BMA

The general practice forward view: two years on

June 2018

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Foreword

General practice lies at the very front line of the healthcare system, and as a GP, I appreciate how hard my colleagues work on a daily basis. This is why the BMA has made it a priority to call for adequate support for general practice and track the progress of the commitments made by NHSE (NHS England) in 2016 in its GPFV (General Practice Forward View).[1] It has now been two years since the Government acknowledged that general practice in England has been struggling to survive, and two years since it began providing additional funding and support for GPs and their work through the GPFV.

The publication of the GPFV provided an opportunity to focus on turning around the crisis in general practice. Unfortunately, our monitoring shows that two years in, the GPFV is struggling to deliver its potential. Not enough funding is making it to the frontline, stress and burnout are still on the rise, practice closures continue to have a damaging effect on patients and staff and the number of GPs is falling let alone getting anywhere near the additional 5,000 promised. Although some individual schemes appear to be having some impact, overall we are concerned that as a package of measures GPFV simply doesn't go far enough, fast enough.

Funding remains key. Since the GPFV was announced funding has increased for the NHS overall (although still well below the rate needed), but taking in to account the increased needs of a growing population, and with many more people living with multi-morbidity, the resources to support high quality primary care remain sadly lacking. The rhetoric about moving more resources into the community has not been matched by the reality on the ground. We also need much greater transparency regarding how the money that has been committed is being spent, and clearer and more robust processes in place to enable practices to access support more quickly.

The BMA's recent *Saving General Practice* report[2] highlighted many of the solutions that are now needed. With the right support, we can build on existing successful GPFV schemes such as the clinical pharmacists in general practice programme. With the government currently considering how it can put in place a long-term investment plan for the NHS, we have a vital opportunity to significantly upgrade the commitments made in the GPFV and reverse the historic underinvestment in general practice. As a society we need to make the right long-term decisions about how to invest wisely in our NHS, and we know that properly funding general practice is one of the most effective ways we can do that.

General practice is the cornerstone of our health system. Without it, the NHS is at risk of collapse. The BMA will continue to monitor the impact of the GPFV and to lobby for a substantial increase in resources directly to practices, so that general practice can do what it does best: provide outstanding care to patients in our communities.

Chandra Kanneganti, GPFV policy lead for GPC and Chair of the North Staffs GP Federation

Executive summary

This report analyses the delivery and impact of the GPFV since its introduction in April 2016. The following has been identified regarding the different funding and support elements of the GPFV. A full list of the recommendations made in the report is also available in Appendix 1.

Investment

- It is not clear whether recurrent GPFV funding is on track, and it also remains unclear whether funding from additional resources from CCGs is being delivered.
- Current funding for general practice falls £3.7 billion short of the BMA's target of 11% of the NHS budget. Although additional funding for the NHS was committed in the Autumn Budget 2017, the amount going to general practice in real terms has not increased.
- Continued practice closures are an indication of the need for greater investment.
- The BMA is calling for the Government to use its planned review of long term NHS funding to address historic underinvestment in general practice. We are also calling for greater transparency and accountability at a national and local level on how GPFV funding is being spent.

Workforce

- Whilst more GPs appear to be entering training, GP recruitment still falls short of the annual recruitment target initially set in 2015/16.
- *Targeted Enhanced Recruitment Scheme* – this seems to be making a positive impact on GP recruitment. 133 out of 144 training posts in England have now been filled.
- *Clinical pharmacists in primary care* – to date NHSE has approved co-funding to support 3,200 practices to recruit 1,100 clinical pharmacists. This extra workforce is welcome to general practice. However, guidance on the application process for funding needs to be more transparent and consistent. Funding for the scheme should be made recurrent to ensure the initiative has a lasting impact.
- *GP Retention Scheme* – a relatively low number of GPs are being retained through this scheme.
- *Induction and Refresher scheme* – by the end of September 2017, 546 GPs had applied to join the scheme. Of these, 142 had completed the scheme and were able to work in practice without conditions. We welcome the impact this scheme has had. However, further work is needed to streamline the processes involved in the scheme, which GPs feel can be overly bureaucratic and time-consuming.
- *Practice Manager Development Programme* – £1 million out of a total £6 million has been spent so far. However, processes for securing and spending the funding attached to this scheme are inconsistent across the country and are seen in some areas as too inflexible.
- *Mental health therapists* – although the GPFV committed to recruiting an additional 3,000 mental health therapists into primary care, it has since become clear that these therapists are employed by IAPT (Improving Access to Psychological Therapies) services, and as such only some of them will work in practices.
- *Training reception and clerical staff* – funding appears to be reaching the ground, with improvements in training being reported.
- The BMA is calling for a renewed focus on workforce planning, recruitment and retention to turn around the current crisis in the GP workforce. Measures to invest in the general practice team are welcome, but need recurrent funding in order to be sustainable.

Workload

- *General Practice Resilience Programme* – practices that have applied for funding are starting to see improvements as a result. However, practice closures are still taking place, so the impact and success of this programme needs to continue to be closely monitored.
- *Practice Transformational Support* –the majority of CCGs are planning to provide £3 per head over 2 years for general practice as instructed. There is, however, a need for greater transparency in how this funding will be spent.
- *Time for Care programme* – feedback suggests that many practices are not seeing any improvement as a result of this support programme. It has also been reported that the processes for applying for funding can be overly complicated.

Care redesign

- *Improving access to general practice* – although this programme appears to have been efficiently rolled out, further evaluation is needed to understand whether it is having a positive impact for patients and practices, and whether this represents good value for money.

Practice infrastructure

- *Estates and Technology Transformation Fund* – due to delays with Premises Cost Directions being agreed for implementation, many schemes set to be funded by the ETTF have been delayed and it is reported that securing funding for large scale projects has been difficult.
- *Online consultations* – funding does not seem to be reaching practices for this initiative.

Although some positive impact has been seen from the GPFV funding and support streams, overall the GPFV is struggling to deliver on its commitments. More fundamentally, there is a widespread view across general practice that the GPFV does not go 'far enough, fast enough' and does not have the confidence of GPs. There is a strong case for undertaking a wholesale review of the GPFV, and current discussions in Government about establishing a long-term funding settlement for the NHS provide an opportunity to put in place a much more substantial package of measures that prioritises getting recurrent funding into frontline care[3]. It is therefore crucial that general practice is central to these funding decisions.

Introduction

It has now been two years since the Government introduced the GPFV, on 21 April 2016. The GPFV is an initiative that NHSE introduced to support general practice aiming to provide the most far reaching support offered in a decade, over a five-year period, across five key areas:

– Investment
– Workload
– Care redesign
– Practice infrastructure
– Workforce

This report evaluates how the implementation and delivery of the GPFV has progressed so far, and seeks to assess whether it is on track to deliver on its commitments. The GPFV responded to a number of issues raised in the BMA's *Urgent prescription for general practice*.[4] However, two years on, the evidence gathered in this report shows that the initiative is struggling to deliver the transformation that is needed to turn around the current crisis in general practice.

To assess whether the promises of investment and support made by NHSE in the GPFV are making a positive difference to practices on the ground two years on, we have:
– Surveyed BMA members working in general practice to understand how they have experienced the last two years of working at the frontline.[5]
– Surveyed LMCs (Local Medical Committees) in March 2018 regarding the implementation and delivery of specific funding and support programmes at a local level. 26 LMCs responded. This builds on a similar survey we conducted last year as part of our report on the first year of the GPFV.
– Engaged directly with GPs regarding the implementation of the GPFV, via a series of roadshow events conducted in early 2018.

This research is also informed by discussion and debate at BMA GPC England (General Practice Committee) meetings, numerous LMC conferences and other events throughout the last two years, providing a clear picture of how GPs view the progress of the GPFV so far.

The big picture: how do GPs view the last two years?

In a BMA survey conducted in March 2018 we asked GPs for their views on what has happened in general practice since the GPFV was launched two years ago. The results suggest that there is widespread concern that the situation in general practice is worsening rather than improving.

Level of pressure

75.5% said that the level of pressure in general practice has either worsened (32%) or significantly worsened (43.5%) over the last two years, with 19% saying things have stayed the same.

Practice workload

65% reported that their workload has worsened over the last two years, with 28% saying things have stayed the same.

Workforce retention & vacancy rates

54% reported that retention and vacancy rates have either worsened (37%) or significantly worsened (17%), with 37% saying they have stayed the same. Just 7.5% reported improvement.

Care delivery

49% said care delivery has either worsened (43.5%) or significantly worsened (5.5%) over the last two years, with 37% saying it has stayed the same.

Waiting times for appointments

59% said waiting times for appointments have either worsened (31%) or significantly worsened (28%), with 33.3% stating they have stayed the same.

Administrative processes

83% said administrative processes have either stayed the same (44.7%), worsened (22.3%) or significantly worsened (16%).

Practice infrastructure

60% stated that practice infrastructure has stayed the same, with 21% saying it has worsened or significantly worsened.

These results clearly paint a worrying picture of the crisis facing general practice. They suggest that overall, GPs do not have confidence that things are improving since the GPFV was launched, and the experience of many GPs is that things have actually worsened.

Assessing GPFV progress

The following provides key information on what funding and support streams were live during 2017/18 and progress on their delivery. This incorporates findings from our survey of LMCs in March 2018, to monitor and track the delivery and implementation of the GPFV commitments.

Investment

What was committed?

With a decade of underinvestment in general practice in England, the introduction of the GPFV was presented as a light at the end of the tunnel. In 2016, the GPFV promised to invest an additional recurrent £2.4 billion into general practice services, raising overall investment to a total of £12 billion a year by 2020/21. A further £508 million of non-recurrent funding was promised as part of a sustainability and transformation package, including an expectation that CCGs would spend an additional £3 per head on practice transformation across 2017/18 and 2018/19. In addition, £900 million of capital investment was promised. Finally, the GPFV also suggested that further funding would come from CCGs and STPs (sustainability and transformation partnerships) deciding to invest in primary care.

What has been delivered so far?

As a result of last year's contract negotiation and agreement, an additional £238 million was invested in general practice, and a further £256 million update has been agreed for 2018/19 – money that will go directly to practices. Separately, CCGs will receive at least £6 per registered population head to fund provision of extended access hubs, with £138 million recurrent funding being invested in 2017/18, rising to £500 million by 2020/21. These funding streams count towards the promised £2.4 billion of recurrent investment.

However, other elements of the GPFV investment package are more difficult to track. The BMA's recent analysis[6] of funding for general practice in England found that although some funding increases appear to be on track, it remains unclear how much of this is genuinely recurrent (and therefore counts towards the promised £2.4 billion uplift) and also whether additional resources from CCGs and STPs are reaching general practice. The BMA has asked NHS England to provide more information on what funding is recurrent and non-recurrent, but to date has not received a response.

We also know that there has been reported underspend by CCGs in primary care.[7] A recent FOI (Freedom of Information Act) request issued by the BMA asking CCGs to confirm their implementation of the £3 per head transformational funding found that the majority plan to provide the full funding.[a] However, 13 areas had not allocated funding for 2017/18 and a further five areas did not respond to our request.

Responses to our 2018 LMC survey suggest that many practices have applied for GPFV funding but are still undergoing the process of securing it or funding has been held up altogether by CCGs or local NHSE teams. Many LMCs emphasised that practices are finding the processes involved in securing funding unecessarily long and bureacratic. Money is not reaching the frontline quickly enough, and there is significant frustration amongst GPs that investment is not reaching practices more directly.

a The full findings of this FOI request, broken down by CCG, can be found in Appendix 2.

Recommendations

The BMA is calling for:

- A detailed review assessing whether the recurrent funding and support promised in the GPFV (including additional funding from CCGs) is being delivered.
- A review of how funding is flowing into general practice, with a view to streamlining processes. Investing directly into practices, rather than through complicated schemes, should be the default approach.
- More detailed information on general practice investment to be publicly available, including making a clear distinction between recurrent and non-recurrent funding increases.
- CCGs and STPs should be required to consult on and publish primary care plans, including details of how they intend to invest in general practice.

Funding gaps

More broadly, the BMA is concerned that the GPFV investment package will not be enough to fully reverse the historic underfunding of general practice. The BMA's recent analysis[8] found that the proportion of the NHS budget going into general practice, excluding the reimbursement of drugs, remains well below historic levels, falling from 9.6% in 2005/06 to 7.9% in 2016/17.

In addition, it is disappointing that NHSE's refreshed planning guidance for 2018/19[9] has confirmed there will be no additional funding for general practice, despite the overall NHS budget increasing as a result of the Autumn Budget in 2017.[10]

In our *Saving General Practice* report the BMA called for 11% of the NHS budget to be invested in general practice by 2020/21. The current trajectory is that an additional £3.5 billion above GPFV investment would be required by 2020/21 to achieve this target. With the Government planning a new long-term funding plan for the NHS,[11] there is now an opportunity to achieve this if the political will is in place.

Recommendation

The government should use its planned review of long-term NHS funding to address historic underinvestment in general practice. It should announce a programme of planned increases in investment to bring general practice spending up to 11% of the NHS budget as part of a comprehensive package of overall investment in the NHS.

Practice closures – BMA projections

Practice closures are an indicator of the growing pressures facing general practice. Recent years have seen the number of practices decline significantly, partly due to mergers. However, some practices have been pushed to the brink resulting in them handing back their contract and closing the practice.

This is having an increasing impact on patients who are left without a local GP practice and must travel much further to access a service.

According to NHS Digital, there were 166 fewer practices in 2017 (7,361), compared to 2016 (7,527).[12]

The BMA has produced two trajectories of how practice closures may look in 2022, without further investment in general practice. Our projections estimate that England is set to lose between 618 and 777 practices between now and 2022. Partly this will be due to mergers but many of these losses will be due to continued pressures on general practice.

Figure 1: Projected number of practices based on the rate of decline over the last 6 years

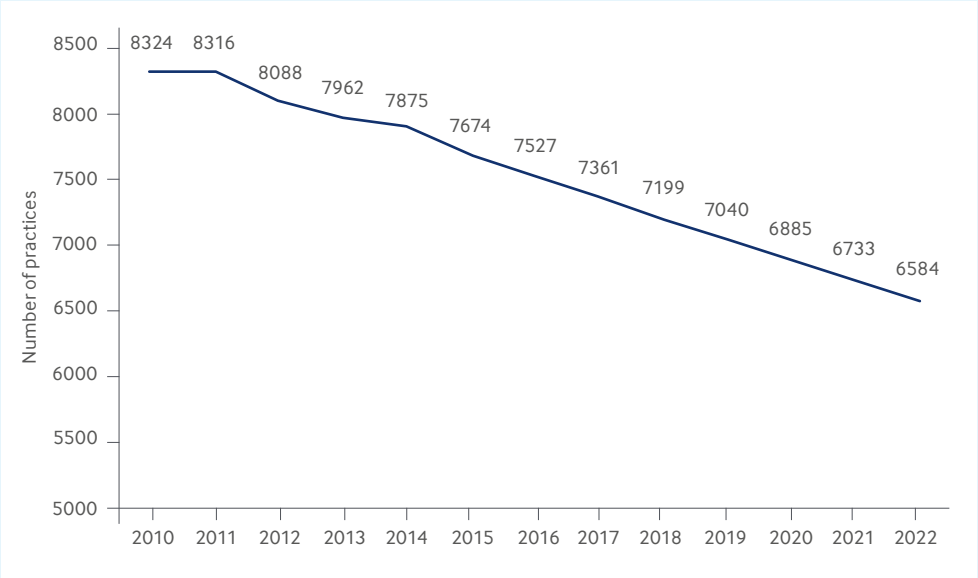
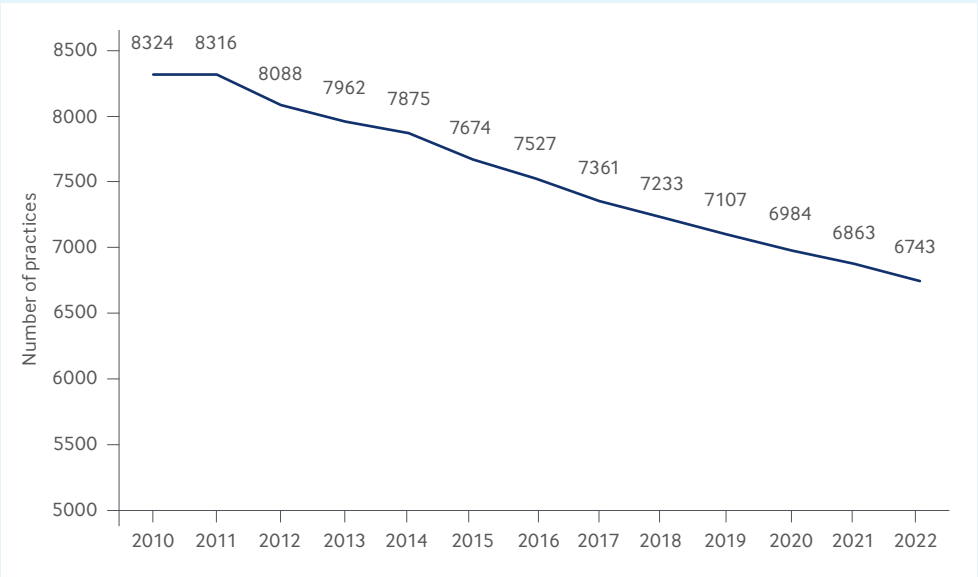


Figure 2: Projected number of practices based rate of decline between 2016 and 2017



Workforce

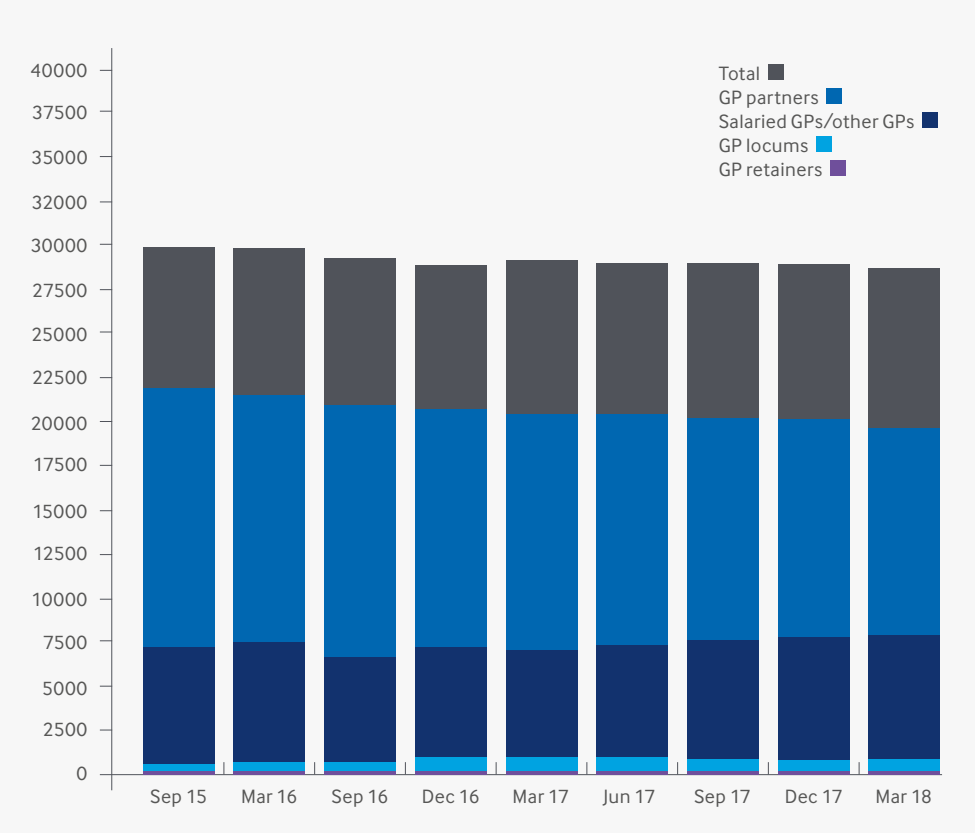
Increased number of GPs

In 2016, GPFV made a commitment to increase GP training and recruitment to 3,250 a year, to support the overall net growth of 5,000 extra doctors by 2020/21.

The latest national GP workforce figures[b] indicate that the number of FTE (full-time equivalent) GPs is declining. Since September 2016, the total number of FTE GPs[c] decreased by 505,[13] a 1.7% fall. The BMA is concerned that the GPFV is highly unlikely to meet its overall GP target by 2020/21.

Although 2017 saw a record number of doctors enter into GP training (3,157[14]), this still falls short of the annual recruitment target initially set in 2015/16.[15] Indeed the national workforce figures show, since September 2016, the total number of FTE trainee GPs decreased by 416, a 7.9% fall.

Figure 3: Total number of GPs – Full Time Equivalent



Source: NHS Digital[16]

BMA analysis

The BMA believes that to increase the number of GPs, the NHS needs an effective workforce strategy that will stabilise and build on the talent it has and make a demonstrable commitment to significant and sustained increased funding to support this. The BMA has long called for a comprehensive, workforce strategy to address issues relating to workforce monitoring and planning, resourcing sufficient education and training capacity and expanding skill-mix to support the doctor-led medical model of primary care.

b It should be noted that practices update their own workforce data onto an online primary web tool. This is extracted on a quarterly basis by NHS Digital, but it does not necessarily include 100% accurate data. Not all practices complete the data return correctly and around 5.8% are not updating it at all. NHS Digital provides estimates for missing data, so fluctuations in GP workforce numbers are always subject to change.

c Excluding GP trainees

Recommendation

The workforce is the most important aspect of any organisation. Adequate numbers of trained, motivated and healthy staff, with the right skills delivering care in the right places is what is needed for general practice to keep delivering safe care. A robust strategy is needed, including:

- Better workforce planning supported by adequate data to ensure safe staffing levels
- A focus on the recruitment and retention of staff.
- A commitment to creating positive working cultures within the NHS.
- A more controlled workload with flexible working options.
- An improved training experience for GPs.
- A future immigration system that is responsive to the needs of the health and social care sectors.
- Better remuneration for GPs.

Targeted Enhanced Recruitment Scheme (TERS)

The TERs scheme offers a one-off salary supplement of £20,000 to GP trainees committed to working in a select number of places in England that have been hard to recruit to for over a period of three consecutive years.

In 2016/17, the GPFV committed £2.1 million to TERS, and in 2017/18 committed an additional £2.88 million. As a result, 133 out of 144 training posts in England have now been filled, at an overall cost of £2.6 million.

BMA analysis

Through the GPFV, NHSE intends to commit an additional £5 million to TERS in 2018/19, to continue its work to ensure that England recruits the appropriate level of GPs for the population levels in each area. The scheme has had an encouraging impact on the number of trainees entering general practice. Plans are underway to evaluate the impact of the scheme, following an announcement by the Secretary of State for Health, Jeremy Hunt, indicating a further 250 posts being made available in 2018/19.

The BMA believe this scheme has made a significant impact on recruiting trainees into general practice and also into areas which are struggling to attract GPs.

Clinical pharmacists in general practice

The GPFV provides £22.4 million of funding each year over five years, to support the creation of clinical pharmacist posts in general practice. This is in addition to an initial £31 million pilot project previously announced by NHSE. This is designed to enable GPs to focus their skills where they are most needed, for example on diagnosing and treating patients with complex conditions.

'The evidence for both saving money and improving quality is good. Working as part of the team and being a prescriber, our pharmacist has saved us time and not added to it. Working outside the practice this initiative is unlikely to work but as part of the practice team has significant benefits if embraced.'

Dr Nigel Watson MBBS FRCGP, GP Arnewood Practice

An application process has now been created to access clinical pharmacist funding. To date, NHSE has approved co-funding to support 3,200 practices, recruiting for 1,100 clinical pharmacist posts. Further application wave deadlines have also been announced up to February 2019.

BMA analysis

The BMA welcomes funding for this initiative. Our members have reported that it can save CCGs money through changes to prescribing and improve the quality of services in the practice. Indeed, in Northern Ireland, where pharmacists have been introduced to practices across the country, it has been seen as an important first step in securing the future of high-quality GP-led services. Government fully funded the scheme, which by 2020/21 will see the creation of 300 posts employed by Northern Ireland's GP Federations. Pharmacists may work with more than one practice, particularly in rural areas, and different working patterns will be available according to patient and business need.

However, in England the process to secure funding is often laborious, especially for practices that would prefer a pharmacist for a different number of hours than an FTE. It has also been reported that there has been inconsistency with local NHSE teams and their approach to the set guidance. The majority of LMCs that responded to our survey reported that practices have applied for funding but some have been declined on the grounds of the number of registered patients.

Recommendation

This programme needs:

- A clearer set of guidelines for the process to secure funding with local NHSE teams to enable them to provide a quick turnaround on decisions on funding and to provide consistency
- Full recurrent funding for pharmacists for every practice in line with the initiatives in Northern Ireland

Case study:

Oakmeadow Surgery, Leicester – application for clinical pharmacist funding

'Our practice formally applied for a pharmacist practitioner during the second wave (beginning of 2017), and was advised in July 2017 that our bid was successful.

We welcomed this funding, however, there have been various hurdles for us to jump through to reach this point. For example, the change of criteria to only one FTE per 30,000 patients, a delay caused by NHSE, as they insisted that pharmacists who are appointed should work full time. Additionally, there was no flexibility from NHSE around job sharing, which made it difficult for our practice, as it cares for 8,950 patients. We have now managed to fill the post; however, the contract will not begin until March 2018.

In essence, the process has taken a year from beginning to end. This is not helpful for a practice, which is understaffed, trying to cope with an insufficient number of GPs (only 2 out of 4 partners in post) and nursing staff.

We believe that this process could be improved by having a clear set of criteria from the outset, a quick turnaround on approval by NHSE, and a hands-off approach to allow practices to have the flexibility to recruit the staff they need.'

GP Career Plus Scheme

The GP Career Plus Scheme is a one-year flexible working pilot, aiming to recruit approximately 80 GPs who are thinking of retiring early across 10 pilot areas. The GPFV has committed £1 million over a 12-month period in 2017/18 to the scheme. The funding was allocated to all 10 sites in 2017/18.

In November 2017, a biannual review of the pilot reported:

- 24 experienced GPs have been recruited onto the scheme across six sites – 17 of these GPs are over the age of 55.
- Recruitment of GPs is mixed – some sites are doing well and others have found it harder to recruit. This is due to NHSE's hourly rate cap of £80 per hour not being competitive enough, availability of suitable GPs (GPs who are retired or those considering retirement), and initial employment models proposed not being attractive enough.
- GPs who are on the scheme particularly value: peer support and the opportunity to meet other GPs, the supportive nature of the scheme and cover for indemnity where provided.
- GPs have been attracted to the flexibility of the scheme and the ability to undertake clinical work without the administrative burden.
- GPs are supportive of the scheme and report feeling less professional isolation, having improved morale and feeling better supported.

A final review regarding the success and learning from the GP Career Plus pilot took place in April 2018. NHS England is now working with the BMA and the RCGP (Royal College of General Practitioners) to prepare guidance for commissioners on how to spend an additional £7 million in 2018/19 earmarked for GP retention initiatives.

BMA analysis

NHS England has recently reported that the pilot's concept helps to improve workforce resilience across local systems. Where schemes have become established, they appear to provide added value in helping to retain experienced GPs who would have otherwise left the NHS. The initial start-up funding enabled providers, e.g. federations, CCGs, partnerships etc, to establish flexible employment models.

The BMA believes that pooled working offers a viable alternative to being a regular locum. Experienced GPs who may have undertaken locum work after leaving or retiring now have another option to consider where pilots have been established. These employment models also use their complete range of skills, support continuous professional development (CPD) and provide assistance with indemnity costs.

The BMA supports having a range of possible retention initiatives to choose from, and the various models adopted in the pilot areas are included in the forthcoming guidance for commissioners. We do, however, caution against diluting the impact of GP retention initiatives. We know GPs in the GP Retention Scheme are having positive experiences – this scheme should be promoted to GPs as often as possible – and the GP Career Plus Scheme has worked well in certain areas.

Recommendation

- Forthcoming additional funding for retention (around £7 million allocated across CCG areas in 2018/19) should be targeted on specific cohorts of GPs to ensure maximum positive impact, e.g. supporting newly qualified GPs and encouraging GPs approaching retirement to remain in the service by reducing their sessions to enable a more sustainable workload.

GP Retention Scheme

The GP Retention Scheme is a package of financial and educational support to help doctors at risk of leaving the profession to remain in clinical general practice. This long-term scheme began on 1 April 2017, replacing the three year Retained Doctor Scheme, which was implemented in 2016, as part of the GP workforce 10 point plan.

The SFE (Statement of Financial Entitlements) has been updated to reflect that practices will receive £76.92 per session for each GP on the scheme that they employ. GPs will receive an annual professional expenses supplement of £1,000 to £4,000 depending on how many sessions they do per week (up to four).

The latest provisional NHS Digital data (March 2018) shows that there are 286 retained GPs being supported, representing an increase of 131 GPs since September 2015. NHS England is currently working with the BMA to produce national promotional materials, including live case studies, to ensure that GPs who are seeking flexible working options are aware of the scheme.

BMA analysis

There are a relatively low number of GPs being retained through the retention scheme. As many GPs are leaving general practice, and a small number of trainees, comparatively, are choosing to become GPs, the BMA believes it is vital that more is done to make GPs aware of the scheme.

Recommendation

Further steps should be taken to explore how to make general practice more attractive, including:

- Further support for funded training programmes for doctors from disadvantaged areas.
- Improved opportunities for flexible working and portfolio career options.

GP Induction and Refresher Scheme

The GP Induction and Refresher Scheme was designed to provide a safe, supported and direct route for qualified GPs to join or return to NHS general practice in England.

In 2016, the GP induction and refresher scheme committed a bursary, providing up to £3,500 a month per scheme for a GP who is on a practice placement; £1,714 to help towards indemnity costs and other fees; access to a dedicated account manager; and no assessment fees for first time applicants. Additionally, GPs are able to complete the scheme before moving back to England if living overseas and can access financial help of up to £8,000 for relocation costs if moving to certain hard-to-recruit areas.[17] Various changes have been made since 2016 to make the scheme quicker and easier to navigate.

By the end of December 2017, 600 GPs had applied to join the I&R Scheme. Of these 167 GPs have completed the scheme and are now able to work in practice without conditions. A further 219 are currently on the scheme either undertaking assessments or placements.[d] This welcome increase in the number of GPs joining the scheme is clear evidence that it has improved recruitment in England for general practice and has attracted GPs back into the NHS who may not have necessarily otherwise returned.

BMA analysis

We believe there have been issues with receiving the fee as the process was unclear on how to claim.
Wessex, LMC

The BMA supports this scheme; however, LMCs reported that they are finding the programme time consuming, deterring them from taking part. While we are pleased with NHSE's improvements to this programme, and the ongoing efforts at streamlining, the timeframe needs to be shorter if it is to attract more GPs to work in the NHS.

d Health Education England update to workforce advisory board.

NHS GP Health Service

The NHS GP Health Service programme aims to improve access to support for GPs and trainee GPs who may be suffering from mental ill-health including stress and burnout. The total funding for the service is £19.5 million over five years.

Following its launch in January 2017, the NHS GP Health Service witnessed an initial surge; however, numbers are now starting to level out. As at the end of March 2018, the service has a caseload of around 1,110 GPs. Around 850 of these are new patients and the remaining 259 have transferred from other services. The commissioning estimate of 750 new patients within the first 12 month period was exceeded.[18]

NHSE is currently conducting a service user survey, which will provide information on satisfaction levels, as well as other data, to test how the service is performing.

BMA analysis

The BMA supported the NHS GP Health Service when it was introduced, and believes that it is a valuable service at a time when many GPs are experiencing burnout. However, this programme is a short-term fix for a much larger issue.

Recommendations

The BMA calls for:

- Funding to be invested recurrently beyond the initial five-year commitment for the NHS GP Health Service.
- Occupational health services to be extended to cover all primary care staff.

Practice manager development programme

This programme provides funding to support the growth of local networks of practice managers. These aim to promote the sharing of good ideas, action learning and peer support. A total of £6 million was committed over three years, which started in 2016.

A total of £1 million has been spent to date. Three events for practice manager development have taken place so far. Best practice resources (tips, templates, and techniques) to aid quality improvement are now available on the programme website.[19]

Plans for bursaries for peer appraisals, mentoring and backfill to join local practice manager development work were also distributed to regional teams in October 2017.

Table 1: Local level allocation of funding during 2017/18[20]

Purpose	National allocation for 2017/18
To support face to face networking opportunities	£239,500
To support training practice manager appraisers	£200,000
To support practice manager coaching and mentoring	£523,000

Funding for the period 2017/18 and 2018/19 is being used to support the following areas:

- eLearning and best practice resources
- Diploma in advanced practice management
- National practice manager development conferences

NHSE has reported that some parts of the country have been able to conclude spending plans within the 2017/18 financial year. However, in other places, plans or contracts are not yet finalised. As a result, where 2017/18 funding has not already been allocated, it will be carried over to 2018/19. This will not affect funding for 2018/19. Procurement options are also being updated.

BMA analysis

We welcome the ability to provide practice managers with the opportunity to expand training and development, however the process to access this support needs to be simplified. LMCs have reported that the length of time for securing funding for practice manager development varies, and is often a very bureaucratic process. LMCs have also reported that there has been inconsistency in how flexible local NHSE teams are with providing proposals and funding to practices, resulting in some not receiving funding. We welcome the approach that some areas have taken where funding has been provided to LMCs to lead on this work.

Recommendation

To improve the practice manager development programme, the BMA is calling for:
- A review of guidelines provided to local area teams to ensure that practices are consistently being given the flexibility to decide how best to use this funding.
- Full recurrent funding for practice manager training and to support practice manager networks.

Mental health therapists to work in primary care

The GPFV includes a commitment of 3,000 additional therapists working in primary care. This links to the Mental Health Forward View commitment to expand IAPT (Improving Access to Psychological Therapies) services by two thirds, to enable 1.5 million people with mental health problems to access treatment each year. New therapists will be employed by existing IAPT providers to support the desired move towards more integrated services.

In 2016/17 there were 539 new mental health therapy trainees and 2,175 patients were seen within an integrated service. In 2017/18, more than 600 new trainees were confirmed and 9,405 patients were seen in an integrated service.[21]

A national evaluation will be available in autumn 2018. NHSE and HEE (Health Education England) are working together to determine how best to use the available funding from April 2018 to ensure that sufficient capacity is in place to support the training expansion whilst also providing some contribution to salary support.

BMA analysis

'Practices do have access to IAPT but it is not practice based and there are long waiting lists... (it) is not part or funded through GPFV as these are existing arrangements.'
Derby and Derbyshire LMC

As mental health therapists are employed by IAPT services, not by practices, only some of these new practitioners will work in practices. Practices are concerned that access to a mental health therapist will therefore be limited. Providing access to an on-hand mental health therapist was one of the key promises from NHSE in the GPFV. Mixed anxiety and depression are the most common mental health problems experienced in the UK, affecting one in four people, and carry an economic and social cost of £105 billion a year.[22] It is imperative that practices have easy access to a therapist for their patients, yet just over half of the respondents to our 2018 LMC survey reported that this is not the case.

Recommendation

LMCs, commissioners and IAPT service providers need to work together to design and implement co-location contractual arrangements that see mental health therapists deployed across GP practices and the costs for this included within Licence Agreements.

Training for reception and clerical staff

The GPFV promised funding for the training of reception and clerical staff in practices to undertake enhanced roles in active signposting and management of clinical correspondence. The CCG and their practices may choose any training provider they deem appropriate. The funds may be used for any of the following:

- The cost of purchasing training;
- Backfill costs for practices to cover staff time spent undertaking training;
- Support for practices for planning this change or undertaking training.

A total of £45 million was committed to the programme over five years. In 2017/18 £10 million was allocated to CCGs for practices.[23]

BMA analysis

This programme seems to have been beneficial for practices. 23 out of 26 LMCs who responded to our survey reported improved efficiency in practices in their areas as a result of the scheme. However, it is absolutely vital that all LMCs are involved in discussions with CCGs about how this funding is best used to support staff in their constituent practices.

Workload

General Practice Resilience Programme

This programme aims to deliver a 'menu of support' that will help practices become more resilient and sustainable, better placed to tackle the challenges they face now and into the future, and secure continuing high-quality care for patients. It also addresses how clusters of practices might work together, what types of services could they deliver differently and what types of infrastructure they would require.

In 2016, the GPFV committed a sum of £40 million over four years (up to 2020). As at the end of February 2017, NHSE reported spending £16 million of this funding, and has indicated that it expects around £8 million to have been spent in 2017/18.[24]

BMA analysis

In our 2018 LMC survey, 14 out of 26 LMCs said practices in their area that had applied for funding had seen improvements as a result of the scheme. The remaining 12 reported that they were not aware of the impact in their area.

Although in theory the resilience programme is positive for general practice, the BMA is concerned that this funding has come too late, as shown by the increased number of practice closures over the past two years.

Recommendation

NHSE should monitor the impact of the General Practice Resilience Programme in relation to the number of practice closures to ensure that it is providing sufficient support for those practices facing significant challenges.

Practice transformation programme

This programme supports providers to implement the 10 High Impact Actions[25] with the aim of reducing practice workload. CCGs were asked to spend £3 per head in general practice in 2017/18 and 2018/19, split over the two years, equating to £171m in total.

BMA analysis

Recent results from a BMA FOI request to CCGs show that £81 million of transformational funding has been invested into general practices around the country for the 2017/18 financial year, equating to an average of £1.45 per head. The results also show that a total of £89 million is expected to be spent by CCGs in 2018/19, equating to £1.62 per head.[e]

With 21 out of 26 LMCs reporting in our LMC survey that funding has been spent, there is a need for greater transparency and publicly available data on how that money is being spent.

Recommendation

For transformation funding to make a significant difference, the BMA is calling for:

- NHSE to regularly collect and publish data on CCG spending against the £3 per head pledge. There is currently little information publicly available on the current spend.
- CCGs to be required to report on how they have spent funding, and where it is having an impact. NHSE should work with CCGs, GPC and LMCs to evaluate what impact the scheme is having in each region.
- More clarity around the future of transformation funding. The scheme currently provides money from a non-recurrent stream of funding, which finishes at the end of 2019. It is unclear what impact it will have on sustainability for practices once funding is no longer available.

Time for Care programme

This programme provides national expertise and support for groups of practices, including a 9-12 month programme of workshops and learning sessions to plan and implement changes as part of their own Time for Care programme.

A total of £30 million was invested across five years. In 2016/17, NHSE reported that 86 schemes covering 107 CCGs were being supported by national resources and expertise.[26] The RCGP has recently published a review of the 10 High Impact Actions which comprise the Time for Care programme.[27]

It found that the impact of the different actions and the quality of the evidence base behind them was variable. Evidence around improvements in productive workflows was particularly positive; more support could be given to areas such as these that show evidence of working.

BMA analysis

"It comes down to backfill, which is making it difficult for practices to access it. We have also heard that the application process is very cumbersome for practices to go through, which is putting off a lot of interest in this particular programme."

Humberside LMC

Last year, 16 out of 28 LMCs reported that practices in their area had received support for this programme. This year, 19 out of 26 LMCS reported their areas had received funding. However, over half of LMCs responding to the survey have indicated that they have not seen any improvement and it is not clear whether this programme is delivering the outputs that were originally planned. It has also been reported that the process to secure funding can be complicated.

e For a further breakdown, refer to Appendix 2

Care redesign

Improving access to general practice

This programme provides funding for CCGs to commission extended access services in general practice, with the stated aim of all patients being able to access such services by October 2018. This does not mean that all practices have to offer extended access – services are commissioned on the basis that appointments will be made available to patients (often via a hub service) between 6:30pm and 8pm on weekdays, with provision of services at weekends based on an assessment of whether there is sufficient local need.

In 2017/18, NHS England has confirmed that £138 million is being provided to CCGs to commission these services, based on a rate of £6 per head for those areas currently involved in the scheme. All other CCGs will start with £3.34 per head in April 2018, increasing to £6 per head in October 2018 (by which time recurrent funding for the scheme will rise to £500 million). NHS England has stated that to date 50% of patients are covered by the scheme, which is on track to achieve its target.

BMA analysis

'There is variation in the CCG approaches to this scheme based largely on their attitude to risk, own financial situation and interpretation of the procurement advice being given by NHSE and legal teams.'
Hull & East Yorkshire LMC

Although the scheme certainly appears to have been efficiently rolled out, further evaluation is needed to understand whether it is having a positive impact for patients and practices, and whether this represents good value for money. In the BMA's view the evidence is not strong enough to justify spending what amounts to a significant proportion of the recurrent spending promised in the GPFV in providing extended access, when this money might be better invested in supporting core GP services. Many patients remain frustrated with being unable to get timely appointments during regular working hours, owing to increased demand and unmanageable GP workloads, and it is therefore these services that should be given priority for proper funding.

Finally, GPs have fed back that there is variation in how CCGs are choosing to implement the scheme, which may be leading to variations that are not justified by differences in patient need.

Recommendation

NHS England should explore whether extended access services could help to relieve some of the pressure on core GP services by providing additional capacity they can book into.

Practice infrastructure

Estates and Technology Transformation Fund

This investment is designed to accelerate the development of infrastructure to enable the improvement and expansion of joined-up out of hospital care for patients. This is made up of capital and revenue funding.

A total of £900 million will be invested across five years. This includes £300 million capital funding associated with the ETTF and over £100 million a year capital for business as usual, as well as some planned capital investment for national IT infrastructure.
NHS England has reported that as of February 2018, 866 projects have been completed, 927 projects are either in due diligence, supported by pre-project costs or in delivery; 132 have been withdrawn and 10 have been put on hold.[f]

'All projects have been stalled. A brand new £15 million project has now been abandoned despite support from local GPs and CCGs owing only to barriers being put up by NHS England locally.'
Cheshire LMC

In 2017/18, as part of the ETTF promises, NHSE committed to pay up to 100% of improvement and development grants. Previously, grants could only cover up to 66% of the cost of the work. In order to allow 100% grants, NHS England needed to make amendments to the PCDs (Premises Cost Directions). Due to delays within NHS England and the DHSC (Department of Health and Social Care) the PCDs could not be agreed for implementation in 2017/18 and GPC was not able to reach agreement on the terms of development grants, therefore only (up to) 66% grants could be provided, and only for improvement grants (not new developments). In relation to development grants, NHS England has reported that practices and their CCGs had proposed and started developing business cases for 162 new developments across the country, which cannot now progress.

BMA analysis

The BMA is concerned that some practices in NHS Property Services and Community Health Partnership buildings (both NHS providers) are facing challenges with service charges, which have significantly increased over the last few years and have led to some practices being unwilling to sign up to formal leases. Although these practices are in NHS properties, NHSE will not allow a practice to receive an ETTF grant without a formal lease in place. Those which have been approved initially cannot access funding due to being unable to agree to a formal lease.

13 out of 26 LMCs reported that practices in their area applied for funding, with only 8 areas securing contracts. Those that have secured contracts have reported that they had difficulty in securing funding for large projects but smaller renovations have been approved.
The aim of the GPFV is to support the sustainability of general practice in England. It is unreasonable to expect GPs to be able to continue to provide high quality services to their patients without adequate premises, and fulfilling its initial funding promises with the ETTF should support this.

Recommendation

Better premises and structures are vital to patient safety and necessary for GPs to deliver quality care within communities. As such, NHSE and DHSC need to urgently enable development grants as a key step for general practice to be able to meet population demand. The BMA is calling for:
- Fully funded rental and maintenance costs for all practices.
- Increased and ongoing capital investment in GP premises and associated revenue costs.

f NHS England – progress report to GPFV oversight group, May 2018.

Online consultation systems

The GPFV contained plans to enable patients to book consultations online and access relevant health information, plus digital tools and advice to help them to better manage their conditions. £15 million was to be made available to CCGs for online consultation systems for 2017/18.

BMA analysis

This is the first year that funding has been received. Largely negative feedback was received on this initiative from our LMC survey, with 20 out of 26 LMCs reporting that practices in their area had not received funding. The growing development of online GP services, both private and NHS, highlight the need to invest properly and consistently in enhancements to IT systems across all practices, to ensure all patients can benefit rather than a small minority.

Recommendation

Slow and outdated systems cause delays in consultations, difficulties with data-sharing and can lead to potential cyber-attacks, which places patient confidentiality at risk. The government should invest recurrent funding through GP Systems of Choice to ensure the current IT infrastructure is fit for purpose and to expand the availability of new IT initiatives.

What's next?

The following outlines the next phase of some of the GPFV funding and commitments that are due to be launched in April 2018.

Investment

Primary care allocations

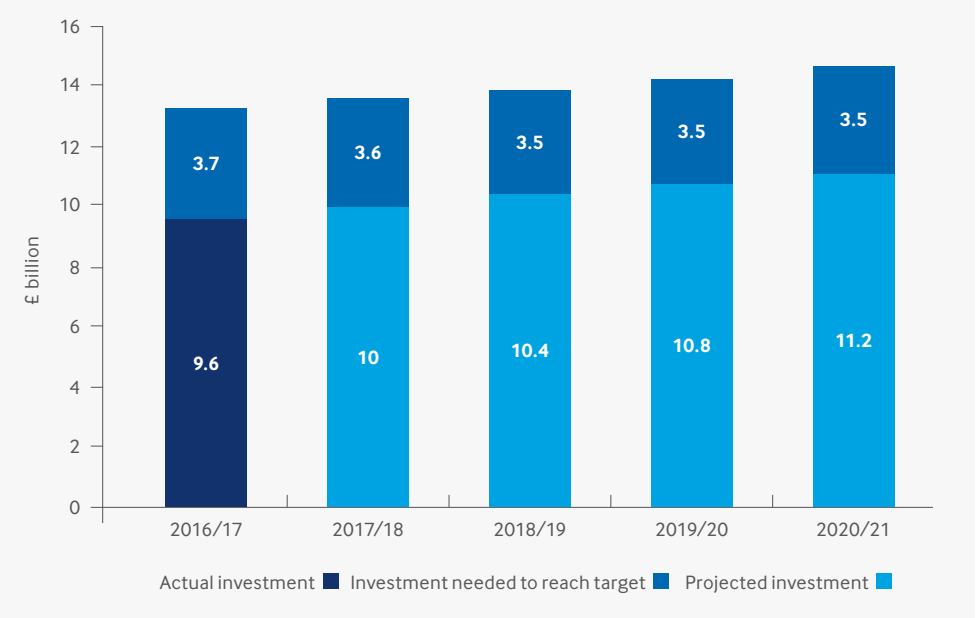
The annual contract negotiation will provide an additional £256 million for 2018/19, representing an increase of 3.4% to the contract in April 2018. Coupled with the £238.7 million for 2017/18 and the £220 million for 2016/17, this should represent 19% of the overall £2.4 billion budget, allocated over five years.

Future funding gaps

However, general practice has experienced almost a decade of underinvestment at a time when population growth and increasingly complex health needs mean it is more important than ever that it is supported as the cornerstone of the NHS.

The BMA has recently called for an increase in funding for general practice to 11% of the overall NHS budget. Current investment falls £3.7 billion short of the BMA's funding target. By 2020/21 the funding gap is projected to be £3.5 billion. This analysis now incorporates the additional funding for the NHS announced in the Autumn Budget 2017 – an extra £6.3 billion over this Parliament.[28] However, even with this extra NHS funding, the proportion going to general practice has not been increased. This makes the funding gap in 2020/21 slightly higher than the £3.4 billion gap previously projected by the BMA.[29]

Figure 4: Investment in general practice (excluding drug reimbursement) – cash terms, 2016/17-2020/21



Source: NHS Digital[30]; Department of Health[31]; Nuffield Trust[32]

Expanding on multidisciplinary primary care

The GPFV promised to:

- increase the number of clinical pharmacists working in GP surgeries to 1,300 by March 2019, to help free up GP time and ensure efficient use of medicines.
- Support universities to train 3,000 physician associates by 2020. HEE will work with NHS England to incentivise up to 1,000 of these staff to work in general practice.

GP international recruitment programme

The NHS in England is recruiting at least 2,000 suitably qualified overseas doctors into GP practices by 2020. This is called the International GP Recruitment programme.

Initially this will focus on doctors from the EEA (European Economic Area) whose training is recognised in the UK under European law and who get automatic recognition to join the GMC's (General Medical Council) GP Register.

The RCGP and the GMC are reviewing the curriculum, training and assessment processes for GPs trained outside the EEA. Hopefully this will identify how the GP registration process can be streamlined for those doctors whose training is similar to that of the UK's.

Currently, NHSE is still establishing the national infrastructure for this, and results are unlikely to be seen for another two years.

To support the recruitment of GPs from overseas, the BMA believe that there needs to be:
- An ongoing commitment to the international recruitment of GPs that includes a structured induction and mentoring scheme.
- Permanent residence for all existing EEA doctors currently working in the UK.
- Employment policy that ensures all existing non-EEA doctors working in the UK will be given indefinite leave to remain.
- Addition of general practice to the Migration Advisory Committee Shortage Occupation list.

Practice nurses

A total of £15 million will be given to practices until 2021 to retain and recruit practice nurses, as well as for training purposes. Feedback from the 2018 LMC survey suggests that many practices have already applied for this funding. Outputs from this programme will not be available for evaluation until next year.

Indemnity

As part of the 2017/18 contract changes, GPC negotiated for the average increase in indemnity fees to be covered by central funding. £30 million was provided to practices on a per-patient basis (unweighted).

For 2018/19 GPC has negotiated an additional £30 million, meaning £60 million will be provided to practices in the same way as last year, for the average increase in indemnity over the last two years.

Conclusion

This paper provides further evidence that general practice remains in critical condition. Our 2018 LMC survey illustrates that although there may be some positive impact from programmes, overall, the GPFV is struggling to deliver on its promises. There is now a general lack of confidence in the GPFV, as it has failed to make a big enough impact on the recruitment and retention crisis, and has been unable, so far, to make any significant inroad into the unmanageable daily workload within general practice.

However, our analysis does show that some initiatives being taken forward as part of the GPFV are having an impact on the ground. This suggests that a better-resourced package of measures – along the lines set out in the BMA's *Saving general practice*[33] report – would be able to have much greater impact. Put simply, the GPFV needs an urgent upgrade, so it can go further and faster to turn around the current crisis in general practice. Investment needs to go directly to practices and not be blocked at local level by complex processes for practices to navigate.

The Government's decision to announce a long-term funding settlement for the NHS this summer provides an opportunity to review the funding outlook for general practice, and escape the cycle of underinvestment caused by short-term planning. The future of general practice must therefore be central to the discussions around this and any announcements that are made later this year.

Appendix 1: Recommendations

Funding

The BMA calls for:
- A detailed review assessing whether funding and support promised in the GPFV (including additional funding from CCGs) is being delivered.
- A review of how funding is flowing into general practice, with a view to streamlining processes. Investing directly into practices, rather than through complicated schemes, should be the default approach.
- More detailed information on general practice investment to be publicly available, including making a clear distinction between recurrent and non-recurrent funding increases.
- CCGs and STPs should be required to consult on and publish primary care plans, including details of how they intend to invest in general practice.

The government should use its planned review of long-term NHS funding to address historic underinvestment in general practice. It should announce a programme of planned increases in investment to bring general practice spending up to 11% of the NHS budget as part of a comprehensive package of overall investment in the NHS.

Workforce

A robust strategy is needed, including:
- Better workforce planning supported by adequate data to ensure safe staffing levels.
- A focus on the recruitment and retention of staff.
- A commitment to creating positive working cultures within the NHS.
- A more controlled workload with flexible working options.
- An improved training experience for GPs.
- A future immigration system that is responsive to the needs of the health and social care sectors.
- Better remuneration for GPs.

On the Clinical Pharmacists in General Practice programme, there should be:
- A clearer set of guidelines for the process to secure funding with local NHSE teams to enable local NHSE teams to provide a quick turnaround on decisions on funding and to provide consistency.
- Full recurrent funding for pharmacists should be made available for every practice.

Forthcoming additional funding for retention (around £7 million allocated across CCG areas in 2018/19) should be targeted on specific cohorts of GPs to ensure maximum positive impact, e.g. supporting newly qualified GPs and allowing GPs approaching retirement to reduce their sessions.

Further steps should be taken to explore how to make general practice more attractive, including:
- Further support for funded training programmes for doctors from disadvantaged areas.
- Improved opportunities for flexible working and portfolio career options.
- The BMA calls for:
- Funding to be invested recurrently beyond the initial five-year commitment for the NHS GP Health Service.
- Occupational health services to be extended to cover all primary care staff.

To improve the practice manager development programme, the BMA is calling for:
- A review of guidelines provided to local area teams to ensure that practices are consistently being given the flexibility to decided how best to use this funding.
- Full recurrent funding for practice manager training and to support practice manager networks.

LMCs, commissioners and IAPT service providers need to work together to design and implement co-location contractual arrangements that see mental health therapists deployed across GP practices and the costs for this included within Licence Agreements.

Workload

NHSE should monitor the impact of the General Practice Resilience Programme in relation to the number of practice closures to ensure that it is providing sufficient support for those practices facing significant challenges.

For transformation funding to make a significant difference, the BMA is calling for:
- NHSE to regularly collect and publish data on CCG spending against the £3 per head pledge. There is currently little information publicly available on the current spend.
- CCGs to be required to report on how they have spent funding, and where it is having an impact. NHSE should work with CCGs, GPC and LMCs to evaluate what impact the scheme is having in each region.
- More clarity around the future of transformation funding. The scheme currently provides money from a non-recurrent stream of funding, which finishes at the end of 2019. It is unclear what impact it will have on sustainability for practices once funding is no longer available.

NHS England should explore whether extended access services could help provide additional capacity to wider general practice, by offering appointment slots they can book into.

Practice infrastructure

Better premises and structures are vital to patient safety and necessary for GPs to deliver quality care within communities. As such, NHSE and DHSC need to urgently enable development grants as a key step for general practice to be able to meet population demand.

The BMA is calling for:
- Fully funded rental and maintenance costs for all practices.
- Increased and ongoing capital investment in GP premises and associated revenue costs.

Slow and outdated systems cause delays in consultations, difficulties with data sharing and can lead to potential cyber-attacks, which places patient confidentiality at risk. The Government should invest recurrent funding through GP Systems of Choice to ensure the current IT infrastructure is fit for purpose and to expand the availability of new IT initiatives.

Appendix 2: CCG FOI Results

CCG plans for transformational funding – results from BMA FOI request, November 2017

CCG	2017/18 per head spend (£)	2017/18 total spend (£)	2018/19 per head spend (£)	2018/19 total spend (£)	To note
NHS Airedale, Wharfedale and Craven CCG	1.50	236,000	1.50	236,000	
NHS Ashford CCG	3.00	393,891	0.00	0	
NHS Aylesbury Vale CCG	1.00	-	2.00	-	Total funding will be split with Chiltern CCG.
NHS Barking & Dagenham CCG	1.50	333,585	1.50	333,585	
NHS Barnet CCG	1.50	600,000	1.50	600,000	
NHS Barnsley CCG	1.50	386,000	1.50	386,000	
NHS Basildon and Brentwood CCG	1.50	202,500	1.50	202,500	
NHS Bassetlaw CCG	1.50	172,000	1.50	173,000	
NHS Bath and North East Somerset CCG	0.45	90,204	2.55	523,796	
NHS Bedfordshire CCG	1.50	700,000	1.50	700,000	
NHS Bexley CCG	1.50	357,000	1.50	357,000	
NHS Birmingham Cross City CCG	1.50	1,092,000	1.50	1,092,000	
NHS Birmingham South and Central CCG	1.50	489,000	1.50	500,000	
NHS Blackburn with Darwen CCG	1.16	200,000	1.84	316,000	
NHS Blackpool CCG	1.50	259,891	1.50	259,891	
NHS Bolton CCG	1.50	455,000	1.50	455,000	
NHS Bracknell and Ascot CCG	1.50	211,298	1.50	211,298	
NHS Bradford City	1.50	190,000	1.50	190,000	
NHS Bradford Districts	1.50	520,000	1.50	520,000	
NHS Brent CCG	1.50	553,500	1.50	553,500	
NHS Brighton & Hove CCG	-	-	-	-	In total, the CCG will be providing £3 per patient over the two years. The CCG has not yet determined how much of this will be spent in the two relevant financial years.
NHS Bristol CCG	1.00	494,000	2.00	987,000	
NHS Bromley CCG	2.02	700,000	0.98	338,000	
NHS Bury	3.00	605,000	0.00	0	
NHS Calderdale CCG	1.50	329,000	1.50	329,000	
NHS Cambridgeshire and Peterborough CCG	1.50	1,398,000	1.50	1,398,000	
NHS Camden CCG	1.49	366,000	1.51	366,000	
NHS Cannock Chase CCG	1.50	198,410	1.50	198,410	
NHS Canterbury and Coastal CCG	3.00	672,600	0.00	0	
NHS Castle Point, Rayleigh and Rochford CCG	0.75	138,000	2.25	414,000	

CCG	2017/18 per head spend (£)	2017/18 total spend (£)	2018/19 per head spend (£)	2018/19 total spend (£)	To note
NHS Central London (Westminster CCG)	1.00	203,000	2.00	406,000	
NHS Chiltern CCG	1.00	-	2.00	-	Total funding will be split with Aylesbury CCG.
NHS Chorley and South Ribble CCG	1.00	181,000	2.00	362,000	
NHS City and Hackney CCG	1.00	306,053	2.05	623,947	
NHS Coastal West Sussex CCG	1.50	765,700	1.50	765,700	
NHS Corby CCG	1.50	117,000	1.50	117,000	
NHS Coventry and Rugby CCG	1.00	500,000	2.00	966,000	
NHS Crawley CCG	1.50	187,167	1.50	187,167	
NHS Croydon	1.50	607,000	1.50	607,000	
NHS Cumbria CCG	1.50	484,000	1.50	484,000	
NHS Darlington CCG	0.50	55,000	2.50	277,000	
NHS Dartford, Gravesham and Swanley CCG	1.50	392,238	1.50	400,114	
NHS Doncaster CCG	3.00	944,000	0.00	0	
NHS Dorset CCG	1.375	1,100,000	1.625	1,300,000	
NHS Dudley CCG	1.50	476,000	1.50	476,000	
NHS Durham Dales, Easington and Sedgefield CCG	1.50	428,000	1.50	428,000	
NHS Ealing CCG	1.00	430,087	2.00	860,174	
NHS East and North Hertfordshire CCG	1.50	887,885	1.50	904,717	
NHS East Lancashire CCG	3.00	1,127,475	0.00	0	
NHS East Leicestershire and Rutland CCG	1.00	326,000	2.00	652,000	
NHS East Riding of Yorkshire CCG	1.50	452,380	1.50	452,380	
NHS East Staffordshire CCG	0.65	91,000	2.35	326,000	
NHS East Surrey CCG	1.50	276,000	1.50	276,000	
NHS Eastbourne, Hailsham and Seaford CCG	1.50	274,950	1.50	274,950	
NHS Eastern Cheshire CCG	1.50	312,000	1.50	312,000	
NHS Enfield CCG	-	-	-	-	The £3 per head is being utilised as part of the Enfield Single Offer which is a 2-year contract with the local GP Federation. There are currently 8 clinical services within Phase I of the Single Offer of which 6 will be delivered through local general practices and it has been agreed that 2 will be provided to Enfield patients at scale. The total finance allocated to the Enfield Single Offer is £2 million pounds.

CCG	2017/18 per head spend (£)	2017/18 total spend (£)	2018/19 per head spend (£)	2018/19 total spend (£)	To note
NHS Erewash CCG	1.50	147,000	0.00	0	Funding was provided in 2016/17 and 2017/18. £200k was made available in 2016/17, taking the total investment to £347k (£3.54 per head).
NHS Fareham and Gosport CCG	1.50	306,000	1.50	310,000	
NHS Fylde & Wyre CCG	1.76	267,000	1.24	187,000	
NHS Gloucestershire CCG	1.89	1,240,200	1.89	1,240,200	
NHS Great Yarmouth & Waveney CCG	1.50	358,000	1.50	358,000	
NHS Greater Huddersfield CCG	1.00	244,000	2.00	495,000	
NHS Greater Preston CCG	1.00	212,000	2.00	414,000	
NHS Greenwich	-	-	-	-	Did not provide information.
NHS Guildford and Waverley CCG	1.50	336,000	1.50	339,000	
NHS Halton CCG	1.50	195,795	1.50	196,217	
NHS Hambleton, Richmondshire and Whitby CCG	3.00	426,000	0.00	0	
NHS Hammersmith and Fulham CCG	1.50	317,000	1.50	317,000	
NHS Hardwick CCG	1.50	155,000	1.50	156,000	
NHS Haringey CCG	0.75	232,000	2.25	697,000	
NHS Harrogate and Rural District CCG	0.00	0	3.00	463,000	
NHS Harrow CCG	1.00	260,000	2.00	536,485	
NHS Hartlepool and Stockton-on-Tees CCG	0.50	148,000	2.50	740,000	
NHS Hastings & Rother CCG	1.50	280,000	1.50	280,000	
NHS Havering CCG	1.50	408,757	1.50	408,757	
NHS Herefordshire CCG	0.00	0	3.00	561,000	
NHS Herts Valleys CCG	1.50	958,000	1.50	958,000	
NHS Heywood Middleton & Rochdale CCG	-	-	-	-	Did not provide information.
NHS High Weald Lewes Havens CCG	6.00	1,018,752	-	-	2018/19 figures are yet to be confirmed.
NHS Hillingdon CCG	1.63	490,000	1.36	410,000	
NHS Horsham and Mid Sussex CCG	1.50	337,574	1.50	337,563	
NHS Hounslow CCG	1.50	468,000	1.50	468,000	
NHS Hull CCG	1.50	440,000	1.50	440,000	
NHS Ipswich and East Suffolk CCG	1.00	402,000	2.00	803,000	
NHS Isle of Wight CCG	1.50	214,500	1.50	214,500	
NHS Islington CCG	1.5	357,837	1.5	357,837	
NHS Kernow CCG	1.50	848,000	1.50	848,000	
NHS Kingston CCG	1.50	309,000	1.50	309,000	

CCG	2017/18 per head spend (£)	2017/18 total spend (£)	2018/19 per head spend (£)	2018/19 total spend (£)	To note
NHS Knowsley CCG	1.50	244,000	1.50	244,000	
NHS Lambeth CCG	1.50	593,579	1.50	593,579	
NHS Leeds South and East CCG	1.50	417,000	1.50	417,000	
NHS Leeds West CCG	1.50	557,000	1.50	557,000	
NHS Leeds North CCG	1.50	350,000	1.50	350,000	
NHS Leicester City CCG	1.50	582,500	1.50	582,500	
NHS Lewisham CCG	1.50	-	-	-	Unclear information provided.
NHS Lincolnshire East CCG	1.50	369,225	1.50	369,225	
NHS Lincolnshire West CCG	0.20	45,000	2.80	660,000	
NHS Liverpool CCG	3.00	1,750,995	0.00	0	
NHS Luton CCG	1.50	350,000	1.50	350,000	
NHS Manchester	1.50	908,000	1.50	908,000	
NHS Mansfield & Ashfield CCG	0.00	0	3.00	571,100	
NHS Medway CCG	1.50	444,000	1.50	444,000	
NHS Merton	1.50	336,000	1.50	336,000	
NHS Mid Essex CCG	1.30	500,000	1.70	665,000	
NHS Milton Keynes CCG	-	-	-	-	Did not provide information.
NHS Morecambe Bay CCG	1.50	180,500	1.50	180,500	
NHS Nene CCG	1.50	999,000	-	-	2018/19 figures are yet to be confirmed.
NHS Newark and Sherwood CCG	0.00	0	3.00	395,800	
NHS Newbury and District CCG	1.00	114,000	2.00	230,000	
NHS Newcastle Gateshead CCG	1.00	500,000	2.00	1,000,000	
NHS Newham CCG	-	-	-	-	Did not respond.
NHS North & West Reading CCG	1.00	104,000	2.00	209,000	
NHS North Derbyshire CCG	1.50	468,225	1.50	470,000	
NHS North Durham CCG	1.77	450,000	1.57	400,000	
NHS North East Essex CCG	1.50	517,000	1.50	521,000	
NHS North East Hampshire and Farnham CCG	0.60	135,000	2.40	540,000	
NHS North East Lincolnshire CCG	1.50	254,000	1.50	254,000	
NHS North Hampshire CCG	1.50	335,610	1.50	338,949	
NHS North Kirklees CCG	0.00	0	3.00	574,500	
NHS North Lincolnshire CCG	0.00	0	3.00	558,000	
NHS North Norfolk CCG	1.50	260,000	1.50	260,000	
NHS North Somerset CCG	1.00	219,009	2.00	438,018	
NHS North Staffordshire CCG	1.50	326,400	1.50	326,400	

CCG	2017/18 per head spend (£)	2017/18 total spend (£)	2018/19 per head spend (£)	2018/19 total spend (£)	To note
NHS North Tyneside CCG	1.50	329,000	1.50	329,000	
NHS North West Surrey	1.50	554,919	1.50	554,919	
NHS North, East, West Devon CCG	0.00	0	3.00	3,600,000	
NHS Northumberland CCG	1.50	484,000	1.50	484,000	
NHS Norwich CCG	1.50	320,000	1.50	320,000	
NHS Nottingham City CCG	1.50	500,000	1.50	500,000	
NHS Nottingham North & East CCG	0.00	0	3.00	460,000	
NHS Nottingham West CCG	0.00	0	3.00	290,000	
NHS Oldham CCG	1.50	373,500	1.50	373,500	
NHS Oxfordshire CCG	-	3,200,000	-	-	Unclear information provided.
NHS Portsmouth CCG	1.50	321,614	1.50	321,614	
NHS Redbridge CCG	1.50	467,709	1.50	467,709	
NHS Redditch and Bromsgrove CCG	1.50	263,641	1.50	264,766	
NHS Richmond CCG	1.50	330,000	1.50	330,000	
NHS Rotherham CCG	1.50	389,202	1.50	389,202	
NHS Rushcliffe CCG	0.00	0	3.00	380,000	
NHS Salford CCG	5.00	1,300,000	6.00	1,600,000	
NHS Sandwell and West Birmingham CCG	1.50	852,665	1.50	865,589	
NHS Scarborough and Ryedale CCG	1.43	172,000	1.43	172,000	
NHS Sheffield CCG	1.50	833,000	1.50	833,000	
NHS Shropshire CCG	1.50	459,528	1.50	459,528	
NHS Slough CCG	1.50	236,345	1.50	236,345	
NHS Solihull CCG	1.50	371,088	1.50	-	It is anticipated that £1.50 will be available in 2018-19, but this has not yet formally been agreed due to the merger of the Birmingham and Solihull CCGs.
NHS Somerset CCG	1.50	847,000	1.50	847,000	
NHS South Cheshire CCG	1.50	272,000	1.50	272,000	
NHS South Devon and Torbay CCG	0.00	0	3.00	3,600,000	
NHS South East Staffs and Seisdon and Peninsular CCG	1.50	326,090	1.50	326,090	
NHS South Eastern Hampshire CCG	1.50	320,000	1.50	322,000	
NHS South Gloucestershire CCG	1.00	268,000	2.00	537,000	
NHS South Kent Coast CCG	1.50	301,500	1.50	301,500	
NHS South Lincolnshire CCG	3.00	498,000	0.00	0	
NHS South Norfolk CCG	1.23	283,710	1.77	407,000	
NHS South Reading CCG	1.00	126,000	2.00	254,000	
NHS South Sefton CCG	3.00	465,000	0.00	0	
NHS South Tees CCG	-	-	-	-	Unable to publish information.

CCG	2017/18 per head spend (£)	2017/18 total spend (£)	2018/19 per head spend (£)	2018/19 total spend (£)	To note
NHS South Tyneside CCG	1.50	233,000	1.50	233,000	
NHS South Warwickshire CCG	1.50	399,000	1.50	421,000	
NHS South West Lincolnshire CCG	3.00	329,000	0.00	0	
NHS South Worcestershire CCG	1.50	455,415	1.50	457,403	
NHS Southampton City CCG	1.50	415,000	1.50	417,000	
NHS Southend CCG	0.75	140,000	2.25	420,000	
NHS Southern Derbyshire CCG	1.50	825,000	1.50	825,000	
NHS Southport and Formby CCG	3.00	374,000	0.00	0	
NHS Southwark CCG	1.50	459,000	1.50	459,000	
NHS St Helens CCG	1.50	294,000	1.50	294,000	
NHS Stafford and Surrounds CCG	1.50	222,003	1.50	222,003	
NHS Stockport CCG	1.50	462,000	1.50	462,000	
NHS Stoke on Trent CCG	1.50	431,964	1.50	431,964	
NHS Sunderland CCG	3.00	852,000	0.00	0	
NHS Surrey Downs CCG	1.50	462,324	1.50	466,433	
NHS Surrey Heath CCG	3.00	286,000	0.00	0	
NHS Sutton CCG	1.50	289,000	1.50	290,000	
NHS Swale CCG	1.50	167,664	1.50	169,530	
NHS Swindon CCG	1.50	359,000	1.50	359,000	
NHS Tameside and Glossop CCG	1.50	389,000	1.50	389,000	
NHS Telford & Wrekin CCG	0.00	0	0.00	0	£3.00 per head (£522,408) paid in 2016/17
NHS Thanet CCG	1.50	219,226	1.50	221,132	
NHS Thurrock CCG	0.00	0	3.00	522,000	
NHS Tower Hamlets CCG	0.75	220,000	2.25	684,000	
NHS Trafford CCG	-	-	-	-	Did not provide information.
NHS Vale of York CCG	0.00	0	3.00	1,070,000	
NHS Vale Royal CCG	1.50	156,000	1.50	156,000	
NHS Wakefield CCG	1.50	547,746	1.50	547,746	
NHS Walsall CCG	0.75	210,200	2.25	627,000	
NHS Waltham Forest CCG	1.50	450,000	1.50	450,000	
NHS Wandsworth CCG	1.74	597,000	1.26	431,000	
NHS Warrington CCG	1.50	322,000	1.50	322,000	
NHS Warwickshire North CCG	1.50	282,000	1.50	282,000	
NHS West Cheshire CCG	1.50	390,000	1.50	390,000	
NHS West Essex CCG	1.50	456,000	1.50	456,000	
NHS West Hampshire CCG	3.00	1,678,000	3.00	1,678,000	
NHS West Kent CCG	1.50	573,000	1.50	893,000	
NHS West Lancashire CCG	1.50	165,000	1.50	165,000	

CCG	2017/18 per head spend (£)	2017/18 total spend (£)	2018/19 per head spend (£)	2018/19 total spend (£)	To note
NHS West Leicestershire CCG	1.50	527,000	1.50	580,000	
NHS West London CCG	1.50	368,000	1.50	368,000	
NHS West Norfolk CCG	1.50	-	1.50	-	Incomplete response
NHS West Suffolk CCG	1.00	247,000	2.00	494,000	
NHS Wigan	3.33	1,221,401	0.00	0	
NHS Wiltshire CCG	1.50	733,000	1.50	733,000	
NHS Windsor, Ascot and Maidenhead CCG	1.50	233,136	1.50	233,136	
NHS Wirral CCG	1.50	501,000	3.00	1,002,000	
NHS Wokingham CCG	1.00	147,000	2.00	297,000	
NHS Wolverhampton CCG	1.50	435,000	1.50	435,000	
NHS Wyre Forest CCG	1.50	171,878	1.50	172,215	

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