NHS England

General Practice Resilience Programme

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General Practice Resilience Programme

Operational Guidance

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1 Summary

This guidance document describes how the new General Practice Resilience Programme (GPRP) will operate to deliver the commitment set out in the General Practice Forward View[1] to invest £40m over the next four years to support struggling practices.

This programme aims to deliver a menu of support that will help practices to become more sustainable and resilient, better placed to tackle the challenges they face now and into the future, and securing continuing high quality care for patients.

The intended audience for this guidance is:

- NHS England local teams working under Directors of Commissioning Operations who will lead delivery of this programme.
- Clinical Commissioning Groups and local provider GPs and their Local Medical Committee (LMC) representatives and Royal College of GPs (RCGP) Faculties and Regional Ambassadors who will work in close collaboration with local teams to support this programme.

As part of agreed devolution arrangements, Greater Manchester has been allocated a transformation fund which includes an appropriate share of NHS England funding for primary medical care initiatives. It will be for Greater Manchester to determine how it is spent in the local area.

Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:

- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and
- Given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

2 Introduction

Rising GP workload pressures are widely recognised in England. Managing GP services that are at or beyond capacity risks locking those practices into responding reactively and inhibits effective strategic leadership and practice management. Recruitment challenges exacerbate these difficulties. In addition, practices do not exist in isolation and the impact of these pressures can have a 'domino effect' in local areas. One or two local problems can quickly impact on otherwise functioning and stable practices.

[1] https://www.england.nhs.uk/ourwork/gpfv/

NHS England is committed to supporting GP practices to improve their sustainability and resilience; securing operational stability; developing more effective ways of working and helping practices to explore new care models.

Two national programmes are currently operating to offer turnaround support to those GP practices where there is the greatest need to improve sustainability and resilience:

- £10m investment in externally facilitated support – the Vulnerable Practice Programme[2]; and,
- RCGP Peer Support Programme[3] providing support to practices entering CQC special measures.

We have worked with the RCGP, British Medical Association (BMA) General Practitioners Committee (GPC) and NHS Clinical Commissioners (NHS CC) to consider how best to offer further support.

This guidance sets out how the GPRP will be delivered and confirms:

- Operational and funding arrangements at NHS England local team level
- Practices (individual or groups) will be identified for support using existing national criteria
- A menu of support will be offered by local teams, ranging from support to stabilise practice operations where there is a risk of closure, through to more transformational support that will secure resilience in to the future.
- Local teams will tailor this support and decide how to deliver this in view of local practice needs working in conjunction with CCGs, provider GPs, LMCs representatives and RCGP Faculties and Regional Ambassadors (referred hereafter as 'key partners').
- We will work nationally to quality assure support by enabling learning and sharing of best practice, working with RCGP to maximise learning from local peer support and through the roll out of regional events.

In 2016/17 the GPRP will operate in addition to existing national programmes of turnaround support. This means the additional funding from GPRP can be used to support even more GP practices this year.

3 Funding

NHS England is committed to investing £40m in the GPRP over the next four years.

In 2016/17 there is £16m available to be invested in support to help practices become more sustainable and resilient, with £8m available per year thereafter until March 2020.

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[2] https://www.england.nhs.uk/wp-content/uploads/2015/12/letter-support-vulnerable-gps-final-finance.pdf

[3] http://www.rcgp.org.uk/policy/rcgp-policy-areas/~/media/Files/Policy/A-Z-policy/2016/RCGP-Supporting-practices-FAQ-April-2016.ashx

This means local teams will be able to invest in support arrangements over the medium term, giving greater certainty and continuity in the support offer available to GP practices over the lifetime of the GPRP (notwithstanding local ambitions to ensure support continues to be responsive and evolving with local practice needs).

The funds will be transferred direct to local teams. Fair shares at this footprint have been calculated on a registered patient population basis. Local teams will work with key partners to ensure the funding is used to target support at areas of greatest need and will work in line with the processes set out in this guidance to deliver support to practices.

GPRP allocations for 2016/17 will be made to local teams by end of July 2016 and future years will be made at the start of each financial year. Annex A provides details of funding allocations for each NHS England local team and region.

4 Menu of support

There are many definitions of struggling practices in need of support to become more sustainable and resilient. This means there is a wide range of support needed.

We have identified a menu of support for which the GPRP funding should be used to secure this at a local level. This will include the provision of immediate help to practices facing urgent operational pressures, to transformation support to move to more resilient care models. The menu of support comprises:

- **Diagnostic services to quickly identify areas for improvement support.** For example, seven practices in London were put forward for a diagnostic assessment from chosen suppliers (a local GP alliance and a non-local GP federation). This has helped identify some common themes to target support including lack of practice direction following significant personnel changes (a need to develop practice vision) and scope to improve operational efficiency (leading to redesign of practice processes improving both practice responsiveness and efficiency).

- **Specialist advice and guidance – e.g. Operational HR, IT, Management, and Finance**
  For example, a small number of practices in Cumbria & North East local team wanted to take ‘working together’ to the next stage and agreed in principle on a merger. The limiting factor to making progress had been limited local practice capacity and expert advice to assist with proposals. These were addressed through programme funded support.

  The programme funding can be used to secure expert advice and support on delivering any operational changes (e.g. help with demand and capacity planning, effective use of operational systems and processes including help to release capacity).

- **Coaching / Supervision / Mentorship as appropriate to identified needs**
  For example, South Central local team secured support from a multi-professional team helping a practice conduct a detailed review of safeguarding arrangements. The scheme supported training for all staff, as well as support and advice on developing an approach to clinical audit, and help and advice to individual GPs, through appraisal and access to occupational health support.

- **Practice management capacity support**
  For example, South Central local team has provided cover for practice manager sick leave, using an experienced business manager to help provide stability, support a practice diagnostic review and help to develop a practice action plan.

- **Rapid intervention and management support for practices at risk of closure**
  For example, the Central Midlands local team works with CCGs to offer assistance with practices that receive poor CQC ratings (in addition to the RCGP Special Measures peer support programme) to maximise prospects for turnaround.

  This element of the menu of support is not just about working with practices with poor CQC ratings and we recognise there are many definitions where practices may need rapid intervention support to prevent closure e.g. following sudden critical vacancies. One of the key concerns has been the ability to provide support quickly to practices to help coordinate key activities. This means the funding can be used to deliver rapid support including help to secure any immediate clinical capacity needs, assuring and supporting continuing operations and coordinating additional improvement needs to help with operational delivery and effectiveness.

- **Coordinated support to help practices struggling with workforce issues**
  For example South Central local team helped a practice secure capacity for a practice nurse home visiting service for non-urgent chronic disease management for 3-months. This was to inform development of the practices skill mix and provide additional short-term capacity.

  This element of the menu of support has been included as it is recognised that maintaining clinical sessions is a priority for practices struggling with workforce issues (e.g. sudden critical vacancies, sickness, and long term vacancies) and increasing competition for a diminishing workforce can escalate workforce challenges in local areas.

  The funding can be used flexibly to secure practical workforce support. For example, local teams can create a local pool of expert peer support by funding key elements of GP costs (e.g. General Medical Council, Medical Defence Organisation and appraisal toolkit fees) in return for securing a minimum clinical commitment (e.g. 2 sessions per week) to work to support practices. This would be a portfolio career choice, targeting experienced GPs who may have recently retired or who can offer additional clinical commitments,

supporting GP retention/returners locally. Salary costs would remain practice responsibility. Alternatively, it can be used to establish post(s) in local teams with responsibility for (and attached to) a locality, working with practices to help plan, coordinate and match their recruitment needs and opportunities. This could also include leading on developing pragmatic solutions for practices where short term barriers exist (e.g. help to support skill mix alternatives to GP recruitment during periods of maternity leave).

- **Change management and improvement support to individual practices or group of practices**
  For example, South West local team identified through local provider GPs and other local stakeholders a strong need for change management resource to support practices in thinking about and delivering future resilience. Support to practices was underpinned by a Project Management Office approach with project/change managers linking with practices to plan and deliver across 4 main work streams (new care models, infrastructure, working at scale and provider development).

  The emphasis here is on providing dedicated project or change management support available to practice to help plan, develop proposals and implement changes. The GPRP funding can be used to target support at groups of practices including support for local strategic planning, future vision and review of practice business models, help to identify and realise opportunities to working at scale, succession planning, facilitating premises improvements or better use on IM&T etc.

Much of this initial menu of support should already be in place and being delivered as a consequence of the existing national programmes of turnaround support but we want to ensure the GPRP improves accessibility by developing local capacity and capability to deliver a wider range of practice support to practices and in a more agile and responsive way.

Greatest impact should be achieved under the GPRP by local teams tailoring the menu of support to the assessed needs of practices in local areas. It is recognised there may be different views locally on the emphasis of practice needs, for example, whether investment boost this year should be used to prioritise help to practices with workforce issues or whether greater benefit would be achieved from targeting groups of practices at a scale to provide more upstream support.

Local teams will consult on their proposals for how this menu of support is to be delivered with their key partners. For example GPRP funding can be used to fund:

- **Additional local team capacity and capabilities to provide support directly** – for example ‘local resilience teams’, as established in some areas already, provide a resource with capacity to work with practices. Examples to date have included NHS England or CCG employed staff.

- **Contracted third party Supplier(s) to work with practices** – including GP Federation or other at scale providers. Suppliers can provide specialist aspects of the menu and there is also potential to extend to delivery of local resilience teams.

- **Backfill (or other costs) for individual GPs and other practice team members** – to work to provide peer support to practices locally, providing 'sender' practices have additional capacity to offer such support.

- **Section 96 Support and Financial Assistance** – where there are opportunities to support practices directly in delivering the menu of support.

Where existing support teams or equivalent arrangements apply, the GPRP funds can be used to deliver support further and faster to practices. Local teams are encouraged to consider how they can build on the foundations of the work they have started with the Vulnerable Practices Programme although the GPRP remains a separate programme. However, the emphasis on how this menu of support is delivered is on local flexibility.

Personal resilience training

There is also the human dimension to supporting practice sustainability and resilience. Personal resilience is widely recognised and evidenced as an important factor in organisational resilience which is recognised in the GPRP.

In parallel to the GPRP, NHS England is working to introduce the NHS GP Health service, a new treatment service providing GPs suffering stress and burnout access to mental health support from December 2016 and the procurement[4] for this service is underway.

Local teams will recognise the upstream benefits of supporting GPs and practices team members to develop personal resilience skills and will consider with their key partners whether access to personal resilience training would be a helpful facet of the local GPRP support.

5 Identifying practices to support

In view of the continuing operation of the Vulnerable Practice Programme[5] in 2016/17 the same national criteria applied here will be used by local teams to identify practices for support under the GPRP. Resources under the GPRP will allow support to be made available to even more practices, including providing 'upstream' support i.e. practices at the tipping point who may be struggling with workload but who are otherwise operationally stable, and retain the lessons learned from the implementation of the Vulnerable Practices Programme.

Local teams will have the flexibility to quickly identify practices for support under the GPRP by selecting:

- Practices assessed initially but not subsequently prioritised for support.

[4] https://www.contractsfinder.service.gov.uk/Notice/325d71bd-ebfd-4068-819c-6ff0b911b546
[5] https://www.england.nhs.uk/wp-content/uploads/2015/12/letter-support-vulnerable-gps-final-finance.pdf

- Practices offered support but who did not take up the offer.
- Groups of practices where practice based assessments identify a need in a particular locality or place (e.g. support offered to a group of 5 practices in a locality because 3 practices are struggling and there is a risk of domino effect impacting other practices unless support targeted at scale).

Decisions and thresholds set locally should be made on the basis of local intelligence and decisions as to where the greatest impact can be achieved using the available resources. Local teams will again need to work in conjunction with key partners here.

Local teams will need to keep assessments under regular review, updated as a minimum on a 6-monthly basis, and should ensure there are clear opportunities for practices to self-refer for assessment for improvement support under the GPRP. This will include making available a named local team contact for practice enquiries that can be included in local communications.

To support ongoing assessment and prioritisation of support we have refreshed the national criteria (annex B), to better reflect a practices' needs in developing their sustainability and resilience.

Local NHS England teams will need to be able to confirm details of those GP practices they have agreed to support. Further details will follow on the national reporting arrangements which will support accountability and oversight of the delivery of GPRP.

6 Practice commitment

Support to GP practices will be conditional on matched commitment from practices, evidenced through an agreed action plan which will need to include clear milestones for exiting support. Practices will not be required to match-fund the support.

GP practices selected to receive support under the GPRP will be expected to enter into a non-legally binding Memorandum of Understanding (MOU) with NHS England. A template MOU will be published as part of this guidance within which local teams and practices can record local arrangements, including objectives and responsibilities in respect of any support or funding provided. It is anticipated the template MOU will be available by 16th August for adaption by local teams.

GPRP funding should not be used where there is no identifiable exit strategy for support and where there is no engagement with the local primary care strategy.

7 National support

Local teams will be aware we are already working to deliver for October 2016 a sustainability and resilience procurement framework for primary care[6]. This will speed up local ability to secure support from a range of providers. Use of the

[6] https://www.contractsfinder.service.gov.uk/Notice/a2337154-494f-4202-a4ef-b39528028229

framework will not be mandatory given flexibilities in the local approach as to how support may be delivered under the GPRP.

Sharing learning and best practice under the programme will be important. We intend to work with key partners to secure and embed learning locally, including from RCGP peer support teams supporting practices in CQC special measures and to ensure local teams do not act in isolation of others approaches.

We are planning a series of regional learning events, to be led by RCGP peer support teams, to engage with local teams and other key partners. The timing of these will be confirmed but the first events are expected by end of November this year.

NHS England has introduced monthly monitoring to ensure that all the funding for the £10m Vulnerable Practices Programme is reaching practices, and is setting a deadline of 31st October for this funding to be fully committed for individual and groups of practices. Monthly monitoring will also be established for the GPRP so progress can be reviewed.

8 Key milestones

NHS England is committed to moving forward with the delivery of this programme rapidly and to ensure decision making is not protracted. The following milestones apply:

- **By 19 August:** NHS England local teams to share proposals for delivering the menu of support with their key partners.

- **By 23 September:** NHS England local teams will confirm to NHS England central team how they will deliver the menu of support, including single point of contact for practices. NHS England central team will publish these details nationally so there is clarity for all GP practices on the support arrangements in place. This will be in addition to local communications.

- **By 30 September:** NHS England local teams will confirm to the NHS England central team list of practices selected to receive support in 2016/17 (notwithstanding practices who may be subsequently assessed for support, including practices who self-refer) and that support offers have been made to practices listed. Offers will be followed up with agreed MOUs.

- **By 14 October:** where any practices have been identified in need of urgent support due to risk of closure, and are not already receiving support under the existing national programme, NHS England local teams will need to confirm to NHS England central team, that practices are now in receipt of practical support.

- **By 30 December:** local teams to confirm £16m investment support in GPRP (expenditure and/or evidence of investment being fully committed to named practices).

For any questions on the programme which you would like to raise which are not covered by the information in this guidance please send an email to england.primarycareops@nhs.net including in the subject heading ‘GPRP Question’.

We will be producing and maintaining a separate frequently asked questions (FAQs) document to accompany this guidance and will ensure these reflect key themes on issues raised.

9 Annex A – Indicative Funding allocations

Regional teams	Reg. Population (April 2016)	Indicative Allocation FY16/17	Indicative Allocation FY17/18*	Indicative Allocation FY18/19*	Indicative Allocation FY19/20*	Total Programme Allocation
North Region Total	**13,111,378**	**£ 3,640,040**	**£ 1,820,021**	**£ 1,820,021**	**£ 1,820,021**	**£ 9,100,103**
Cheshire and Merseyside	2,582,125	£ 716,861	£ 358,431	£ 358,431	£ 358,431	£ 1,792,154
Cumbria and North East	3,254,446	£ 903,514	£ 451,757	£ 451,757	£ 451,757	£ 2,258,785
Lancashire	1,533,553	£ 425,752	£ 212,876	£ 212,876	£ 212,876	£ 1,064,380
Yorkshire and the Humber	5,741,254	£ 1,593,913	£ 796,957	£ 796,957	£ 796,957	£ 3,984,784
Midlands & East Region Total	**17,427,264**	**£ 4,838,238**	**£ 2,419,119**	**£ 2,419,119**	**£ 2,419,119**	**£ 12,095,595**
Central Midlands	4,817,045	£ 1,337,330	£ 668,665	£ 668,665	£ 668,665	£ 3,343,325
East	4,460,295	£ 1,238,288	£ 619,144	£ 619,144	£ 619,144	£ 3,095,720
North Midlands	3,716,823	£ 1,031,882	£ 515,941	£ 515,941	£ 515,941	£ 2,579,705
West Midlands	4,433,101	£ 1,230,738	£ 615,369	£ 615,369	£ 615,369	£ 3,076,845
London Region Total	**9,443,052**	**£ 2,621,625**	**£ 1,310,812**	**£ 1,310,812**	**£ 1,310,812**	**£ 6,554,061**
North East London	3,618,132	£ 1,004,483	£ 502,241	£ 502,241	£ 502,241	£ 2,511,206
North West London	2,329,655	£ 646,770	£ 323,385	£ 323,385	£ 323,385	£ 1,616,925
South London	3,495,265	£ 970,372	£ 485,186	£ 485,186	£ 485,186	£ 2,425,930
South Region Total	**14,683,128**	**£ 4,076,398**	**£ 2,038,199**	**£ 2,038,199**	**£ 2,038,199**	**£ 10,190,995**
South Central	3,793,820	£ 1,053,258	£ 526,629	£ 526,629	£ 526,629	£ 2,633,145
South East	4,738,857	£ 1,315,623	£ 657,812	£ 657,812	£ 657,812	£ 3,289,059
South West	3,302,555	£ 916,871	£ 458,435	£ 458,435	£ 458,435	£ 2,292,176
Wessex	2,847,896	£ 790,646	£ 395,323	£ 395,323	£ 395,323	£ 1,976,615
Greater Manchester**	**2,966,954**	**£ 823,699**	**£ 411,850**	**£ 411,850**	**£ 411,850**	**£ 2,059,249**
England Total	**57,631,776**	**£ 16,000,000**	**£ 8,000,001**	**£ 8,000,001**	**£ 8,000,001**	**£ 40,000,003**

*Indicative allocations as calculation will be subject to latest available registered population data.

**These amounts represent the proportion of the total allocations attributable to Greater Manchester based on the latest available population data. Primary Care Transformation funding has been made available for the Greater Manchester Strategic Partnership sufficient to cover the indicative amounts listed above.

10 Annex B - National Criteria

Identifying General Practice sustainability and resilience needs is challenging. There are elements of any assessment which are subjective and deciding on the nature, severity or weight of issues facing individual practices are even more problematic to measure. These criteria (as previous) seek to chart a middle route between those aspects that are measurable and those less tangible issues which can help identify and prioritise practices sustainability and resilience needs. The nature of the issues facing a practice can be grouped generally as follows; demand, capacity and internal issues.

The range of criteria identified below can be used as a screening tool by local commissioners to guide their assessment with local stakeholders on offers of support to improve sustainability and resilience. Based on this assessment local teams should use the support matrix (effectively rating the need and impact of support). This can be used to prioritise practices for support within a given organisational or geographical area as well as to target support between areas where there is likely to be greatest benefit.

It is suggested that local teams will utilise their judgement when completing the assessment working with their key partners. It should be noted that the criteria overlap in some cases, for example a practice with a high vacancy level may also seek to close their list to new registrations.

Considerations

Patient safety is paramount - when undertaking the assessment if it becomes evident that safety could be compromised, commissioners should be alert to the need for escalation through the appropriate channels, whilst recognising the need for continuing support.

Domain	Criteria	Description and rationale for inclusion
Safety		
1.	CQC rating – inadequate	Practices rated as inadequate by the CQC are already directed to the RCGP peer support scheme. It is not proposed that this is changed but is included within the criteria for the sake of completeness and recognising practices moving out of special measures may still need additional 'upstream' support.
2.	CQC rating - requires improvement	Practice rated as requiring improvement where there is greatest need for support are already directed to the vulnerable practice programme. It is not proposed that this is changed but is included within the criteria for the sake of completeness and recognising additional 'upstream' support may still be needed. FAQs provide further guidance.
3.	Individual professional performance issues	This reflects that sometimes the overall operations of the practice can impact on or be impacted by professional performance issues.
Workforce		
4.	Number of patients per WTE GP and/or WTE Practice Nurse	These criteria help detect significant workload facing a practice in comparison to other practices. Neither criteria are an indicator of the need for support in themselves but they may indicate opportunities for improvement support, including skill mix.
5.	Vacancies (include long term illness)	This is a key local indicator of a practices sustainability and resilience. It is a crude 'measure' however in that long term or sudden critical vacancies may impact on operations of the practice in different ways. It will be important to consider the nature of the vacancies. The proportion of staff in the practice aged 55 and over may also be an important consideration given potential for early retirements.
External Perspective		
6.	Other external perspectives not covered in the above criteria, for example significant support from LMC, CCG or NHS England local team.	**This is a key criteria**. The level of support increases dependent upon how many local external bodies have significant concerns. Practices self-referring for support may also be considered here.
7.	Primary Care Web Tool	Using this tool and in particular those practices that trigger 5/6 or more outlier indicators provides an indication of some issues in a practice that may require support.
Organisational Issues		
8.	Practice leadership issues (partner relationships)	This is a key area where practices may need support but it is difficult to define so will be for local commissioners to reflect and justify.

Domain	Criteria	Description and rationale for inclusion
9.	Significant practice changes	It is self-evident that this increases the need for support for individual or groups of practices. Practice mergers may make local practices stronger and more resilient, practice splits less so but still requiring support to ensure sustainable operations.
10.	Professional isolation	This is a self-evident criteria, but there are many resilient single handed practices that continue to operate successfully. However by definition a single handed practice has less resilience than a larger practice. Again it would be for local commissioners to reflect a risk rating against this.
Efficiency		
11.	QOF % achievement	This is often used as a short hand measure of how well a practice is operating. The vast majority of practices score well above 90% with average 94% achievement. Just 500 practices score under 80% achievement, 100 practices score under 65% achievement. 21 practices achieve a score which is half of England average achievement (47%). Significant changes in achievement could also evidence changes in operations in need of support.
12.	Referral or prescribing performance compared to CCG average	It is proposed that this is flagged where a practice is a clear outlier (e.g. top / bottom 5%) for aggregate prescribing or referral rates compared to the CCG average.
Patient Experience/ access		
13.	List closure (including application to close list)	This is a key indicator and is akin to the practice self-declaring that they need support. It is a crude 'measure' in that the practice may need support to meet an increase in demand or it may need support to better manage its current demand. It will be important to consider the reasons for list closure. It will be important for local commissioners to also reflect here on practices with refused applications or practices bordering onto a closed list practice.
14.	GP Patient Survey - Would you recommend your GP surgery to someone who has just moved to your local area? (% no).	This is one of a set of patient experience criteria that could be usefully included. Patient advocacy is known to correlate with good quality care.
15.	GP Patient Survey – ease of getting through by phone (% not at all easy).	Could be usefully included in that it provides an early indication where practices may be supported to better match or manage capacity and demand issues.
16.	GP Patient Survey - ability to get an appointment to see or speak to someone (% no)	Could also be usefully included in that it provides an early indication where practices may be supported to better match or manage capacity and demand issues.

Sustainability and Resilience Support Matrix

Following an assessment of the criteria above local NHS England teams should decide where individual practices should be placed on the support matrix below.

Placement should be scored between 1-5 for both scope for support and impact of support. Descriptions for scoring are also provided.

Local NHS England teams will need to ensure there is a record justifying placement based on their assessment of the criteria and demonstrating a consistent approach to the assessment of practices.

Support Matrix

Impact of support						
	Very High - 5	A	A/G	G	G	G
	High - 4	A	A	A/G	A/G	G
	Moderate - 3	A/R	A	A	A	A/G
	Low - 2	R	A/R	A/R	A	A
	Very low - 1	B	R	R	R	R
		1 Rare	2 Unlikely	3 Possible	4 Likely	5 Very likely

Scope for support

Description: Scope for support

	Likelihood Scoring				
	1	**2**	**3**	**4**	**5**
Descriptor	**Rare**	**Unlikely**	**Possible**	**Likely**	**Very Likely**
Frequency / What is the scope for support the practice?	There is no evidence that support is needed	Do not expect it to need support, but it is possible it may do so in the future	Might need support on basis of evidence presented	Likely need support because of specific issues/circumstances but not expected to persist.	Very likely to need support because of persisting local issues or circumstances. Very likely to need support because of specific urgent issue of circumstance.

Description: impact scoring

	Likelihood Scoring				
	1	**2**	**3**	**4**	**5**
Descriptor	**Rare**	**Unlikely**	**Possible**	**Likely**	**Very Likely**
Frequency / What is the scope for support the practice?	Very minor support needs Minimal impact for practice, staff, patients .	Single support issue Low impact on practice and staff, and negligible impact for patients	Moderate impact of support for practice, staff and for multiple patients	Significant effect for practice and staff if support provided, and moderate impact for patients.	Very significant impact for practice, staff and patients if support provided .