



**Londonwide LMCs**

The professional voice of London general practice

# Securing the Future of General Practice in London: *Meeting the Challenge*

February 2014



# Foreword

Securing the Future of General Practice in London: Meeting the Challenge is Londonwide LMCs' successor publication to our well-received vision Securing the Future of General Practice in London, published last autumn. It is aimed primarily at providers of general practice across the capital but is also applicable to commissioners of Health and Social Care in London. It offers an achievable approach to transforming primary care by encompassing and building on the strengths of general practice particularly the holistic and continuous care approach based on patient outcomes and personalised care.

Throughout this document we focus on providing a range of approaches and practical solutions that practices may wish to consider as they grapple with the unrelenting pressures, chaos and uncertainty that today's wider NHS system places on them. Our aim is to offer a fresh approach to managing demand and care across the whole system based on the values and strengths of general practice. Our key priorities for transformation; performance and delivery; workforce, education and training and provider development focus on the "must dos" of:

- Involving patients in practices
- Providing general practice with the time to reflect in order to assess, plan and coordinate the care of patients which we call "Upgrading the General Practice system"
- Enhancing the multidisciplinary team services in the community ie, outside hospitals, including diagnostics which we call "Commissioning For General Practice"
- Identifying and planning long-term investment in the general practice workforce and infrastructure which we call "Investing in the General Practice workforce"
- Ensuring appropriateness of performance initiatives

We believe that effective and lasting change is best shaped, driven and implemented by the very people affected by it – the general practitioner workforce, their practice team members and patients in association with the wider multidisciplinary team. Any other approach simply won't work.

We are highly fortunate in London, in having many, many practices that are doing an incredible job under immensely difficult circumstances – yet by working with the profession – so much can be achieved with a fraction more of the NHS budget, and by capitalising on the experience and enormous goodwill within neighbourhood surgeries across our London boroughs.

My personal thanks to members of our reference group who made constructive and welcomed comments on earlier drafts, as well as to members of the evidence and policy group here at Londonwide LMCs.

Londonwide LMCs, as the only independent statutory voice of general practice, can and will continue to do everything in our power to Secure the Future of General Practice in London. We will continue to robustly support practices in meeting the challenges of providing personalised patient care for many of our most vulnerable patients and London's residents.



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# Introduction

Our evidence-based document [Securing the Future of General Practice in London](#) published in September 2013 set out the core values and building blocks which we believe are essential to ensure safe and sound delivery of general practice to meet the threats and opportunities that GPs and teams face now and in an uncertain future.

**We developed a practical strategy focusing on four key areas:**

- 1. Transformation**
- 2. Regulation, Performance and Delivery**
- 3. Workforce, Education and Training**
- 4. Provider Development**

In this document we outline some of the key steps Londonwide LMCs will take to develop our practical strategy for the next three years. You will see a number of terms utilised ie “transformation”, “integration”, “federation” in order to be consistent with the current language and “buzzwords” used in the NHS. This document is **for** general practice and outlines some first steps in turning these potential threats and opportunities into the tools which will secure the best of current general practice for the future and for patients. Londonwide LMCs and local LMCs will work with our stakeholders and influence others to achieve our approach to the transformation of GP provider services in London.

We will push to influence change that works for you and your patients based upon the essence and core values of general practice:

- The registered list – individuals and practice population
- Expert generalist care of the whole patient
- The consultation as the irreducible essence of delivery
- Taking into account socio-economic and psychological determinants of disease and the inverse care law
- The therapeutic relationship and relationship continuity
- Delivering safe, effective long term and preventative care, balanced with timely episodic care by promoting access to relationship continuity
- Advocacy and confidentiality

## Transformation Challenges

Strong general practice is essential to our health system. Transformation is taken to mean different things, and reflects different assumptions, by different organisations. Transformation of the NHS to meet the health care challenges we face must build on the bedrock of general practice so that GPs and their teams can continue to deliver what they are best at.

The key to this transformation is the provision of support and development of general practice so that it can effectively provide expert generalist health care in the community to a known list of patients in the face of increasing demand and reduced resources. This means enabling GPs and their staff to co-ordinate the increasingly complex care of their patients in the context of a multidisciplinary team. Their freedom to innovate must be maintained to solve local problems in care delivery, and to manage increasing demand, for example by collaborating with other GPs, primary and social care providers and with secondary care where appropriate. General practice in London is adept at dealing with complex care where the burden of an increasingly aged population is compounded by the effects of high social mobility, multi-ethnicity and social deprivation.

To rise to this challenge, GPs and practice teams need to have the ability to provide longer patient consultations where necessary. In some practices, this will be for a high proportion of patients. They need seamless access to wider support for their patients in their own homes and in the community 24 hours a day, seven days a week. They must have the resources to provide personal continuity to patients who need and desire it, whilst being able to maintain flexible access to meet the needs of all their patients. Continuity of care (with the concomitant development of a mutually trusting doctor patient relationship) is paramount in the effectiveness of general practice and the delivery of personalised care; loss of this will result in increased cost through over investigation and unnecessary referrals.

### Key Stakeholders include:

#### *Practice Level*

- GP practice teams
- Registered patients
- Services that support practices such as community, mental health, social care and diagnostics

#### *Borough Level*

- Healthwatch plus other local patient groups
- Clinical Commissioning Groups (CCGs)
- Commissioning Support Organisations (CSOs)
- Local Authorities (LAs)
- Health and Wellbeing Boards

#### *London Level*

- NHS England (London)
- London Councils
- Greater London Authority
- Health Education England

Central to this challenge is: the engagement of sufficient numbers of clinical staff with the right skills; working in the right premises; supported by good IM&T systems; with appropriate funding to support the provision of general practice services in primary care.

The key enabler of transformation will be the development of effective working relationships with stakeholders including other providers in an increasingly complex health service environment. This will only succeed if GPs have the time and space to build those relationships in their local health system and communities and the damage to the general practice workforce is repaired.

The commissioning and funding mechanisms need to be made more flexible and refocused to provide better support to patients right from their first contact with the service in their communities and neighbourhoods. Local commissioners must have the ability to support and invest in community, social, mental health and diagnostic services centred on patients registered with their general practice. By commissioning better, more accessible and faster community services, there will be fewer unnecessary

GP consultations, and unnecessary attendances at A&E and fewer unnecessary hospital referrals and admissions. This implies the ability to use other funding streams that will support general practice to care better for patients out of hospital. This will enable GP providers to work in partnership with commissioners and a wider range of other providers to deliver improvements in the health and care of their patients. This will lead to safer, more efficient patient care, better outcomes for patients and lower health costs.

We call this “**Commissioning For General Practice and Primary Care in London**”, and implementing it requires courage and excellent leadership at the highest level. But doing so will deliver the results that the transformation agenda seeks to deliver.

## These are the transformation challenges for general practice:

### Services must be designed in a way that involves patients and meets local and national priorities

- Develop local links through a working relationship with the local HealthWatch alongside the CCG and Local Authority (LA)
- Develop a constructive working relationship with HealthWatch at a regional level in London
- Provide evidence-based briefings for practices

### Investment must be identified to enable general practice to have the time and space to innovate to improve access, continuity of care and patient experience

- Work with local CCGs and LAs to develop locally commissioned services ensuring equity of procurement processes, which are based upon contracting mechanisms that fit with the length and value of the contract
- Work with local CCGs to identify ways in which funding can be disinvested from the secondary care sector to be transferred to GP and community services
- Focus on increasing the consultation time for complex patients
- Negotiate funding for GP practices to have space to implement innovation
- Work with NHS England (London) and London Councils in order to identify areas of regional investment that can be disseminated for local determination focusing on: increasing consultation time for complex patients, premises improvement and technological innovation for the primary healthcare team
- Work with Health Education England and local organisations to identify areas of investment to increase workforce skill mix through re-skilling existing practice staff, for the wider primary healthcare team
- To support provider development locally

**There must be a focus on health literacy to ensure that Londoners know when to access healthcare appropriately, can self care and are aware of what services the NHS can provide**

- Develop a working relationship with key local third sector organisations, the CCG and LA to reach the most deprived and disadvantaged patients in order that they are recognised in key local policy and decisions
- Develop a working relationships with regional third sector organisations to enable regional policy to reflect and influence investment decisions that will meet deprived populations in London that will reduce costs and improve health outcomes

**The multidisciplinary primary care team must be enhanced so that it is focused on GP practices or established collaborative arrangements**

- Develop working relationships with key stakeholders as part of the wider team delivering health care, acute sector, mental health trust, other primary care providers eg pharmacies, dentists, optometry, social care and community service providers
- Lead for general practice at the Clinical Senate, secondary care networks, Academic Health Science Networks (AHSNs) to improve communication in terms of access to diagnostic facilities and agreement on patient pathways
- Provide guidance and advice to collaborative provider groups on engaging and working with others

## Here are some of the transformation agenda areas that have been outlined at National level:

### NHS England - "Everyone Counts"

- NHS Commissioning Intentions Planning for Patients 2014/15 – 2018/19
- GPs to work at "greater scale"
- Quality and closer collaboration

### NHS England "Improving General Practice – A Call to Action"

- A call for "creativity, innovation and transformation"
- Launched by Department of Health Medical Director
- London initiative taken
- Londonwide LMCs' response submitted

### 'Better Care Fund'

- National Collaboration on Integrated Care (Department of Health, NHS England, Local Government Association)
- Measures detailed in NHS England 2014/19

## National level

### Prime Minister's "Challenge Fund"

- Designed to extend access and stimulate innovation
- Introduction on 01.10.13 - Deadline for submissions 14.02.14
- £50 million for investment
- NHS England Area Teams to approve with support from CCGs
- 9 pilots targeted at 30-60,000 population

### NHS CHANGE DAY 3.03.14

- Make a pledge for change

### "Better Information means Better Care"

- General Practice Extraction Service (GPES)
- Extraction of Personal Confidential Data (PCD) by care.data

# Here are some of the transformation agenda areas that have been outlined at regional level in London:



# Regulation, Performance and Delivery Challenges

Like other small businesses general practice needs investment and flexibility to innovate and develop. Any regulation and performance management, both of contracts and of individual professionals must be proportionate, equitable, transparent and fair. Yet, general practice is one of the most regulated professions in the country. The regulatory frameworks used for both contractual and professional performance must be consistent nationally and not subject to local or regional variation. In particular, it is important that CCGs, as local commissioners of services and NHS England as the commissioner of the national GP contract, do not conflate or confuse their respective roles.

GPs aspire to do their best for their patients, striving to improve the quality and safety of the care they provide. Performance standards and incentives must be focussed on outcomes for patients and not conflict with the core values and essence of general practice. The national delivery and regulatory frameworks should not stifle the ability of GPs to innovate in response to local need and must allow commissioned services to be tailored to suit demonstrated local need. The pressure put on general practitioners to deliver services differently, must promote the generalist skills of general practitioners and their ability to provide personal continuity of care for patients. Under performance should be dealt with by formative means, where there is no risk to the safety of a patient, through identification of the challenges and appropriate support put in place, both at practice and individual practitioner level, wherever possible.

The key enabler of regulation, performance and delivery will be effective working relationships with relevant national organisations, and at a London level, to ensure that organisations implementing regulatory and performance initiatives do not treat individuals and practices unfairly. It is crucial that the resource implications of support and development programmes for GPs and practices, and the necessity of these being centrally funded by the government are highlighted to organisations with performance management responsibilities.

## Key Stakeholders include:

- **NHS England (London)**
- **LMCs and Londonwide LMCs**
- **GP Practices and patients in London**
- General Practitioners Committee (GPC)
- NHS England
- Care Quality Commission
- Monitor
- Health Education England
- Shared Service organisations
- NHS Property Services
- Revalidation Support Team
- National Clinical Assessment Service (NCAS)
- General Medical Council

## These are the regulation, performance and delivery challenges for general practice:

**Performance initiatives must be appropriate and in line with evidence, national policy and guidance to support genuine quality improvement in GP services locally**

- Develop local links through a working relationship with the Local Area Team at NHS England
- Continue to promote effective working relationships with NHS England at a regional level in London
- Continue to monitor CCGs' involvement with member practices and intervene when inappropriate performance management of practice contracts or individual GP's performance occurs
- Encourage practices to report any inappropriate performance measures
- Continue to support practices in their dealings with CQC
- Continue to support individual GPs undergoing performance investigation and procedures



**“GP performance” data provided to the public must be consistent with regulation and performance requirements. Information must be meaningful, accurate and focus on good quality patient care and the core values of general practice**

- Work with NHS England, local CCGs and LAs to develop mechanisms for managing information supplied to the public

**Timely information and guidance must be provided to practices in terms of regulatory and statutory responsibilities**

- Provide training and information for practices in terms of HR, health and safety, infection control in order to free up managers to develop and improve the quality of services
- Provide information on mandatory staff and clinical training as well as management and leadership development

## Workforce, Education and Training Challenges

Workforce, education and training underpin the delivery of good quality services in primary care. It is crucial that there are sufficient numbers of GPs, nurses, practice and community staff currently and in the future. Trends within primary care show shortfalls in the number of GPs and practice nurses. It is essential to identify future workforce needs to enable strong general practice to be delivered. Once identified these needs must be funded as a priority from the finite resources available.

In order to continue to provide expert generalist care of the whole patient, the key workforce enabler is for the right skills to be provided in extended primary health care teams centred on a practice or network of practices. This will ensure that general practice has the capacity and flexibility to support the diverse and mobile population of London.

General practice is continuously challenged to deliver high quality patient services with fewer resources. There needs to be a rebalancing of resources, investment in innovative practice and technology, and professional development of the existing workforce, so that care can be effectively delivered by a multidisciplinary team and work across professional boundaries for excellent care.

Additional resources must be made available to general practice through joint working with health education organisations in order that general practice can be provided with access to training so the workforce is ready to meet the challenges while providing continuity and good access for patients.

We call this **“Investing in the General Practice Workforce”**.

### Key Stakeholders include:

- NHS England (London)
- Londonwide LMCs
- CCGs
- Health Education England
- Local Health Education Organisations
- Health Education North West London
- Health Education North Central and East London
- Health Education South London
- Primary Care Fora, part of local Health Education Organisations in London
- GP School (London) and the future bodies that will replace this
- Royal College of General Practitioners

## These are the workforce, education and training challenges for general practice:

### **The general practice workforce must be supported to work in an increasingly complex care environment**

- Working with key stakeholders, develop a robust way in which to map general practice workforce in order that appropriate training and education can be identified
- Support the development of Community Education Provider Networks (CEPNs) to encourage federations of primary care providers to come together to support workforce development based around the needs of a population, that will include and build on the needs of the GP workforce

### **The scope of primary care nursing and healthcare assistant education and training must be developed to enhance the primary care staff team**

- Maintain and develop working relationships with health education organisations and Health Education England in order to identify investment in the general practice workforce
- Support the development of primary care nursing and HCA training so that the trainee achieves standards equitable to those currently required for GP Specialist Training

### **GPs and practice staff must have time to reflect in order to assess, plan and learn how to best manage GP services to maintain high quality services**

- Develop working relationships with local health education organisations through the primary care fora and work with CCGs to support protected learning time for practices
- Develop a framework for practices and health education organisations of realistic and necessary time for practices according to readily available information for key organisations

### **Sessional GPs must be included in all workforce development opportunities**

- Develop mechanisms in which to include and communicate with sessional GPs in the development of change proposals
- Develop a robust way in which to support sessional GPs to work effectively within collaborative arrangements

# Provider Development Challenges

GPs recognise the need to develop their practices so that they can continue to deliver care within the challenges of diminishing financial resources, increasingly complex care needs and longevity. In London, these challenges are compounded by socioeconomic factors, including significant deprivation, which adversely affects the health care of patients and in particular, demand on general practice and primary care.

Provider development, as part of any wider transformation, should secure and build on the strengths and professional values that make general practice the keystone of the NHS. For example, it should enhance, not undermine, the role of the expert generalist GP working in a defined community, providing care in familiar surroundings to a registered list. GP practices have shown themselves to be entrepreneurial and adept at adjusting what they do to meet the changing needs of patients. GPs cannot do this alone. Practices need to work more closely with each other, supported by multidisciplinary community teams, mental health, social services and diagnostics to deliver holistic patient care, in or as near to patients' homes as possible.

If this collaborative working is to succeed, the building of relationships between general practice and other key providers in the local health economy must be supported. Competition and procurement rules should be employed in such a way as to encourage provider development locally that is built on better collaboration and integration of the primary health care team. The efficiency and quality of delivering services in the context of the registered list must

be emphasised.

Investment including pump-prime funding, will be key in supporting provider development as well as sharing knowledge and expertise to form meaningful and sustainable collaborative provider models.

We call this **"Upgrading the General Practice System"**.

## Key Stakeholders include:

- GP practices and patients
- LMCs and Londonwide LMCs
- Community services (ie district nurses, health visitors, community practice nurses, school nurses, community matrons, palliative care nurses, community physiotherapists)
- Pharmacists
- Dentists
- Opticians
- Mental Health Trusts
- Secondary care
- Tertiary care
- NHS England (London)
- CCGs
- Local Authorities including Public Health
- Local Health Education Organisations
- Healthwatch
- Third sector

## These are the provider development challenges for general practice:

**General practice estate must be invested in to provide more patient-friendly premises which can offer the widest range of high quality services for patients**

- Clarify roles, responsibilities and funding arrangements for general practice premises
- Confirm development and approval processes for investment in premises including improvements to existing stock
- Develop a practical guide to assessing and getting improvements in practices and how practices can determine which services should be provided from where
- Work with NHS England to identify premises improvement funding for practices

**The development of more sustainable collaborative provider arrangements must be supported**

- Promote engagement and awareness of the challenges and opportunities locally, in collaboration with CCGs where appropriate
- Support practices to understand and identify options for collaborative working
- Provide guidance and a toolkit to support the development of collaborative working which provide GPs with a robust financial and legal understanding of the options
- Provide an evidence-based case to influence London policy and strategy

**Funding must be identified to support and develop effective collaborative working to deliver coordinated care to patients**

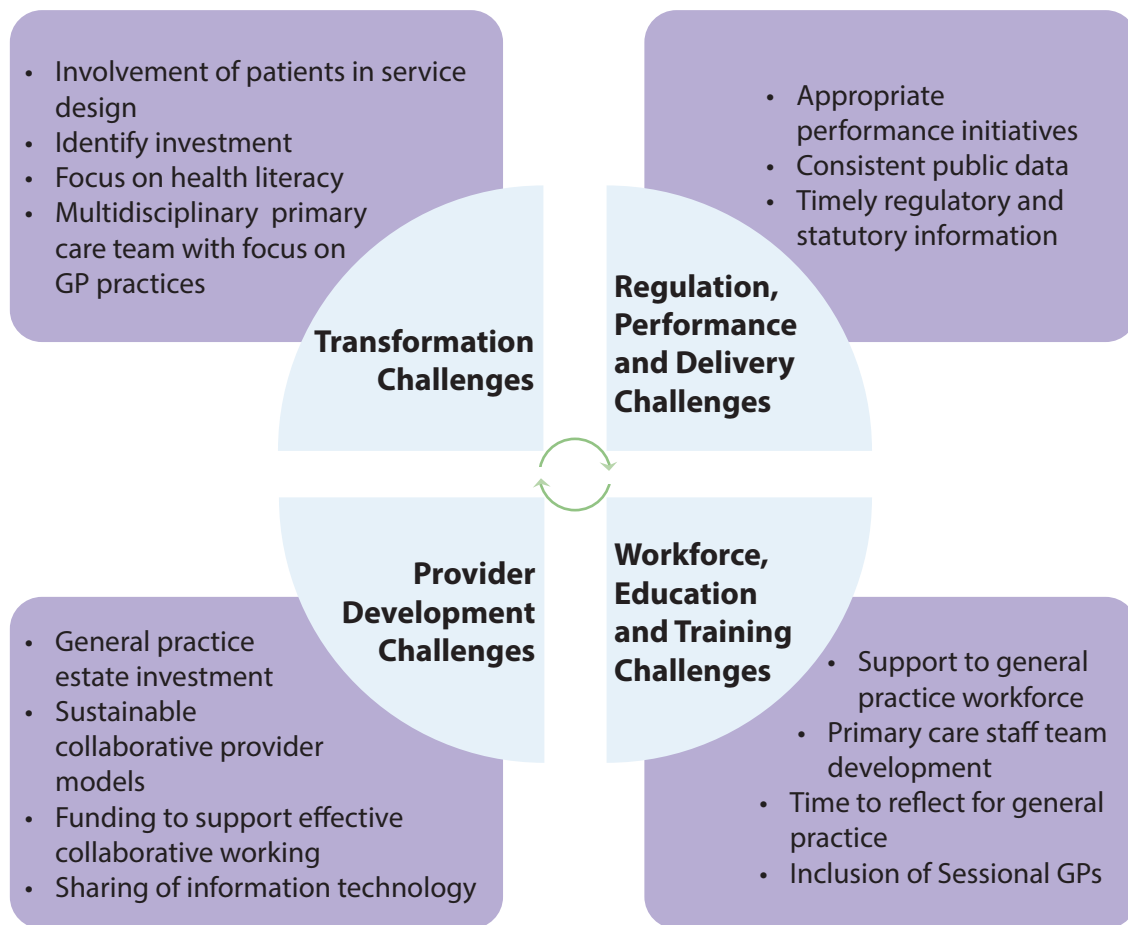
- Confirm key local stakeholders, including key responsibilities/functions
- Develop strategic relationships with key London organisations to facilitate local working
- Develop local relationships as part of provider leadership

**Information technology must support the sharing of clinical information between clinicians along the patient's journey**

- Work with CCGs, LAs, secondary care and community services to develop robust data sharing agreements that retain patient confidentiality but allows for the sharing of the record in appropriate circumstances
- Develop key principles for provider groups
- Develop a good practice guide for GP providers and commissioners of services
- Identify funding and investment opportunities
- Through an expert advisory group, work with providers of IT systems and regional commissioners to develop investment and development in shared IT systems to provide timely feedback to providers on outcome and performance data that will complement local determination

## Next Steps

In offering an achievable approach to transforming primary care that encompass and build on the strengths of general practice, we have developed priorities that will meet the challenges of our practical strategy:



Together, these much-needed priorities translate into “Commissioning for General Practice”, “Investing in the General Practice Workforce” and “Upgrading the General Practice System”.

For the future of general practice to be secured in this environment of uncertainty, change needs to be owned, driven and implemented by you and your practice teams for and with your patients, and not externally imposed. Securing the Future of General Practice in London – Meeting the Challenge sets out how change can happen that stays true to the ethos and principles of UK general practice, and at the same time, meets the care demands and challenges of the times. We invite you, your practice teams and your patients to use this document to act as your guide to securing the future of your practice. We also invite stakeholders involved in transforming the NHS to do the same.

Your LMC, either through its local membership or from staff at Londonwide LMCs, can provide you with advice, guidance and support. Any contractual changes that impact on individual practices as providers must be consulted on with your LMC. Please view our website [www.lmc.org.uk](http://www.lmc.org.uk) for further contact details.

Do you have feedback or a question about our document? Have you got examples of best practice in your local area that you would like to share? Contact us at [securingGPs@lmc.org.uk](mailto:securingGPs@lmc.org.uk). We will use your input and feedback to provide current intelligence and knowledge to all practices in London via our website: [www.lmc.org.uk](http://www.lmc.org.uk). Keep an eye out for further information.

Londonwide LMCs will continue to develop practical tools and a programme to support practices to meet the key priorities as outlined.



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