Institute of General Practice Management Response to the NHS England & Improvement Changes to the GP Contract in 2023/24 Letter Published 6th March 2023

The IGPM Board and our Members have spent the last week reviewing the letter from NHS England & Improvement regarding changes to the GP contract for the upcoming financial year.

Whilst there are some positives in this document, there are still many concerns that we and our members hold regarding these changes.

First and foremost is that this is another contract imposition, without the agreement or proper negotiation of the General Practitioners Committee (GPC). The letter itself states that over the next year NHS England plans to "engage with the profession, patients, ICSs, government and key stakeholders". The IGPM asks why this was not done on this occasion, and for the previous contract imposition of 2022/23. We are very concerned around this lack of engagement being shown towards general practice at a point in time when many practices are on the brink of closure.

We are also concerned that this paragraph references the Fuller Stocktake, but the only reference to the Health and Social Care Select Committee Report on the Future of General Practice relates to QOF. The government's response to this report is now very much overdue. We would urge the government to publish a full response to the recommendations of the report, as requested in our letter to the Chancellor and the Health Secretary from the 23rd of November 2022.

We also await the Delivery Plan for Recovering Access to Primary Care that the Chancellor committed to publishing in early 2023. We are now approaching April and there is no sign of this plan.

The contract highlights access and patient experience as key priorities for this coming year. The IGPM and our members fully agree that these are important factors. The letter also highlights that general practice has delivered an increase of 30 million appointments when compared to January 2020. What it does not highlight is the considerable reduction in staff numbers that practices have also had to endure. Practices do not want patients waiting for appointments longer than is necessary. We do not like having to deal with complaints regarding access. Our staff are here to help people, and they continue to do so under very difficult circumstances.

Practices continually seek to innovate and improve their services. Cloud-based telephony is already in place in many practices across England. Where this is not the case, the main barrier our members cite is cost. This contract hints at, but does not confirm, whether there will be any financial support to enable practices to move onto a cloud-based system. We are also perturbed by the suggestion that "practices will be required to procure their telephony solutions only from the Better Purchasing Framework once their current telephony contracts expire". Practices are independent businesses and should have the freedom to choose who to engage in terms of suppliers. If there is a supplier that can offer a solution that meets the needs of the practice and is a cheaper option than those on

the framework, how will they be prohibited from engaging with that supplier? If NHS England mandates them to use a more expensive option, will NHS England support the increased cost of this?

We are pleased to see the amendments to the childhood vaccinations and immunisations requirements. The removal of the lower threshold will be a big relief to many practices who struggle to achieve these targets despite their best efforts. The personalised care adjustment outlined is also welcomed. However, the achievement thresholds are still too high for some practices to attain, through no fault of their own, and the higher achievement threshold has been raised and has become even more unachievable. We are also disappointed that there is no option to submit a personalised care adjustment where the parent(s) of the child decline. Since Covid-19 we are seeing more and more anti-vaccination sentiment and we cannot force parents into vaccinating their children against their wishes. For some patients no amount of education or influencing from the practice staff will change their mind, and it is unfair to penalise practices for this. The NHS has previously always factored patient choice and the ability to decline into our targets and we do not see why this should be any different.

We appreciate the reduction in the number of IIF indicators that need to be achieved – we hope that this can help focus the ARRS staff practices have employed to help with the day-to-day work. Coupled with the addition of Advanced Nurse Practitioners to the ARRS scheme, and the removal of the cap on Mental Health Workers, we hope that this will ease some of the pressures on access. We would also ask NHS England to remember however that an increase in non-GP staff does not always equate to a significant increase in appointment availability – many of these roles need supervision and training. It often falls to the GPs to provide that supervision, at the expense of seeing other patients.

With regards to many of the other changes the biggest worry for practices is the apparent lack of detail on how these will be implemented and monitored. Our concerns are outlined as follows:

- QI Module on Workforce Wellbeing – practices recognise the need to support staff and their wellbeing, and this is a key element in staff retention. However, we would also ask for the government to play their part in this by tackling the near-constant anti-General Practice rhetoric that we see in the media. The day after the contract letter was published the headline stories of The Daily Mail and The Sun newspapers once again vilified GPs for not seeing patients – a notion that is not borne out by the statistics that are published monthly. For many, General Practice is no longer an attractive place to work. More and more Junior Doctors are avoiding GP training or moving abroad once they qualify. We are haemorrhaging reception staff because of patient abuse and vitriol. Where is the government in tackling this? They should be championing the role of General Practice in communities and helping to make it an attractive place to work again. It also needs to be funded properly so that staff can be employed on terms as favourable as other NHS staff. None of this has been addressed in this new contract.
- QI Module on Optimising Demand and Capacity – we recognise that there is work that can be done in this area using technology, workforce planning and care navigation. However, there is no national training programme or support for these schemes. Will NHS England be developing a support package to aid practices in achieving this aim? There also needs to be

more patient education, led centrally, on the variety of services available in the community for patients to access for their problem. A central campaign highlighting the variety of roles that practices now have, and the role that Reception staff play in ensuring patients get the right care, first time is essential.

- IIF focus on Access – the capacity and access payments will continue but there is no detail on how improving access will be monitored and assessed.
- Changes to QOF – point 17 of the contract states "There will also be a number of other small changes to indicator wordings and values in 2023/24". This is a very vague statement to include in a contractual letter – practices need time to plan for any potential changes and there is no clarification on when these changes will be brought in and whether the profession will be consulted on these. The IGPM urges NHS England to consult on and publish these changes as soon as possible.

The majority of this contract letter focuses on access and patient experience. Yet there is no detail on how success in these areas will be measured. We would ask NHS England to consider that patient experience is not always a useful metric. Practices must battle daily to manage the expectations of patients and ensure that the care they receive is the care that they **need**. This might not always be the care that the patient **wants**. If the care provided is appropriate but the patient remains unhappy, will the practice be penalised? Most patients know how to access services appropriately, but there are those who do not and still believe that the GP is the only port of call. As mentioned above, there needs to be more public education on the variety of staff and services available in practices and in the community to support us to navigate patients appropriately.

There is also a lack of detail around the "assessment of need" that the contract states should be provided on the day of the patient contact. Who can carry out this assessment of need? Does it need to be a clinician, or can it be done by trained non-clinical staff working to a protocol?

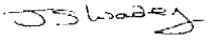
We are unable to ask the patient to call back another time. How will this work in practice? If the assessment of need is that the patient needs to see a GP, but there are no appointments left to offer, what do we do then? General practice is not a limitless service, and we need to ensure that our staff are working to safe limits. We cannot keep adding patients in after we've reached capacity. One suggestion that has been made by LMCs is to start keeping waiting lists for appointments – this will only increase the administrative burden in practices and patient frustration.

The letter implies that more information on these requirements will be produced ahead of April. Today is the 15th of March and there are two weeks left before this contract comes into force. This is not enough time to plan and prepare for these changes.

We would once again urge the government and NHS England to invest in general practice – not just by moving goalposts and funding around but providing new investment recurrently for the future to allow practices to survive and thrive. We know our communities; we know our staff – with the right funding we can address these issues.

The IGPM continues to offer our advice and input into changes to GP services. Practice Managers are the experts in how services work on the ground and what it takes to make them successful. Our door remains open.



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