



## Londonwide LMCS, Resilient GP and GP Survival joint response to the General Practice Forward View

A Joint Response to the General Practice Forward View (download as PDF).

Urgent measures are needed immediately to prevent the collapse of general practice

Long overdue investment and a long term plan, but will practices last until 2020?

Whilst no one can dispute that it is good that the importance of General Practice within the NHS has been recognised, looking behind the headline £2.4 billion doesn't instil most of us with the enthusiasm it seems to be causing elsewhere.

The money

It is not clear if this money is going to have to come out of the £8bn already promised to the NHS by 2020. If this is on top of the £22bn savings that have to be found, that doesn't add up. Who is potentially losing out to give us the funding?

£2.4bn would take us BELOW 2010 levels of funding for primary care. Surgeries need money now.

Come 2020, we will have more complex patients, more GPs and allied healthcare professionals to pay (if they can be found) and more work to do. To get the full amount promised, GP surgeries will need to open every evening and 7 days per week. This is on top of the existing urgent care and out of hours service; a duplication which makes little sense.

There is a £322m primary medical care allocation mentioned for 2016/17. Isn't this what we had already been told we were getting or is it additional? We need urgent clarity.

We are led to believe that the £508 million transformation fund is a one-off, and depends upon CCGs being able to fund much of it. CCGs have no spare money, many are overspent and/or having to prop up secondary care trusts. There is no mention or explanation of the context in which these headline figures translate into real investment for practices.

The workforce

NHSE and the RCGP have supported the creation of 5000 new GPs by 2020. Again - this is never going to happen.

The GP returners' programme (which was created by workforce planning at the GPC) is good but simply isn't enough. The Parliamentary Select Committee Report released today calls for Government analysis and tracking of leavers and their reasons for departure – but it's GPs leaving practices that are key – not a simplistic head count of those entering/leaving the profession. Not all GPs see patients in the classic surgery setting.

Recruitment from abroad is an extraordinary plan when we can't seem to tackle getting UK GPs back into the workforce without major difficulty. The significant challenge of medical indemnity fees is not addressed when this would make an immediate difference to the number of sessions GPs can work both in and out of hours. A chance to maximise the current workforce has been missed here. Funding needs to go directly into GP practices, so that they can keep the GPs they have, and recruit more.

With regards to pharmacists and paramedics, when they work well with GP practices, it is good for everyone and we can be pleased that this may be expanded.

The army of 1000 Physicians Associates however is somewhat less helpful. There are currently 35 working in general practice in the UK, with no regulation and no career structure. Today's Select Committee Report calls for the regulation of physician assistants.

The medical assistant role may however be something that actually makes a positive difference to the day to day lives of GPs.

The organisational structure

Current surgeries need money now. This forward view is based almost entirely around large collections of GPs working together. Whilst this can work

well in some areas, it by no means for everyone and, in fact, there have been recent thoughts that the Vanguard model may not be the panacea that it was once touted to be, again as iterated in today's Select Committee Report.

#### In summary

This plan is very short on detail, and detailed immediate plans are what we need. There is a recognition of the issues, but a lack of urgency in a dire situation. We collectively are worried there won't be a General practice to fund in 5 years' time. If there is, it will be one that is not recognisable to our patients. Patients must be clear they will not be seeing a GP very often in the future, but other healthcare professionals. Has that been adequately communicated to them? Our funding is being taken away from other areas of the NHS and takes us back to less than we had in 2010. If the government and NHSE were serious about maintaining high quality General Practice for the rising population of the UK, this plan would include immediate emergency measures alongside the longer term vision. We look forward to seeing the GPCs next step in light of today's report.