

## Annex 2

### Outstanding items from 'Responsive, Safe and Sustainable'

- Practices serving atypical populations should be supported through dedicated bespoke funding allocations.  
**Funding for these practices must be addressed separately from the funding formula review. NHS England has set up a working group, which GPC has secured GPC and LMC representation on, to look at possible solutions for these practices.**
- A long term mechanism should be agreed to calculate and fully fund practice expenses including direct reimbursement of expenses incurred specifically to deliver NHS services.  
**Agreement was made in the 2016/17 contract negotiations that a robust mechanism for calculating practices expenses would be investigated and GPC will continue to push for this in the 2017/18 contract negotiations.**
- Set a national standard for a maximum number of patients that GPs, nurses and other primary care professionals can reasonably deal with during a working day to maintain delivery of a safe and high quality service.  
**GPC will continue to highlight the need for this.**
- Ensure GPs and other practice team members are enabled to routinely offer 15 minute consultations or longer where necessary for patients with greater needs such as complex or multiple morbidity. This may result in a waiting list for routine appointments in the interests of patient safety. To mitigate this, NHS England and commissioners can expand capacity by resourcing locality hubs, skill-mix, manage demand, and commission direct access to other providers in order to release GP capacity  
**The GPFV does not specifically commit to longer consultation times but does recognise that action is needed, for example through using a greater skill mix within the workforce, to enable longer consultation times for patients with complex or long term conditions.**
- Optimising the care of patients in their own home:
  - Dedicated community nursing teams fully integrated with GP practices, to provide case management of frail elderly patients including being the first point of contact for appropriate home visits.
  - CCGs to arrange patient transport services for appropriate patients to attend GP surgeries, as is currently the case for similar patients accessing hospital outpatient clinics
  - Expansion of community nursing independent prescribing to avoid contacting a GP for the sole purpose of issuing a prescription
  - CCGs to commission specialist and multi-professional rapid response teams or similar to support early discharge of patients. This will help to avoid inappropriate demands on GPs, and will serve patients' needs with timely dedicated support
  - Hospitals to directly arrange community nursing, rehabilitation or social support in the community for patients being discharged from hospital**The GPFV does not cover these specific points and GPC will continue to raise with NHS England**
- Establish a national list of services that are not included in core GMS which practices can choose if they wish to provide, with pricing benchmarks nationally set that can be locally adapted according to any variations.  
**GPC will continue to highlight the need for this**
- Enable patients exempt from NHS prescription charges to directly access products such as gluten-free products, other food supplements, dressings, appliances and stoma products without the need for GPs to prescribe these items, with appropriate regulatory changes made to make this possible  
**GPC will continue to highlight ways in which GPs' time can be released**

- End the GP role in assessing the eligibility for bus passes, parking badges, housing, gym membership and other similar non-NHS work and ensure that this work is commissioned from an appropriate source by the requesting organisation, e.g. the local authority or CCG.  
**GPC will continue to highlight ways in which GPs' time can be released**
- Clear definition, funding and enforcement of payment of all collaborative services  
**GPC will continue to press for this to be addressed.**
- Alongside the model GMS salaried GP contract, develop a nationally defined employed GP contract modelled on the hospital consultant contract for those GPs working for other providers or GP led organisations  
**This is not specifically mentioned in the GPFV but will be picked up in the discussions regarding new models of care**
- Replace the current flawed and erroneous content and pattern of CQC visits and ratings, with targeted assessments of essential quality assurance processes where supported by evidence of risk of patient safety  
**The GPFV does not go far enough in terms of its commitment to review the CQC process and GPC will continue to argue for a replacement to the current system**
- End the duplication of the current CQC registration process and NHS England managed national performers list and performance management arrangements, with a single slimmed down cost-effective process funded by NHS England not practices.  
**The GPFV does not go far enough in terms of its commitment to review the CQC process and GPC will continue to argue for a replacement to the current system**
- Separate the regulation of safety and competence from quality improvement. CQC should be concerned that adequate quality assurance systems are in place, rather than conflating "regulation" with "quality improvement". Develop quality improvement as a professionally agreed peer review rather than a regulatory process, using a limited number of clinically relevant and important indicators that can be used by practices to compare their activity with peers. This should be managed and resourced via NHS England and CCGs drawing upon the Health Foundation's report on measuring Quality in General Practice  
**The GPFV does not go far enough in terms of its commitment to review the CQC process and GPC will continue to argue for a replacement to the current system**
- End the annual cycle of GP contract negotiation and provide stability of contract to practices.  
**GPC will continue to raise this with NHS England**
- Reduce the bureaucracy involved in moving between the nations' performers lists, particularly when working in border areas.  
**GPC will continue to raise this with NHS England and other UK health departments**