Agenda Item No: 12

PRIMARY CARE STRATEGY – FOCUS ON GP RECRUITMENT AND RETENTION IN CAMBRIDGESHIRE

To: Health and Wellbeing Board

Date: 19 January 2017

From: Jessica Bawden, Director of Corporate Affairs, Cambridgeshire and Peterborough CCG

1.0 PURPOSE

1.1 The Health Committee requested information from the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) on the General Practice Forward View (GPFV), with a focus on GP recruitment and retention in Cambridgeshire. Information provided in this report is for the whole of Cambridgeshire and Peterborough as moving forward it is essential to work as a whole system, however, where appropriate, specific data or information on Cambridgeshire has been included.

2.0 BACKGROUND

2.1 General Practice Forward View (GPFV)

Called 'the most significant announcement for general practice since the 1960's'[1], the GPFV was published in April 2016 as a response to the pressures facing general practice and outlines how the government plans to act. It contains specific, practical and funded steps on five areas: investment, workforce, workload, infrastructure and care redesign[2]. A brief overview of these areas can be seen in Appendix A.

The GPFV sets ambitious workforce aspirations to address the gaps and issues relating to the aging workforce. As well as aiming to recruit GPs, the GPFV also supports the development of new roles in General Practice to improve skill mix and to maximise the GP resource available.

The following paragraphs provide further information about some of the investment areas for which more detail is becoming increasingly available:

- *General Practice Resilience Programme - Nationally investing £40 million over 4 years, £16m identified for 16/17*

This programme is about buying direct support for practices who are defined as "good but challenged", and for whom support from a menu of interventions should support sustainability. It is managed by NHS England local teams with the commitment that it will be deployed as flexibly as possible. Practices have indicated whether they wish to be

[1] RCGP (2016) Maureen Baker, Chair comment on release of General Practice Forward View
[2] NHS England (2016) General Practice Forward View

considered for this fund and the CCG and NHS England locally are working closely to maximise the support available.

- *General practice national development programme - £30million nationally over 3 years.*

This investment is about managing workload differently and supporting groups of practices to implement the published 10 High Impact Actions. This is for less-challenged practices and will be wider in its application.
Practices or their CCG can submit an expression of interest form any time until summer 2018. They will be allocated an expert development advisor, who will help them plan their own Time for Care programme. It is expected that over the course of a typical 9-12 month programme, most practices could expect to release about 10% of GP time.
NHS England is also providing a new £45m fund over the next five years to support training for reception and clerical staff – it was stated that this would be devolved to CCGs and therefore sourced locally.

- *GP Access Fund*

This funding is being targeted at those areas of England which had successful pilot sites in 2015/16, known as the "Prime Minister's Challenge Fund" or "General Practice Access Fund" sites. Peterborough has been such an area and investment continues in 2016/17. The CCG is planning to receive additional funding in 17/18 and 18/19 to commission the associated additional access across the rest of Cambridgeshire.

- *Estates and Technology Transformation Fund*

This fund supports improvements in estate and technology. The schemes which have been supported in principle have now been confirmed by NHS England. Schemes supported for cohort 1 funding will need to complete by end of March 2017 rather than the previous expectation that resource will more closely reflect the length of time that premises improvement and technology developments take to implement. The CCG is working with practices to maximise the utilisation of confirmed resource across this and the subsequent two cohorts of funding.

The CCG is working closely with NHS England locally to ensure that the funding opportunities and support that the General Practice Forward View offers are accessed and used to their full potential for primary care in Cambridgeshire and Peterborough.

2.2 General Practice in Cambridgeshire and Peterborough

The CCG covers a diverse patient population of over 900,000. In common with other areas we have an aging population with significant inequalities and a mix of urban and rural districts.

The CCG has 105 member practices, making it one of the biggest CCGs in the country – it is also one of the most financially challenged. The local population is growing with people migrating to new developments in Huntingdonshire and established cities such as Cambridge and Peterborough. The population is also aging, resulting in patients increasingly developing complex and longer term conditions. The local workforce is not growing at the rate required to support demand and there is recognition from the system that the current model for the delivery of primary care needs to change from a GP delivered system to a multi-professional GP led system.

The CCG has been supporting local general practices to consider and develop organisational structures and models of care that enable them to work more closely and at scale. Three GP Federations are now operating across the county, including the Cambridge GP Network Ltd which consists of 32 member practices and 282,000 patients. The recent development of the local Sustainability and Transformation Plan (STP) builds on this and recognises the requirement to ensure the sustainability of Primary Care as the foundation of a strong and resilient health system. Integration with acute and community health services, social care and voluntary sector provision are an essential factor of future care models.

A Sustainable Primary Care Strategy Development Group has been meeting regularly to identify the wider strategy as well as shorter term steps that need to be taken to develop a sustainable future for primary care across Cambridgeshire and Peterborough. Key to delivery is implementation of the General Practice Forward View (GPFV), maximising the resource available through the committed investment and ensuring the engagement of local practices in the processes.

2.3 Workforce Development

Working in collaboration with the CCG, the Cambridgeshire and Peterborough Workforce Partnership (part of Health Education England, HEE) implemented a workforce development programme in 2015 to address some of the pressing workforce issues across the local system. In its first year it saw 54 per cent of the nursing workforce accessing Continuing Professional Development and 13 Practice Nurses commence an Advanced Nursing Practice Masters (MSc) at Anglia Ruskin University. The programme also saw 66 new apprenticeships starts across primary care; with 73 percent (n=48) of those being in general practice. A GP Fellowship programme was developed, supported by two of our provider Trusts, recruiting (over 2 years) 8 GPs to the local system (5 to Cambridge). The programme received recognition by the Health Service Journal by being shortlisted for its work in the 2016 HSJ Value in Healthcare Awards. A Workforce and Organisational Development plan for general practice forms part of the Sustainability and Transformation Plan for Cambridgeshire and Peterborough.

3.0 MAIN ISSUES

3.1 Pressures in General Practice

The challenges facing general practice are widely reported. Practices across Cambridgeshire and Peterborough are not immune to these pressures. As part of the work to understand the current issues and improve the sustainability, the CCG held two workshops in the summer of 2016 for member practice representatives to attend. In addition to the workforce challenges that this report covers, issues relating to increased demand and complexity of caseload; demanding practice administration and bureaucracy, navigating patients between the different health and social care provision; and having the space and time to plan for future service delivery, were identified as impacting on current capacity and ongoing sustainability. Perceived and actual pressures in general practice are a deterrent to recruitment. Local management to support new care models and

implementation of the aspirations of the GPFV are key to addressing these service delivery and small business pressures.

3.2 Workforce Profile

(See appendix C for Cambridge practice data)

The profiles for Cambridgeshire versus Peterborough differ significantly with the cost of living and local demographics among key factors having a noticeable impact on the workforce profile in each area.

The General Practice workforce across Cambridgeshire and Peterborough has a relatively young GP profile with only 18% of GPs over the age of 54. The age profile for GPs under the age of 35 in Cambridgeshire is below national average, at 13%, however Peterborough is in a more precarious position with just 6%. The general practice workforce in Cambridgeshire is GP dominated with 53% of the workforce being GPs. There are 0.51 nurses for every GP, which is in stark contrast to Peterborough where there are 0.9 nurses for every GP.

The aging General Practice Nurse (GPN) profile for Cambridgeshire is significantly higher than for Cambridgeshire and Peterborough, and nationally, with 44% aged over 54 years old. Here there are more GPNs aged over 60 than there are aged under 40. Just 5% of GPNs are aged under 35 years old. It is worth considering that there is likely a cycle of experienced nurses moving into General Practice after years in NHS Trusts, particularly Addenbrooke's, therefore the retiring workforce is being replaced with experienced and older nurses rather than recently qualified nurses. This does require further exploration but would explain why GP nurses are much older in Cambridgeshire – again, the price of living will also factor.

The percentage of the workforce that are classed as direct patient care (DPC) staff (e.g. Health Care Assistants, pharmacists, therapists, phlebotomists, administration) is in proportion to the rest of the country. Cambridgeshire and Peterborough has 39% of DPC staff in Health Care Assistant roles, which provide opportunities for staff development into professional roles, to address issues with an aging GPN population.

Patient demographics are positive, with lists being around 5% smaller per whole time equivalent GP than the national average.

3.3 Workforce Demand and Supply

The GPFV has set a national target of 5,000 more GPs by 2020 which equates to approximately 600 GPs in the east of England (using a population share of 10.6%). Assuming good retention, the supply pipeline has the potential to make good progress towards this requirement. It is important to note however, that to become a GP requires 5 years at medical school, 2 years in foundation training and then at least 3 years in GP specialty training. Therefore achieving the increase of 5,000 doctors in primary care cannot be achieved through increasing training places alone. There is work being undertaken nationally to attract UK-trained GPs working abroad back to UK practice. This work

encourages retention of current GPs and the return of those who have stopped clinical practice.

In Cambridgeshire and Peterborough, 54 GP specialty training posts have been allocated and filled in 2016. This is a 3 year programme (4 years for the 3 academic posts available in Cambridgeshire). The Cambridgeshire training scheme has an allocation of 22 posts which have all been filled.

It is more difficult to provide a supply forecast for general practice nurses as general practice isn't a defined branch of nursing, meaning that it is not possible to track university starters through training to completion. However, as suggested earlier, general practice nurses tend to have trained in the adult branch of nursing and generally move to general practice after they have spent time working in secondary or community care and are seeking a more traditional 9-5 work life.

3.4 Recruitment and retention

There are around 137 current GP vacancies across Cambridgeshire and Peterborough, with a high proportion of these in Peterborough, not Cambridgeshire.

Retention of GP specialist trainees (GPSTs) post completion of training in Cambridgeshire doesn't tend to be an issue with around 84% remaining taking employment opportunities here post completion of training (CCT). For the nursing workforce, historically practices have sought to employ experienced practice nurses rather than newly qualified; however with the aging GPN workforce profile this is changing. More practices are becoming open to the idea of recruiting newly qualified nurses and supporting them to develop general practice specific competencies as part of their induction or preceptorship. The high cost of living may have a negative impact on retention of newly qualified nurses in the local system, as would the draw from Addenbrooke's.

When compared to Peterborough, Cambridgeshire has a lower percentage of Advanced, Specialist or Extended nurses, at just 19%. This might suggest that the need to employ advanced, specialist or extended scope nurses hasn't been required as the Cambridgeshire system doesn't face the same challenges as Peterborough in plugging the gap left by GP recruitment challenges. However, with the aging GPN workforce; offering more opportunities linked to a career pathway would enhance the systems offer for career development which should contribute to increased recruitment of retention of a younger workforce. In addition, the future of general practice will look very different with an emphasis on a wider skill mix in teams – so considering the opportunities for expanding the multi professional and speciality team, not just in nursing, but in pharmacy, therapies and wider community care roles, is something that must be considered now as part of the recruitment and retention strategy.

3.5 Training

This year saw a significant reduction in Continuing Professional Development (CPD) for the non-medical workforce across both primary and secondary care nationally. Practices recognise the value in developing their staff; however pressures on small practice teams

often prevent staff being released from practice as they are unable to cover patient appointments. Practice nurse forums have been well established in the past and provided opportunities for group learning; however these have become less frequent recently. Moving forward, delivering primary care at scale and developing federations, there should be more opportunities to enable staff to be released for training.

The Peterborough and Huntingdon GP Federations secured funding from HEE to establish Community Education Provider Networks (CPENs). CEPNs are a mechanism for local systems to take ownership for a number of local workforce issues including workforce planning, education commissioning, new role development, and staff development. It is understood that should funding become available again, the Cambridgeshire system will apply for funding to establish their own CEPN. At the start of the year, the Cambridgeshire system surveyed their GPN workforce to understand the skills, competencies and training needs of their system. This information was feedback into the wider Cambridgeshire and Peterborough system, and helped to shape CPD training options for the whole area. Going forward, the assumption is that the Cambridge GP Network will use this information to shape the direction of their CEPN if established.

There is also insufficient change management and leadership capability across the system to manage the successful delivery of primary care at scale. In Cambridgeshire, the Cambridge GP Network has utilised external consultancy expertise to establish themselves as an entity but it is unknown if that support will continue.

3.6 Workload

Increasing patient demand and a reduced workforce has resulted in significant administration activities for GPs, many of whom spend a considerable amount of time responding to referral letters and the review and management of patient medications. The worried well, those undiagnosed but with rising risk, also contribute to the workload for both GPs and advanced nurses as more time is required to support these patients. Different types of appointments are increasingly offered, including telephone and online consultations. From a management perspective, back office functions are localised to practices and require time to manage effectively. GP Federations are exploring solutions that can be delivered at scale to address some of the local duplications of effort.

4.0 SOLUTIONS

4.1 Primary Care Strategy

The development of a local primary care strategy will combine the requirements of the national GPFV and the context of the local STP to set a sustainable direction for general practice in Cambridgeshire and Peterborough. The workforce challenges are just one illustration of the need for primary care to embrace new models of care, to maximise the resource that is available to meet the growing and more complex needs of the population. Solutions that see greater integration between practices and across health care providers will result in new roles and utilisation of the primary care workforce. The emphasis will be on creating efficient ways of working and directing clinical staff to clinical functions and away from administration and bureaucracy.

4.2 A workforce plan is being developed and will be finalised once the outcomes of the primary care strategy are published. The following are interventions which have been implemented since the start of this work in 2015 or areas being considered as key to the final plan:

- Understanding our supply pipeline. Develop a greater understanding of what newly qualified clinicians want and expect from careers which will allow the system to better tailor career opportunities
- Growing Our Own. Development routes which support unregistered staff into registrant roles should increase retention rates and improve the clinical competence of the local workforce. Apprenticeships, foundation degrees and flexible nursing pathways are some of the options already being utilised within the system.
- Retention of organisational knowledge. Ways to retain mature GPs and GPNs within the local system are being considered, for example flexible working, support with indemnity costs and new roles in education, mentoring, and commissioning
- Integration. Proving opportunities for portfolio working which will enable clinicians to work across settings to deliver care will not only provide varied career options for GPs but also enable GPs to enhance competencies in specific areas e.g. dermatology, palliative care etc., and improve relationships between primary and secondary care
- Centralisation of back office functions – for example outsourcing payroll, HR, and other activities would release practice workload and drive down costs if a number of practices shared a contract.
- Establishing true integrated care across the system is a key component of the STP plan to ensure patients are most efficiently supported along their pathway. The integration of both health and social care, and between general practice and wider neighbourhood, community teams, and secondary care should improve working relationships and the patient pathway.

Reviewing skill mix will be a key part of the strategy. Emerging clinical models must consider whether clinicians are being used to their fullest potential; and if the workforce has the required skills, knowledge and competencies to address our population's needs. We will be working with practices, taking direction from the General Practice Forward View and local initiatives, to consider how expansion of the multi-professional workforce and new roles will support appropriate delegation of tasks. Nationally, the General Practice Forward View, Health Education England and NHS England have committed to place and train: 1,000 Physician's Associates (PAs), an extra 1,500 Clinical Pharmacists, and 3,000 Mental Health therapists.

- To date, Cambridgeshire and Peterborough have supported clinical placements for three PAs in two of our practices.
- Practices chose not to engage in the first Clinical Pharmacy pilot; however we have 6 clinical pharmacists employed in practice at present, with more practices keen to understand the cost and quality benefits.
- Mental health therapists can work across a number of areas in primary care and it is important for general practice to work with the wider system, to understand how these roles can best be grown. Expansion of the traditional GP team may also bring opportunities to attract clinicians into primary care roles from other specialities which may be over supplied at present.

5.0 IMPLICATIONS

5.1 This paper is linked to and informed by the GP Forward View as referenced.

5.2 As noted, our member practices and local stakeholders have been included in the design and delivery of workforce interventions to date. We are working with our local system to shape and design the STP Sustainable Primary Care Strategy which is due for submission on 23 December 2016.

6.0 RECOMMENDATION/DECISION REQUIRED

6.1 The Health and Wellbeing Board is required to comment upon and note this report.

Authors:
Emma Wakelin, Strategic Development Manager, Health Education East of England
Alice Benton, Head of Primary Care, Cambridgeshire and Peterborough CCG
Andrea Patman, Head of Commissioning, NHS England Midlands and East - East
02 December 2016

7.0 SOURCE DOCUMENTS

Source Documents	Location
General Practice Forward View	NHS England (2016) https://www.england.nhs.uk/ourwork/gpfv/

Appendix A – General Practice Forward View on a page
See attached PDF

Appendix B – Primary Care Workforce Development Programme leaflet
See attached PDF

Appendix C – Workforce Minimum Data set information for Cambridge practices only – September 2015 collection
See next page

Appendix C

Workforce Minimum Data set information for Cambridge practices only – September 2015 collection

Data taken from the Workforce Minimum Data set - a national bi-annual collection exercise.

We are unable to extract data from the March 2016 WMDs for just Cambridge practices at this time, however there will not be a big variation from the Sep 2015 data shown

Exclusion Criteria
This Benchmarking tool uses submitted data only; no estimates are included for missing data:
- Sep 2015 = 100% return (for 36 Cambridge practices)
- There are known errors in Registrar and Retainer data therefore these have been excluded.
- Locums have also been excluded as NHS Digital provided no breakdown which excludes Registrars and Retainers only.

Cambridge Practices - WMDs Sep 2015 return Cambridge and Cam Health LCGs				
Submission rate = 100%				
Counts				
Headcount: Total GPs excluding Retainers, Registrars and Locums	220			
Headcount: Total Nurses	132			
Headcount: of which Advanced, Specialist and Extended Nurse Roles	23			
Headcount: of which District Nurses	0			
Headcount: Total DPC	108			
Headcount: of which Therapists (DPC)	1			
Headcount: of which Pharmacists (DPC)	5			
Headcount: of which Physician Associates (DPC)	0			
Headcount: Total Admin and Management	445			
FTE count: Total GPs excluding Retainers, Registrars and Locums	175			
FTE count: Total Nurses	90			
FTE count: of which Advanced, Specialist and Extended Nurse Roles	17			
FTE count: of which District Nurses	0			
FTE count: Total DPC	68			
FTE count: of which Therapists (DPC)	0			
FTE count: of which Pharmacists (DPC)	3			
FTE count: of which Physician Associates (DPC)	0			
FTE count: Total Admin and Management	311			
Patients: Total Patients	323134	Averages		
Ratios		**C&P**	**EoE**	**National**
Patients: % of Patients aged over 74	7%	7%	8%	8%
Patients: % of Dispensing Patients in Total Patients	17%	16%	12%	6%
GP demographics: % of GPs aged under 35 (Headcount)	12%	13%	13%	19%
GP demographics: % of GPs aged over 54 (Headcount)	18%	18%	22%	20%
GP demographics: % of Partnered GPs (FTE)	79%	75%	79%	69%
Nurse demographics: % of Nurses aged under 35 (Headcount)	5%	7%	7%	7%
Nurse demographics: % of Nurses aged over 54 (Headcount)	42%	33%	32%	31%
Nurse demographics: % of Trainee Nurses (Headcount)	0.0%	0.5%	0.4%	0.5%
DPC demographics: % of DPC aged under 35 (Headcount)	18%	22%	17%	17%
DPC demographics: % of DPC aged over 54 (Headcount)	35%	29%	28%	26%
Capacity to population: Patients per GP (FTE)	1845	1923	2022	1954
Capacity to population: Patients per Nurse (FTE)	3600	2951	3671	3804
Capacity to population: Patients per DPC (FTE)	4740	3873	5039	6223
Skill mix: Ratio of Nurses to GPs (FTE)	0.51	0.65	0.55	0.51
Skill mix: % of Advanced, Specialist and Extended Nurses (FTE)	19%	25%	27%	23%
Skill mix: % of HCA in Total DPC (FTE)	39%	52%	50%	63%
Skill mix: Ratio of DPC to Nurses (FTE)	0.76	0.76	0.73	0.61