

September 2017

Accessing GPFV (General Practice Forward View) funding and support

Dear LMC

The GPFV has committed to increasing investment and resources to general practice. Whilst GPC recognise that additional investment to these GPFV commitments is needed to address the current crisis in general practice, any funding or support for general practice is welcome.

It can be incredibly difficult to keep track of the GPFV schemes and what is available. Therefore, we have provided the following information on funding and support that should be available in 2017/18. Please use this information to ensure that your local area and clinical commissioning group is adhering to their commitments and practices are aware of the support available.

We will be issuing a short survey to LMCs in April 2018 to monitor how the 2017/18 funding and support schemes have been implemented and if they are reaching the ground across England.

In the meantime, if you are aware of any difficulty in accessing GPFV funding and resources in your area we would like to hear from you.

Please feel free to contact members of the GPC GPFV policy group:

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We will communicate any issues identified to NHS England.

Kind regards

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GPFV – 2017/18 schemes

GPFV element	Funding or support	Availability
Time for Care programme	Tailored support programme for groups of practices	National resources and expertise will be available for groups of practices within a CCG to have a 9-12 month programme of workshops and learning sessions to plan and implement changes as part of their own Time for Care programme. This will help practices to use proven innovations from the Ten High Impact Actions quickly, safely and sustainably. The programme can be tailored to meet local interests and plans. Expressions of interest can be submitted to NHS England: https://www.engage.england.nhs.uk/consultation/time-for-care-programme-eoi/
General practice resilience programme	£8 million in 2017/18	Support for practices to become more resilient and sustainable, better placed to tackle the challenges they face now and into the future, and securing continuing high quality care for patients.
Online Consultation Systems	£15m in 2017/18	To contribute towards the costs of purchasing online consultation systems, improving access and making best use of clinicians' time. Funding allocated equally to CCGs on a capitated basis. CCGs to disseminate in the most appropriate way.
Improving access to general practice services	£138 million in 2017/18	To support better access to general practice for the public. National funding provided to CCGs. CCGs with GP Access Fund sites will receive £6 per weighted patient in 2017/18 and 2018-19 18 transformation areas that have been asked to accelerate extended access will receive £6 per head in 2017/18. These areas are Northumberland, Tyne & Wear; Morecombe Bay; Fylde Coast; Greater Manchester; Dudley; Modality MCP; NH Hants & Farnham; NE Hants & Farnham; Somerset; Isle of Wight; Durham, Darlington & Tees, Richmondshire & Whitby; Harrogate & Rural District; Wakefield; Mid Nottinghamshire; Wakefield; Erewash; Principia South Nottinghamshire; Tower Hamlets; Canterbury & Coastal; Fareham & Gosport, South Eastern Hampshire CCGs. All other CCGs will start with £3.34 per head in 2018/19. From 2019/20 they should then receive £6 per head
GP Retention Scheme	Practices employing a GP in this scheme will receive £76.92 per session / up to approximately £4,000 - £16,000 a year (for 1-4 sessions per week)	A package of support which includes financial incentives and development support to help GPs who might otherwise leave the profession to remain in clinical general practice. Retained GP and host practices must meet scheme criteria to qualify for the payment.



GP Induction and Refresher Scheme	Practices hosting GPs in this scheme will receive a supervision fee of £8,000 per year FTE (pro-rata for 1-6 month GP placements)	A package of support, which includes financial and educational assistance, for GPs wishing to return to UK General Practice after a period of two or more years without practising. Returning GPs and host practices must meet scheme criteria to qualify for participation.
Clinical Pharmacists (CPs) in General Practice Programme	Practices employing CPs will receive £29,000 FTE in 2017/18. For Senior CPs, this will be £36,000 FTE	A three-year package of educational, organisational and tiered co-funding support to enable groups of practices to employ clinical pharmacists (senior ones are trained prescribers). There will be a total of three bidding waves in 2017/18. All practices in England are expected to have access to CPs by 2018/19.
Mental Health Therapists	3,000 new fully funded practice-based mental health therapists by 2020 – an average of a full-time therapist for every 2-3 typically sized practices	Expansion of IAPT (Improving Access to Psychological Therapies) programme via 22 early implementer CCGs.
International GP Recruitment Programme	Begin recruitment process for 600 doctors in 2017/18	NHS England will develop a Framework Agreement of International Recruitment Providers to identify potential overseas doctors and support them through the recruitment process. NHS England is currently working with 11 areas as phase 2 of the programme to finalise recruitment plans for 2017/18. These areas are Humber Coast and Vale; North East; Middleton, Heywood and Rochdale; Staffordshire; Mid Nottinghamshire (Mansfield and Newark); Cambridgeshire and Peterborough; Norfolk and Suffolk; Birmingham and Solihull; Kent and Medway; South East London; North East London.
Training for Reception and Clerical Staff	£10 million in 2017/18	Funding towards the costs of practices training reception and clerical staff to undertake enhanced roles in active signposting and management of clinical correspondence. Central funding will be allocated to CCGs on a per-head-of-population basis. In liaison with their practices and the LMCs, CCGs will agree how best to distribute money for practices.
Practice Transformational Support	£3 per head in 2017/18 or 2018/19, or split over the two years	CCG investment to be used to stimulate development of at scale providers for improved access, stimulate implementation of the 10 high impact actions to free up GP time, and secure sustainability of general practice.