



## GP Forward View five years on

The GP Forward View (GPFV) launched on 21 April 2016, with several commitments and aims for improving general practice and the care provided to patients. On 28 April, Dr Lisa Harrod-Rothwell, our Deputy CEO, wrote an article for Pulse looking at the GPFV five years on.

Some of these aims were general, but some ambitions and objectives had quantifiable targets such as money invested, additional personnel working in practices, a particular service being available to patients, etc. We have summarised these aims below, as a reminder of what should have been delivered over the five years since the GPFV launch in 2016.

The wording is lifted directly from the GPFV document, unless appearing in square brackets.

### Overall funding

By 2020/21 recurrent funding to increase by an estimated £2.4 billion a year, decisively growing the share of spend on general practice services, and coupled with a ‘turnaround’ package of a further £500 million.

£508 million five year Sustainability and Transformation package for general practice to help further support struggling practices in the interim, develop the workforce, stimulate care redesign and tackle workload. This package will include:

£56 million, to include a new practice resilience programme starting in 2016/17, and the offer of specialist services to GPs suffering from burn out and stress.

£206 million for workforce measures to grow the medical and non-medical workforce.

£246 million to support practices in redesigning services, including a requirement on CCGs to provide around £171 million of practice transformational support and a new national £30 million development programme for general practice).

### Workforce

Increase the number of doctors in general practice by 5,000.

[Launch] a major international recruitment drive, to attract up to 500 appropriately trained and qualified doctors – and possibly more - from overseas over the next five years.

Health Education England will roll out a total of 250 post CCT fellowships by summer 2017 to offer wider and more varied training opportunities in areas of poorest GP recruitment.

We need to accelerate this [induction and refresher scheme] further so that we can attract at least an extra 500 doctors over the next five years back into general practice.

Increase the number of other health professionals by at least 5,000:

1,500 more pharmacists.

3,000 more mental health therapists.

1,000 more physician associates.

£15 million 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.

Extend the clinical pharmacists programme with a new £112 million offer to enable every practice to access a clinical pharmacist across a minimum population on average of 30,000 - leading to an extra 1,500 pharmacists in general practice.

An extra £6 million in practice manager development.

## PCNs

Establishing primary care networks across the whole country, backed by £1.8 billion of funding by 2023.

A new £300 million Fund by 2023 will include networks making faster progress in achieving the outcomes described in the NHS Long Term Plan.

## Estates and IT

Additional capital will also be invested in general practice beyond the Estates and Technology Transformation Fund which means that the overall total investment in capital assets up to 2020/21 will be £900 million.

All patients will have the right to digital-first primary care, including web and video consultations in 2021.

Over 18 percent increase in allocations to CCGs for provision of IT services and technology for general practice.

£45 million national programme to stimulate uptake of online consultations systems for every practice.

## Collaboration

The Better Care Fund (BCF) requires CCGs and local authorities to pool budgets and to agree an integrated spending plan for how they will use their BCF allocation. In 2016/17, the minimum size of the BCF has been increased to £3.9 billion.

## Regulation

Practices rated good and outstanding &ndash; currently the vast majority - will move to a maximum interval between inspections of five years, subject to the provision of transparent data, available to CQC, NHS England and CCGs; and also to CQC remaining assured that the quality of care has not changed significantly since the previous inspection. Where CQC has concerns, it may revisit sooner.

You can read the General Practice Forward View document [here](#).