



GP Partnership Review recommendations published

Throughout its recommendations the Review's findings broadly support the investment in workforce and other central planks of NHS England policy. We have summarised the recommendations which fall outside existing policy. For the full recommendations, with their original wording, please see the GP Partnership Review Final Report.

1: There are significant opportunities that should be taken forward to reduce the personal risk and unlimited liability currently associated with GP partnerships.

Get out clauses for leases in the event of contract termination.

NHS England and GPC to work on a legal structure for holding property separate to partnership.

Changes to primary legislation would be required to allow GMS/PMS to be held by other business models (IE LLPs). The Department for Health and Social Care (DHSC) should review how opening up the market to other business models holding perpetual contracts and report back in 6 months.

State backed indemnity is welcome, but should not undermine the financial stability of practices.

Introduce more flexible working for partners, to make partnership more attractive to a wider pool of applicants.

2: The number of General Practitioners who work in practices, and in roles that support the delivery of direct patient care, should be increased and funded.

Optional Primary Care Fellowships to be available post-qualification, probably for around two years.

Specialties being moved into the community should be used as an opportunity to facilitate GPs taking on portfolio careers with interests such as diabetes, dermatology, frailty or musculoskeletal conditions. These roles should be accredited by the RCGP and funded by new money.

The Government and GMC should streamline returning to UK practice for GPs who have been working abroad.

GP pension rules should be made more flexible, as allowed in some other public-sector pension schemes, in response to pension changes creating incentives to cut sessions or retire early.

3: The capacity and range of healthcare professionals available to support patients in the community should be increased, through services embedded in partnership with general practice.

The recommendations broadly support a move to expand new roles and develop multidisciplinary teams, in line with the NHS Long Term Plan.

4: Medical training should be refocused to increase the time spent in general practice, to develop a better understanding of the strengths and opportunities of primary care partnerships and how they fit into the wider health system.

HEE, GMC and Royal Colleges to add more time in/on general practice added to all stages of medical training.

HEE, NHS England and DHSC to fund undergraduate placements in general practice to reflect true cost of providing them.

Funding for training practices should be increased and the process of becoming one streamlined.

Recommendation 5: Primary Care Networks should be established and operate in a way that makes constituent practices more sustainable and enables partners to address workload and safe working capacity, while continuing to support continuity of high quality, personalised, holistic care.

The review broadly supports the development of PCNs, but calls for greater decision making at practice level.

PCNs should manage extended access funds, to support local decision making.

The NHS Standard Contract needs enforcing to reduce GP workload.

Simplified local contracting, with fewer targets and less data collection by CCGs.

CCGs should provide practices with a data protection officer.

General practice must have a strong, consistent and fully representative voice at system level.

GMC to recognise GPs as specialists and work with medical schools and others to end negativity to general practice as a career choice.

NHS England to require all STPs or ICSs to have a primary care plan developed in conjunction with LMCs.

Resources and support should be provided to practices to develop PCNs.

AI triage to be introduced to direct patients to self-care, where appropriate, reducing workload.

Video consultations to be introduced alongside mobile working for GPs.

7: There are opportunities that should be taken to enable practices to use resources more efficiently by ensuring access to both essential IT equipment and innovative digital services.

Regulators and commissioners to produce standardised documentation sets.

DHSC should look at streamlining interactions with DWP, DVLA etc in order to reduce workload.

NHS England should support more mobile working for GPs to increase capacity, eg. providing video consultations from home.

The GP IT estate needs improving.