



**LEICESTER CITY HEALTH AND WELLBEING BOARD  
DATE**

<b>Subject:</b>	GP Recruitment Plan
<b>Presented to the Health and Wellbeing Board by:</b>	Sue Lock, Managing Director Leicester City Clinical Commissioning Group
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**EXECUTIVE SUMMARY:**

There is a national and local shortage of General Practitioners, to address this there are a number of initiatives being undertaken. At a national level NHS England has published a 10 Point Plan "*Building the Workforce – the New Deal for General Practice*" and local level response to this is the Leicester, Leicestershire and Rutland Delivery Group Plan. At a city level a General Practice Incentive Scheme and Action Plan has been developed.

This paper sets out the detail of each of the plans and progress in relation to the General Practice Incentive Scheme.

**RECOMMENDATIONS:**

The Health and Wellbeing Board is requested to:

**NOTE** the work being done to support General Practice recruitment in Leicester City.

## GP Recruitment Plan

1. Leicester City residents have high levels of health need, placing considerable demands on health and social care services in the city. Life expectancy is improving, as elsewhere, but remains significantly worse than England and East Midlands and the life expectancy gap with England is widening. Life expectancy is a key proxy measure of overall health.
2. To address these challenges a robust sustainable GP workforce is paramount. Until fairly recently, Leicester City practices were almost exclusively run on a GP partner basis, with occasional use of locums to cover study, sickness or holiday absence. More recently, there has been a significant growth in locum and salaried GPs, with fewer being attracted to the partnership model.
3. Younger doctors are showing a growing reluctance to become partners, with more of them enjoying a portfolio of different roles, one of which is as salaried or locum GPs. Numbers going through GP training are falling and for those that do complete training, they are anecdotally reported as not being attracted to working in the City.
4. The latest information indicates that Leicester now has a GP workforce made up of almost equal thirds of partners, salaried GP and locums. Sixty GP partners are likely to retire in the next 5 to 10 years – (60 out of a total of 121 partners are 50 or over, which is almost 50%). Fewer newly qualified doctors are moving into primary care, 43% of training places remain unfilled in 2015/16 in the East Midlands.
5. The issues within General Practice are recognised at a national level and NHS England has recently published a 10 Point Plan to improve the recruitment and retention in General Practice – *“Building the Workforce – the New Deal for General Practice”*. This paper provides an overview of the plan. This paper sets out the detail of the 10 Point Plan and the Leicester, Leicestershire and Rutland response to this.
6. The current structure of practice-based primary care provision is likely to undergo severe instability if new doctors cannot be attracted into the system to take their place. Effective recruitment is key to maintaining the City’s local primary medical care services and therefore an urgent priority. To address this Leicester City Clinical Commissioning Group and NHS England in conjunction with Leicester City Council launched a recruitment incentive scheme in 2014. This paper also gives an overview of progress with this scheme and the next steps.

### **10 Point Plan - *“Building the Workforce – the New Deal for General Practice”***

7. NHS England, Health Education England and the British Medical Association GPs Committee are working together to ensure that there is a skilled, trained and motivated workforce in general practice. The result is the 10 Point Action Plan to address immediate issues and to take the initial steps in building the workforce for the future and the new models of care. It is part of the implementation of the Five Year Forward view and the New Deal for General Practice. The 10 Point Plan is:

1	There will be a marketing campaign, including a letter to all newly qualified doctors setting out the positive aspects and future careers in general practice.
2	Health Education England are working to resource an additional year of post CCT training to candidates seeking to work in areas where it is hard to recruit

	trainees. The additional year could in a related clinical speciality; leadership development; an academic programme of activity; or an aspect of medical education and training related to the primary and community care agenda.
3	There will be investment in the development of pilot training hubs, where groups of GP practices can offer inter-professional training to primary care staff, extending their skill base within general practice and developing a workforce that can meet the challenges of new ways of working.
4.	Time-limited incentive schemes to offer additional financial support to GP trainees committed to working in specific areas for 3 years will be explored.
5.	A review of the current retainer scheme will be undertaken and invest in a new national scheme.
6.	Through the GP Infrastructure Programme more training capacity will be created.
7.	A detailed review will be undertaken to identify the most effective measures to encourage experienced GPs to remain within practice. Options may include a funded mentorship scheme, opportunities to develop a portfolio career towards the end of your working life, and a clearer range of career pathways.
8.	Identify key workforce initiatives that are known to support general practice – including physician associates, medical assistants, clinical pharmacists, advanced practitioner, healthcare assistants and care navigators.
9.	New induction and returner scheme will be published recognising the different needs of those returning from work overseas or from a career break.
10.	Additional investment will be made to attract GPs back into practice increasing over time. Targeted at the areas of greatest need, the scheme will offer resources to help the costs of returning and the cost of employing these staff. A review of the performers list in its current state and its value will be undertaken.

8. The Leicester, Leicestershire and Rutland General Practice Delivery Group have developed a work programme that responds to the 10 Point Plan this is attached as Appendix 1.

### **Leicester GP Recruitment Incentive Pilot**

9. The GP Recruitment Incentive Pilot for Leicester City Practices scheme, was developed in November 2014 and driven by the fact that practices in the city were finding it difficult to recruit GPs, both partners and salaried GPs. It was paramount to proactively do something about this to ensure local primary medical care services could continue to be delivered.
10. The scheme is an incentive based recruitment scheme with the aim of supporting practices to successfully recruit to vacancies and maintain a stable GP workforce. Eligible practices applied for recruitment incentives to appoint to posts aligned to specific criteria.

11. The scheme is currently administered by Leicester City CCG, NHS England Area Team and the Local Authority. The funding of up to £250,000 will be held by the Local Authority (Leicester City Council) and any recouped funding will be paid back into the fund held by the Local Authority.
12. In all 22 practices applied to the scheme for assistance and each application was assessed by a panel. There were 17 practices that were eligible for funding, within the budget limit of the scheme, one practice withdrew post award.
13. Seven practices have advised that recruitment has been successful but two of these recruited from with the Leicestershire and Lincolnshire area and therefore they are not eligible for the incentive payment. The remaining practices are still actively trying to recruit, three for the second time. To date £28,012 has been allocated to those practices who have successfully recruited.
14. Given that even with the incentive scheme recruitment still seems to be difficult Leicester City Clinical Commissioning Group has developed a local action plan to work in conjunction with the Leicester, Leicestershire and Rutland Delivery Group 10 Point Plan to support the recruitment of GPs. The emphasis of this local plan is on promoting the city as a place to work and live. The actions are detailed in Appendix 2.

### **Summary**

15. Recruitment of GPs in the city is still a challenge despite the availability of an incentive scheme. Action is being taken at Leicester, Leicestershire and Rutland and city level to address these challenges.
16. The LLR work plan concentrates on promoting general practice as a career for newly qualified doctors; supporting the development of the wider primary care workforce to deliver new models of care; and develop training opportunities.
17. The city plan concentrates on selling the city as a place to live and work.

**Appendix 1**

**LLR General Practice Delivery Group Work Programme**

Scheme	Key Objectives of Scheme	Cross-Reference to 10-point Plan	Actions	Lead	Delivery Date / Review Date
<b>Promote Awareness of LLR General Practice Workforce Delivery Group</b>	To positively market general practice across LLR	1	1) Develop a work programme and achieve sign off by Let-C	AB	June
			2) Present Terms of Reference and work programme to CCG Quality committees for note	AB/SP/TS	
			3) Develop a role of GP workforce health ambassadors, aim for 10 locally	KA	July
			4) Promote the purpose and value of this group and its work programme to general practices in LLR via PLTs / workshops	AB	May
			5) To positively market the group to DMU and other HEI's for nursing.	Nursing Leads	Sept
<b>Improving Recruitment in General Practice</b>	To identify and implement approaches to support local recruitment within general practice	2, 4, 5, 7, 9, 10	1) Promote and secure Post-certificate of completion of training Fellowship posts in LLR. Aim for 4 fellowships in LLR	CB/PG/AF	August
			2) Golden Hello scheme - undertake evaluation and make recommendations for future schemes across LLR	BW / IP	August
			3) Scope, Promote and increase the number of HCA apprenticeships (Bands 1-4) in general practice (target to be confirmed) - Implementation plan to be developed	KA	Mar-16
			4) Increase pre-reg nurse training placements in general practice, link to CEPN development	KA	
			5) To scope innovative recruitment models for practice nursing to aid recruitment	Nursing Leads	Sept
			6) To scope innovative recruitment models for practice nursing to aid recruitment	Nursing Leads	Sept
<b>Improve Retention in General Practice</b>	To identify and implement approaches that's actively seek to retain out local practice workforce	2, 4, 5, 7, 9, 10	1) To identify professional development opportunities to support nursing revalidation	Nursing Leads	Mar-16
			2) Promote current retainer scheme opportunities for GP's through communication campaign	CB	TBC
			3) To actively participate in the HEE approach to attract GPs back into general practice	CB	TBC
			4) To pilot / deliver a model for a coordinated education programme in dermatology for GPs, GP trainees and front-line Allied Healthcare Professionals. The model aims to utilise novel IT solutions to deliver and assess education and could be transferable to other specialty areas, enabling the promotion of a coordinated LLR General Practice CPD strategy	PG	Mar-16
			5) To learn lessons from the Notts/Derby mentoring pilot	AB	Sept

Scheme	Key Objectives of Scheme	Cross-Reference to 10-point Plan	Actions	Lead	Delivery Date / Review Date
<b>Undertake LLR wide General Practice workforce survey</b>	To develop the wider primary care workforce including new ways of working and extended roles / new primary care practitioners to support the capacity and capability in general practice	<b>1, 6, 8</b>	1) Undertake an LLR wide workforce survey	BW	June
			2) Evaluate the survey	BW	August
			3) Develop a local TNA based on the survey results which; - Targets the existing primary care workforce to identify new capabilities, competencies, skills and behaviours to support an enhanced primary care offer. - Identifies new capabilities of new staff groups (physicians associates) to increase general practice capacity to free up GPs time to manage increased complexities - identifies roles and competencies that sit outside of primary care that will be requires to support the left shift, e.g. AHPs, Pharmacists, ECPs, Secondary care clinicians.	BW	November
			4) Learn lesson from the physicians associates scheme in LCCCG	BW	TBC
<b>Improving the training capacity in General Practice</b>	To work to develop a broad range of multi-professional training opportunities in general practice	<b>1, 6, 8</b>	1) Scope the number of qualified nurse mentors and develop further capacity for training opportunities	Nursing Leads	Oct
			2) Implement and evaluate the undergraduate support scheme with detailed project plan	BW	Mar-16
			3) To increase practice training capacity through the allocation of the primary care infrastructure fund	AB/TS/SP	September
			4) Jointly with the deanery, develop a prospectus promoting general practices in LLR to undergraduate students and foundation doctors	PG	Mar-16
			5) Improve the training and development opportunities for HCA's in general practice - - Scope and develop training opportunities for HCA to inform spend of wider workforce development allocation - Scope and Develop transition to pre-reg nursing for HCAs - Promote the implementation of the Care Certificate in general practice for HCAs	PF/WH/AS PF PF	Oct Dec Sept
			6) Review General Practice Training and Development Group and hosted funding arrangements, making recommendations for the future	C'OB	Sept
			7) Ensure access and enablers to learning and evidence base for general practice	PF	Nov
			8) Scope and develop professional development opportunities for practice managers	AB / TS	Nov
<b>Develop LLR local training hubs</b>	Develop and implement local training hubs to promote multiprofessional learning and develop aiding recruitment and	<b>3</b>	1) Undertake scoping exercise to determine LLR approach to the development of training hubs	BW	July
			2) To develop further CEPNS as a result of scoping exercise to ensure CEPN coverage in each CCG area	AB	Mar-16

**APPENDIX 2**

<b>Task</b>	<b>Outcomes</b>	<b>Who</b>	<b>Timescale</b>
<p>Contact participating practices, gather latest information on:</p> <ul style="list-style-type: none"> <li>• Successful practice recruitment</li> <li>• Agree to consider a newly qualified GP who could combine practice and the MSc</li> <li>• What steps taken to try and recruit</li> <li>• Issues and blocks preventing successful GP recruitment</li> </ul>	<ul style="list-style-type: none"> <li>• Numbers of new recruits</li> <li>• Option to fill more vacancies</li> <li>• A clearer understanding of issues facing practices</li> <li>• Start of lessons learned intelligence to identify what works and what doesn't</li> </ul>	<p>BW CS</p>	<p>End September 2015</p>
<p>Engage with HEEM with a view to liaising with ST3s and registrars, to identify what would attract them to work in Leicester</p>	<ul style="list-style-type: none"> <li>• Start of lessons learned intelligence to identify what works and what doesn't; blocks to working in Leicester</li> <li>• Focus on engaging with registrars</li> </ul>	<p>BW</p>	<p>End September 2015</p>
<p>Survey with all LCCCG GP practices to identify those who have recently recruited GPs and identify</p> <ul style="list-style-type: none"> <li>• What worked</li> <li>• How did they get it to work</li> </ul>	<ul style="list-style-type: none"> <li>• Start of lessons learned intelligence to identify what works and what doesn't</li> <li>• Gap analysis between practice profiles which attract recruits and those who don't</li> <li>• what worked, what didn't work</li> </ul>	<p>BW</p>	<p>End September 2015</p>
<p>Develop a contact list of areas outside of Leicester to learn of their approach and what do they do that works</p>	<ul style="list-style-type: none"> <li>• Development of ideas and options open to LCCCG</li> <li>• Understand what other countries such as Canada and Australia are using to attract GPS</li> </ul>	<p>BW</p>	<p>End September 2015</p>
<p>Develop selling points for LCCCG which are different to other areas</p>	<ul style="list-style-type: none"> <li>• Develop propositions markedly different to other areas e.g.</li> </ul>	<p>RM</p>	<p>End October 2015</p>
<p>Develop and sell the Leicester City story</p>	<ul style="list-style-type: none"> <li>• Marketing material to sell the City and break the stereo type that may exist</li> </ul>	<p>RM</p>	<p>End October 2015</p>
<p>Look to develop and use the armed forces resettlement programme</p>	<ul style="list-style-type: none"> <li>• Identify how the scheme works</li> <li>• Develop an approach for LCCCG to 'tap-into' the scheme and see what clinical resource will becoming available</li> </ul>	<p>CS</p>	<p>End December 2015</p>
<p>Organise a session at PLT for a forum group to identify what we can do; what is good and works.</p>	<ul style="list-style-type: none"> <li>• Lessons learned intelligence to identify what works and what doesn't</li> <li>• Develop propositions markedly different to other areas e.g.</li> <li>• What steps taken to try and recruit</li> <li>• Issues and blocks preventing successful GP recruitment</li> </ul>	<p>BW</p>	<p>September 2015</p>

