



The Humberside Group of Local Medical Committees Ltd

A Practice Guide to Funding & Support for General Practice

An essential resource for Autumn 2016

Version 1: August 2016

Introduction

There has been a flurry of announcements over recent weeks about new support and funding streams for General Practice. These relate to the commitments in the [GP Forward View](#).

The LMC welcomes any funding or support for General Practice but recognises that it is incredibly difficult to keep track of what is available and how the different pots of money relate to one another. We are also concerned that often the time between announcement of funds and the closing date for applications is very tight, leaving practices very little time to plan and submit their bid.

This Guide is intended to be a reference tool for practices. We would encourage you to make the time to read it through from beginning to end. Having identified any options might be right for your practice, you can then begin to plan your applications.

Set out in sections, the guide aims to summarise:

- the different funding streams currently (or soon to be) available
- what they can (and cannot) be used for
- relevant criteria to be met
- where to find more information

We will add to and update this guide throughout the Autumn to reflect any new information released by NHS England and add any new sources of funding/support.

We hope that this guide will save you time and effort! If you have any feedback or suggestions for improvement, please email them to us at humberside.lmcgroup@nhs.net.

The LMC is committed to ensuring that as much of the available funding and support flows into our practices in Hull, East Riding of Yorkshire, North Lincolnshire and North East Lincolnshire. To help us champion our practices, it would be hugely helpful if you could let us know when your practice submits bids or requests against any of the funding streams set out in this document.

And finally....The LMC is launching a range of sessions to help practices prepare bids and funding applications. You can read more about these at the very end of this guide.

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General Practice Resilience Programme

Description:	This programme aims to deliver a 'menu of support' that will help practices to become more resilient and sustainable, better placed to tackle the challenges they face now and into the future, and securing continuing high quality care for patients.
How much?	£40m nationally, just short of £4m for Yorkshire & the Humber
Timeframe:	4 year programme of funding (40% of funding available in Year 1 and 20% in each of Years 2, 3 and 4)
Who decides?	NHS England's local teams will decide how best to spend their allocation of funding. The guidance states that they should involve key partners including the CCG, provider GPs and LMCs.

What is the 'menu of support' on offer?

Practices may be able to take advantage of:

- Diagnostic services to quickly identify areas for improvement support
- Specialist advice and guidance, e.g. operational HR, IT, Management and Finance
- Coaching/supervision/mentorship as appropriate (where there is a clearly identified need)
- Practice management capacity support
- Rapid intervention and management support for practices at risk of closure
- Co-ordinated support to help practices struggling with workforce issues
- Change management and improvement support to individual practices OR groups of practices

Examples of each of the above can be found in the [guidance document](#).

What this scheme is not....

Sadly, it is not funding for all practices. Nor is it likely to be money straight into the practice finances for you to spend as you wish. It will be closely tied to the 'menu of support' listed above and is about supporting practices to change, develop and work in new ways. Even short-term interventions, e.g. providing practice management capacity support, will be about creating the breathing space to review the way things are done and develop a practice action plan.

Criteria – which practices will be funded?

Funding/support will be made on the basis of local intelligence and decisions as to where the greatest impact can be achieved using the available resources. **The guidance states that the NHSE Area Team “should ensure there are clear opportunities for practices to self-refer for assessment for improvement support” under this scheme.**

In deciding how to spend this money, the NHSE area team will go through 2 processes:

- (1) They will look at the list of national criteria to help determine whether a practice has challenges relating to demand, capacity or internal issues
- (2) They will use a 'Resilience and Support Matrix' to decide how much scope there is to provide support and what the impact of that support is likely to be.

Both the national criteria and the support matrix are provided as Annex B to the [guidance document](#).

In Plain English...

'Sustainability' and 'Resilience' are the buzzwords of the day. To access this funding, you will need to demonstrate:

- That things are tough for your practice right now and that this threatens your future – facts and figures will help your case and being able to show that you meet some of the national criteria mentioned above
- That the financial support on offer will change something/produce a result that makes you more likely to survive and thrive as a practice.

The more clearly you can express these two things, the more chance you have of obtaining support through this scheme.

The LMC says...

Talk to the LMC, your CCG and the NHSE Area Team as soon as possible about the challenges facing your practice. One of the **key criteria** that NHSE will use for assessment is whether you have significant support from LMC, CCG or NHS England local team. If the LMC does not know the specific issues you face, we cannot champion your case with NHSE.

Retained Doctor Scheme – 2016 Enhancement

Description:	The Retained Doctor Scheme is a package of support which includes financial incentives and development support to help GPs who might otherwise leave the profession to remain in clinical general practice. It has been in place for many years but from 1 July 2016, NHS England is increasing both the money for practices employing a retained GP (RGP) and the annual payment towards professional expenses for GPs on the scheme.
How much?	<p>Practices employing a GP in this scheme will now receive £76.92 per session per week compared to £59.18 previously.</p> <p>The annual payment towards professional expenses for GPs on the retained scheme will increase from £310 to between £1,000 and £4,000 depending on the number of weekly sessions worked. For example, £1,000 for one session worked and £2,000 for two sessions worked etc.</p>
Timeframe:	The additional resource will be available for up to 36 months from 1 July 2016 until 30 June 2019 and will be paid to the practices via their usual payment route (through their NHS England local team or CCGs with delegated authority).
Who decides?	As long as both the Retained GP (or prospective Retained GP) and the practice meet the eligibility criteria, you will both qualify for the enhanced payment – there is no additional decision-making process.

How this scheme can help

Data shows peaks in GPs leaving practice aged in their 30s and 55+. This scheme is aimed at GPs at risk of leaving practice if they cannot reduce the number of sessions they work each week. You can therefore use it to encourage GPs to that are unable to work more than an average of 4 sessions per week to remain in work.

The enhanced payment will be made for existing RGPs. It can also be used to attract GPs not currently practising but who have practised within the last two years and are on the medical performers list. GPs can also apply to the scheme if they can provide the GP Dean with compelling evidence that they are intending to leave practice and would do so without it.

What this scheme is not...

A panacea for our workforce crisis. At best, we may be able to persuade some of our colleagues to continue working a small number of hours rather than leave the profession completely.

Criteria

The criteria for eligibility for the Retained Doctor Scheme are:

- The doctor must be qualified and entitled to practise as a GP in the UK - i.e. must hold full registration with the General Medical Council (GMC) and be on the National Medical Performers List (MPL).
- The doctor must intend to be employed for a maximum of 208 sessions per year in general practice.

The specific eligibility criteria for interested GPs and practices can be found in the [guidance document](#).

Exclusions

This scheme may not be used for doctors who require remediation or for doctors where the NHS England local responsible officer has concerns.

The LMC says...

This is a change to entitlement and there is no discretionary element – if a GP qualifies, s/he and the employing practice can take advantage of the enhanced payment.

General Practice Development Programme

The General Practice Development Programme is the overarching term being used for various different strands of funding. The main elements are:

- The *Time for care* programme
- General Practice Improvement Leader Programme
- Training for reception and clerical staff
- Practice manager development
- Online consultation systems

The Time for Care Programme

Description:	National expertise and support for groups of practices in a CCG area to implement their choice of innovations that release time for care.
How much?	£30m nationally (but linked to other sources of funding such as training for reception and clerical staff) This does not offer funding direct to practices. It is an offer to take part in a programme alongside other practices in the same CCG.
Timeframe:	Expressions of interest can be submitted at any time, with a final cut-off date of August 2018 (Note: the current Expressions of Interest link states a closing date of 26 August 2016)

How this scheme can help...

NHS England believes that by participating in this programme, most practices can expect to release about 10% of GP time.

What this scheme is not...

A short-term fix. You'll need to commit both Clinical and Practice Manager time in order to get the most from this.

What is being offered?

National expertise and resources will be used to facilitate locally hosted collaborative action learning programmes, supporting groups of practices to come together, learn about proven innovations of interest, agree priorities for action, and implement changes that release time for care.

In most cases, it is expected that a programme will be convened for a natural grouping of practices such as the members of a CCG. This change programme will help practices to implement at least one of the Ten High Impact Actions, drawing on the experience of others, experts in improvement science and the support of the whole group. The programme will be designed with local leaders, with the support of your appointed development adviser, to ensure it meets your needs and aligns

with other practice development plans locally. A wide menu of support can be drawn on, and no two programmes are likely to be the same.

In Plain English...

Basically, we think they are talking about a series of facilitated workshops:

- over a 9-12 month period
- run locally
- designed with practices
- with expert input
- bringing learning from other areas....

...the point of which is to come up with practical things that can be done to make sure that GP time can be spent seeing patients.

This is about recognising that we are all drowning under the weight of work and that we need to innovate and do things differently if we want the situation to improve. They will get you to focus on implementing the 10 High Impact Actions below:



More Info

This [NHSE web page](#) has more information – but it is a bit confusing! There are a series of Webinars between now and October that should shed more light on the GP Development support offer. The dates of these are available from the web page.

The LMC says...

This is an offer to groups of practices – they really want to see the majority of practices in a CCG area committing to get involved. There is a [checklist](#) designed to help practices/the CCG to take stock of their readiness to host a successful Time for Care programme. If you're interested in this offer, your first port of call should be a conversation with your CCG.

General Practice Improvement Leader Programme

Description:	General Practice Improvement Leader training programme from NHS England's sustainable improvement team.
How much?	The programme is free to attend for any clinician or manager involved in facilitating service redesign in general practice.
Timeframe:	Up to 300 free places per year for the next 3 years.

How this programme can help...

Having clinicians and managers with quality improvement skills is key to successful change. This is a successful 9 month personal development programme to build confidence and skills for leading service redesign in your practice or federation.

NHSE state that the programme has been successful with general practice clinicians and managers of hugely varying experience (from GP registrars and newly appointed managers to very experienced staff).

What this programme is not....

Open to everyone. Places are available but limited.

Criteria

As far as we are aware, there are no set criteria. However, NHSE will clearly be looking for current and potential leaders within general practice to take part.

In Plain English...

This could be for you if you're willing to attend workshops, commit to personal reading and reflection and try out new approaches such as action learning. You will be asked to lead a change project in your practice.

The aim is that you will look at things from new perspectives and develop the skills and confidence to be a leader of change.

More Info

Hear [previous participants talking about their experience](#) of the training programme.

Apply

You can [express your interest](#) using the online form. The currently advertised closing date for expressions of interest is 26 August 16.

The LMC says...

Although this is about developing one individual within the practice, the benefit will only be felt if there is full support for that person to apply their learning. Get the buy-in of all the GPs and senior staff if you want the programme to make a difference in the practice.

Training for Reception & Clerical Staff

Description:	This funding is to contribute towards the costs of practices training reception and clerical staff to undertake enhanced roles in active signposting and management of clinical correspondence.
How much?	£45 million (£5m in Year 1 and £10m per year for the next 4 years)
Timeframe:	Five years (2016/17 – 2020/21)
Who decides?	Central funding will be allocated to CCGs on a per-head-of-population basis, to allow them to disseminate it in the most appropriate way for their practices. Funding for 2016/17 will be transferred to CCGs in the autumn. There is an expectation that the CCG will liaise with the LMC and with practices to agree how best to distribute money for practices.

What is being offered?

Support for every practice to have the opportunity to train their reception and clerical staff to undertake one or both of these enhanced roles:

- Active signposting
- Management of clinical correspondence

The funds can be used for any of the following:

- The cost of purchasing training
- Backfill costs for practices to cover staff time spent undertaking training
- Support in kind for practices for planning this change or undertaking training

What this scheme is not...

Money to support mandatory or general customer service/administrative training.

It is also not clear from the published information at this stage whether it will fund the whole or only part of the cost of training.

How this scheme can help...

This [NHSE web page](#) gives an introduction to Active Signposting and Correspondence Management and you can read more detailed case studies by using the links in the more information section below. NHSE states that:

- Active signposting frees up GP time, releasing about 5% of demand for GP consultations in most practices. It makes more appropriate use of each team member's skills and increases job satisfaction for receptionists.
- By using clerical staff to manage clinical correspondence, 80-90% of letters can be processed without the involvement of a GP, freeing up approximately 40 minutes per day per GP. For the clerical team, job satisfaction is often increased as well.

More Info

Read more about [Active Signposting](#) by Reception Staff

Read more about [Correspondence Management](#) by Clerical Staff

The LMC says...

A chance to get some free or low-cost training to test out a new approach and see if it works. Why wouldn't you?

And remember to look out for further communications from your CCG about this funding.

Practice Manager Development

Description:	Funding to support the growth of local networks of practice managers. These will promote sharing of good ideas, action learning and peer support.
How much?	No info as yet
Timeframe:	3 years from 2016/17

Other Info

There is very little information available yet on this forthcoming support for Practice Manager development.

What we do know is that NHSE has recognised that Practice Managers are a vital resource in the NHS, playing a key role in maintaining a quality service and in redesigning care for the future. Yet they are also one of the most neglected parts of the workforce, receiving relatively little formal training or ongoing development. Many Practice Managers report feeling overburdened and isolated in their role, and it is often noted that the most efficient ways of working are slow to spread between practices.

This programme is intended to address some of these issues.

The LMC says...

Further details will be confirmed by NHSE in the Autumn and the LMC will share information as soon as we have it.

Online Consultation Systems

Description:	A fund to contribute towards the costs of purchasing online consultation systems, improving access and making best use of clinicians' time.
How much?	£45m (£15m in Year 1, £20m in Year 2 and £10m in Year 3)
Timeframe:	3 year funding programme starting in 2017/18
Who decides?	Funding will be allocated to CCGs, to allow them to disseminate it in the most appropriate way for their practices.

What is being offered...

There is no detail around this as yet. It is likely to offer support with the cost of adopting various different online consultation systems such as mobile apps, online portals etc.

What this scheme is not...

Financial support for general IT enhancements/provision or adopting other types of technology not related to online consultations.

How this scheme can help...

NHSE state that in early adopter practices these systems are proving to be popular with patients of all ages. They free time for GPs, allowing them to spend more time managing complex needs. Some issues are resolved by the patient themselves, or by another member of the practice team. Others are managed by the GP entirely remotely, in about a third of the time of a traditional face to face consultation. Others still require a face to face consultation, and these are enhanced by the GP already knowing about the patient's issue. As well as improving the service for patients, evidence to date indicates that online consultation systems can free up to 10% of GPs' time.

More info

Read [Case Studies](#) about Online/E-Consultation

The LMC says...

Further details will be confirmed by NHSE in the Autumn and the LMC will share information as soon as we have it.

New Care Models Funding

(This is not an official title, just the LMC's working name in the absence of an official designation)

Description:	National support for future MCPs, PACSs and acute care collaborations, linked to the next phase of sustainability and transformation planning.
How much:	Not known
Timescale:	Funding available in 2017/18 – Applications invited in Autumn 2016
Who decides?	This will be highly competitive with a national evaluation of bids by NHS England and NHS Improvement.

How this scheme can help...

This is the big transformational funding to support the development of new care models.

What NHSE have said so far...

“To accelerate progress and support double running costs, a national new care models funding stream will contribute to support additional future MCPs and PACSs. In 2017/18 we expect to expand national support from coverage of about eight per cent of the country now, to around a quarter..... The most compelling plans for the next MCPs are likely to cover specific communities in 2017/18, with wider spread thereafter, rather than all of the CCG or whole STP footprint at the same time.”

What this funding is not...

Money to do more of the same. This is about radical transformation and removing the boundaries between services including general practice, community services, secondary care, social care and the voluntary sector.

Criteria

No detail as yet.

In Plain English...

We may be defeated at trying to put this into any sort of Plain English! The brave new world of the NHS is littered with acronyms and business speak. But here's our attempt:

- This funding will be for practices who want to get on and work together – if you're not sure, you're probably not ready to apply for it.
- Bids must involve other partners e.g. from health, social services and the voluntary sector. Bids without this element pinned down will not stand a chance.
- The funding will be for delivering a wider range of services to a population of 30,000 or more (and probably with the intention to increase that over time). Think 'hubs' and 'multi-disciplinary teams'.

The LMC says...

If you haven't yet read the catchily named document "[The multispeciality community provider \(MCP\) emerging care model and contract framework](#)", that's the place to start. (Published 28 July 2016) It basically sets out what the NHS has learned from its 14 MCP vanguard sites and tries to draw that into a logical framework. It also sets out their first thoughts about how the new voluntary contract might look.

For some the vision it sets out will represent an unimaginable horror – the end of the general practice they know and love. For others, it will represent intriguing new possibilities and opportunities – a potential way forward to a better life for GPs and better care for patients. Whatever your view, it is clear that the march of change continues.

This New Care Models funding stream, once it becomes available, will be for establishing MCPs along the lines described in the document. For groups of practices interested in this, the LMC's advice is:

- Act now – by the time the funding is announced, you will not have time to prepare a quality bid
- Ask for help – talk to NHSE, the CCG and us at the LMC (see below on page 22 for the LMC's offer of support)
- Get your partners in a row – who are you going to be working with? (Both other GP practices and other providers/services)
- Get thinking about your care redesign – the document describes this as 'by far the most critical task'
- Be clear what population you will be serving (a minimum of 30,000)
- Be clear what the priority needs of that population are – you will need compelling evidence
- Describe what your 'hubs' look like – what does your multi-disciplinary team look like?
- **Be able to tell your story – why is working in this new way going to be better for patients?**

The LMC has some useful Care Model examples from other areas and also some 'logic model' examples – please contact us if you would like copies.

Vulnerable Practices Fund

Description:	External support to struggling practices of greatest concern.
How much:	£10 million
Timescale:	This financial year
Who decides?	NHSE in consultation with CCGs

How this scheme can help...

This funding is the precursor to the recently launched 'Resilience Programme'. When it was launched in December 2015, NHSE said that the aim of the support *"is to assess and treat the causes of vulnerability, securing practice improvements and building longer term resilience rather than deliver short term quick fixes."*

The scheme can be used to provide diagnostic assessments as well as practical advice and help to secure agreed improvements.

It is intended to help the practices struggling the most.

What this funding is not...

Around for much longer. The LMC understands that the NHSE regional team still has some funding available within this scheme – if you are interested in finding out if you could access it, your first conversation should be with your CCG.

It is also not short-term funding to plug an immediate need e.g. additional funding for locum cover because you have insufficient GPs.

Criteria

When this scheme was first launched, there was a requirement for practices to match-fund (with money) the investment from NHSE. This has since been revised and practices may now 'match' with non-monetary investments such as GP time.

The Annex to [this letter](#) sets out the criteria to be used to identify practices eligible for support. You will see that it is an earlier version of the criteria used for the Resilience Fund and uses the same matrix to assess the scope and impact of support.

The view of local commissioners (the CCG) and others (e.g. CQC, LMC) should be taken into account in determining which practices are most in need of support.

In Plain English...

This money is to help practices take a look at what is making them 'vulnerable' and come up with a plan to strengthen themselves.

The LMC says...

If you can see past the 'Vulnerable Practices' badge, there may be some useful support available to you. The differences between this fund and the Resilience Fund can be difficult to discern. However, the LMC has been assured that NHSE is committed to getting as much of this funding out to practices as possible. If you apply to the Vulnerable Practices scheme and not all elements of your request can be funded, you should be advised whether the other elements can be considered for the Resilience Fund.

Clinical Pharmacists in General Practice

(Follow up to last year's pilot scheme)

Description:	Funding to support the creation of Clinical Pharmacist posts in General Practice.
How much?	£112m nationally. We assume there will be regional allocations of funding. (See below for further information about individual practice funding.)
Timeframe	Detail of funding timescale not yet known. The intention is to have a further 1,500 pharmacists in general practice by 2020. We are expecting funding to be announced in Autumn 2016.
Who decides?	NHS England. For the pilot scheme, there were regional panels with representatives of NHSE, LETBs and local patient voice followed by a national moderation panel. It is not clear yet whether the same process will be followed when the new funding becomes available.

What is the role of the Clinical Pharmacist in a General Practice?

Clinical pharmacists work as part of the general practice team to resolve day-to-day medicine issues and consult with and treat patients directly. This includes providing extra help to manage long-term conditions, advice for those on multiple medications and better access to health checks.

How this scheme can help...

The intention is that by having a clinical pharmacist in GP practices, GPs will be able to focus their skills where they are most needed, for example on diagnosing and treating patients with complex conditions.

If well-managed and clearly structured, the clinical pharmacist role should help GPs manage the demands on their time. It is early days as yet but the feedback from the pilots that are up and running seems to be good.

What else do we know?

The aim is to provide a pharmacist per 30,000 population for all practices not in the initial pilot. The things we know from the pilot are:

- Practices must offer a permanent employment contract i.e. not a fixed term contract. The intention is that the Practice Pharmacists should become an integral part of the general practice team beyond the end of the funded period.
- Groups of clinical pharmacists are intended to work together – a supervising (Band 8a) pharmacist with up to 5 junior pharmacists (Band 7). This is for shared learning and support and to enable all practices to take advantage of clinical pharmacists even if they may not be able to employ a full-time pharmacist on their own.
- The pharmacists **MUST** be patient-facing.
- Bids to this fund can be from practices across more than one CCG area where that makes sense.

- There is a training commitment for the pharmacists of 28 days over an 18 month period including a 4 day intensive induction. The expectation is that all the Band 7 pharmacists will work towards becoming prescribers.
- 90 hours of GP supervision are required for the prescribing course. (This does not need to be from a GP trainer.)
- Training is available for practices (up to 4 days over a year) about how best to incorporate clinical pharmacists into the practice team.

What this scheme is not...

A chance for you to apply for funding for a Clinical Pharmacist just for your practice. There is a clear expectation that **groups** of practices will work together on bids. (Bids from two practices working together may be considered if they meet the criteria but bids from a single practice on one site will not make it through the selection process.)

It is also not free. In the pilot, practices could apply for 60% of costs in Year 1, 40% in Year 2 and 20% in Year 3. Practices have to meet the remaining costs themselves, although some CCGs have put in additional funding as well to reduce the initial amount payable by practices.

The scheme is not a replacement for community pharmacy and is not about focusing on minor ailments.

Criteria

Applications for the pilot were assessed against the criteria below. It is fair to assume that similar criteria will be used when the next allocation of funding is announced.

- potential to address GP workload
- staffing/workforce need
- clearly thought through purpose and role for clinical pharmacist(s) in improving outcomes for patients
- potential to improve patient access to general practice services
- clearly articulated, realistic and measurable key performance indicators (KPIs)
- appropriate clinical support for pharmacist roles within the team and a named lead
- evidence of appropriate and realistic costings and commitment to fund for all years
- commitment to multi-disciplinary team development programme
- commitment to evaluation programme
- commitment to release time for clinical pharmacists development programme
- patient engagement

More Info

Various resources are available from the [NHSE website](#) including written and video case studies and a link to [webinars](#).

An excellent resource is: [A Guide for GPs considering employing a practice pharmacist](#) which includes job advert and job description templates and outlines the different functions that clinical pharmacists can perform in practice.

The LMC says...

Don't be put off by the amount of supervision time required or the need to invest in this role. The feedback the LMC has received so far has been good and this role does have the potential to genuinely support doctors and free up GP time. In the absence of enough GPs to go round, this seems to be one of the best options on the table.

The timescales from announcing the pilot to the closing date for applications was incredibly short last year. We should be prepared for a similar scenario this year. If you wait until the announcement of the funding, it may well be too late to put together a quality bid, especially given the requirement to work in groups. Have your discussions with partner practices now and be prepared to demonstrate how you meet the above criteria so that you're ready to go as soon as the funding is announced.

To really get the benefit, the LMC would encourage practices to set out their own aspirations/goals in advance. You can then measure whether the appointment of a clinical pharmacist has helped you achieve your goals or not. For example, through the use of a clinical pharmacist, you could seek to:

- Increase your appointment times from x minutes to x minutes (for all patients or for a specific group of patients)
- Reduce use of locums to x (or by x)
- Reduce waiting time for routine appointments from x to x
- Generate x amount of additional capacity for GP telephone appointments
- Any other appropriate measure that is relevant to your practice – it could even be trying to ensure that your GPs manage to get time to eat lunch each day.

Being clear about your goals may help you focus the work of the clinical pharmacist to ensure that each activity they undertake is targeted towards your achieving your objectives.

NHS GP Health Service

Description	The NHS GP Health service programme will improve access to mental health support for general practitioners and trainee GPs who may be suffering from mental ill-health including stress and burnout.
How much?	£19.5 million available over 5 years
Timeframe	The contract will initially run to March 2019, with a possible extension to March 2021. The procurement process is currently underway and the service is expected to be launched in January 2017.

How this scheme can help...

This scheme may be able to help:

- retain practitioners who would otherwise leave the profession
- support our GP workforce to be healthy and resilient
- practitioners return to clinical practice after a period of ill health

What this scheme is not...

A replacement for the GP Occupational Health Service. The LMC understands that this is additional resource.

What will be on offer?

There is very little detail available at this stage. The information currently available is that:

- the service will be staffed by specialists in this clinical area
- there will be a national self-referral phone line
- a website will provide information and self-help tools
- treatment services will be free
- treatment will be available across England
- the service will be discreet and totally confidential
- the service will not be used in any way to performance manage GPs

The LMC says...

We welcome all practical measures to support GPs. Keep a look out for the launch of this new scheme. Please also remember that the LMC is always available to provide GPs with a listening ear, to provide pastoral support and to support GPs in relation to performance matters.

Help from the LMC: Bidding Support Sessions

Are you planning to bid for funding or for a contract/service? Would an external perspective and another pair of eyes be helpful?

The LMC is keen to support practices with the sometimes lengthy and challenging process of obtaining funding or securing contracts. Whilst we do not profess to be expert bid-writers, we can be:

- A critical friend – someone to test your ideas on who will give you honest feedback
- Impartial – the LMC has no conflicts of interest as a provider or funder
- A useful source of information and expertise on both clinical and management/leadership aspects of your bids

We have therefore developed the following offer for practices. You can take advantage of any or all of the different elements:

Option 1: Think Tank

An hour-long session with the LMC focused on developing your initial ideas. This session can be used early in your thinking process before you start writing your bid. It's about open discussion, generating ideas, obtaining a different perspective and starting to pull out key themes to be developed. It's also an opportunity to spot weaknesses and areas for further development.

Option 2: Sounding Board

Once you have something down in writing – your draft bid – we can be your sounding board. Send it to us and we'll review it, sending you back any ideas, comments and questions. We'll look at it from the funder or commissioner perspective and try to be as ruthless as they will be.

Option 3: Pitch It

Some funders/commissioners require a presentation. Even when this is not the case, being able to 'pitch' your bid (Dragon's Den style) requires you to know your material inside out and more importantly, be able to communicate the key elements to others.

The LMC's hour-long 'Pitch It' session invites you to present your (almost) finished bid to us. As well as valuable rehearsal time, we will seek to give you constructive feedback to help you make those all-important final enhancements to your bid.

To take advantage of any of our bidding support sessions [email us](#) or call us on 01482 655111 to book your session.

Sessions will be in limited numbers and will be allocated on a first come first served basis.



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