

Scrutiny Commission for Health Issues	Agenda Item No. 5
15 November 2016	Public Report

Report of the Cambridgeshire and Peterborough Clinical Commissioning Group		
Contact Officer	Jessica Bawden, Director of Corporate Affairs, CCG	Tel. 01223 725400

CAMBRIDGESHIRE AND PETERBOROUGH CLINICAL COMMISSIONING GROUP GENERAL PRACTICE FORWARD VIEW

1. PURPOSE

- 1.1 The Scrutiny Commission for Health Issues 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 Peterborough. 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 Peterborough has been included.

2. RECOMMENDATIONS

- 2.1 The report is provided for information and discussion by the Scrutiny Commission for Health Issues.

3. BACKGROUND

General Practice Forward View

- 3.1 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 redesign². A brief overview of these areas can be seen in Appendix A.

- 3.2 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.

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

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

¹ RCGP (2016) Maureen Baker, Chair comment on release of General Practice Forward View

² NHS England (2016) General Practice Forward View

- 3.3.2 *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.

- 3.3.3 *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 2015/16. 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.

- 3.3.4 *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.

- 3.4 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.

General Practice in Cambridgeshire and Peterborough

- 3.5 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.

- 3.6 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.

- 3.7 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 Greater Peterborough Network Ltd. covering Peterborough and beyond. The recent development of the local Sustainability and Transformation Plan (STP) builds on this and recognises the requirement to ensure and support 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.

- 3.8 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.

Workforce Development

- 3.9 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. 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.

4. KEY ISSUES

Pressures in General Practice

- 4.1 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.

Workforce Profile

- 4.2 The General Practice workforce across Cambridge and Peterborough has a relatively young GP profile with only 18 percent of GPs over the age of 54; however in Peterborough this rises to 25 percent over 54, higher than the national average. The age profile for GPs under the age of 35 is below national average, with the lowest in the county being Peterborough at just 6% aged under 35. A third of general practice nurses in Cambridgeshire and Peterborough are aged over 54. An outlier again, general practice nurses in Peterborough represent 0.9 whole time equivalent for 1 GP which is much higher than the national average of 0.5:1. There is also a high ratio of advanced, extended and specialist nurses in Peterborough.
- 4.3 Patient demographics are positive, with lists being around 5% smaller per whole time equivalent GP than the national average.

Workforce Demand and Supply

- 4.4 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.
- 4.5 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 3 academic posts available). The Peterborough training scheme has an allocation of 15 posts. 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, 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.

Recruitment and Retention

- 4.6 There are around 137 current GP vacancies across Cambridgeshire and Peterborough, with a high proportion of these in Peterborough.
- 4.7 In Peterborough just 6% of GPs are aged under 35 years, compared to 13% across Cambridgeshire. Retention of GP specialist trainees (GPSTs) post completion of training in Peterborough is an issue which is a likely result of centralisation of post appointments. A high proportion of Peterborough trainees are from the London area who swiftly return home at the end of their training. The 2014 cohort has 13 GPSTs and it is estimated that only 5 will remain in the local system when they complete in 2017. Last year Peterborough employed just one newly qualified nurse and a small proportion of experienced nurses moving into general practice from another setting.
- 4.8 The percentage of Advanced, Specialist or Extended nurses here is high at 41% of total general practice nurse workforce, suggesting that nurses are working to the top of their licence and supporting GPs with more complex patients. This provides career opportunities for general practice nurses moving into the system, and goes some way to help with the current issue of GP vacancies, however with 32% of general practice nurses aged over the age of 54, the area faces a serious gap in clinical expertise and capacity if steps are not taken to
- increase the number of GPs
 - promote the career progression opportunities available to general practice nurses in order to attract nurses into general practice, post qualification
 - formally recognise the role of Advanced Nurse Practitioners as clinical leaders and clinicians who are clinically competent to deliver care to complex patients.

Training

- 4.9 This year saw a significant reduction in Continuing Professional Development (CPD) for the non-medical workforce across both primary and secondary care. 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.
- 4.10 There is also insufficient change management and leadership capability across the system to manage the successful delivery of primary care at scale. Two of the local GP Federations have been funded to establish Community Education Provider Networks, one of which is offering a leadership course to practice teams.

Workload

- 4.11 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.

5. SOLUTIONS

- 5.1 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.

Workforce

- 5.2 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:
- Peterborough network for public sector jobs encouraging people to choose the city as a place to live and work. Health pages are being developed both for general practice and Peterborough and Stamford Hospitals NHS FT
 - Greater Peterborough Network Ltd– practices working as a Federation will provide more opportunities to GPs looking for portfolio careers, as well as working to produce local training opportunities through the Community Education Provider Networks.
 - Overseas recruitment. Whilst the pool of overseas nursing is starting to deplete, other plans are being developed to recruit overseas GPs.
 - Retention of organisational knowledge. Ways to retain older GPs and general practice nurses within the local system are being considered, for example through developing opportunities which are attractive to them post retirement, including educational roles, covering school holidays and support with their indemnity costs.
 - Newly qualified clinicians – develop greater understanding of what newly qualified clinicians want and expect from careers will allow better tailoring of career opportunities
 - Growing Our Own. Development routes which support unregistered staff into registrant roles should increase retention rates and the clinical competence of the local workforce. Apprenticeships, Foundation degrees and flexible nursing pathways provide opportunities for Healthcare Assistants to move into nursing.
 - Proving opportunities for portfolio working enabling clinicians to work across settings to deliver 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. This will improve working relationships between general practice and neighbourhood community teams, and secondary care.
- 5.3 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.

6. CONSULTATION

- 6.1 Engagement with member practices and other sector organisations from our system have and continue to be included in the development of the localisation of the GPFV and design of a primary care strategy for the Sustainability and Transformation programme.

7. NEXT STEPS

- 7.1 Further updates can be brought for future monitoring on request.

8. BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

- 8.1 The General Practice Forward View (NHS England, April 2016) document
<https://www.england.nhs.uk/ourwork/gpfv/>

9. APPENDICES

Appendix A – General Practice Forward View: On a Page

Appendix B – Primary Care Workforce Development Programme Leaflet

Authors:

Emma Wakelin, Strategic Development Manager, Health Education East of England

Alice Benton, Head of Primary Care, Cambridgeshire and Peterborough CCG

03 November 2016