

# Closures rising despite 'turnaround' package

NHS England has a way to go before it stabilises general practice, finds *Jaimie Kaffash*

A year ago, with general practice on its knees, NHS England came through with a five-year programme intended to pull it out of the crisis.

'This will turn general practice around,' proclaimed NHS England chief executive Simon Stevens on the front page of Pulse.

There were to be year-on-year increases in core practice funding, alongside a £500m 'turnaround package' of measures to shore up practices.

The *GP Forward View* package was clear: this money would 'help further support struggling practices in the interim, develop the workforce, stimulate care redesign and tackle workload'.

But one year on and familiar problems persist: GPs' workload is still too high, the recruitment crisis hasn't gone away and demand continues to increase.

Perhaps most damningly, the number of practices closing – with devastating effects on GPs, staff, patients and neighbouring practices – has actually gone up.

Shockingly, a Pulse investigation shows last year almost a quarter of a million patients had to move practice due to practice closures or mergers in England.

This is up on 2015 and dwarfs the number of patients affected by closures in 2014 – an increase of 150% in two years – and the total number of GP premises closed is up a quarter in the past year.

Some areas have been particularly badly hit. Brighton, for example, has seen



Simon Stevens' promise to GPs last year

seven practices close in the past two years – including four closures that have displaced a total of almost 9,000 patients since the *GP Forward View* was announced last April. Other areas are teetering on the brink. Pulse has reported that practices across the whole Yorkshire town of Bridlington have closed their lists to new patients due to fears of the domino effect a potential practice closure would cause.

It wasn't meant to be this way. The pots of funding were significant: a £40m 'practice resilience fund'; £206m to grow the medical and non-medical workforce; £171m to be spent by CCGs on 'practice

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CCGs have not delivered the resources available  
Dr Chaand Nagpaul  
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transformational support'; and £30m to spread innovation to release GPs' time.

Admittedly, this funding is spread over five years, but since the package was announced 12 months ago the money has been very slow to come on stream.

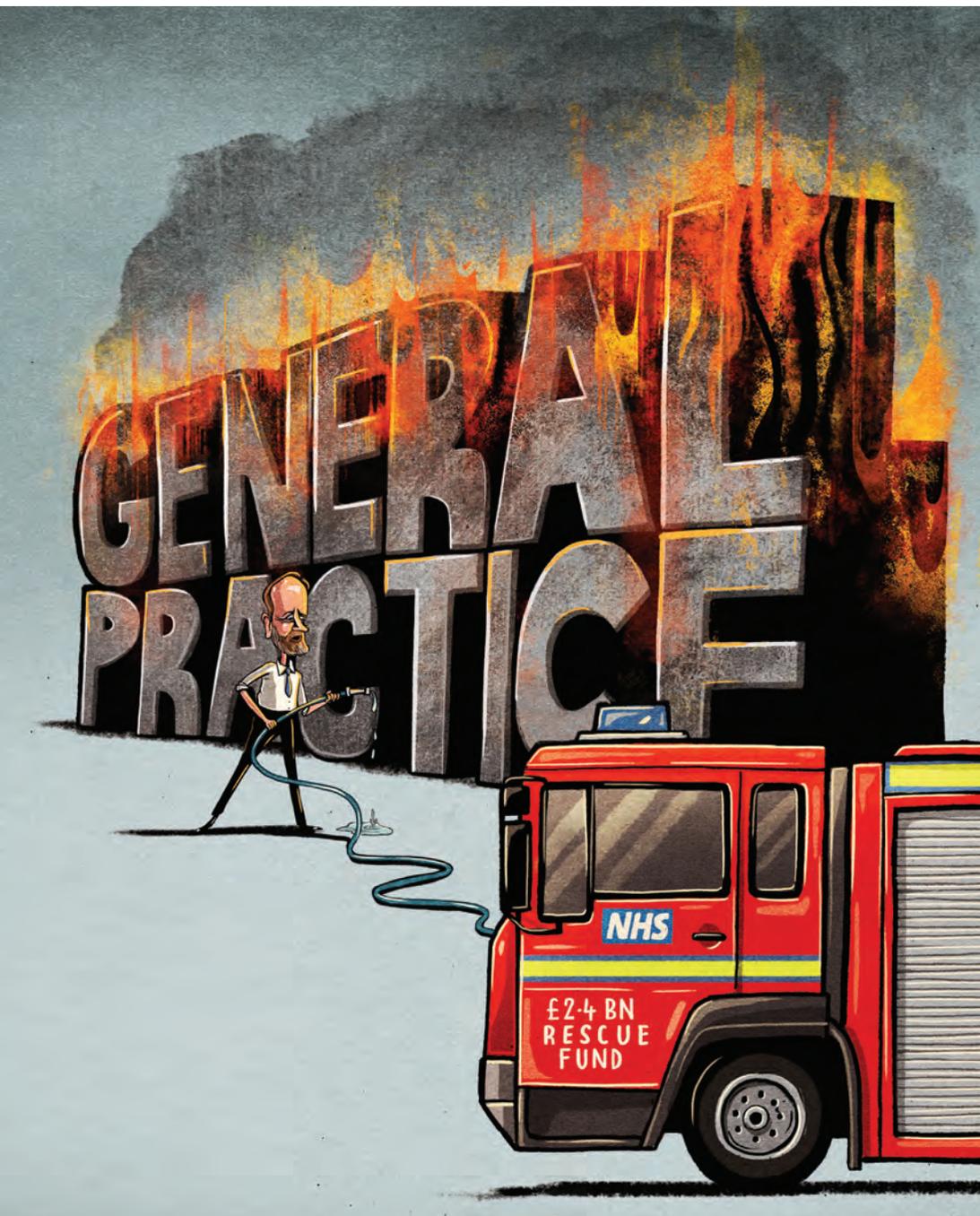
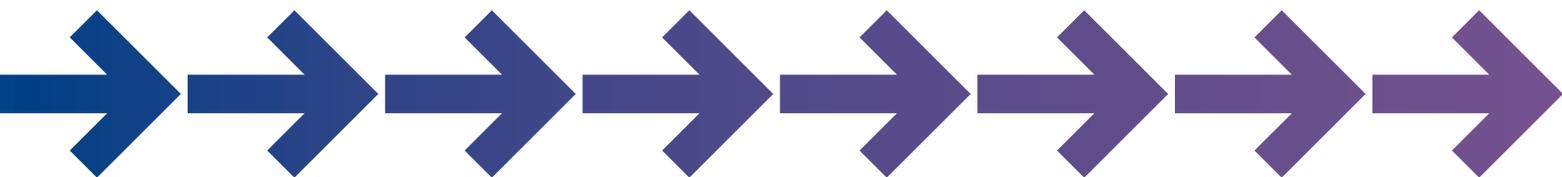
The 'transformation fund' has not yet started, workshops designed to reduce GP workload conversely had the effect of taking up more time for GPs, and – despite considerable focus and investment this year – the GP workforce actually contracted last year (see page 10).

NHS bosses have recently started to rush through £16m of resilience support for practices on the brink, but the evidence so far is that general practice has some way to go before it is stabilised. Quite the opposite – things are getting worse.

In 2015, 73 GP premises had to close as a result of partners handing contracts back or merging. This rose to 92 in 2016. The number of patients having to change practices as a result went up by 17%, from 221,000 to 259,000.

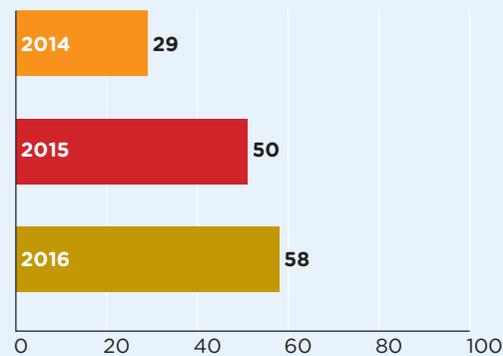
Despite this, a BMA survey of LMCs found that, as of February 2017, 38% of regions reported their practices had not received any funding or support through the practice resilience scheme.

Even the RCGP – a key cheerleader for the *GP Forward View* – has been unimpressed. In January, it 'red rated' NHS England's progress on aiding vulnerable practices, having found that

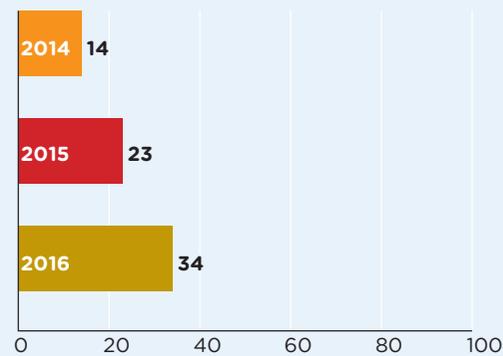


## Practices closures continue

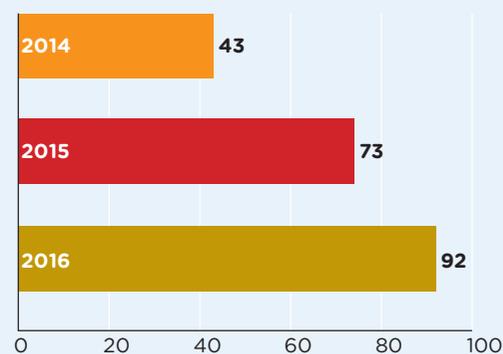
### Practices handing contracts back



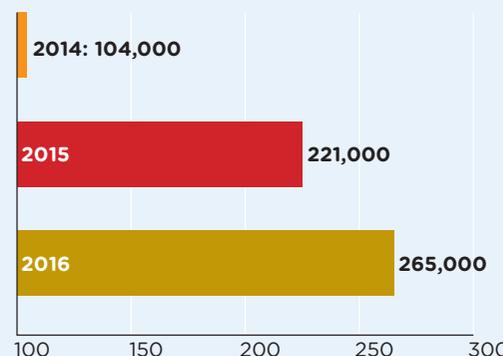
### Premises closing as a result of mergers



### Total number of premises closed



### Total number of patients displaced



Source: Pulse FOI to all NHS England regions and CCGs

less than a fifth of the fund had been spent by NHS regions in the eight months after it was announced.

NHS England says the full amount has now been 'committed', but GPC chair Dr Chaand Nagpaul is indignant: 'We know the money, targeted in the right way, for the most severely affected practices, can make a difference.'

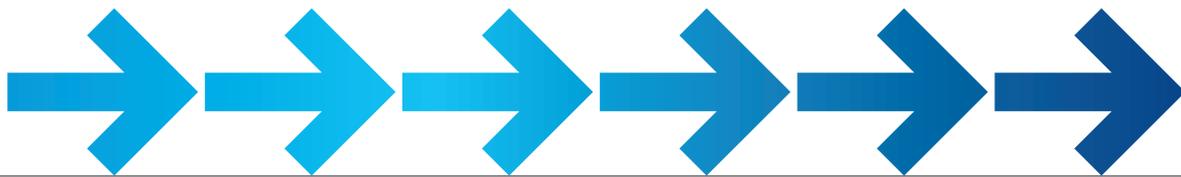
'The tragedy is CCGs have not delivered their part in making the resource available. Many practices that should have received support have had none to date. That's been a failing of local delivery.'

NHS bosses were slow to learn the lessons of a similar £10m scheme launched before the *GP Forward View* to

help vulnerable practices. This funding has only just been spent – two years after it was first announced – despite Pulse having, under its Stop Practice Closures campaign, continually highlighted that the cash was not getting to the front line.

Speaking at the Pulse Live conference in London last month, NHS England's head of general practice development Dr Robert Varnam admitted that the 2015 fund had been an 'excruciating disappointment', with money taking too long to reach practices.

However, he added that the systems for getting money to vulnerable practices are totally different now from when it was launched, 'learning from those



**GP view**  
**'We weren't allowed to access the vulnerable practices fund'**

We handed back our contract to NHS England last June. We had already been taking less drawings than the average GP, then when we went from a PMS to a GMS contract – seeing an increasing demand in both clinical and non-clinical work, as well as rapidly increasing expenses – the net result was working hours increased and drawings had to be reduced.

We could not see a way to continue as we were. Being a small practice with a list size of just 2,000, we explored all options and when the CCG rejected our merger proposal – giving no reason – we had no choice but to resign our GMS contract. We were not identified as 'vulnerable'. We hadn't failed a CQC inspection and while we had some support from the CCG, we weren't allowed to access the fund.

After the closure, we had to clear out our rented property as we were closing down, which meant selling on office and medical equipment like couches, ECG machine and nebulisers to raise money toward the costs of closure. We didn't go bankrupt, but it was a tough time. I have had to cover my part of the shortfall with a personal loan.

Now I have a salaried job and earn much more per session, meaning I can work fewer hours for the same take-home pay and spend more time at home with my young family.

*Dr Lars Grimstvedt was a partner at Studley Health Centre in Warwickshire, and is now a salaried GP in Worcestershire*

appalling lessons which were genuinely desperate'.

Dr Nagpaul says: 'There are some parts of the country where the money had been made available last year and been put to good effect. But there are other areas – including some parts of London – where practices have not even been notified of payment, and others where it has been paid at the last minute.

'We've had meetings with NHS England central, and it is not to do with them – they are very clear that they want this money spent. The problems are local.'

It seems as though the money is finally starting to filter through. As of 29 March, £9.2m of the £10m 2015 fund has been

spent, and £11.9m of last year's £16m fund. In total, 1,100 practices have benefitted, NHS England claims.

But it has been done in a rush. For example, in Stoke, the 14 practices that asked for funding were each given £10,000-plus lump sums in late February.

Other LMCs – such as Doncaster and Bedfordshire and Hertfordshire – were only informed this year how much funding practices will receive, leaving them with little time to work up plans that will benefit vulnerable practices.

Meanwhile, practices in Walsall were given just two days to submit bids after the regional team sat on the funding.



**Practices had just a couple of days to accept the offer**  
**Dr Uzma Ahmad**



Walsall LMC medical secretary Dr Uzma Ahmad tells Pulse: 'We didn't hear anything from them for five months. Then practices were given a couple of days to decide whether or not to accept the offer, which would also involve stumping up some money themselves.

'We had six practices that were given approval for funding. Three have not accepted the offer as it was such a rush.'

Dr Dean Eggitt, medical secretary of Doncaster LMC, says GPs in the region have now been given funding 'in a rush', which is being used to set up a federation.

He adds: 'There is some "slippage money" – they haven't been able to spend it in-year, so there is a rush to get rid of it now.

'Either local areas need to think ahead of time what plans they have in the drawer, or we need to get rid of this preposterous idea of raking back cash at the end of the year.'

For its part, NHS England says it is 'perverse' that it has been 'accused of allocating this money both too slowly and too quickly'. A spokesperson added: 'Instead we're focusing on ensuring the funding achieves the maximum benefit for both GPs and patients.'

But surely a fundamental barometer of the success of the rescue package is stabilising practices and reducing the rate of closures? By this measure alone, the *GP Forward View* has made scant progress in its first year.

**References**

1 RCGP. GP Forward View. Interim assessment. 2017

**It's not all doom and gloom**

**The GP Forward View may have been a bit slow off the mark, but around the country LMCs are also stepping in to help.**

**Efforts by Londonwide LMCs – with no help from the resilience fund – have saved dozens of practices. Chief executive Dr Michelle Drage tells Pulse: 'We can confidently say that last year our assistance helped the equivalent of around one practice a week through significant, serious risks to their contracts.**

**And, to be fair to NHS England, there is still the bulk of a £500m**

**package of support to come over the next four years (see page 20 for ways to apply for new funding) including £24m of practice resilience funding.**

**Pulse has received reports that practices receiving resilience funding – albeit late – have said it has saved them from potential closure, for example by allowing them to plug staffing gaps.**

**If managers can ensure all this money quickly gets to the practices that need it, then the profession might finally see the steady stream of practice closures start to slow.**