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[GP contract 2024/25](#)

On 28 February Dr Amanda Doyle, National Director for Primary Care and Community Services, published a letter to all GP practices in England and Primary Care Networks providing "...information on arrangements for the upcoming financial year now that the contract consultation for 24/25 has concluded." Some of the headlines which more directly impact patient care are set out below. I have highlighted text where I think it is appropriate. The full document can be found [here](#).

- ✚ Enhanced nurses to be included in the [ARRS](#) scheme.
- ✚ From October 2024 Practices will be required to provide data on eight metrics from their digital telephony system covering: *a. call volumes b. calls abandoned c. call times to answer d. missed call volumes e. wait time before call abandoned f. call backs requested g. call backs made h. average call length time* this data is designed to provide "... better insight into patient demand and access trends.....".
- ✚ Practices will also be required, by October 2024, to adopt the new GP registration solution and offer both online and paper options.
- ✚ When patients contact their practice GP's will be required to "**explicitly**" consider continuity of care when deciding on the appropriate response.
- ✚ Practices must have "...due regard for the requirements, needs and circumstances of Armed Forces Veterans when offering services and making onward referrals."
- ✚ The Enhanced Access arrangements will remain unchanged in 2024/25.
- ✚ PCN practices to have the following services in place and for these to remain in place:
 - Digital telephony implemented, including call back functionality
 - "Online consultation (OC) is available for patients to make administrative and clinical requests **at least for the duration of core hours.**"
 - "Consistent approach to care navigation and triage so there is parity between online, face to face and telephone access, including collection of structured information for walk-in and telephone requests."
 - The approach includes "...asking patients their preference to wait for a preferred clinician if appropriate, for continuity."

The BMA press release response to the changes can be found [here](#). For more detail from a GP and Practice perspective take a look at this [article](#) from [Pulse](#). You can also access a [video](#) (45 mins) from NHSE, hosted by Amanda Doyle, explaining the changes. You will need to sign into your FutureNHS account first. Meanwhile, GPs have voted to [overwhelmingly reject the contract changes](#).

Email ppguknews@gmail.com to subscribe and please include your PPG name, location and role.

[News in Brief](#)

[Take Part! – GMC announces consultation on Physician Associates](#) (GMC)

[Locums and permanent GP's equally safe](#) (Manchester University study)

[How to use the NHS app - 9 NHS youtube videos](#) (NHSE)

[British Social Attitudes survey – An all time low of 34% said they were satisfied with GP services.](#) (National Centre for Social Research via nuffieldtrust)

[Rethinking access to general practice: It's not all about supply](#) (The Health Foundation)

[GMS practice to switch to APMS after partners hand back contract.](#) (Pulse) also [GMS versus APMS explainer](#)

[An NHS budget refocused on primary care](#) (gponline podcast – 31 mins)

[Interested in staying informed on NHS app changes? Click here to sign up for updates.](#) (NHSE)

[Working at scale for GP practices – "Is at scale working the answer to improve access for general practice?"](#) (nhsnetworks)

[Physician Associates](#)

For those of you who are interested in following the ongoing debate on Physician Associates here are some of the more recent headlines from that developing news story.

- 📌 [Physician Associates Order 2024 \(UK Parliament - Hansard\)](#)
- 📌 [Academy of Medical Royal Colleges statement](#)
- 📌 [BMA sets out responsibilities of MAP's](#)
- 📌 [NHS Employers response to BMA guidance](#)
- 📌 [Statement from Physician Associate Schools Council](#)
- 📌 [RCGP strengthens 'red lines' on PA's](#)
- 📌 [NHS guidance](#)
- 📌 [The role of the Faculty of Physician Associates \(RCP\)](#)
- 📌 [Physician Associates consultation \(GMC\)](#)

[Shared Decision Making](#)

Shared decision making is a key part of [universal personalised care](#), it is a “...collaborative process that involves a person and their healthcare professional working together to reach a joint decision about care”.



You can find more details on the NHSE website by clicking [here](#).

[Same Day Access hubs - An apology](#)

Following on from the lead article in last month's PPGukNews about the plan by North West London ICB to introduce Same Day Access hubs (SDA's), there is news from [HSJ](#) of a temporary climb down by the ICB. At a recent North West London committee meeting the North West London Integrated Care Board CEO “...apologised for **poor timing and communication** about a plan to require nearly all urgent and straightforward GP appointments to be moved out of conventional practices, and into separate “hubs””.

However, whilst the timing of implementation is unclear, and won't now be on 1 April, the ICB is still committed to SDA's with an ICB representative saying that “...the ICB would “very much encourage” primary care networks to be part of it so they receive the “money and resources” to improve access.” The uproar that followed the initial announcement was due, in large part, to the absence of any engagement by the ICB with both GP and local patient representatives, including PPG's. If you encounter similar tactics by your local ICB on any new initiative then don't forget that the [NHS constitution](#) provides a legal right for patient representatives to be consulted in advance on the planning of health care services commissioned by NHS bodies. The constitution also states that “...The system of responsibility and accountability for taking decisions in the NHS should be transparent and clear to the public.....”.

The NWL ICB members may think it timely to re-read (read?) “[Working in Partnership with People and Communities](#)”, which is statutory guidance for all ICB's and a very useful resource for PPG's. The document includes the statement “...Organisations should be able to explain to people how decisions are made in relation to any proposal – and how their views have been taken onboard. Transparent decision-making, with people and communities involved in governance, helps make the NHS accountable to communities. Engaging meaningfully with local communities build public confidence and support as well as being able to demonstrate public support for proposals” (Page 21).

For more detail from the HSJ article read this [summary](#) in the **Same Day Access hub folder** provided by PPGukNews.

[NHS Provider Selection Regime](#)

The [Provider Selection Regime \(PSR\)](#) came into force on 1 January 2024 and is a set of rules for “relevant authorities” when procuring health care services in England. The PSR has introduced three provider selection processes which include “*Most suitable provider process*”.

This process “...involves awarding a contract to providers **without running a competitive process**, because the relevant authority can identify the most suitable provider.”

[Long term plan will fall short for GP's](#)

The [RCGP](#) says the [LTP](#) will fall short for GPs and “...[improvements are needed](#).”

[Integrating Primary & Community Care](#)

The government has now published its [response](#) to the House of Lords committee [report](#) in December “*Patients at the centre: integrating primary and community care*”.

[Single Assessment Framework](#)

The CQC has recently introduced a [new single assessment framework](#) (SAF). In this [video](#) from [Thornfields](#) the SAF is explained for the benefit of an audience of GP practices but from a PPG perspective it will help with an understanding of the criteria used by the CQC when deciding a rating for your GP practice(s) and be a useful resource to help further improve the collaboration effort. There's even a mention of PPG's! (44 mins 17 seconds in).