

Securing resilience funding for your practice

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The resilience funding scheme first began as the Vulnerable Practice Programme, which was piloted in Wessex. We quickly discovered that the criteria for eligibility were extremely prescriptive and often didn't fit the profile of those practices most in need.

Thankfully the process has become more flexible under the revised scheme, now termed the General Practice Resilience Programme, introduced with the GP Forward View (GPFV). Nonetheless, there are several steps you need to follow and some important measures your practice can take to ensure you make a successful bid for resilience funding.

Before you apply

There are a number of actions you can take before submitting an application for resilience funding. These will help show the CCG that you have considered all your options and are committed to a sustainable and resilient future:

- Asking patients residing outside your practice boundary to register with a local practice
- Reducing your boundary – you can check other practices' catchments will cover the area and then apply to remove certain areas/villages/postcodes
- Making a formal list closure application
- Implementing an informal list closure/capped list. The BMA's [Safe Working in General Practice](#) includes a formula for checking the number of appointments needed
- Reducing opening times/applying for full closure of any branch surgery (and if owned, selling it) .
- Considering the possibility of merger – talk to other local practices (see Wessex LMCs [merger pack](#) for tips)
- Exploring your skill mix – for example, the potential for non-GP staff such as pharmacists, advanced nurse practitioners and emergency care practitioners – to help reduce workload
- Exploring 'workflow optimisation' – can staff be trained to take work off GPs?
- Carrying out capacity and demand analysis
- Training – for example to up-skill nurses/HCAs
- Reducing premises risks – for example, selling to a third party developer or assigning the lease to a willing trust or NHS Property Services
- Applying for funding to up-skill receptionists to become 'care navigators' – see [Funding for general practice](#).

Some of the above can be undertaken at very little or no cost, other actions will most certainly require funding from the various pots available from the GPFV funding streams (for example, training for workflow optimisation, care navigation, active signposting etc).

What are the specific requirements for applying?

CCGs will now consider requests for resilience funding from practices where:

- The CQC rating is inadequate or requires improvement
- Number of patients per WTE GP is high in comparison to other local practices/your CCG
- There are vacancies (including due to long-term illness)
- Support is being sought/given by LMC/NHS England/CCG
- Practice leadership is absent
- There have been significant practice changes
- There is evidence of professional isolation
- QOF percentage achievement is poor – for example, in 2017/18 only 500 practices scored under 80% and 100 practices scored under 65%. Significant changes in achievement could also evidence need for support
- Poor prescribing performance compared with CCG average
- The list has been closed. This also includes applications to close; it is a fairly crude but key indicator and is akin to the practice self-declaring they need support
- GP patient survey results are poor
- A merger is being proposed and developed.

The criteria are [outlined in full on the NHS England website](#).

What funding is available?

NHS England began the Vulnerable Practice Programme with £10m in 2015 [but this increased to £40m over 4 years from 2016 to 2020](#)¹. £16m was released in 2016/17 with £8m per year for each of the three remaining years.

Most NHS England area teams have delegated this funding to CCGs, and each CCG will have resilience funding available. I am not aware of any CCG where this funding has been fully utilised and they often receive a further sum in-year. Other than looking through CCG Board papers, it may not be easy to identify the funding available to your particular CCG – but as a membership organisation you should feel free to ask that question.

What support can we get?

Resilience funding can be used for a myriad of things including project management to assist with a merger, facilitation to explore different ways of working and assistance from other organisations such as GP Supporters, Commissioning Support Units, Health Education England, the RCGP and others, all of whom have various programmes and resources to assist practices towards resilience and sustainability.

CCGs will also consider requests for support for:

- a diagnostic checklist to identify areas for improvement
- specialist advice – eg, operational HR, IT, management, finance
- coaching, supervision, mentorship

- practice management capacity support
- co-ordinated support with workforce issues
- change management and improvement for both individual practices and groups to identify a potential solution, eg, merger.

How to apply

CCGs will consider all applications from practices. They may have a particular form for completion. You can also complete and submit a copy of [the Wessex LMCs practice healthcheck diagnostic tool](#)² showing a number of red/crisis areas. We have found this helps practices to demonstrate that they require assistance. This toolkit has been adopted by both NHS England and validated as well by the RCGP.

The RCGP also [offers support for struggling practices](#) but the funding comes from the same resilience funding from NHS England. However, some practices may find the RCGP is more suitable if local support is unavailable or they want peer support.

In the early days of this programme many practices believed that to declare the need for resilience funding was to declare themselves as a failing practice but NHS England or CCGs do not regard this.

Their major concern is not to have practices at the point where they are considering handing their contract back, which can have a detrimental effect not only on patients but also the surrounding practices. Talking early to the CCG about what's happening in the practice with regard to resignations, long-term sickness, management and leadership, backed up with some of the evidence outlined above – for example, the Wessex LMCs diagnostic tool and the pre-application considerations – will help the process immensely.

Currently the funding is expected to continue throughout 2019/20 whilst Primary Care Networks (PCNs) develop and the working at scale agenda is embedded within both the PCNs and practices.

The process is free to practices. Once accepted they will simply need to complete an MOU³ that states they will commit to becoming resilient and sustainable and will produce an action plan showing how they are going to achieve this and even that can be supported by a facilitator/project manager using resilience funding.

Summary

Applications can be submitted for a very wide variety of reasons and used in a whole variety of ways.

Every practice is one resignation or retirement away from the need for resilience funding and should apply for this support as early as possible, to prevent the worst from occurring and secure the support they deserve.

References

1. NHS England. GP Forward View – General Practice Resilience Programme. [Allocation of funding](#)
 2. Wessex LMCs. [Practice Healthcheck Diagnostic tool](#)
 3. NHS England. General Practice Resilience Programme Operational Guidance [Annex D Memorandum of Understanding](#)
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Guide URL:

<http://preview.pulse-intelligence.co.uk/guide/how-to-access-resilience-funding-for-your-practice/>



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