1. Purpose of the report

The Chair of the Health and Wellbeing Board has received correspondence from the Parliamentary Under Secretary of State for Health and Care requesting that the Derbyshire Health and Wellbeing Board considers the implications of the GP Forward View, published by NHS England, and how the Board can collectively support the implementation of the proposals.

2. Information and Analysis

The correspondence from the Parliamentary Under Secretary of State notes the important relationship that primary care has with the delivery of local health and wellbeing strategies. A full copy of the correspondence is attached as an annex to this report.

The GP Forward View was published in April 2016 and recognises that general practice is at the heart of primary care services, with family doctors and their teams providing vital services for patients. However both locally and nationally many of these services are under unprecedented pressure. The GP Forward View contains 80 specific, practical and funded steps around five key themes. These are:

- Investment
- Workforce development
- Streamlining the workload
- Improving infrastructure
- And supporting practices to redesign their services to patients.

A summary of the nationally identified priorities are outlined below.

Investment

The General Practice Forward View commits NHS England to increasing investment in primary care alongside investment from clinical commissioning groups (CCGs) developing new models of care in line with the vision outlined in the NHS Five Year Forward View. Furthermore, guidance to Sustainability and Transformation areas states that between 15 per cent and 20 per cent of
their allocation should be spent on investments to support general practice. Nationally agreed funding opportunities outlined in the General Practice Forward View include:

- Capital investment of £900 million over the next five years.
- A Sustainability and Transformation package of more than £500 million over the next five years to support struggling practices, develop the workforce, tackle workload and encourage care redesign.
- A new funding formula will better reflect practice workload, including deprivation and rurality.
- Work is underway to look at ways to tackle the issue of rising indemnity costs.

**Workforce**

NHS England’s workforce programme aims to deliver the vision and ambitious targets set out in the General Practice Forward View to expand, develop and transform the primary care workforce by 2020. NHS England is working in partnership with Health Education England and the Royal College of General Practitioners and the British Medical Association to deliver an extra 10,000 staff and to strengthen the primary care workforce by 2020/21. This includes:

- Recruiting 5,000 additional doctors into general practice
- Retaining the current medical workforce
- Building the wider workforce and recruiting a minimum of 5,000 other staff working in general practice by 2020/21 including additional mental health therapists, clinical pharmacists, and physician associates and piloting new medical assistant roles.
- Supporting qualified GPs to return to practice.

**Workload**

The General Practice Forward View sets out a new General Practice Resilience Programme to support struggling practices, changes to streamline the Care Quality Commission inspection regime, support for GPs suffering from burnout and stress, cuts in red-tape, legal limits on administrative burdens at the hospital/GP interface, and action to cut inappropriate demand on general practice. The Forward View seeks to develop a more co-ordinated approach to encouraging self-care and addressing unnecessary workload in general practice.

**Practice infrastructure**

In relation to improving infrastructure and buildings to support primary care, the General Practice Forward View proposes:

- Investment through the Estates and Technology Transformation Fund to accelerate the development of infrastructure to enable the improvement and expansion of joined-up out of hospital care for patients.
- Up to 100 per cent reimbursement of premises developments
• A new offer for practices who are tenants of NHS Property Services for NHS England to include funding Stamp Duty Land Tax for practices until the end of October 2017.
• Direct practice investment in technology to support better online tools and appointment, consultation and workload management systems.
• Better record sharing to support teamwork across practices.

Care redesign
The General Practice Forward View commits to a major programme of improvement support to practice, including delivering extended access in primary care by:
• Commissioning and funding of services to provide extra capacity across England
• Integrating extended access with out-of-hours and urgent care services, including 111 and local clinical hubs.
• Introducing a new voluntary Multispecialty Community Provider contract to integrate general practice services, community services and wider healthcare services.
• A new national General Practice Development Programme aimed at responding to opportunities and challenges identified within the GP Forward View and building capacity for improvement.

Background papers
A full copy of the GP five Year Forward View can be accessed online at: https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf

3. Links with the Health and Wellbeing Strategy
The Health and Wellbeing Strategy priority to keep people healthy and independent in their own home recognises that supporting primary care transformation across the county will be a key enabler to achieving this ambition.

4. RECOMMENDATION

The Health and Wellbeing Board is asked to:

• Review the GP Forward View document and consider what more Boards could do to build effective relationships between primary care and wider local services.
• Consider how, through the Health and Wellbeing Strategy, the Board can encourage action to develop and strengthen relationships with general practice services in local areas, in order to generate benefits for the whole system and better outcomes for patients.

Clive Newman
Hardwick Clinical Commissioning Group
Dear Health and Wellbeing Board Chairs,

I am writing to you in your capacity as a Health and Wellbeing Board (HWB) Chair to highlight the General Practice Forward View, recognising the important relationship that primary care has with the delivery of local health and wellbeing strategies. This document is part of the future vision for the NHS being developed as part of NHS England’s overarching Five Year Forward View.

The role of general practice is central to our health and care system, but we know that pressure on GPs and other general practice staff is increasing. The Government and NHS England have recognised the need for additional support and, on 21st April 2016, NHS England published the GP Forward View. This is a package of support to help get general practice back on its feet, improve patient care and access, and invest in new ways of providing primary care. It sets out that we are investing an extra £2.4 billion a year for general practice services by 2020/21, which represents a 14% increase in real terms. The overall investment includes a £500 million five year Sustainability and Transformation package to support GP practices, which contains measures to help boost the workforce, drive efficiencies in workload and modernise primary care infrastructure and technology.

However, as HWBs will be very well aware, general practice cannot work effectively in isolation, and the GP Forward View looks at general practice’s role in relation to the wider system – both how improved integration can provide additional support to general practice and the contribution that general practice staff make on wider social issues. It also highlights the important role that primary care can play in supporting integration across local health and care systems.

We acknowledge that many HWBs are already promoting strong and effective relationships between general practice services and other health, social care, public health and wider local services; and that they recognise the centrality of primary care in integrating their local health and care systems and the need to ensure access to all relevant support services. These links are going to be even more important in the future, and so I am writing to ask all HWBs to review the GP Forward View document and consider what more Boards could do to build effective relationships between primary care and wider local services.

There are many examples of effective collaboration with primary care at a local level, including:

- *Just What the Dr Ordered* (published by the Local Government Association in April 2016) contains case studies on social prescribing from: East Riding of Yorkshire;
Blackburn with Darwen; Knowsley, Halton and St Helen’s; Luton; Rotherham; Cotswold; Doncaster; Tower Hamlets; and Forest of Dean:

- Northumberland’s network of community hubs with strong voluntary, community and faith sector engagement and support planners working with GPs.

- Social prescribing in Gloucestershire:
  http://www.gloucestershire.gov.uk/extra/CHttpHandler.ashx?id=63219&p=0.

- Wiltshire’s community hubs where primary care services are co-located with other services in buildings such as libraries:

HWBs will additionally already be engaged in the Sustainability and Transformation Plan (STP) process. As set out in the NHS Shared Planning Guidance, published in December 2015, the success of STPs will depend on having an open, engaging, and iterative process that involves clinicians, patients, carers, citizens, clinicians, local community partners including the independent and voluntary sectors, and local government through, for example, health and wellbeing boards, building on existing plans such as Health and Wellbeing Strategies and Joint Strategic Needs Assessments.

The arm’s length bodies responsible for the NHS Five Year Forward View – NHS England, NHS Improvement, the Care Quality Commission, Public Health England, Health Education England and the National Institute for Health and Care Excellence – have asked for local engagement plans as part of the Sustainability and Transformation Plan process, building where appropriate on existing engagement through health and wellbeing boards and other local arrangements, including GP services.

In summary, given the potential benefits outlined above, I am asking HWBs to consider how, through their work and specifically through Joint Health and Wellbeing Strategies, they can encourage action to develop and strengthen relationships with general practice services in local areas, in order to generate benefits for the whole system and better outcomes for patients.

Yours faithfully,

DAVID MOWAT