

1 Menu of support

There are many definitions of struggling practices in need of support to become more sustainable and resilient. This means there is a wide range of support needed.

We have identified a menu of support for which the GPRP funding should be used to secure this at a local level. This will include the provision of immediate help to practices facing urgent operational pressures, to transformation support to move to more resilient care models. The menu of support comprises:

- **Rapid intervention and management support for practices at risk of closure**

For example, the Central Midlands local team works with CCGs to offer assistance with practices that receive poor CQC ratings (this was in addition to the RCGP Special Measures peer support programme) to maximise prospects for turnaround.

This element of the menu of support is not just about working with practices with poor CQC ratings, although we recognise there are many definitions where practices may need rapid intervention support to prevent closure e.g. following sudden critical vacancies. One of the key concerns has been the ability to provide support quickly to practices to help coordinate key activities. This means the funding can be used to deliver rapid support including help to secure any immediate clinical capacity needs, assuring and supporting continuing operations and coordinating additional improvement needs to help with operational delivery and effectiveness.

- **Diagnostic services to quickly identify areas for improvement support**

For example, seven practices in London were put forward for a diagnostic assessment from chosen suppliers (a local GP alliance and a non-local GP federation). This has helped identify some common themes to target support including lack of practice direction following significant personnel changes (a need to develop practice vision) and scope to improve operational efficiency (leading to redesign of practice processes improving both practice responsiveness and efficiency).

- **Specialist advice and guidance – e.g. Operational HR, IT, Management, and Finance**

For example, a small number of practices in Cumbria & North East local team wanted to take 'working together' to the next stage and agreed in principle on a merger. The limiting factor to making progress had been limited local practice capacity and expert advice to assist with proposals. These were addressed through programme funded support.

The programme funding can be used to secure expert advice and support on

delivering any operational changes (e.g. help with demand and capacity planning, effective use of operational systems and processes including help to release capacity).

After consideration it has been decided that from 18/19 onwards, IT hardware and / or software will not be funded through the Programme. This is because both hardware and software require updating and GPRP funding is time-limited and there are other funding routes available for IT.

- **Coaching / Supervision/ Mentorships appropriate to identified needs**

For example, South Central local team secured support from a multi-professional team helping a practice conduct a detailed review of safeguarding arrangements. The scheme supported training for all staff, as well as support and advice on developing an approach to clinical audit, and help and advice to individual GPs, through appraisal and access to occupational health support.

- **Practice management capacity support**

For example, South Central local team has provided cover for practice manager sick leave, using an experienced business manager to help provide stability, support a practice diagnostic review and help to develop a practice action plan.

- **Coordinated support to help practices struggling with workforce issues**

For example, South Central local team helped a practice secure capacity for a practice nurse home visiting service for non-urgent chronic disease management for 3-months. This was to inform development of the practices skill mix and provide additional short-term capacity.

This element of the menu of support has been included as it is recognised that maintaining clinical sessions is a priority for practices struggling with workforce issues (e.g. sudden critical vacancies, sickness, and long term vacancies) and increasing competition for a diminishing workforce can escalate workforce challenges in local areas.

The funding can be used flexibly to secure practical workforce support. For example, regional teams can create a local pool of expert peer support by funding key elements of GP costs (e.g. General Medical Council, Medical Defence Organisation and appraisal toolkit fees) in return for securing a minimum clinical commitment (e.g. 2 sessions per week) to work to support practices. This would be a portfolio career choice, targeting experienced GPs who may have recently retired or who can offer additional clinical commitments, supporting GP retention/returners locally. Salary costs would remain practice responsibility. Alternatively, it can be used to establish post(s) in regional teams with responsibility for (and attached to) a locality, working with practices to help plan,

coordinate and match their recruitment needs and opportunities. This could also include leading on developing pragmatic solutions for practices where short term barriers exist (e.g. help to support skill mix alternatives to GP recruitment during periods of maternity leave).

- **Change management and improvement support to individual practices or group of practices**

For example, South West local team identified through local provider GPs and other local stakeholders a strong need for change management resource to support practices in thinking about and delivering future resilience. Support to practices was underpinned by a Project Management Office approach with project/change managers linking with practices to plan and deliver across 4 main work streams (new care models, infrastructure, working at scale and provider development).

The emphasis here is on providing dedicated project or change management support available to practice to help plan, develop proposals and implement changes. The GPRP funding can be used to target support at groups of practices including support for local strategic planning, future vision and review of practice business models, help to identify and realise opportunities to working at scale, succession planning, facilitating premises improvements or better use on IM&T etc.

Much of this initial menu of support should already be in place and being delivered as a consequence of the existing national programmes of turnaround support but we want to ensure the GPRP improves accessibility by developing local capacity and capability to deliver a wider range of practice support to practices and in a more agile and responsive way.

Greatest impact should be achieved under the GPRP by regional teams tailoring the menu of support to the assessed needs of practices in local areas. It is recognised there may be different views locally on the emphasis of practice needs, for example, whether investment should be used to prioritise help to practices with workforce issues or whether greater benefit would be achieved from targeting groups of practices at a scale to provide more upstream support.

Regional teams will continue to consult on their plans for delivering the menu of support with their key partners. For example, GPRP funding can be used to fund:

- **Additional local team capacity and capabilities to provide support directly** – for example ‘local resilience teams’, as established in some areas already, provide a resource with capacity to work with practices. Examples to date have included NHS England or CCG-employed staff
- **Contracted third party Supplier(s) to work with practices** – including GP Federation or other at scale providers. Suppliers can provide specialist aspects of the menu and there is also potential to extend to delivery of local resilience teams
- **Backfill (or other costs) for individual GPs and other practice team**

members – to work to provide peer support to practices locally, providing 'sender' practices have additional capacity to offer such support

- **Section 96 Support and Financial Assistance** – where there are opportunities to support practices directly in delivering the menu of support with actions agreed under an MOU.

Where existing support teams or equivalent arrangements apply, the GPRP funds can be used to deliver support further and faster to practices. Regional teams are encouraged to consider how they can build on the foundations of the work they started with the Vulnerable Practices Programme and first and second years of the GPRP. However, the emphasis on how this menu of support is delivered is on local flexibility.