

## **THE NHS NATIONAL PLAN KEY POINTS FOR GENERAL PRACTICE**

### **INTRODUCTION**

These notes are to assist LMC secretaries in the west Midlands in identifying the points in the National Plan with implications for GPs. There are many areas of duplication and some areas where implications for GPs are evident only through a marked absence of mention of general practice (eg in outlining commitments to improvements for other NHS staff). These notes are to be read in conjunction with the statement issued jointly by the GPC and the RCGP. Many parts of the plan are duplicated.

### **SECTION 1 - VISION**

- 1.4 Extension of routine screening
- 1.5 Advice on diet and exercise at local surgery
- 1.6 PCT at risk registers for serious illness
- 1.8 NHS Plus Occupational Health service for employers in & out of NHS
- 1.11 NHS Direct to order prescriptions & arrange their delivery
  - E-mail and phone consultations with GP and practice nurse
  - On line booking appointments and test results for patients at home
  - Elderly and those with chronic conditions will have continuing relationship with GP
- 1.14 Teams in multi-purpose premises
  - GPs to specialise
  - In house booking of OPA / operations, receiving test results, video and telelinks to hospitals
  - Out Patient consultant sessions in primary care centres
- 1.18 Intermediate care
- 1.19 Intermediate care in nursing homes
- 1.20 Intermediate care - integrated working with GPs
- 1.21 Annual prospectus / regular patient surveys

### **SECTION 2 - THE NHS NOW**

- 2.7 Public's top 10: 1 - more and better paid staff inc doctors
  - 7 - reward and recognition for the work that NHS staff do
  - 8 - improvement in local hospitals and surgeries
- 2.27 Most GPs only now compiling registers of patients at risk from heart disease
- 2.30 Persistent failure to deliver high standards to be met with escalating scale of sanctions
- 2.34 UK spending on health 3.6% increase since 1960 cf OECD average 5.5%
  - 1.8 practising Drs per 1,000 compare with European average 3.1 per 1,000

### **SECTION 3 - OPTIONS FOR FUNDING HEALTH CARE**

(No plans for change: specifically no patient charges)

### **SECTION 4 - INVESTING IN NHS FACILITIES**

- 4.4 Intermediate care(IC): focussed on older people
  - non appointment drop in facilities
  - mix includes "GP led services"
  - Staff including specialist GPs
  - 5,000 extra IC beds and 1,700 extra non residential IC places
- 4.11 Private partnership with an equity stake company (?in house PFI)
  - Up to £1,000 million into primary care facilities (period until 2004 = 4 yrs
  - (Approx £5 per head of population a year)
  - Up to 3,000 premises refurb or replaced by 2004 (750 pa = av less than ten per HA)
  - (Compare this with the £30 million to improve cleaning in hospitals. Primary care premises improvements this year only 8.3 times more funding than the top up of cleaning in hospitals.

- 4.12 500 one stop primary care centres by 2004 (less than 6 per av HA) part of the £1000 bn
- 4.21 Electronic booking of appointments by 2005
- Access to personal electronic records by 2004
- 50% of PCTs to implement electronic patient records by 2004
- Smart cards for patients
- Electronic prescribing by 2004
- All practices connected to NHS Net by 2002
- All local health services with telemedicine facilities by 2005 - patients to have access to staff electronically for advice

## **SECTION 5 - INVESTING IN NHS STAFF**

- 5.4 2,000 more GPs (NB 1,100 already in the system therefore real increase is only 900)
- 5.7 450 more Drs training for general practice by 2004
- 5.9/11 Improved pay for NHS staff - mentions nurses, consultants, Drs in training, midwives, staff outside Review Body but not GPS
- 5.14 National recruitment campaign extended to non nurse staff groups - does this mean GPS?
- 5.15 All NHS employers assessed against Improving Working Lives standard
- Accreditation of NHS employers for implementing IWL standard by 2003 / including GPS?
- 5.17 £140 million for professional skills update and NVQ training for non professional staff - funding to Trusts / any funding for practice staff?
- 5.19 £6m for Occupational health services to GPs and staff (less than £50 per head)
- 5.20 IWL standard and performance assessment - for GPS as employers?
- 5.21 NHS Trust parents' advocate and advisor available to PCGs and PCTs
- 5.23 International recruitment - short term contracts to boost numbers in next 3 years: "not actively recruiting" from developing countries (compare with recruitment of specialists - only from other developed nations)

## **SECTION 6 - CHANGED SYSTEMS FOR THE NHS**

- 6.10 NSFs for mental health, coronary heart disease, older people's services, diabetes & National Cancer Plan.
- NICE 23 appraisals and 10 guidelines this year
- National targets - waiting times, quality of care, hospital facilities, new services to promote independence of older people, efficiency
- 6.11 Planned pathways, standard guidelines for conditions
- 6.17 Increase the number of PCGs in the improving primary care project from 40 to 100
- 6.19 Performance assessment framework (PCTs)
- Every GP practice by April 2001 to monitor practice referral rates to match GP prescribing information
- 6.21 Annual traffic light rating system for NHS organisations (eg PCGs / PCTs)
- 6.29 National Performance Fund access depends on traffic light rating
- Red organisations subject to takeover
- 6.36 PCG/T access to funds depends on incentive schemes to ensure appropriate referrals and shorter waiting times / to reduce referrals?
- 6.37 Incentives for primary health care teams to be linked to their "contribution to service objectives".
- 6.38 Team bonuses

## **SECTION 7 - CHANGES BETWEEN HEALTH AND SOCIAL SERVICES**

- 7.3 Social Services delivery in GP surgeries
- 7.4 Intermediate care: rapid response teams including GPs
- One stop service for older people at GP practice or social work level

## **SECTION 8 - CHANGES FOR NHS DOCTORS**

- 8.2 2,000 more GPs and 450 more GPs in training by 2004 (NB only 1.6% increase - only 0.7% over currently planned numbers)  
Bigger role for GPs in shaping local services  
More specialist GPs  
Pressure on GPs to be eased by nurses and other staff taking on more tasks from GPs  
Premises programme (see previous)  
Earmarked funds for continuing professional development (new money or old?)  
NHS occupational health services extended to GPs and staff (see previous)
- 8.4 More flexible ways of working: salaried doctors / development of new services
- 8.8 Major expansion of PMS: 2/3 of GPs by April 2002; majority of GPs to be in PMS by 2004  
More salaried GPs  
Standard core contract for PMS
- 8.9 GMS contract to be amended to emphasise quality and improved outcomes  
By 2004 single contractual framework for local PMS and national arrangements
- 8.11 Single handed practices: new contractual quality standards - if do not agree changes to GMS will be forced into compulsory PMS by 2004
- 8.24 Increased financial rewards to new consultants (adverse effect on GP recruitment)
- 8.25 Merit awards for GP academics (adverse effect on normal GP recruitment / two tier GPs)
- 8.28 Abolition of JCPTGP which will be subsumed into new Medical Education Standards board (dilution of the influence of general practice in large body of specialists).  
Shorter undergraduate training: 4 years / 3 if graduate entry. (Devaluation of medical training - see also 9.18)

## **SECTION 9 - CHANGES FOR NURSES, MIDWIVES, THERAPISTS AND OTHER NHS STAFF**

- 9.5 New key roles for nurses: investigations, referrals, admissions and discharges, manage caseloads, run clinics, prescribe, minor surgery and O/P procedures, triage using computers
- 9.8 Pharmacists role - less dispensing and more medicines management and repeat prescribing
- 9.12 Employers to support their staff to fulfil revalidation and clinical governance  
Workplace based systems of learning
- 9.13 All staff without professional qualifications to have access to £150 pa for training or NVQ level 2 or 3 training (resources for GP employers?)
- 9.18 2002 obligatory demonstration of competence in patient communication for front line staff  
Shorter conversion course for nurses, midwives, therapists to become doctors
- 9.22 Nurse consultants, hospital Drs, nurses, midwives to work on drawing up local clinical and referral protocols alongside primary care colleagues (protocols for GP referrals)
- 9.25 Leadership skills training for clinical, medical directors and managers (GPs excluded?)

## **SECTION 10 - CHANGES FOR PATIENTS**

- 10.3 Letters between clinicians about individual patient's care to be copied to patient.  
Smart cards for patients
- 10.5 More published information about practices: list size, accessibility, performance against NSF standards, number of removals from list
- 10.9 Mandatory reporting of adverse healthcare events
- 10.10 Supporting Doctors, Protecting Patients to be implemented.  
Annual appraisal, clinical audit and clinical governance for all primary care Drs by 2001  
All Drs in primary care to be on HA list, including principals, non principals, locums April 2001
- 10.12 NHS Tribunal to be abolished / HA to have power to suspend or remove GPs from HA list.
- 10.13 Changes to GMC - smaller, more lay people, faster, accountable to public and health service
- 10.14 Possible reduced standard of proof at GMC hearings
- 10.15 UK council of health regulators to oversee GMC
- 10.17 NHS wide patient advocacy and liaison service
- 10.21 Reform of complaints procedure  
Changes in system of clinical negligence

- 10.22 New NHS Charter by 2001
- 10.23 Patient surveys NHS Trusts / PCG / PCTs  
Local NHS organisations to publish annual patient prospectus of patient views & action
- 10.24 Patients Forum in every PCG
- 10.28 Independent Local Advisory forum in every HA
- 10.35 CHCs to be abolished

## **SECTION 11 CHANGES IN THE RELATIONSHIP BETWEEN THE NHS AND THE PRIVATE SECTOR**

- 11.9 Locally agreed protocols for referral, admission and discharge in and out of NHS, private and voluntary sector facilities (affecting GP referrals)
- 11.16 NHS to operate a service for purchase by employers - occupational health and treatment
- 11.19 Available for employers to buy
- 11.20 No cost to taxpayer (will GPs have to buy in?)

## **SECTION 12 CUTTING WAITING LISTS FOR TREATMENT**

- 12.4 BY 2004 NHS Direct to be the gateway out of hours including GP co-ops and deputising
- 12.5 Schemes for repeat prescription dispensing to relieve pressure on GPs
- 12.6 By 2004, patient to be able to see a primary care professional within 24 hours and GP within 48 hrs
- 12.7 4 million consultant out patient consultations in primary care by 2004  
1,000 specialist GPs taking referrals from other GPs
- 12.16 On the spot booking systems
- 12.17 GPs & consultants to agree basis for local referrals and location of services (surgery or hospital)

## **SECTION 13 - IMPROVING HEALTH AND REDUCING INEQUALITY**

- 13.4 New national health inequalities targets to reduce inequalities
- 13.9 Reducing inequalities to be key target for NHS resource allocation
- 13.10 GP resources to be included in NHS weighted capitation formula
- 13.11 Medical Practices Committee to be abolished and replaced by Medical Education and standards board  
Resource allocation formula to cover GMS non cash limited funds
- 13.12 200 new PMS pilots in disadvantaged areas by 2004.  
New incentives for recruitment and retention of good staff.  
Modernisation of health centres in the most deprived communities
- 13.14 Free translation and interpretation services via NHS Direct by 2003
- 13.18 NRT and Zyban to be prescribable - NICE to advise on prescribing regimes  
PCGs to commission and where appropriate provide smoking cessation services

## **SECTION 14 - THE CLINICAL PRIORITIES**

- 14.1 Priorities are coronary heart disease, cancer, mental health, elderly care services
- 14.4 Cancer specialties to increase consultants by 24% by 2003/4
- 14.5 Breast screening programme to extend to 65 - 70 year old women  
Colorectal cancer screening to be introduced  
Prostate cancer screening programme to be introduced
- 14.6 Other screening programmes to be developed eg ovarian Ca  
(No mention of primary care resources, compare with hospital equipment and staff)
- 14.17 Cardiologists to increase by 47% over 4 years  
Cardiothoracic surgeons to increase by 19% over 4 years
- 14.18 Better provision of CHD services in primary care (no mention of resources)  
By 2003 all practices to have CHD management registers and programmes & clinical audit

- 14.19 More effective prescribing (aspirin and statins)
- 14.29 1,000 graduate primary care mental health workers  
500 more community mental health staff  
By 2004 300,000 people get extra help from primary PCMH workers (12 per GP!)
- 14.38 Mental Health Act (1993) to be reformed

#### **SECTION 15 - DIGNITY, SECURITY AND INDEPENDENCE IN OLD AGE**

- 15.5 NSF standards for stroke, falls and mental health problems to be implemented from 2001
- 15.8 NHS retirement health checks; breast screening age extended 65-70
- 15.12 Care Direct phone line (information and advice)
- 15.14 Intermediate Care to be introduced by 2003/2004:  
5,000 beds + 1,700 supported places  
150,000 people to use services  
70,000 home care instead of admission to hospital  
50,000 more people to stay at home

#### **SECTION 16 - THE REFORM PROGRAMME**

- 16.6 Guaranteed access to primary care professional within 24 hrs and to GP in 48 hrs by 2004  
Implementation of CHD, Mental Health NSFs and Cancer National Plan  
National targets on deprivation by 2001

ANNEX 1 - THE PUBLIC'S CONCERNS ABOUT THE NHS TODAY

ANNEX 2 - MODERNISATION ACTION TEAM MEMBERS

ANNEX 3 – DEPARTMENT of HEALTH PUBLIC SERVICE AGREEMENT

WMRLMC  
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