

NHS Five year forward view

GPC summary

This brief initial summary outlines some of the key areas for GPs and general practice highlighted in the 'NHS Five Year Forward View'.

The full report can be accessed [here](#). You can read the BMA's public and media response in the BMA press release issued yesterday [here](#).

This summary does not represent a GPC or BMA view or position. A full GPC response will be produced after careful consideration.

Much of the content of 'NHS Five Year Forward View' appears to herald a step in the right direction for general practice, with the strategy document emphasising a new focus on many of the areas that the BMA has been working on, particularly in the [Your GP Cares](#) campaign which calls for long-term sustainable investment in general practice to:

- Attract, retain and expand the number of GPs, including through improved retention and returner schemes
- Expand the number of practice staff
- Improve the premises GP services are provided from

It is encouraging that NHS England has shown signs of listening to the views and ideas the GPC has represented to it on behalf of the GP workforce, with much of the report echoing our own document, 'Developing General Practice Today', accessible [here](#).

However, the document also includes far-reaching proposals for new models of care, which will require careful consideration.

General practice has been paralysed by diminishing and inadequate resources, and it is important that the stated aim of increasing funding in general practice is realised, in order to ensure general practice becomes an attractive career option once again.

GPC will of course be seeking to influence the way in which these proposals are taken forward.

Urgent measures

The strategy document states:

‘One of the most important changes will be to expand and strengthen primary and ‘out of hospital’ care. Given the pressures that GPs are under, this is dependent on several immediate steps to stabilise general practice’ .

NHS England acknowledges the strain general practice is under, noting that recruitment is not keeping pace with demand and that this is the result of the relative under-resourcing of general practice.

The GPC has been in discussions with the Secretary of State over the need for urgent measures ([accessible here](#)) to ensure the stability of general practice the ‘NHS Five Year Forward View’ reflects the urgent need for change.

Funding

NHS England state that the next five years will see a focus on general practice funding including:

- Stability for core funding for general practice nationally over the next two years while an independent review is undertaken of how resources are fairly made available to primary care in different areas.
- More influence for CCGs over the wider NHS budget, enabling a shift in investment from acute to primary and community services.
- Funding to upgrade primary care infrastructure and scope of services.

Workforce and workload

The document also picks up on the workforce crisis in general practice; including

- The need to expand the GP workforce by training more GPs.
- NHS England to work with CCGs and others to design new incentives to encourage new GPs and practices to provide care in under-doctored areas to tackle health inequalities.

- Training community nurses and other primary care staff.

In line with this year's contract agreement between GPC and NHS Employers, the document highlights there will be investment in returner and retention schemes and ensuring that current rules are not inflexibly putting off potential returners.

Empowering patients

In the urgent measures for general practice stability the GPC has been discussing with the Secretary of State, we highlighted the need to support patients to manage their own care, and this has been picked up in the commitment to 'build the public's understanding that pharmacies and on-line resources can help them deal with coughs, colds and other minor ailments without the need for a GP appointment or A&E visit."

The document also discusses the benefits of an increased focus on public and workplace health, as well as possible incentives to the public to live healthier lifestyles. It goes on to mention finding new ways to support carers; with a proposal for a new 'family and carer liaison' role to educate people in the management of long-term conditions and to help with vaccination programmes. There is also a strong focus on innovative ways to encourage community volunteering, including accreditation and council tax reductions.

Patient access to information is a strong theme in the document, with the emphasis on the potential benefits of patients obtaining information about their conditions and history. It is proposed that everyone will have access to their medical and care records within five years.

Care models

The Five Year Forward Vision devotes a chapter to the NHS England's thinking around the future of care delivery in NHS. Where historically, healthcare in the NHS has been delivered through single, unconnected episodes of care, the changing patient demographics and disease profiles require care that is integrated around the needs of the patient and not organisations.

The report articulates a number of care model concepts and areas within the health sector where reform is required. Dissolving the traditional barriers between

primary and secondary care and investing more in primary care is considered central to delivering this vision.

It's noted that although some parts of the NHS are breaking barriers and delivering innovative, integrated patient care, these scenarios are isolated and lacking in impact. NHS England's approach will be to better understand these exemplars, with the view to thinking about how they can be applied across England.

The report is careful to note that NHS England is not seeking to apply a single model across England. While a one-size-fits-all approach isn't the answer, nor should there be an infinite number of ways of working.

Of relevance to GPs, the report offers two broad concepts for delivering integrated care (the report offers very little operational detail for either concept).

1. GP-led multispecialty community providers (MCPs).

- This approach is based on a registered list of patients and would allow GPs to scale up operations. At one end of the MCP spectrum, GPs would be encouraged to work more collaboratively with other health professionals (consultants, nurses etc). Enabling extended group practices, such as through GP-led federations and networks, is put forward as one way of delivering this vision.
- At the other end of the spectrum, GP-led MCPs could also take on running of some aspects of non-urgent secondary care, for instance, extending to GPs taking over running of local community hospitals. Over time MCPs may also take on responsibility for managing a health service budget.

2. Primary and Acute Care Systems' (PACS).

- The central feature of PACS is an organisation that delivers list-based GP and hospital services together with community and mental health services. These organisations could be GP-led, for instance where GPs run the hospital, or hospital-led, whereby acute trusts are permitted to open GP surgeries with registered lists. The report doesn't specify a preference for either approach and emphasises the complexity and unintended consequence of introducing PACS.

Smaller independent GP practices will be able continue in their current form where patients and GPs want that.

IT

Information technology is highlighted as an important factor in the strategy, with the document acknowledging that past policies have not been successful. The approach now will be to ensure there is a nationally coherent approach to key systems, while other systems will be for the local NHS to decide upon and procure. A 'National Information Board' has been set up to lead on this process'. Some of the key elements of the new approach highlighted by NHS England include:

- Comprehensive transparency of performance data - including the results of treatment and what patients and carers say - to help health professionals see how they are performing compared to others and improve; to help patients make informed choices; and to help CCGs and NHS England commission the best quality care.

- An expanding set of NHS accredited health apps that patients will be able to use to organise and manage their own health and care; and the development of partnerships with the voluntary sector and industry to support digital inclusion.

- Fully interoperable electronic health records so that patients' records are largely paperless. Patients will have full access to these records, and be able to write into them. They will retain the right to opt out of their record being shared electronically. The NHS number, for safety and efficiency reasons, will be used in all settings, including social care.
- Family doctor appointments and electronic and repeat prescribing available routinely on-line everywhere.
- Bringing together hospital, GP, administrative and audit data to support the quality improvement, research, and the identification of patients who most need health and social care support. Individuals will be able to opt out of their data being used in this way.
- Technology - including smart phones - can be a great leveller and, contrary to some perceptions, the report notes that many older people use the internet. However, NHS England will take steps to ensure that they build the capacity of all citizens to access information, and train our staff so that they

are able to support those who are unable or unwilling to use new technologies.

Overall NHS funding

Following the Health and Social Care Act, the NHS as a body in its own right can set out its own agenda and invite political parties to respond. The Forward View sets out three alternative funding scenarios for the full set of changes required and what this means for forecast funding gap of £30 billion by 2020-21.

- A flat budget in real terms from 2015/16 to 2020/21 alongside annual productivity gains of 0.8 percent a year, cutting the deficit by a third to £21 billion.
- A flat real terms budget over the period alongside stronger efficiencies of 1.5 percent a year, halving the gap to £16 billion.
- Extra investment in the NHS to meet the investment requirements in the forward view, which also allows efficiency gains of two to three percent a year and allows the £30 billion gap to be bridged.