

**WOLVERHAMPTON CCG**

**Primary Care Commissioning Committee**  
**2 October 2018**

<b>TITLE OF REPORT:</b>	Spotlight on GP Workforce Initiatives
<b>AUTHOR(s) OF REPORT:</b>	Sarah Southall, Joint Head of Primary Care
<b>MANAGEMENT LEAD:</b>	Sarah Southall, GPFV Programme Director (Black Country STP)
<b>PURPOSE OF REPORT:</b>	Provide an overview of the GP workforce position & projects underway locally and across the STP footprint to combat recruitment & retention of GPs.
<b>ACTION REQUIRED:</b>	<input type="checkbox"/> <b>Decision</b> <input checked="" type="checkbox"/> <b>Assurance</b>
<b>PUBLIC OR PRIVATE:</b>	This Report is intended for the public domain.
<b>KEY POINTS:</b>	<ul style="list-style-type: none"> <li>• The Black Country is an Intensive Support Site for GP Retention</li> <li>• Based on available data the age profile of Wolverhampton GPs confirms where potential gaps will be in the next 2-3 years if GPs retire or choose to leave the profession</li> <li>• There a number of projects underway locally &amp; at STP level that seek to mitigate the potential GP shortfall</li> </ul>
<b>RECOMMENDATION:</b>	The committee are required to consider the content of this report. The committee are encouraged to acknowledge the assurance detailed within the report & confirm their support for the work of the Intensive Support Site..
<b>LINK TO BOARD ASSURANCE FRAMEWORK AIMS &amp; OBJECTIVES:</b>	<p>1 Improving the quality and safety of the services we commission</p> <p>3 System effectiveness delivered within our financial envelope</p>



## 1. Background & Current Situation

- 1.1. The General Practice Forward View (GPFV) provides a vision for workforce that will be required for the future of general practice. In order to achieve this there is a strong commitment at national level for NHS England and Health Education England to work in partnership with the Royal College of General Practitioners (RCGP) and British Medical Association to deliver an extra 10,000 staff to strengthen primary care by 2020/21.

In order to do this there will be an increase in GP training places to 3,250 per year to support the overall net growth leading to 5,000 extra doctors by 2020. Funding has also been allocated for 500 overseas doctors who are trained & qualified work in General Practice. Other measures include supported recruitment in areas who have traditionally found it hard to recruit to GP vacancies.

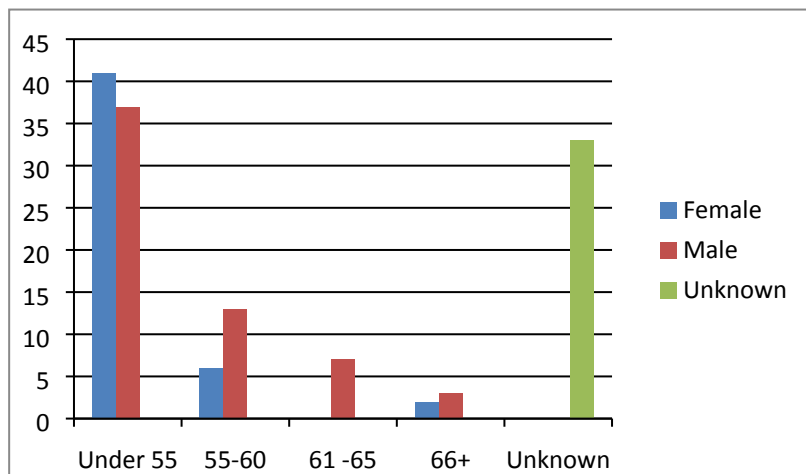
- 1.2. The committee will be aware of the challenges faced in Wolverhampton to recruit and retain GPs in Primary Care. Whilst there are programmes of work already underway as a measure to tackle the problem this report seeks to confirm the extent of progress made to date and provides an insight into some of the projects that are beginning to mitigate the risk of a growing gap in GP numbers.

## 2. GP Workforce in Wolverhampton

- 2.1. Based on available data from NHS Digital there are currently 142 GPs (FTEs) working across 42 practices in Wolverhampton who are either employed as partners or salaried GPs. The demographics are currently unknown for 33 GPs (FTEs) due to data quality issues, Group Managers are working with their respective practice groups to refine the quality of data from this a small cohort of practices as part of our ongoing development of a primary care workforce dashboard.
- 2.2. Importantly, the age profile of our GPs demonstrates that 21% of GPs are of an age where they may choose to retire with a minority 3% who are over the age of 66:-

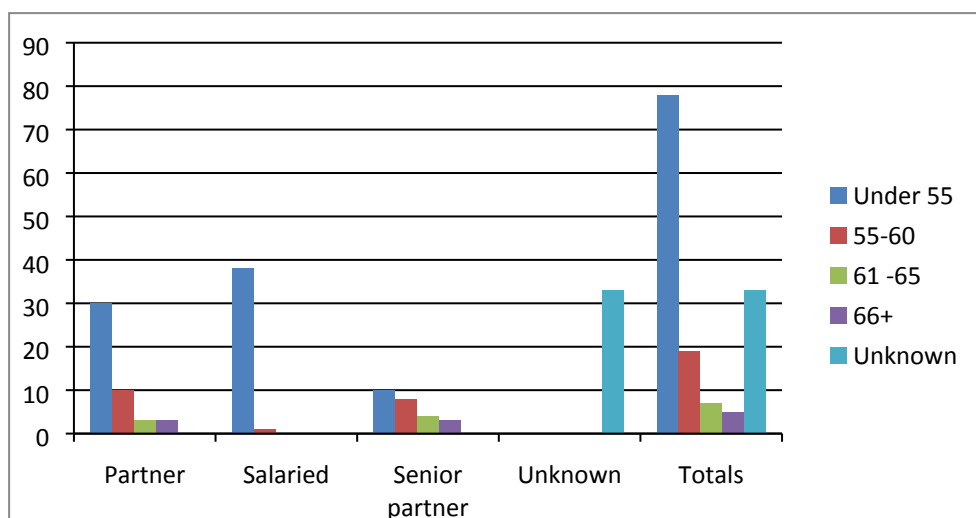
Column1	Under 55	55-60	61 -65	66+	Unknown
Female	41	6		2	
Male	37	13	7	3	
Unknown					33
<b>Totals</b>	78	19	7	5	33

During the latest data validation exercise we are able to evidence that there are more male GPs who are of an age where they may choose to retire or continue working in general practice.



It is encouraging to note that there are more female GPs under the age of 55 this demonstrates that the gap is closing as more females are choosing to work in Wolverhampton although little over half of all GPs under 55 are partners confirming that partnerships are less attractive to the under 55s & salaried employment is more favourable.

Column1	Under 55	55-60	61-65	66+	Unknown
Partner	30	10	3	3	
Salaried	38	1			
Senior partner	10	8	4	3	
Unknown					33
<b>Totals</b>	<b>78</b>	<b>19</b>	<b>7</b>	<b>5</b>	<b>33</b>



### 2.3. Local Initiatives & Priorities

The Workforce Task & Finish Group have placed strong emphasis on supporting practices to recruit to GP vacancies introducing funded advertising via the RCGP website and also developed a Primary Care Vacancy webpage for general practice vacancies that is shared with practices and an extensive list of stakeholders to broaden the reach to different audiences. Videos have been produced to attract GPs to work in Wolverhampton these are available via the CCGs website and are available to use in training and other promotional material. Training placements continue to be popular in Wolverhampton however, the retention of trainees is traditionally quite poor and requires further attention.

An extensive training programme spanning the wider workforce in general practice is well underway, as part of the CCGs Primary Care Strategy Programme of Work & GPFV. The introduction of new roles including Clinical Pharmacists, Nurse Mentors, Nursing Associates & Physicians associates has been met with varying levels of interest. The extensive provision of training for administrative staff has resulted in 234 care navigators working across our practices to support patients to be fielded to an appointment with the right team member of the practice team and/or signposted to support from other provisions outside of the practice. There are currently 10 pathways that Care Navigators are able to read code activity to demonstrate the impact care navigation is having to improve patient experience & reduce demand on GP time through fielding patients to other professionals. The Primary Care Assurance Pack (GPFV & Primary Care Strategy) will provide further detail in November.

In addition the Workforce Task and Finish Group Critical Path includes a plethora of training and development opportunities as well as peer support for practice nurses & HCAs. The 10 point action plan places emphasis on increasing nurse training, including nurse mentors and more students being placed in Wolverhampton practices. The plan extends to more robust induction made up of consistent content for nurses working in any care group – a basket of recommended training for registered nurses and health care assistants. This offering is being developed further in response to a new Practice Nurse Strategy that will span the STP, this is currently being finalised & is envisaged will further strengthen work already underway.

### 2.4. STP Initiatives & Priorities

The Black Country STP has in place a Primary Care Workforce Strategy that has been partially assured by NHS England. The strategy acknowledges that there are many challenges affecting the footprint including:-

- 15% of practices with one GP aged 55 and 8% are 60 and over - GP retirements to 2020 critical factor
- 28% of practices have 1.5 FTE GPs or fewer, 16% (n=38) have at least one GP aged 55 and over
- Attraction & retention of trainees historically low in parts



- Recruitment of GPs is often unsuccessful & results in gaps for practices

Based on NHS Digital data the GP headcount for the Black Country is 762 (FTEs) currently. In the region of 26% of GPs across the Black Country are aged 55 and over, this presents a greater risk to the sustainability of primary care. Therefore, in addition to a range of local measures already underway at CCG level a robust work programme is being constructed to capture a series of projects that will build on local activities and enable a collaborative approach to tackling the potential shortfall of GPs.

Therefore, in order to create a resilient care system, training & education of new and existing staff is a shared priority in order to support retention and transformation in primary care. Recruitment to vacancies and the introduction of new roles is also a priority recommendation from the GPFV and recognition is given to the importance of encouraging flexibility and avoiding historic rigidity in GP employment. A combined programme of work is currently under construction specifically focussing on the GPFV recommendations and vision for primary for the future and will be designed to capture progress that has been made to date whilst confirming where additional support & attention will be required in the coming year to respond more fully to the recommendations spanning all chapters of the GPFV.

**Intensive Support Site** – The Black Country has been identified as an Intensive Support Site (ISS) for GP Retention. There are seven sites that have been selected across the country by NHS England (one per ‘new’ region) in areas that are struggling most with retention. ISS status is coupled with dedicated funding to invest in a series of projects over a time limited period to March 2019. The ISS has access to a range of additional resources, tools and change management expertise – to apply a range of support from the GPFV ‘toolkit’ – specific focus is placed on improving retention of GPs.

There are three levels of intervention:-

- **Person** - individual support specifically for GPs
- **Practice** - organisational support (e.g. 10 High Impact Actions)
- **System** - system wide interventions (e.g. primary / secondary care interface)

To date, a Project Team has been formed to support the Black Country STP this comprises of a GP Clinical Lead, Project Manager and Change Facilitator in support of primary care teams in each part of the STP. The STP have also been successful in appointing GPFV Programme Director and Programme Manager on a time limited basis who are also heavily involved in the success of the ISS.

Initial priorities have been to focus on data validation & scoping a series of projects, this has required significant discussion with practice level personnel and LMCs to



ensure their thoughts & suggestions particularly from GPs influence the content of the overall scheme.

The timeline defined by NHS England regional & national team(s) is as follows:-

Proposal Submission to Local Area Team	End of June 2018
Approval & feedback to STP	July 2018
Confirm Schemes	July 2018
Diagnostic Assessment & Scheme Development	July – August 2018
Mobilise Schemes	By end of October 2018
Evaluation & Closure	April 2019

To date, of the ISS is progressing well, this has been endorsed by feedback from NHS England teams who we maintain close liaison with, not only locally but regionally & nationally too.

There are 4 schemes that have been co-produced with GPs across the STP, LMCs have also been encouraged to be part of the design and to that are due to be launched in October for GPs from across the Black Country to consider/access if they wish:-

- Incentivising Portfolio Careers
- Retention of Newly Qualified & GP Trainees
- Peer Mentoring Network
- Pre-retirement Coaching

Further detail can be found in Appendix 1, this presentation will be used to introduce the final schemes to GPs over the coming weeks. Target audiences include Group/Locality Meetings, LMC Meetings, Members Meetings etc. All 4 projects combined seek to afford support to more than 100 GPs across the Black Country this targeted support will be beneficial early, mid and late career GPs. An evaluation report will be available in April 2019, periodic updates will be shared in the meantime via the Primary Care Assurance Pack (quarterly intervals).

### ***Post CCT Fellowships***

Health Education England is funding a national programme of Post-CCT GP Fellowships in 2018-19. The new posts are intended to meet current and future primary care workforce needs. The programme provides additional support and development for newly qualified GPs or those in their first 2 years of practice. The fellowship programme directly contributes to the transformation of the primary care workforce by supporting both the acquisition of clinical maturity in general practice and extended development in specific clinical or professional areas, furthering both local workforce capability and the career aspirations of the GP fellows themselves.



The Black Country have agreed an intake of 11 CCT Fellows, round 1 of recruitment for this region has secured 4 candidates who have chosen placements in the Black Country, a second round of recruitment is due to commence shortly and plans for them to be in post by February 2019. Three candidates have taken up part of their fellowship with Royal Wolverhampton Trust, each fellow has chosen a general practice of choice, 2 of which are in Wolverhampton, one in Dudley and another in Sandwell.

Discussions are underway with both acute trusts and local mental health trusts about the feasibility of incorporating their organisations into an enhanced Black Country offer for cohort 2 recruitment.

The fellowship programme is an excellent opportunity for the Black Country to attract and retain doctors of a high calibre who may not have been attracted to the area. They will be able to put their new found skills and experience into practice as practice teams develop and clinical pathways are continuously improved with their valuable contributions to helping to meet the health needs of our population.

**International GP Recruitment** - Nationally NHS England is working towards recruiting 2000 IGPR doctors by March 2020. Recruitment has commenced and we are likely to know in the next few months the potential to recruit such numbers of doctors from Europe. The Midlands and East region has been allocated funding for the recruitment of 624 doctors out of the national total of 2000. The Black Country STP has been allocated 57 in this initial phase of the scheme which is equal to that identified in our workforce planning assumptions.

Earlier in the summer the committee supported an application for this project, the STP application is currently being updated and due to resubmitted by the end of October. All practices and LMCs have been approached to reaffirm their level of interest in the employment of GPs sourced from overseas as recruitment is due to commence by early 2019. The process is lead nationally ie recruitment, relocation and educational support & salaries of the doctors. In addition, the STP will receive further funding to support their retention & integration into the local community, further details will be confirmed in due course but funding is likely to be released on a quarterly basis.

### **3. CLINICAL VIEW**

- 3.1. The CCGs clinical chair is an active member of the Workforce Task and Finish Group, there is also close liaison maintained with LMC so that the views of GPs are influencing the co-design of projects. There is also a GP Clinical Lead for GP Retention who is championing each of the Intensive Support Site projects.





#### **4. PATIENT AND PUBLIC VIEW**

- 4.1. Practices are beginning to introduce new roles within their teams these have been met with positive response from patients ie Clinical Pharmacists. There are also regular updates and discussions taking place at meetings with patients and the public at events run by the CCG and/or practices, particularly Patient Participation Group Chairs Meetings.

#### **5. KEY RISKS AND MITIGATIONS**

- 5.1. Risks attached to primary care workforce are captured on the CCGs Risk Register and also within individual project plans for each strand of work references in this report. At STP level the GPFV risk register is begin refreshed also.
- 5.2. Both the CCGs Primary Care Team and the STP resource has been assigned to support the implementation of all of the projects referenced in this report however the success of these projects is based on the willingness and reception of practices who are required to participate in the projects detailed.

#### **6. IMPACT ASSESSMENT**

##### ***Financial and Resource Implications***

- 6.1. Wolverhampton CCG has been nominated as the recipient of funding for all GPFV allocations on behalf of the STP. To date, funding has been confirmed for the Intensive Support Site Projects and Practice Manager Training at this stage, the Finance Team have been briefed and await the receipt of funds.

##### ***Quality and Safety Implications***

- 6.2. Existing programmes of work have been developed with quality in mind, both the safety of service provision and the wellbeing of our primary care workforce as well as the experiences patients have of care in general practice. The effectiveness of changes in clinical practice will be evidenced as part of the evaluation process for each project and in where necessary in discussion with patients and stakeholders.

##### ***Equality Implications***

- 6.3. There are no foreseen equality implications arising from the detail within this report.

##### ***Legal and Policy Implications***

- 6.4. There are no legal and policy implications foreseen at this stage, individual project plans are developed in conjunction with NHS England and Health Education England to ensure all appropriate processes are duly followed.

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**Date:** 26 September 2018



### REPORT SIGN-OFF CHECKLIST

**This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.**

	<b>Details/ Name</b>	<b>Date</b>
Clinical View	<b>Dr S Reehana</b>	<b>27.9.18</b>
Public/ Patient View	<b>NA</b>	
Finance Implications discussed with Finance Team	<b>NA</b>	
Quality Implications discussed with Quality and Risk Team	<b>NA</b>	
Equality Implications discussed with CSU Equality and Inclusion Service	<b>NA</b>	
Information Governance implications discussed with IG Support Officer	<b>NA</b>	
Legal/ Policy implications discussed with Corporate Operations Manager	<b>NA</b>	
Other Implications (Medicines management, estates, HR, IM&T etc.)	<b>NA</b>	
Any relevant data requirements discussed with CSU Business Intelligence	<b>NA</b>	
<b>Signed off by Report Owner</b>	<b>Sarah Southall</b>	<b>27.9.18</b>

