**Supporting the sustainability of General Practice: A guide for General Practitioners**

**Introduction**

This document has been prepared for General Practitioners within the North East Lincolnshire area as a guide to support decisions regarding the sustainability and future direction of their services. It is intended to provide a **set of principles to support future commissioning decisions** regarding changes within general practices, primarily in relation to sustaining core services, and to be a supportive resource to local practices. It is in no way intended to undermine the integrity of individual practices.

**Context**

We are all aware of the significant challenges that the NHS is facing – rising demand and changes in patients’ health needs and preferences, changes in treatments and technologies and changes in health services funding growth. General practice in particular has to cope with:

* Strategic direction for more services to be delivered in “out of hospital” settings
* Financial resource constraints due to changes to contractual arrangements and payments
* Requirement for GPs to engage in commissioning role, as constituent members of CCG
* Inequalities in access and quality of current primary care provision – these have been highlighted within a recent report following an independent review by the local Healthwatch and by the results of a number of benchmarking and quality assessments
* New service models that require primary care to deliver services at much larger scale than most of our current individual practice lists
* Requirement for access to primary medical care 7 days per week (government timescales state this should be in place across the country by 2020, but the CCG would be looking for ways to implement earlier, in line with service strategy)
* Recruitment and retention challenges
* New inspection regimes

The NHS Five Year Forward View (FYFV) sets out how the NHS needs to change in order to respond to these challenges and sets a clear direction of travel for the introduction of alternative care models. It is also very clear that list-based primary care will remain the foundation of the NHS, giving general practice an important and prominent role. For example, one of the proposed alternative models within the FYFV is a ‘Multispecialty Community Provider’ (MCP), combining GPs, nurses, other community health services, hospital specialists, mental health and social care.

The local strategic direction aligns with the vision set out in FYFV and the local service strategy, although not strictly the MCP model, will see more care delivered within community settings and better integration of care between the various sectors and organisations.

In this context, some practices may need to think differently about the way in which they deliver core services, and also about how they can work together to maximise access to service and improvements in quality of care within the resources available. Whilst not all services would need to be planned and delivered ‘at scale’, the CCG recognises that the smaller a practice is the greater the challenge may be in terms of being able to sustain core services, as there is less flexibility and resilience to cope with changing demand and constrained resources. It would therefore encourage a move towards larger practices in cases where viability is threatened, although there is no ‘one size fits all’ approach, nor any specified ideal size. In terms of being able to deliver enhanced services across larger footprints in line with the service strategy, the future commissioning and payment arrangements will focus on collaborative arrangements across larger populations, in order to ensure they are deliverable within the resources available. North East Lincolnshire’s primary care estate provides an ideal infrastructure for delivering care in this way.

The next section outlines a set of principles upon which general practice should base their decisions regarding any potential changes to current organisational arrangements, to ensure viability of services and alignment of general practice provision with the strategic direction for local services. These will be used by NHS England and the CCG, who are currently working together on primary care commissioning (through our ‘Co-Commissioning’ arrangements), to consider any applications for variations to contract, or to make decisions about appropriate routes for procurement in the event of any notices to terminate contracts.

**Principles**

The CCG and the constituent members clearly have a collective interest in protecting, maintaining and developing the quality of primary care services for the population of North East Lincolnshire. Any proposals for proposed changes to organisational arrangements should be based upon the following principles:

* Continuity of access to high quality primary medical services for patients is an absolute and minimum requirement, and future arrangements that enable sustained improvement to access and quality of care will be the first priority
* Future arrangements should clearly demonstrate how the change links to the CCG strategy and will deliver continuity **and** long term sustainability of service
* Doctors considering retirement, particularly those who work alone, should always plan ahead to seek a solution that does not put in jeopardy either the immediate or longer term sustainability of the services being delivered, and are encouraged to take early advice regarding continuity of service to patients
* Potential solutions should demonstrate how the future arrangements will support collaboration with other Practices and/or other providers, and ensure they are of a sufficient size and infrastructure to deliver in line with the CCG strategy
* Proposals should ensure the most effective and efficient use of existing resources, including facilities, ideally delivering reductions in costs which can be reinvested into the delivery of services in line with strategic direction
* Proposals should not include any elements that would increase the cost of existing general practice provision for commissioners (except in the case where Practices are reorganising in order to take on enhanced work, over and above core, as a result of service strategy. In these cases, the costs of provision within general practice may increase, but would still be less than, and not exceed, the CCG’s overall commissioning envelope for the service/care area that has shifted across into primary care).

**Alternative Workforce Models**

A number of new roles within general practice are being explored, for example Physician Associates and Clinical Pharmacists as part of the core team, and are increasingly being supported by the local Medical Schools and other bodies. Practices are encouraged to consider how such roles could support their capacity and ability to continue to deliver high quality care, and to seek support and further advice from the sources listed below.

**Sources of support**

Practices that find themselves in the position of reviewing their arrangements in order to continue to deliver high quality care and meet service requirements should seek early confidential advice regarding the most appropriate solution. A range of sources of support are available, including:

* Humberside LMC ([humberside.lmcgroup@nhs.net](mailto:humberside.lmcgroup@nhs.net))
* Lincs GP Federation ([sjwsolutionsinp@gmail.com](mailto:sjwsolutionsinp@gmail.com))
* CCG primary care support staff ([julie.wilson25@nhs.net](mailto:julie.wilson25@nhs.net), [eddie.mccabe@nhs.net](mailto:eddie.mccabe@nhs.net))
* NHS England primary care team ([chris.clarke3@nhs.net](mailto:chris.clarke3@nhs.net), [geoff.day@nhs.net](mailto:geoff.day@nhs.net))