



Integration Joint Board

22nd September 2016

This Report relates to
Item 11 on the Agenda

Update on General Practice Medical Staffing

(Paper presented by Dr Angus Cameron)

For Discussion

Approved for Submission by	Julie White, Chief Officer
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List of Background Papers	See previous update at IJB meeting in July 2016
Appendices	None

SECTION 1: REPORT CONTENT

Title/Subject: Update on General Practice Medical staffing
Meeting: Integration Joint Board
Date: 22.Sept.2016
Submitted By: **Dr Angus Cameron**
Action: For Discussion/Noting.

1. Introduction

- 1.1 At the last meeting of the Integration Joint Board (IJB) an update was provided on the challenges in sustaining General Practice (GP) services across Dumfries & Galloway due to a national shortage of GPs. Dumfries & Galloway has a significant proportion of GPs who are due to retire within the next 5 years, meaning that this issue will continue to be an on-going risk for some time.
- 1.2 The IJB acknowledged the high risk associated with this issue and asked for a regular update to be provided at each subsequent meeting.

2. Recommendations

- 2.1 **The Integration Joint Board is asked to:**
- 2.2 **Delegate Authority to the Medical Director, Deputy Medical Director (Primary Care) and Primary Care Development Manager to**
 - a) **Continue to progress a process of individual risk assessment for each practice, and to work with General Manager Community Health & Social Care and Locality Managers to minimise, where possible, identified risk on a locality basis. This will necessarily involve a range of solutions tailored at locality level**
 - b) **Progress a range of short-term, medium term and long term measures to improve recruitment and retention within Dumfries & Galloway as set out below.**
 - c) **Provide updates to all IJB meetings on the progress with sustaining GP practices across the region**

3. Background

- 3.1 As explained in the previous update to the IJB, failure to recruit GPs is a UK-wide problem.

- 3.2 Within Dumfries & Galloway General Practice Services have traditionally been delivered by 135 GPs working from 34 practices. Currently there are now 120 Doctors working as partners in GP practices, a slight improvement from previously.
- 3.3 It should be noted that GPs also provide medical input to a range of crucial services out-with their Practices – namely cottage hospital work, minor injury units, prison cover, police and forensic work, services for drug abusers for example. A failure to recruit sufficient GPs will therefore threaten these services.
- 3.4 Traditionally any short-term vacancies could be covered by locum doctors. The few doctors who are available to provide locums within Dumfries & Galloway are unable to provide the input practices require, so practices have been running with fewer staff – thus putting excessive pressure on remaining staff – and in some cases forcing them to consider retirement sooner than they might have done.
- 3.5 Changes to pension arrangements have made it less attractive for Doctors to work as long as previously and a number are retiring because they have reached the (now lowered) life-time limit on pensions.
- 3.6 Fewer Doctors have chosen to enter GP training over the last few years meaning that there are fewer graduates from the 3 or 4 year GP training posts available. There has been a significant change in the proportion of women coming out of GP training, and a larger percentage than expected are choosing to work part-time, thus exacerbating the situation.
- 3.7 For the purposes of this update, the report is divided into short, and long term measures being taken to improve the situation.

4. Main Body of the Report

- 4.1 **Short-term, immediate measures:** The following actions have been or are being taken to provide short-term support:
- 4.2 While Practices are technically responsible for the recruitment of their own staff, the Health Board have assisted recruitment by funding a series of advertisements in the BMJ, The Belfast Telegraph, The Irish Times, and the Dutch Royal College of GPs Journal.
- 4.3 The Board took professional advice from a specialist recruitment agency and commissioned them to produce a website (www.dumfriesmedicalrecruitment.co.uk) This website advertises medical posts that are vacant across both primary and secondary care, and has links to short films that have input from a number of local Doctors and Managers extolling the advantages of Dumfries & Galloway, as well as providing information about the local area.
- 4.4 We are investigating the process of “Real Time Bidding” – the process of making adverts linking to the website ghost onto subsequent web-sites after a viewer has logged on to a variety of relevant sites – eg: BMJ, Doctors.net etc. This is taking

longer than anticipated to set up as this process – widely used by commercial organisations – has not been used in this context previously.

- 4.5 The Medical Director interviewed all Doctors who were due to complete their training this summer, and sought to assist them in taking up posts in the area. This is based on the fact that many of our GP trainees settle in the area.
- 4.6 The Royal College of GPs arranged a Saturday meeting in Glasgow for all GP trainees across the west of Scotland who completed training this year, providing seminars on a wide range of topics. NHS Dumfries & Galloway supported the costs of this meeting, and were able to set up stands around the main lecture theatre with posters, videos, photographs and details of the vacancies that are available. The meeting was attended by several practices who have vacancies, and a high level of engagement was made with approximately 50 GP trainees.
- 4.7 A similar arrangement has been arranged for the Royal College of GPs annual convention in October in Harrogate. Last year over 4,000 delegates attended the two day meeting – established GPs and trainees – so we will have a chance to make direct contact with large numbers of GPs. We will target trainees, young GPs, and those in the last 5-10 years of their careers who may feel the pressures of the English system make it worth moving to Dumfries & Galloway pre-retirement.
- 4.8 The Board has confirmed that it will make available “Golden Hellos” of £5,000 for all doctors taking on their first GP partnership posts. These are supported by Scottish Government who will increase the funding to up to £13,500 for practices providing services for the 40% most deprived practices.
- 4.9 We recognise that spouse employment is an important issue, and have committed to assisting where possible to employ spouses, without creating new posts. We hope to have collaboration from the Local Authority if spouses have non-clinical backgrounds such as teaching, social work etc .
- 4.10 The Medical Director is reviewing the records of all Doctors who underwent training in NHS D&G going back over the last 10 years, and will be contacting them reminding them of working here, and welcoming them to return to take up posts (We know that many Doctors who have trained here, or who have been placed here as a student eventually return)
- 4.11 We continue, for the same reason, to build excellence in the training across all specialties: We have been successful in that the Trainees survey taken each summer shows that, overall, D&G had the best results in Scotland.
- 4.12 The Board has funded 2 “Rural fellowship” posts: These are 1 year posts for doctors who have just completed their GP training, and offers a mix of General Practice work, along with research or the possibility to develop extra skills. Unfortunately only a small number of doctors applied for these posts (12 across Scotland) and none of the successful candidates chose to come to Dumfries.
- 4.13 We recognise that we need to recruit doctors interested in working in rural settings where they will face considerable challenges beyond that experienced by urban GPs – and so have arranged a voluntary, funded 3 or 6 month attachment in the

Falklands to experience a unique training in remote and rural practice. This addition to either the rural fellow post or the GP training scheme has not attracted any candidates, but is an example of innovative thinking.

- 4.14 Scottish Government has provided £2.5 million to aid recruitment to General Practice. A rural medical collaborative group has been set up involving Highland, The Islands, Grampian and Dumfries & Galloway to work on increasing the pool of GPs who might be interested in working in rural locations and assist in recruiting into Scotland.
- 4.15 The Board will explore the possibility, recently suggested, of head-hunting firms to assist recruitment to the area.
- 4.16 All of the above actions are designed to increase medical workforce capacity in primary care. There is also the issue of demand management. Some practices have written to their patients explaining the stresses that they are under, and asking patients to be considerate in asking for appointments and to use the service thoughtfully.
- 4.17 In the longer term we feel it is important to get doctors and students to experience working in Dumfries & Galloway, understanding that a really positive training and educational experience may prompt them to return to work in D&G at a later date.
- 4.18 **Longer term solutions:**
- 4.19 We wish to do all possible to encourage Doctors to undertake GP training within Dumfries & Galloway: as mentioned above, we have an excellent track record of training young doctors and providing excellent education for medical students. We wish to expand on that in several ways.
- 4.20 We recognise that doctors are less likely to apply to do training rotations that involve time in the west of the region. We believe that part of the problem is a housing issue, and a fear of social/professional isolation. We have therefore been collaborating with the Education Department, the Social Work department and the Police department as we understand that they have similar problems in recruiting young professionals to work in training roles in the west of the region. The collaboration plans to refurbish some council properties in Stranraer to have a joint purpose of supporting the redevelopment of the town centre, and to provide low cost rental accommodation for young professionals (and where required their families) in a setting where they will readily mix with other young professionals.
- 4.21 This Project will also be able to provide accommodation for medical students attached to the area: Funding for medical students should come from the Universities to support these costs.
- 4.22 A business case, based on architect's designs is being progressed to access capital funding to support this re-development.
- 4.23 The Health Board is reviewing the arrangements in relation to refunding travel expenses for doctors working in the west but travelling from Dumfries on a daily basis.

- 4.24 The 6 new GP training rotations will have a wider range of innovative training experiences available to young doctors, including palliative care, dermatology, community paediatrics, psychology and rehabilitation medicine in order to make the posts as attractive as possible. The details will be worked out over the next 3 weeks.
- 4.25 We are arranging what are known as Longitudinal Clerkships: These are attachments where medical students are placed in a practice for up to 9 months at a time, rather than getting almost 100% of their education in hospitals. Evidence suggests that this promotes better holistic care, encourages an eventual return to primary care, and gives better retention of knowledge. It may also help attract doctors who have an interest in training. Although it will only be a maximum of 5-6 students from Dundee, this will over time mean that a modest number of potential doctors will have developed ties to D&G.
- 4.26 In order to rapidly increase medical staff numbers in Scotland, the Scottish Government has ambitious plans to set up a new Medical School for graduate entry students, with a strong focus on developing generalist doctors for staffing in rural areas. They aspire to have this start to take in students next year. Dumfries & Galloway has collaborated with Dundee University and NHS Highland to bid for this work – we anticipate that the bid will be successful. This would mean that there would be an increase in students being attached to primary care locations in D&G, and would enhance the reputation and knowledge of Dumfries & Galloway. We have several advantages in the shape of, for example, an excellent track record in training, a soon to be empty residence, and a University Campus.
- 4.27 The Board recognises that the future workforce in General Practice will be different, and in line with the National Clinical Strategy, will be much more multi-disciplinary. For this reason the Board has just appointed and funded 4 training posts to develop Advanced Nurse Practitioners to provide an alternative workforce to provide services in practices.
- 4.28 There is recognition that there are many issues in relation to GP practice premises across Scotland. Although NHS Dumfries & Galloway has had a programme of modernising practice premises over the last 15 years, there are still 4 practices where there is an identified need to develop suitable premises. A small D&G group has been set up to try to advance work on these 4 practices: Excellent premises can only help recruitment.
- 4.29 Nationally there are a range of other premises issues. Most significantly there is the issue of partner-owned premises where an incoming partner would be expected to buy into a share of the premises, and thus “pay out” the outgoing partner. For many years this was seen as an attractive proposition, but evidence suggests that most young doctors do not want to take on the responsibility and commitment that is required. In addition there are emerging issues in relation to third party provision practices that have the potential to deter would-be partners. The Scottish Government has set up an urgent short-life working group to address the issues identified, and will report at the beginning of October.

4.30 The Scottish Government has also set up a short-life working group to look at workload issues in General Practice, aiming to make significant reductions in the paper-work required of GPs. This is also due to report in October.

4.31 **Conclusions:**

The recruitment of a small number of doctors has allowed some practices to become more stable and sustainable. However with a total of 28% of GPs currently working reaching retirement age in the next 5 years, we will continue to face extreme pressures in maintaining services.

Changes in Wigtown have meant that services will only be provided in the mornings in Wigtown itself. Changes in Moffat mean that surgeries will no longer be held in the branch surgery in Leadhills.

It is highly likely that we will have to achieve a balance between maintaining current service delivery patterns, and our ability to recruit sufficient staff to supply them. This is almost certain to lead to changes in the type, volume and site of service delivery. This will present the IJB with considerable challenges in the future.

The IJB is invited to comment on the adequacy of the responses to the issue, suggest additional measures where possible, and note the work already being taken forward.

SECTION 2: COMPLIANCE WITH GOVERNANCE STANDARDS

5. Resource Implications

- 5.1. The resource implications of the difficulties in recruiting to general practice remain unclear. If a practice is unable to continue to deliver services, then the Board must find alternative arrangements. This will normally involve taking over the practice, and taking on the responsibility of staffing the practice with locum doctors, and other clinical staff. This has proven to be more expensive where it has occurred in other Health Board areas. There may also be increased costs in terms of re-providing services to the police, to the prisons, to out of hours' services and to the cottage hospitals.
- 5.2. Approaches to improve recruitment beyond the measures described above have not yet been identified or costed, but it may be necessary to enhance the recruitment efforts in order to protect against the potentially higher costs of failed practices.
- 5.3. The Scottish Government is negotiating a new GP contract which is likely to increase resources going into General Practice, but this should be fully funded from Scottish Government.

6. Impact on Integration Joint Board Outcomes, Priorities and Policy

- 6.1. It is likely that failure to maintain high quality General Practice across Dumfries and Galloway would lead to failure to meet the aspirations set out in our strategic plan. As well as having an impact on the quality of care in practices, it is likely that work would be transferred to hospital, leading to an increased rate of admissions to DGRI, and more referrals, thus destabilising the plans built on projections of future activity, and causing greater costs in secondary care.

7. Legal & Risk Implications

- 7.1. The Board has a duty to provide General Medical Services for all residents of Dumfries & Galloway. This presents the obvious risk that the IJB will be forced to devote excess resources to maintaining services if recruitment and retention is not successful.

8. Consultation

- 8.1. Individual consultations may take place in respect of several aspects which have been outlined in this paper – for example changes to the provision of the Out of Hours Service. In some cases, the need to make rapid but temporary changes may mean that consultation may not be possible, but all efforts will be made to keep the public informed of situations as they arise.

9. Equality and Human Rights Impact Assessment

9.1. The provision of equitable access to high quality General Medical Services for all irrespective of any protected characteristics is obligatory. Care must be taken to ensure that a degree of consolidation of services does not unreasonably discriminate against the least mobile in our society, including older and more frail patients.

10. Glossary

10.1.	IJB	-	Integration Joint Board
	GP	-	General Practitioner
	BMJ	-	British Medical Journal
	D&G	-	Dumfries and Galloway
	A&E	-	Accident and Emergency
	ANP	-	Advanced Nurse Practitioner