

# Focus on funding and support for general practice

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## Introduction

As part of the Urgent Prescription for general practice, GPC have asked for fair and sustainable funding and resources to reach a minimum of 11% of NHS spend to cover the work of general practice and to resolve the funding deficit of around £2.5 billion.

The GP Forward View has gone some way in addressing this ask through the announced increase in the level of investment in primary care, and specifically to general practice. Investment to general practice services will rise by a recurrent £2.4bn by 2020/21, which will increase the proportion of investment going into general practice to over 10%. GPC will therefore continue to push NHS England and the government to invest at least 11%, or £2.5bn, that we have asked for, and stress that the current investment plan will take longer to deliver than much of the profession needs.

It is unclear how exactly the extra £2.4bn will be distributed between now and 2020/21. NHS England have indicated it will be distributed equally up to 2020/21. GPC will be challenging this modelling as it seeks to secure front-loading of the funding to better deal with the current crisis in general practice.

Information on the announcements in the GPFV are set out in the GPC document [Focus on the NHS England General Practice Forward View](#).

GPC will continue to push for the financial asks set out in the paper [Responsive, safe and sustainable: our urgent prescription for general practice](#):

- Provision of an immediate stabilisation fund for general practice to provide emergency support to vulnerable practices at risk of closing, or where safe patient care is significantly compromised.
- Establish a healthcare resilience task force within each CCG or locality area to provide support to vulnerable or at risk practices, which could include the provision of management resources, clinical input, proactive support, e.g. for unfilled vacancies, project management support or technology support which could be called upon at short notice for a practice in crisis. This should be developed in liaison with LMCs and needs to operate in a non-threatening and non-judgemental culture to support openness.
- Increases in indemnity insurance costs for all primary care practitioners should be fully reimbursed or paid for by NHS England, and steps taken to introduce a sustainable system of indemnity for those working in primary care comparable with clinicians working in secondary care.
- The funding allocation formula for practices should fairly reflect the workload of practices, including activity common to all practices that is not related to the demographics of the patient population.
- Practices serving atypical populations should be supported through dedicated bespoke funding allocations.

A long term mechanism should be agreed to calculate and fully fund practice expenses including direct reimbursement of expenses incurred specifically to deliver NHS services.

GPC welcomes any funding or support for General Practice but recognises that it is incredibly difficult to keep track of what is available and how the different pots of money relate to one another. We are also concerned that often the time between announcement of funds and the closing date for applications is very tight, leaving practices very little time to plan and submit their bid.

This Guide is intended to be a reference tool for practices. We would encourage you to make the time to read it in order to identify which options might be right for your practice, you can then begin to plan your applications.

Set out in sections, the guide aims to summarise:

- the different funding streams currently (or soon to be) available
- what they can (and cannot) be used for
- relevant criteria to be met
- where to find more information

We will add to and update this guide to reflect any new information released by NHS England and add any new sources of funding/support.

GPC would like to acknowledge the work of the Humberside Group of Local Medical Committees in the development of this guidance document.



## General Practice Resilience Programme

<b>Description:</b>	This programme aims to deliver a 'menu of support' that will help practices to become more resilient and sustainable, better placed to tackle the challenges they face now and into the future, and securing continuing high quality care for patients.
<b>How much?</b>	£40m nationally
<b>Timeframe:</b>	4 year programme of funding (40% of funding available in Year 1 and 20% in each of Years 2, 3 and 4) NHS Planning guidance states £16 million allocated in 2016/17 with £8 million allocated in 2017/18 and £8 million allocated in 2018/19.
<b>Who decides?</b>	NHS England's local teams will decide how best to spend their allocation of funding. The guidance states that they should involve key partners including the CCG, provider GPs and LMCs.

### What is the 'menu of support' on offer?

Practices may be able to take advantage of:

- Diagnostic services to quickly identify areas for improvement support
- Specialist advice and guidance e.g. operational HR, IT, Management and Finance
- Coaching/supervision/mentorship as appropriate (where there is a clearly identified need)
- Practice management capacity support
- Rapid intervention and management support for practices at risk of closure
- Co-ordinated support to help practices struggling with workforce issues
- Change management and improvement support to individual practices OR groups of practices

Examples of each of the above can be found in the [guidance document](#).

### What this scheme is not...

This is not funding for all practices and is not likely to be money straight into the practice finances for it to spend as preferred. It will be closely tied to the 'menu of support' listed above and is about supporting practices to change, develop and work in new ways. Even short-term interventions e.g. providing practice management capacity support will be about creating the breathing space to review the way things are done and develop a practice action plan.

### Criteria – which practices will be funded?

Funding/support will be made on the basis of local intelligence and decisions as to where the greatest impact can be achieved using the available resources. **The guidance states that the NHSE local team "should ensure there are clear opportunities for practices to self-refer for assessment for improvement support" under this scheme.**

In deciding how to spend this money, the NHSE local team will go through 2 processes:

- (1) They will look at the list of national criteria to help determine whether a practice has challenges relating to demand, capacity or internal issues.
- (2) They will use a 'Resilience and Support Matrix' to decide how much scope there is to provide support and what the impact of that support is likely to be.

Both the national criteria and the support matrix are provided as Annex B to the [guidance document](#).

To access this funding, the practice will need to demonstrate:

- What the current problems are for your practice and that this threatens your viability and/or the services you currently deliver – facts and figures will help your case and being able to show that you meet some of the national criteria mentioned above.
- That the financial support on offer will change something/produce a result that makes you more likely to survive and thrive as a practice.

The more clearly you can express these two things, the more chance you have of obtaining support through this scheme.

### **GPC says...**

Talk to your LMC, your CCG and the NHSE Area Team as soon as possible about the challenges facing your practice. One of the key criteria that NHSE will use for assessment is whether you have significant support from your LMC, CCG or NHS England local team.

## Retained doctor scheme – 2016 Enhancement

<b>Description:</b>	The Retained Doctor Scheme is a package of support which includes financial incentives and development support to help GPs who might otherwise leave the profession to remain in clinical general practice. It has been in place for many years but from 1 July 2016, NHS England is increasing both the money for practices employing a retained GP (RGP) and the annual payment towards professional expenses for GPs on the scheme.
<b>How much?</b>	<p>Practices employing a GP in this scheme will now receive £76.92 per session per week compared to £59.18 previously.</p> <p>The annual payment towards professional expenses for GPs on the retained scheme will increase from £310 to between £1,000 and £4,000 depending on the number of weekly sessions worked. For example, £1,000 for one session worked and £2,000 for two sessions worked etc.</p>
<b>Timeframe:</b>	The additional resource will be available for up to 36 months from 1 July 2016 until 30 June 2019 and will be paid to the practices via their usual payment route (through their NHS England local team or CCGs with delegated authority).
<b>Who decides?</b>	As long as both the Retained GP (or prospective Retained GP) and the practice meet the eligibility criteria, you will both qualify for the enhanced payment – there is no additional decision-making process.

### How this scheme can help

Data shows peaks in GPs leaving practice aged in their 30s and 55+. This scheme is aimed at anyone intending to leave practice as they require fewer working sessions. You can therefore use it to encourage GPs to continue working who might otherwise leave because they are unable to work more than an average of 4 sessions per week.

The enhanced payment will be made for existing RGPs. It can also be used to attract GPs not currently practising. The final option is that the scheme can be used where a doctor can provide the GP Dean with compelling evidence that they are intending to leave practice and would do so without this scheme.

### What this scheme is not...

A solution to the general practice workforce crisis. It may help to persuade some doctors to continue working a small number of hours rather than leave the profession completely.

## Criteria

The criteria for eligibility for the Retained Doctor Scheme are:

- The doctor must be qualified and entitled to practise as a GP in the UK - i.e. must hold full registration with the General Medical Council (GMC) and be on the National Medical Performers List (MPL).
- The doctor must intend to be employed for a maximum of 208 sessions per year in general practice.

The specific eligibility criteria for interested GPs and practices can be found in the [guidance document](#).

## Exclusions

This scheme may not be used for doctors who require remediation or for doctors where the NHS England local responsible officer has concerns.

### GPC says...

This is a change to entitlement and there is no discretionary element – if a GP qualifies, they and the employing practice can take advantage of the enhanced payment.

## General Practice Development Programme

The General Practice Development Programme is the overarching term being used for various different strands of funding. The main elements are:

- Time for care
- General Practice Improvement Leader Programme
- Training for reception and clerical staff
- Practice manager development
- Online consultation systems

### Time for Care

<b>Description:</b>	National expertise and support for groups of practices in a CCG area to implement their choice of innovations that release time for care.
<b>How much?</b>	<p>£30m nationally (but linked to other sources of funding such as training for reception and clerical staff)</p> <p>This does not offer funding direct to practices. It is an offer to take part in a programme alongside other practices in the same CCG.</p>
<b>Timeframe:</b>	Expressions of interest can be submitted at any time, with a final cut-off date of August 2018 (Note: the current <a href="#">Expressions of Interest link</a> states a closing date of 26 August 2016)

### How this scheme can help...

NHS England believes that by participating in this programme, most practices can expect to release about 10% of GP time.

### What this scheme is not...

A short-term fix. You'll need to commit both Clinical and Practice Manager time in order to get the most from this.

### What is being offered?

National expertise and resources will be used to facilitate locally hosted collaborative action learning programmes, supporting groups of practices to come together, learn about proven innovations of interest, agree priorities for action, and implement changes that release time for care. CCGs are expected by NHS England to consider identifying a senior person to lead local work to release staff capacity in general practice. Where appropriate, they will also support local practices in submitting expressions of interest for the Time for Care and General Practice Improvement Leaders programmes.

In most cases, it is expected that a programme will be convened for a natural grouping of practices such as the members of a CCG. This change programme will help practices to implement at least one of the Ten High Impact Actions, drawing on the experience of others, experts in improvement science and the support of the whole group. The programme will be designed with local leaders, with the support of your appointed development adviser, to ensure it meets your needs and aligns with other practice development plans locally. A wide menu of support can be drawn on, and no two programmes are likely to be the same.

It is likely that this support will take the form of a series of facilitated workshops over the next 12 months, run locally but with expert input.



The intention is to help practices manage their workload by learning lessons that work for other practices. The focus will be on implementing the 10 High Impact Actions below:



### More Information

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

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

This [NHSE web page](#) has more information – but it is a bit confusing! There are a series of Webinars between now and October that should shed more light on the GP Development support offer. The dates of these are available from the web page.

### GPC says...

This is an offer to groups of practices – and potentially the majority of practices in a CCG area committing to get involved. There is a [checklist](#) designed to help practices/the CCG to take stock of their readiness to host a successful Time for Care programme. If you're interested in this offer, your first port of call should be a conversation with your CCG.

## General Practice Improvement Leader Programme

<b>Description:</b>	General Practice Improvement Leader training programme from NHS England's sustainable improvement team.
<b>How much?</b>	The programme is free to attend for any clinician or manager involved in facilitating service redesign in general practice.
<b>Timeframe:</b>	Up to 300 free places per year for the next 3 years.

### How this programme can help...

Having clinicians and managers with quality improvement skills is key to successful change. This is a successful 9 month personal development programme to build confidence and skills for leading service redesign in your practice or federation.

NHSE state that the programme has been successful with general practice clinicians and managers of hugely varying experience (from GP registrars and newly appointed managers to very experienced staff).

### What this programme is not...

Open to everyone. Places are available but limited.

### Criteria

There does not seem to be any set criteria. However, NHSE will clearly be looking for current and potential leaders within general practice to take part.

It will mean being willing to attend workshops, commit to personal reading and reflection and try out new approaches such as action learning. You will be asked to lead a change project in your practice.

The aim is that you will look at things from new perspectives and develop the skills and confidence to be a leader of change.

### More Info

Hear [previous participants talking about their experience](#) of the training programme.

### Apply

You can [express your interest](#) using the online form. The currently advertised closing date for expressions of interest was 26 August 16.

### GPC says...

Although this is about developing one individual within the practice, the benefit will only be felt if there is full support for that person to apply their learning. Get the buy-in of all the GPs and senior staff if you want the programme to make a difference in the practice.

## Training for reception and clerical staff

<b>Description:</b>	This funding is to contribute towards the costs of practices training reception and clerical staff to undertake enhanced roles in active signposting and management of clinical correspondence.
<b>How much?</b>	£45 million (£5m in Year 1 and £10m per year for the next 4 years)
<b>Timeframe:</b>	Five years (2016/17 – 2020/21)
<b>Who decides?</b>	Central funding will be allocated to CCGs on a per-head-of-population basis, to allow them to disseminate it in the most appropriate way for their practices. Funding for 2016/17 will be transferred to CCGs in the autumn. There is an expectation that CCGs will liaise with LMCs and with practices to agree how best to distribute money for practices.

### What is being offered?

Support for every practice to have the opportunity to train their reception and clerical staff to undertake one or both of these enhanced roles:

- Active signposting
- Management of clinical correspondence

The funds can be used for any of the following:

- The cost of purchasing training
- Backfill costs for practices to cover staff time spent undertaking training
- Support in kind for practices for planning this change or undertaking training

The allocation for 2017/18 for each CCG area will be related to their total estimated registered population for that year. This can be found in the [NHS England calculation of CCG estimated registrations 2016-20 spreadsheet](#). Column X of the “GP Registration Projections” tab of this spreadsheet should be divided by the total estimated registered patients in England (58,173,725) multiplied by the £10m total.

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

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

### What this scheme is not...

Money to support mandatory or general customer service/administrative training.

It is also not clear from the published information at this stage whether it will fund the whole or only part of the cost of training.

### How this scheme can help...

This [NHSE web page](#) gives an introduction to Active Signposting and Correspondence Management and you can read more detailed case studies by using the links in the more information section below. NHSE states that:

- Active signposting frees up GP time, releasing about 5% of demand for GP consultations in most practices. It makes more appropriate use of each team member's skills and increases job satisfaction for receptionists.
- By using clerical staff to manage clinical correspondence, 80-90% of letters can be processed without the involvement of a GP, freeing up approximately 40 minutes per day per GP. For the clerical team, job satisfaction is often increased as well.

### More Info

Read more about [Active Signposting](#) by Reception Staff

Read more about [Correspondence Management](#) by Clerical Staff

#### GPC says...

This provides an opportunity to get some free or low-cost training to test out a new approach and see if it works.

Do look out for further communications from your CCG about this funding.

## Practice Manager Development

<b>Description:</b>	Funding to support the growth of local networks of practice managers. These will promote sharing of good ideas, action learning and peer support.
<b>How much?</b>	No information as yet
<b>Timeframe:</b>	3 years from 2016/17

### Other Information

There is very little information available yet on this forthcoming support for practice manager Development.

NHSE has recognised that practice managers are a vital resource in the NHS, playing a key role in maintaining a quality service and in redesigning care for the future. Yet they are also one of the most neglected parts of the workforce, receiving relatively little formal training or ongoing development. Many practice managers report feeling overburdened and isolated in their role, and it is often noted that the most efficient ways of working are slow to spread between practices.

This programme is intended to address some of these issues.

### GPC says...

Further details will be confirmed by NHSE in the Autumn and we will share information as soon as we have it.

## Online Consultation Systems

<b>Description:</b>	A fund to contribute towards the costs of purchasing online consultation systems, improving access and making best use of clinicians' time.
<b>How much?</b>	£45m (£15m in Year 1, £20m in Year 2 and £10m in Year 3)
<b>Timeframe:</b>	3 year funding programme starting in 2017/18
<b>Who decides?</b>	Funding will be allocated to CCGs, to allow them to disseminate it in the most appropriate way for their practices.

### What is being offered?

The allocations to each CCG will be based upon the estimated CCG registered populations for 2017/18 and 2018/19, which can be found in the "GP Registration Projections" tab of the NHS England [calculations of CCG estimated registration 2016-2020 spreadsheet](#).

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

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

CCGs will be accountable for this spend to deliver the specification outlined.

### What this scheme is not...

Financial support for general IT enhancements/provision or adopting other types of technology not related to online consultations.

### How this scheme can help...

NHSE state that in early adopter practices these systems are proving to be popular with patients of all ages. They free time for GPs, allowing them to spend more time managing complex needs. Some issues are resolved by the patient themselves, or by another member of the practice team. Others are managed by the GP entirely remotely, in about a third of the time of a traditional face to face consultation. Others still require a face to face consultation, and these are enhanced by the GP already knowing about the patient's issue. As well as improving the service for patients, evidence to date indicates that online consultation systems can free up to 10% of GPs' time.

### More information

Read [Case Studies](#) about Online/E-Consultation

### GPC says...

Further details will be confirmed by NHSE in the Autumn and we will share information as soon as we have it.

## New Models of Care funding and support

<b>Description:</b>	National support for future MCPs, PACSs and acute care collaborations, linked to the next phase of sustainability and transformation planning.
<b>How much:</b>	Not known
<b>Timescale:</b>	Funding available in 2017/18 – applications invited in Autumn 2016
<b>Who decides?</b>	This will be highly competitive with a national evaluation of bids by NHS England and NHS Improvement.

### How this scheme can help...

This is the big transformational funding to support the development of new care models.

### What NHSE have said so far...

*“To accelerate progress and support double running costs, a national new care models funding stream will contribute to support additional future MCPs and PACSs. In 2017/18 we expect to expand national support from coverage of about eight per cent of the country now, to around a quarter... The most compelling plans for the next MCPs are likely to cover specific communities in 2017/18, with wider spread thereafter, rather than all of the CCG or whole STP footprint at the same time.”*

### What this funding is not...

Money to do more of the same. This is about radical transformation and removing the boundaries between services including general practice, community services, secondary care, social care and the voluntary sector.

### Criteria

No detail as yet. However it is likely that bids for this funding must involve other partners e.g. from health, social services and the voluntary sector and the funding will be for delivering a wider range of services to a population of 30,000 or more (and probably with the intention to increase that over time).

### GPC says...

The document "[The multi-speciality community provider \(MCP\) emerging care model and contract framework](#)", is essential reading for anyone interested in this area. (Published 28 July 2016). It sets out their first thoughts about how the new voluntary contract might look.

GPC have produced the document '[Focus on the MCP contract framework](#)' which sets out the way in which MCP the contract is envisaged to work by NHS England, along with how NHS England expect aspirant MCPs to develop towards qualifying for full MCP contractual status, or a partially-integrated MCP.

This New Care Models funding stream, once it becomes available, will be for establishing MCPs along the lines described in the document. For groups of practices interested in this, GPC's advice is:

- Be clear about which partners you are going to be working with (Both other GP practices and other providers/services)
- What is the intention of the new working arrangements? Think about your care redesign – the document describes this as a 'by far the most critical task'
- Be clear what population you will be serving (a minimum of 30,000)
- Be clear what the priority needs of that population are – you will need compelling evidence
- Describe what your 'hubs' look like – what does your multi-disciplinary team look like?
- **Be able to tell your story – why is working in this new way going to be better for patients?**
- Ask for help – talk to NHSE, the CCG and LMCs



## Vulnerable Practices Fund

<b>Description:</b>	External support to struggling practices of greatest concern.
<b>How much:</b>	£10 million
<b>Timescale:</b>	This financial year
<b>Who decides?</b>	NHSE in consultation with CCGs

### How this scheme can help?

This funding was the precursor to the recently launched 'Resilience Programme'. When it was launched in December 2015, NHSE said that the aim of the support *"is to assess and treat the causes of vulnerability, securing practice improvements and building longer term resilience rather than deliver short term quick fixes."*

The scheme can be used to provide diagnostic assessments as well as practical advice and help to secure agreed improvements.

It is intended to help the practices struggling the most.

### What this funding is not...

There is a limited timeframe left to access this fund. GPC understands that the NHSE regional team still has some funding available within this scheme – if you are interested in finding out if you could access it, your first conversation should be with your CCG.

It is also not short-term funding to plug an immediate need e.g. additional funding for locum cover because you have insufficient GPs.

### Criteria

When this scheme was first launched, there was a requirement for practices to match-fund (with money) the investment from NHSE. This has since been revised and practices may now 'match' with non-monetary investments such as GP time.

The Annex to [this letter](#) sets out the criteria to be used to identify practices eligible for support. You will see that it is an earlier version of the criteria used for the Resilience Fund and uses the same matrix to assess the scope and impact of support.

The view of local commissioners (the CCG) and others (e.g. CQC, LMC) should be taken into account in determining which practices are most in need of support.

This money is to help practices take a look at what is making them 'vulnerable' and come up with a plan to strengthen themselves.

### GPC says...

If you can see past the 'Vulnerable Practices' badge, there may be some useful support available to you. The differences between this fund and the Resilience Fund can be difficult to discern. However, NHSE has committed to getting as much of this funding out to practices as possible. If you apply to the Vulnerable Practices scheme and not all elements of your request can be funded, you should be advised whether the other elements can be considered for the Resilience Fund.

## Clinical Pharmacists in General Practice

(Follow up to last year's pilot scheme)

<b>Description:</b>	Funding to support the creation of Clinical Pharmacist posts in General Practice.
<b>How much?</b>	£112m nationally. We assume there will be regional allocations of funding. (See below for further information about individual practice funding.)
<b>Timeframe</b>	Detail of funding timescale not yet known. The intention is to have a further 1,500 pharmacists in general practice by 2020. <b>We are expecting funding to be announced in Autumn 2016.</b>
<b>Who decides?</b>	NHS England. For the pilot scheme, there were regional panels with representatives of NHSE, LETBs and local patient voice followed by a national moderation panel. It is not clear yet whether the same process will be followed when the new funding becomes available.

### What is the role of the Clinical Pharmacist in a General Practice?

Clinical pharmacists work as part of the general practice team to resolve day-to-day medicine issues and consult with and treat patients directly. This includes providing extra help to manage long-term conditions, advice for those on multiple medications and better access to health checks.

### How this scheme can help?

The intention is that by having a clinical pharmacist in GP practices, GPs will be able to focus their skills where they are most needed, for example on diagnosing and treating patients with complex conditions.

If well-managed and clearly structured, the clinical pharmacist role should help GPs manage the demands on their time. It is early days as yet but the feedback from the pilots that are up and running seems to be good.

### What else do we know?

The aim is to provide a pharmacist per 30,000 population for all practices not in the initial pilot.

The things we know from the pilot are:

- Practices must offer a permanent employment contract i.e. not a fixed term contract. The intention is that the Practice Pharmacists should become an integral part of the general practice team beyond the end of the funded period.
- Groups of clinical pharmacists are intended to work together – a supervising (Band 8a) pharmacist with up to 5 junior pharmacists (Band 7). This is for shared learning and support and to enable all practices to take advantage of clinical pharmacists even if they may not be able to employ a full-time pharmacist on their own.
- The pharmacists MUST be patient-facing.
- Bids to this fund can be from practices across more than one CCG area where that makes sense.
- There is a training commitment for the pharmacists of 28 days over an 18 month period including a 4 day intensive induction. The expectation is that all the Band 7 pharmacists will work towards becoming prescribers.
- 90 hours of GP supervision are required for the prescribing course. (This does not need to be from a GP trainer.)

- Training is available for practices (up to 4 days over a year) about how best to incorporate clinical pharmacists into the practice team.

### What this scheme is not...

A chance for you to apply for funding for a Clinical Pharmacists just for your practice. There is a clear expectation that **groups** of practices will work together on bids. (Bids from two practices working together may be considered if they meet the criteria but bids from a single practice on one site will not make it through the selection process.)

It is also not free. In the pilot, practices could apply for 60% of costs in Year 1, 40% in Year 2 and 20% in Year 3. Practices have to meet the remaining costs themselves, although some CCGs have put in additional funding as well to reduce the initial amount payable by practices.

The scheme is not a replacement for community pharmacy and is not about focusing on minor ailments.

### Criteria

Applications for the pilot were assessed against the criteria below. It is fair to assume that similar criteria will be used when the next allocation of funding is announced.

- potential to address GP workload
- staffing/workforce need
- clearly thought through purpose and role for clinical pharmacist(s) in improving outcomes for patients
- potential to improve patient access to general practice services
- clearly articulated, realistic and measurable key performance indicators (KPIs)
- appropriate clinical support for pharmacist roles within the team and a named lead
- evidence of appropriate and realistic costings and commitment to fund for all years
- commitment to multi-disciplinary team development programme
- commitment to evaluation programme
- commitment to release time for clinical pharmacists development programme
- patient engagement

### More Info

Various resources are available from the [NHSE website](#) including written and video case studies and a link to [webinars](#).

The resource: [A Guide for GPs considering employing a practice pharmacist](#) includes job advert and job description templates and outlines the different functions that clinical pharmacists can perform in practice.

**GPC says...**

Although the amount of supervision time seems vast, this role does have the potential to genuinely support doctors and free up GP time. In the absence of enough GPs to go round, this seems to be one of the best options on the table.

The timescales from announcing the pilot to the closing date for applications was incredibly short last year. We should be prepared for a similar scenario this year. If you wait until the announcement of the funding, it may well be too late to put together a quality bid, especially given the requirement to work in groups. Have your discussions with partner practices now and be prepared to demonstrate how you meet the above criteria so that you're ready to go as soon as the funding is announced.

To really get the benefit, practices should to set out their own aspirations/goals in advance. You can then measure whether the appointment of a clinical pharmacist has helped you achieve your goals or not. For example, through the use of a clinical pharmacist, you could seek to:

- Increase your appointment times from x minutes to x minutes (for all patients or for a specific group of patients)
- Reduce use of locums to x (or by x)
- Reduce waiting time for routine appointments from x to x
- Generate x amount of additional capacity for GP telephone appointments
- Any other appropriate measure that is relevant to your practice – it could even be trying to ensure that your GPs manage to get time to eat lunch each day.

Being clear about your goals may help you focus the work of the clinical pharmacist to ensure that each activity they undertake is targeted towards your achieving your objectives.

## NHS GP Health Service

<b>Description</b>	The NHS GP Health service programme will improve access to mental health support for general practitioners and trainee GPs who may be suffering from mental ill-health including stress and burnout.
<b>How much?</b>	£19.5 million available over 5 years
<b>Timeframe</b>	The contract will initially run to March 2019, with a possible extension to March 2021. The procurement process is currently underway and the service is expected to be launched in January 2017.

### How this scheme can help?

This scheme may be able to help:

- retain practitioners who would otherwise leave the profession
- support our GP workforce to be healthy and resilient
- practitioners return to clinical practice after a period of ill health

### What this scheme is not...

A replacement for the GP Occupational Health Service. GPC understands that this is additional resource.

### What will be on offer?

There is very little detail available at this stage. The information currently available is that:

- the service will be staffed by specialists in this clinical area
- there will be a national self-referral phone line
- a website will provide information and self-help tools
- treatment services will be free
- treatment will be available across England
- the service will be discreet and totally confidential
- the service will not be used in any way to performance manage GPs

### GPC says...

We welcome all practical measures to support GPs and will monitor closely its effectiveness. Keep a look out for the launch of this new scheme.

## GP Access Fund

### Description:

To support better access to general practice for the public. NHS England describe this as *'to enable CCGs to commission and fund extra capacity to ensure that everyone has access to GP services, including sufficient routine and same day appointments at evenings and weekends to meet locally determined demand, alongside effective access to other primary care and general practice services such as urgent care services.'*

### How much?

£138m recurrent funding in 2017/18 rising to £500m by 2020/21 for CCGs to commission and fund extra capacity

### How this funding can help?

On top of primary care allocations NHS England have said they will provide over £500 million recurrent funding 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, alongside effective access to out of hours and urgent care services.

### What else we know...

This forms part of the £2.4 billion recurrent funding announced for general practice in the General Practice Forward View.

This will replace the £100m per annum non-recurrent funding currently allocated through the Prime Minister's GP Access Fund.

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

CCGs should plan to receive £6 per weighted patient for each of these sites in 2017/18 and £6 per weighted patient in 2018/19. This is less than many sites previously received. The programme will expand in 2017/18, bringing the total investment up to over £138m million. This funding will be recurrent.

There will be further funding in 2018/19, totalling £258 million. This additional funding will be allocated across all remaining CCGs to support improvements in access, as £3.34 per head of population.

NHS England state that, given some of the unique characteristics of London, the funding for London schemes will be available to be deployed to support improvements across the whole of the geographical area.

### GPC says...

We welcome investments in to increasing capacity in general practice. However under the new arrangements a much lower amount per patient will be made available to providers of this service and they will therefore have to adjust their appointment provision accordingly and make greater use of clinicians other than GPs to deliver this within the available budget. This can best be done by integrating this service with existing urgent care/OOH services. It should also be noted that appointment provision on Saturdays and Sundays should be tailored to meet local needs. There is no obligation to provide an 8-8, 7 day service.

## Estates and Transformation Fund (formerly the Primary Care Transformation Fund)

<b>Description:</b>	Investment to accelerate the development of infrastructure to enable the improvement and expansion of joined-up out of hospital care for patients.
<b>How much?</b>	Overall total capital investment in over the next five years will be £900 million
<b>Timeframe:</b>	Submissions deadline was June 2016. Feedback was due by 31st August 2016. Decision dates are yet to be published.

In October 2015, Clinical Commissioning Groups (CCGs) were informed that they would be invited to put forward recommendations for investment in primary care infrastructure in future years.

### How this scheme can help...

This funding stream aims to help practices establish infrastructure which enables extra capacity for appointments in hours and at evenings and weekends to meet locally determined demand. The Estates and Technology Transformation Programme will continue to improve infrastructure in general practice and support the delivery of Sustainability and Transformation Plans.

The document [Estates and Technology Transformation Fund \(Primary Care\) Guidance for CCGs – How to submit recommendations for funding](#) is a useful resource to look at criteria and timelines for this fund.

### GPC says...

Although the deadline for applications for this fund has now closed for this year, we will monitor for future calls for submission. Please keep us informed on the outcome of any proposals you have submitted.

## Checklist of funding streams

Fund	Amount	Timeframe	Availability
General practice resilience fund	£40 million (£16m in 2016/17. £8m per year for 3 years)	4 years From 2016/17	National programme. NHS England local teams to decide allocations.
Retained doctor scheme	£76.92 per session per week	3 years 1 July 2016 – 30 June 2019	No additional decision making process. Retained GP and practice must meet criteria to be eligible.
General Practice Development Programme	£30 million	Expressions of interest cut off August 2018	Expressions of interest submitted to NHS England
General Practice Improvement Leader Programme	Free to attend	3 years	Applications to NHS England. 300 places free over the next 3 years.
Training for Reception and Clerical Staff	£45 million (£5 million in year 1 and £10 million per year over the next 4 years)	5 years 2016/17 – 2020/21	Central funding will be allocated to CCGs on per-head-of-population basis.
Practice Manager Development	unknown	3 years From 2016/17	No information published
Online Consultation Systems	£45 million (£15m year 1, £20 million year 2, £10 million year 3)	3 years From 2017/18	Funding allocated to CCGs. CCGs to be disseminated in the most appropriate way.
New care models funding	unknown	2017/18	Bids from practices with partners to NHS England and NHS Improvement
Vulnerable practices fund	£10 million	2016/17	NHS England to decide in consultation with CCGs
Clinical Pharmacists in General Practice	£112 million	unknown	NHS England to decide regional allocations
NHS GP Health service	£19.5 million	5 years From 2017	National scheme open to all GPs
Estates and Transformation Fund	£900 million	5 years	CCG bids to NHS England
Prime Minister's GP Access Fund	£500 million	5 years	National funding provided to CCGs (process unknown)



## Annex 1: Funding to look out for

The [GP Forward view](#) does reference further funding streams that aim to help with the crisis in general practice. These future funding streams to look out for are summarised below. We will provide more information on them once it is published. More information on the GP Forward View funding streams can also be found in the [NHS Operational Planning and Contracting Guidance 2017-2019](#).

### Practice transformational support

Starting in 2017/18, as part of the 5 year £508 million sustainability and transformation package, CCGs will be required to invest £171 million in a non-recurrent fund for Practice Transformational Support. For this fund CCGs will need to plan to spend a total of £3 per head as a one off non-recurrent investment.

This investment should commence in 2017/18 and can take place over two years as determined by the CCG, £3 in 17/18 or 18/19 or split over the two years. The investment is designed to be used to stimulate development of at scale providers for improved access, stimulate implementation of the 10 high impact actions to free up GP time, and secure sustainability of general practice. CCGs will need to find this funding from within their NHS England Allocations for CCG core service.

### Pharmacy Integration Fund

This is worth £20 million in 2016/17 and rising by a further £20 million each year, to help further transform how pharmacists, their teams and community pharmacy work as part of wider NHS services in their area. Subject to a separate consultation, the proposals include better support for GP practices, for care homes and for urgent care for the use of the fund.

### Practice nurse development

£15 million will be invested 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.

### Mental health

There will be investment in an extra 3000 mental health therapists to be working in primary care by 2020 to support localities to expand the Improving Access to Psychological Therapies (IAPT) programme.

### IT support

Core GP IT services will be expanded in 2017/18, to include: funding for Wi-Fi for staff and patients within practice settings (funding to be made available for hardware, implementation and service costs); cost-effective purchase of telephone and e-consultation tools; funding to support education in using digital services to best effect, and enhancements to the e-referral system to improve alerts and communications.

### Stamp duty

NHS England will fund stamp duty and land tax costs for practices signing leases with NHS Property Services from May 2016 until the end of October 2017.

### Management costs

NHS England will develop new funding routes to enable 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.

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