



## **The NHS 10-Year Plan and General Practice**

This critical communication is provided for the following key reasons:

- To enable our practices and GPs to consider and discuss the implications of the recently published 10-year plan.
- To recognise the importance of developing a single voice within a system through the GPPC, and
- To ensure there is a collective view on how to best protect the importance of General Practice within an evolving system.

We urge all to consider the following overview in the light of the above purposes.

Following the conclusion of negotiations between GPC England and the Government, assurances were given that a new GMS contract would be negotiated in the lifetime of this current parliament. Subsequently, there has been the publication of the NHS 10-Year Plan that is intended to set the baseline for the future of services across primary and secondary care.

The full publication (link provided at the end of this document) includes an Executive Summary covering all key elements of the plan. The following overview highlights the content that directly relates to General Practice.

### **Summary – Direct References to the Role of General Practice**

There are three key themes where specific mention of General Practice is made, these are:

- A focus on improving patient access
- The increased use of technology and AI
- Alternative practice models from the traditional partnership model

Throughout the plan the over-arching focus is on integration of services at neighbourhood level through the development of Integrated Neighbourhood Teams (INTs). When considered alongside the changes being implemented to NHS England and ICBs at system level, the intention is for local decisions to be made between partners on collaborative arrangements and whether integration is to be at a vertical or horizontal structure. INTs are seen as a key solution to resolving GP access, accompanied by the greater use of technology. The plan makes specific reference to a preference for practices to be run in large units, by either Foundation Trusts or by large providers. The plan specifically details an intention that all commissioned NHS providers should become a Foundation Trust. This will enable the development of large, integrated hubs for the delivery of local services. The plan is not specific on whether these will be run by or even include GMS practices.

There is a clear future reliance on Artificial Intelligence. It will be essential that all the safeguards required to protect our patient data are put in place. The plan is clear in the need to train more GPs. Not so much about employing them, or how they will be employed. What is written strongly suggests GPs will be expected to oversee less-trained people seeing patients, rather than seeing patients and building continuity themselves.

### **Consideration of What is not Mentioned:**

Although a clear promise was made by the Government in April, there is no specific mention of a new GMS contract. Additionally, there remains a lack of detail on whether the developments outlined in the plan are to continue within a GMS contract or will be through a new consolidated contract for INTs. This can be read as an opportunity to scale down the services that make up 'core' GMS.

There is no commitment to the Primary Care Network DES as it stands. Currently, this contract is aligned to the GMS contract and is owned by the member practices. The plan focuses on the very clear intention to develop Integrated Neighbourhood Teams (INTs) that differ in structure to the current PCN. Although there are examples within the plan of PCNs engaged effectively in wider neighbourhood provision, how INTs will be contractually established remains unknown. There is clear risk to General Practice if the current DES is replaced by system level provision through larger Foundation Trusts.

### **Concluding Considerations:**

The NHS landscape is rapidly changing. This is not just through the publication of the NHS 10-Year Plan but the subsequent announcement of early implementation of Neighbourhood Health Services through the national pilot opportunity for selected areas across the country. There is an emerging programme to change primary care in all localities, and the implications for General Practice are developing fast.

If evidence was needed for the proposed Calderdale GPPC, this is it. These developments can only be discussed and considered by the whole of General Practice. There are potential consequences if this is not the case. Considerations that require discussion across the General Practice family include:

- Vertical Integration: The impact, if established at Partnership Provider Collaborative level where all fund holding and service provision responsibility is delegated through a large Foundation Trust. Can General Practice ensure that existing services at local level are protected? How best could we position ourselves to be a lead provider for all INTs across Calderdale if delegated to a lead Trust?
- Horizontal Integration: How does General Practice ensure an equal voice across the health system at partnership level? How do we reach an agreement on critical elements such as 'acceptable risk holding' as an equal partner in the system?
- Following recent articles in HSJ and Pulse where the intention to 'scale up' provision to minimum cohorts of 50,000 or 250,00 patients becomes a reality, what are the consequences for individual practices and do we see the implementation of INTs, as outlined in the plan, a route to negative consequences?
- If responsibility for meeting access needs were to be given to INTs and potentially separated from GMS, will individual practices be viable in their current form?
- With no specific mention of the future for the PCN DES within the Plan, what would be the contingency planning in practices and our Federation if this was separated from GMS? How best could GPPC position itself to be 'lead provider' of INTs and through what contract mechanism?
- If a 'mixed economy' is developed for General Practice where larger and effective partnership models are retained whilst Foundation Trusts or other large providers are encouraged to offer a new model of contracted provision, are we discussing the potential implications as independent contractors?

The LMC recognises that a number of these considerations are primarily for national discussion through GPC England who will have direct discussions with the Government. Even though this is the case, it is important that individual practice and GPPC views are reached.

Where agreement and implementation of the plan is to be made at Provider Partnership Collaboration level then GPPC must be fully engaged for the benefit of practices, existing locality services and ultimately, our patients.

Calderdale LMC will continue to provide up-to-date communications and ensure that any advice and guidance that is provided by the BMA through GPC England will be included. We also ask that you share any views and comments directly with us, these are essential in helping us to form our communications back to our national representative bodies.

### **Key Links:**

NHS 10 Year Plan: [10 Year Health Plan for England: fit for the future - GOV.UK](#)

BMA response to 10 Year Plan: [BMA responds to publication of 10 Year Health Plan - BMA media centre - BMA](#)