more adults</li> <li>37% more spend in NW London</li> </ul> </p>	<ul style="list-style-type: none"> <li>17,000 adults in NW London have cancer</li> <li>0.8% of the population</li> <li>4% of care spend in NW London</li> </ul> <p>In 2030:  <ul style="list-style-type: none"> <li>53% more adults</li> <li>50% more spend in NW London</li> </ul> </p>	<ul style="list-style-type: none"> <li>37,500 adults in NW London have serious and long term mental health needs</li> <li>2% of population</li> <li>7.5% of care spend</li> </ul> <p>In 2030:  <ul style="list-style-type: none"> <li>1% more adults</li> <li>21% more spend in NW London</li> </ul> </p>	<ul style="list-style-type: none"> <li>7,000 adults in NW London have learning disabilities</li> <li>0.3% of the population</li> <li>8% of care spend in NW London</li> </ul> <p>In 2030:  <ul style="list-style-type: none"> <li>29% more adults</li> <li>33% more spend in NW London</li> </ul> </p>	<ul style="list-style-type: none"> <li>21,000 adults in NW London have severe physical disabilities</li> <li>1% of the population</li> <li>18% of care spend in NW London</li> </ul> <p>In 2030:  <ul style="list-style-type: none"> <li>29% more adults</li> <li>26% more spend in NW London</li> </ul> </p>	<ul style="list-style-type: none"> <li>5,000 adults in NW London have advanced dementia</li> <li>0.2% of the population</li> <li>2% of care spend in NW London</li> </ul> <p>In 2030:  <ul style="list-style-type: none"> <li>40% more adults</li> <li>44% more spend in NW London</li> </ul> </p>	<ul style="list-style-type: none"> <li>438,200 children in NW London</li> <li>21% of the population</li> <li>14% of care spend in NW London</li> </ul> <p>In 2030:  <ul style="list-style-type: none"> <li>6% more children</li> <li>3% more spend in NW London</li> </ul> </p>	<ul style="list-style-type: none"> <li>Westminster has the highest recorded population of rough sleepers of any local authority in the country</li> <li>There are nearly 3,500 people recorded as sleeping rough in the 3 Boroughs</li> </ul>

## THE FIVE YEAR FORWARD VIEW AND YOUR CAREER

# Our aims and priorities

We aim to improve:

- Health and wellbeing
- Care and quality
- Efficiency, to balance the budget



THE FIVE YEAR FORWARD VIEW AND YOUR CAREER

# NWL STP Key Delivery Areas

## 1. Improving patient health and wellbeing

- Reducing loneliness by encouraging everyone to be part of their local community
- Supporting campaigns to increase self-care, to prevent cancer; and to reduce the stigma of mental health problems
- Encouraging exercise and healthier eating; and reducing smoking and drinking
- Tackling issues that affect health such as housing, employment, schools and the environment
- Encouraging employment for people with a learning disability or mental health problem
- Supporting children to get the best start in life by increasing immunisation rates, tackling childhood obesity and providing more mental health care and support.

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# NWL STP Key Delivery Areas

## **2. Coordinate services better, and help every patient with a long-term mental or physical condition to get the care and support they need to manage their condition by:**

- Catching cancers earlier and starting treatment more quickly
- Developing new ways of preventing and managing long-term conditions, like diabetes
- Improving access to mental health services
- Helping the voluntary sector to support self-care; for instance offering people with long-term conditions access to expert patient programmes and increasing the availability of personal health budgets.

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# NWL STP Key Delivery Areas

## 3. Better care for older people

- Tackling the lack of nursing and care homes
- Providing specialist teams which can react quickly when there is a problem
- Commissioning all services for older people with local government and coordinating care between the NHS, social care and other organisations
- Improving end of life care, supporting people to die in the place of their choice

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# NWL STP Key Delivery Areas

## 4. Improving mental health services

- Providing a more proactive service focused on recovery
- Supporting more GPs to become experts in mental health care improving early intervention services and crisis support services; and introduce 24/7 mental health A&E teams
- Improving child and adolescent services - particularly in the evenings and weekends.

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# NWL STP Key Delivery Areas

## 5. Safe, high quality and sustainable services

- Our buildings and ways of working make it difficult to take advantage of new technology.
- Provide more services at night and weekends - particularly assessments by a consultant and access to vital tests
- Introduce specialist children's assessment units and improve children's services, for example by recruiting more children's nurses
- Make the most of new technology to save everyone time and worry.



# Current Picture

## Finance

- Reduced by 0.8% in real terms since 2008/09 (compared with 12.3% increase in acute)
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## Patient Satisfaction

- 4 in 5 patients got same day appointment (if they wanted one)
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## **Workload**

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## **Morale and Workforce**

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# Changing Times

**NHS has dramatically improved over the past fifteen years.**

- Cancer and cardiac outcomes are better
- Waits are shorter
- Patient satisfaction much higher
- Progress has continued even during global recession and austerity thanks to protected funding and the commitment of NHS staff
- Quality of care is variable, preventable illness is widespread, health inequalities deep-rooted
- Patients' needs are changing
- New treatment options are emerging
- General practice faces particular challenges in areas such as mental health, cancer and support for frail older patients.
- Service pressures are building in primary care.

# Partnership model

- 2009 – 69% all GPs in England Partners, 20.5% Salaried
- 2015 - 55% partners, 24% salaried
- Large numbers giving up partnerships
- ?Not popular
- Survey of 573 partners:
- 51% partners would consider becoming salaried
- 54% do not think the partnership model of GP will exist in 10 years
- 10 years ago large competition for partnerships/now many vacancies

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# Multi-speciality community provider

- MCP model framework available now
- Full contract Sept 2016
- Launched April 2017
- Neighbourhood units 30,000 – 50,000 smallest ? > 100,000
- Local 10-15 year contracts

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# Vertical integration

“A further new option will be the integrated hospital and primary care provider – **Primary and Acute Care Systems** – combining for the first time general practice and hospital services, similar to the Accountable Care Organisations now developing in other countries too.”

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# Community Care

- Emphasis on community led care: diabetes, dermatology, musculoskeletal, urology, gynaecology, ENT
- Cheaper
- Closer to home
- CCG incentives to decrease hospital referrals and unplanned admissions
- ? Delaying tactic...CCG incentives

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# New Models of Care: GP Federations

- A GP federation is a group of GP practices that decide to collaborate to provide improved access and quality whilst reducing variation in general practices' services.
- E.g. Hammersmith & Fulham GP Federation formed: Out of Hospital Contracts, CEPN, Diabetes nurses, HENWL
- 90% of London's population covered by a federation
- 58 Federations



# Practice Mergers

- Rise of the “Super-practice”
- ?  $\geq$  100,000 patients
- MCP/ACO
- **New care models – vanguard sites**
- In January 2015, the NHS invited individual organisations and partnerships to apply to become ‘vanguard’ sites for the new care models programme, one of the first steps towards delivering the Five Year Forward View and supporting improvement and integration of services.

## NHS 5 YEAR FORWARD

- In March, the first 29 vanguard sites were chosen. There were three vanguard types – integrated primary and acute care systems; enhanced health in care homes; and, multispecialty community provider vanguards.

## ACUTE CARE SYSTEMS

## HEALTH CARE HOMES

## MULTISPECIALTY COMMUNITY

# Vanguards

- In July 2015, eight urgent and emergency vanguards were announced.

## 8 URGENT VANGUARDS

- In September 2015 a further 13 vanguards were announced – known as acute care collaborations – they aim to link local hospitals together to improve their clinical and financial viability.

## ACUTE CARE COLLABORATIONS

- The 50 vanguards were selected following a rigorous process, involving workshops and the engagement of key partners and patient representative groups.
- Each vanguard site will take a lead on the development of new care models which will act as the blueprints for the NHS moving forward and the inspiration to the rest of the health and care system.

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# Sustainability and Transformation Plans

As part of the Five Year Forward View, every health and care system in England has been asked to create their own local place-based plan for the next five years.

These are referred to as Sustainability and Transformation Plans or more commonly as STPs.

THE FIVE YEAR FORWARD VIEW AND YOUR CAREER

# Sustainability and Transformation Plans

## Key facts about STPs

- They are place-based plans, which cover an entire health and care system rather than a single organisation
- They are multi-year, which cover the period from October 2016 to March 2021
- Each footprint has been asked to identify 3-5 critical decisions to prioritise
- They are umbrella plans that cover a range of delivery plans, different geographies and types of services
- The plans must show how they will achieve sustainable financial balance by 2021
- The plans are expected to set out how the local area will implement a number of national priorities, such as seven day services, improving cancer outcomes and a paperless NHS.

THE FIVE YEAR FORWARD VIEW AND YOUR CAREER

# Sustainability and Transformation Plans

## **The health and well-being gap**

The need to start prioritising prevention to address health inequalities and reduce avoidable illness.

## **The care and quality gap**

To use technology effectively and reshape care delivery to reduce the variations in quality and outcomes of care.

## **The funding and efficiency gap**

To ensure that additional funding for the NHS is used to make it more efficient and eventually financially sustainable.

THE FIVE YEAR FORWARD VIEW AND YOUR CAREER

# Stabilise our profession

- The foundation of NHS care will remain list-based **primary care**.
- Given the pressures they are under, a 'new deal' for GPs is needed.
- Over the next five years the NHS will invest more in primary care, while stabilising core funding for general practice nationally over the next two years.
- GP-led Clinical Commissioning Groups will have the option of more control over the wider NHS budget, enabling a shift in investment from acute to primary and community services.

# Future Opportunities

- NHS organisations will need to act coherently together
- Provide **meaningful local flexibility** in the way payment rules, regulatory requirements and other mechanisms are applied.
- Diverse solutions and local leadership, in place of the distraction of further national structural reorganisation
- New options for the workforce, and raise our game on health technology – radically improving patients' experience of interacting with the NHS.
- Improve the NHS' ability to undertake research
- Apply **innovation** including new 'test bed' sites for worldwide innovators, and 'green field' sites where **completely new** services will be designed from scratch.

# What does this mean in 'real' terms?

## Key principles

- Build and maintain the momentum and confidence
- This needs a shift in mindset, not just a set of commitments
- Balance of national and local actions

## Governance

- External Oversight Group allows stakeholders to monitor, challenge, steer and help deliver
- Primary Care Oversight Group to provide internal governance
- Development of metrics of success

## Early priorities

- Help for struggling practices e.g. Practice resilience programme
- Help for every practice e.g. National development programme
- Streamline processes to reduce workload and speed up workforce expansion
- Urgent Issue: Indemnity proposals end of July



THE FIVE YEAR FORWARD VIEW AND YOUR CAREER

# How to get the most out of your training years

- Get involved!
- Connect!
- Attend CCG and / or LMC meetings
- The Wachter report

[THE WACHTER REPORT](#)

THE FIVE YEAR FORWARD VIEW AND YOUR CAREER

# How to get the most out of your training years

- Quality Improvement
- Completion of an audit cycle
- General Practice Forward View (GPFV)
- Know your local STP
- Professional pride
- Community thinking
- Resilience
- Stay up to date with medical politics
- Prepare for large scale general practice

THE FIVE YEAR FORWARD VIEW AND YOUR CAREER

# Role of the future GP – you!

- Collective working across practices and more support from specialists
- New business and contractual entities encompassing allied services  
e.g. community, outpatients
- More career opportunity and flexibility for clinicians in larger organisations

General practice in 2020 will not look the same.

GPs working as part of a more joined up primary care workforce will be able devote the greatest amount of time to quality and health improvement for patients and local communities.



**Thank you for reading**

Do you want further information?

Contact our Head of Community: [jess@lantum.com](mailto:jess@lantum.com)