

Results of GP Recruitment Questionnaire

Ailsworth
 Botolph – table 1 only
 Parnwell
 Orton Bushfield
 Millfield – didn't fully complete a section
 Thistlemoor
 Minster
 Welland
 Paston
 Westwood
 Westgate – didn't fully complete first section e.g. ideal number of posts for practice
 TWMC
 Dogthorpe
 The Grange
 63 Lincoln Road – table 1 only
 North Street - table 1 only
 Park – table 1 only
 Thorpe Road – table 1 only

Post	Ideal Number of Posts for practice (as per list size)	Current number of staff	Number of likely retirements in next 2-5 years
GP Partner	44.5	39.5	14
Salaried GP	17	20	1
Locum GP		5.1	1
Nurse Practitioner/Matrons	15	15	4
Practice Nurse	33.8	37.6	1
HCA & other Health Professionals	21	19	1
Phlebotomist	10.5	10.5	

What do you think are the barriers affecting the recruitment of Clinical Staff in Peterborough?
Please score: 0 = no barrier 5 = high barrier

Barriers	0	1	2	3	4	5
Quality of premises	2	2		4	1	1
Comments	<ul style="list-style-type: none"> • Adequate • Need more space to develop services 					

Appendix A GP Recruitment Survey

	<ul style="list-style-type: none"> Premises, facilities could always do with updating and improving – so will never be ‘perfect’. 					
Peterborough as a place to live	1	2	3	2	2	
Comments	<ul style="list-style-type: none"> Average housing Reputation as influx of too many immigrants. Suffers from small city syndrome where there are too few events and attractions. Schools very good – also Cathedral 					
Peterborough as a place to work	1	4	1	3	1	
Comments	<ul style="list-style-type: none"> Has all social facilities Good links to villages Pockets of high deprivation and hard to engage patients (language and cultural barriers) do9n’t make life easy, could potentially put some off. 					
Finance/Pay		1	1	2	3	3
Comments	<ul style="list-style-type: none"> Slightly below national average Due to the uncertainty of financial income coupled with reduction in income over the past few years. May be need to look at the golden hello payments once again? Financial constraints mean its almost impossible to offer above average or significantly attractive salary package to draw potential recruits from other areas. 					
Training	3	2		4	1	
Comments	<ul style="list-style-type: none"> Seem to have most training facilities in the area Clinical Governance events, PLCG training packages for nurses – all supports practice in enabling them to in turn support CPD among their clinical staff. 					
More flexible working	1	2	3	4		
Comments	<ul style="list-style-type: none"> Dictated to by NHSE – have to work within their parameters. CQC manpower expectations, patients expectations (extended hours of service delivery) and need to distribute workload equally between all clinical staff, mean that flexible working is sometimes hard to achieve. 					
Confidence in the profession and career progression	1	2	2	1	1	3
Comments	<ul style="list-style-type: none"> Young doctors put off GP work. Constant dumbing down of profession by the media. Low morale. High and unrealistic work load especially for partners. Excessive demands for data collection. Financial concerns and reducing income mean that some don’t want historic patterns of career progression i.e. salaried GP being interested in becoming a partner. 					

Financial uncertainty of the 'working model' that is current general practice	2	1		2	1	4
Comments	<ul style="list-style-type: none"> • No confidence in the financial programme for the future. • National problem • This has a big impact on GP recruitment, GPs no longer willing to commit to partnerships • DH and NHSE 'visions' of the future of primary care, how and when that will change service delivery at the coal face and on a daily basis makes it hard to enthuse the team as we cannot envisage the changes and where we all might fit in within that structure. 					
Other – please specify	<ul style="list-style-type: none"> • CQC intimidation • Old GP teams in Peterborough • Negative approach to new initiatives by senior/lead GPs – pervades through the team • Pointless collection of data • Locums – currently GP practices are very dependent on locums to keep services going in their practices, which are very costly. They know they have the monopoly and can attract an income around £650 - £750 a day which is more than a salaried GP or Partner can attract unless you are at a large practice which participates in nearly everything. It is time that all GP Practices Nationally put a cap on what they pay locums this then might attract GPs into Practices for security of income. • Sadly we rarely bring in new clinicians to the area, instead some clinical staff are simply moving from one C&P CCG surgery to another C&PCCG surgery, robbing 'Peter' to pay 'Paul' effect. 					

Please share any recent experiences which highlight the difficulty you have had recruiting staff.

- Recently we have offered partnership deals to 3 candidates following interview despite positive reactions all have turned down the position to remain as locums due to the uncertainty of our new premises and the current PMS review as not enough information has been shared by the area team
- What can be done to help improve the recruitment of clinical staff in Peterborough?
- Reduce bureaucracy, paperwork and extra projects with little proven value.
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What can be done to help improve the recruitment of clinical staff in Peterborough?

- "Selling" Peterborough. In a sense the impending retirement of a number of GPs can be both a bad and a good thing. Once a younger workforce is established then there could be more dynamism; getting to this stage is the problem and younger practitioners may be apprehensive about coming straight into a leading role in a practice. Emphasis on a good working relationship with LCG/CCG will be key; LMC can also play an important role. Cost of housing is significantly lower than in the south of the county. Increasing co-operation/federation, even merging of smaller practices could help. These are of course not unique to Peterborough but rather generic in Primary Care as a whole, as shown by the fall in applications for training posts.

- We need clearer visions on the financial impacts of the PMS review
- Reduce the bureaucracy for new premises
- Offer mentor support for newly qualified GP's
- Maybe advertise through EU to expand area of search
- Find a way to offer security to potential candidates
- Maybe we need to look at Salaried Partners to guarantee an income until we know the direction of Primary Care
- There seem to be a large number of locums (often newly qualified) who do not want to join practices because they can charge large fees for doing locum work – this is not helped by the fact that the 'privately run' GP practices seem to be able to pay excessive sums of money for locum cover.
- The current concerns over financing, and the future of General Practice, is not an attractive proposition for GPs
- Unsure that we can do much until practices fully understand their financial future, whether they will continue to be a viable business.

How is the recruitment issue affecting the running of your organisation?

Please score: 0 = no barrier 5 = high barrier

MILLFIELD DID NOT fully COMPLETE THIS SECTION

	0	1	2	3	4	5
Clinical	2		2	1	4	
Comments	<ul style="list-style-type: none"> • Increased difficulty getting locums • Likely retirement of partner within next 2 years makes things very difficult. Merging practices seems to be the way forward for us. • We have managed and are managing, but stretching everyone's day and pushing existing staff to the limit (and beyond) is not a long term option. 					
Financial	1			1	4	3
Comments	<ul style="list-style-type: none"> • Smaller practices have a relatively greater financial squeeze on them. • Due to reduction in partners will have to use locums who will not do the extras that attract income; they just see patients and leave at end of their session. This leaves the remaining GP and staff trying to do everything which is impossible. • 					
Ability to plan		1	2	1	4	2
Comments	<ul style="list-style-type: none"> • Uncertainty of local developments and potential medical centre rebuilds near by. • Plan part of on-going strategy • If a replacement cannot be found we are dependent on booking locums who can cancel at the drop of a hat, especially when they get a better offer. 					

Appendix A GP Recruitment Survey

	<ul style="list-style-type: none"> • Uncertainty regarding succession planning • Problems covering clinics for general work, especially when clinical staff need leave. Lack of locums available for cover and some of those available are very specific about what they will do and hours they will work, which doesn't necessarily fit in with surgery needs. • 					
Wellbeing of Team	1		1	3	3	1
Comments	<ul style="list-style-type: none"> • Hard work, but family team • Stress levels increased • Part of organisational management • Aging workforce • Lack of permanent GPs - This puts considerable stress on the remaining members of the team and could lead to melt down • Working to full capacity on daily basis 					

Sue Stephenson
 Project Support officer
 Borderline & Peterborough CCG
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