

Meeting Action Summary

General Practice Transformation Action Group (GPTAG)

Development Meeting

Derby and Derbyshire LMC, Saxon House, Heritage Gate, Friary Street, Derby, DE1 1NL
 24 June 2015, 13:00 to 15:00

Present:	Linda Garnett (Facilitating)	Red Consulting and East Midlands Leadership Academy (EMLA)
	Jackie Brocklehurst	Health Education East Midlands (HEEM)
	Lisa Soultana	Local Medical Committee (LMC) and the Primary Care Development Centre (PCDC)
	Tracy Gilbert	Erewash Health (GP Provider)
	Marie Scouse	North Derbyshire Clinical Commissioning Group (NDCCG)
	Sarah Loan	Erewash Clinical Commissioning Group (CCG)
	Jane Fitch	HEEM
	Dr Andrew Fyall	First5 Lead and Local Education Training Council (LETC)
	Dr David Young	Chapel Street Medical Centre and LETC
	Sarah Longland	PCDC
	Katherine Freeman	North Derbyshire GP Provider
	Dr John Grenville	LMC
	Dr James Betteridge	LMC
	Dr Paula Crick	College of Health and Social Care, Derby University
	Richard Page	Alexin Healthcare (GP Provider)
Teleconference:	Carolyn White	Derbyshire Community Health Services (DCHS)
	Charlotte Lawson	NHS England – North Midlands
	Maxine Rowley	Southern Derbyshire Clinical Commissioning Group (SDCCG)
	Helen Cawthorne	SDCCG
	Rachel Wingfield	EMLA
	Dr Caroline Ahrens	Mansfield GP Specialty Training Programme

Introduction

- Linda welcomed everyone, introductions were made and the purpose of the development meeting was shared.
- Dr Andy Fyall provided overview to the beginnings and history of the meeting including how it was first formulated, Dr Fyall reminded attendees that the NHS is built on General Practice. This meeting has now transformed to the General Practice Transformation Action Group.
- Dr James Betteridge was introduced as GPTAG Chair, Lisa Soultana GPTAG Strategic Lead and Sam Yates GPTAG Administrator.

Presentations

Linda set the scene and introduced the following presentations:

- Health Education East Midlands, Jackie Brocklehurst - see attached.



HEEM Presentation
150623 JB.pptx

- General Practice is in Crisis, Dr James Betteridge - see attached.



GENERAL PRACTICE
IS IN CRISIS.pptx

- Presentation Five Year Forward and Ten Point Plan, Lisa Soultana - see attached.

Key questions

- What does General Practice need to do differently to sustain and develop its service provision?
- How can the needs and challenges of General Practice be heard so that all organisations work collectively in identifying workforce, organisational and transformational solutions?
- What are we trying to achieve? How shall we achieve it? How do we find solutions together to address the key workforce issues, challenges, demand and capacity?

General discussion with all members of GPTAG was undertaken. These have been collated into the following top 3 themes/priorities:

THEME/PRIORITY 1: Document key workforce and organisational risks and challenges faced by General Practice

- Have a clear cut and realistic proposal, plan including impact, of what is needed, so that if the funding opportunity arises we are ready to act, when get funding opt be ready with what want.
- The organisation of LETC does not fit primary care. General Practices do not have dedicated departments to review funding, accounting, human resources etc.
- Continuing Battles - There are many gaps in General Practice workforce training which are based on who is funding, what they are funding, when and how to access the funding.
- Indemnity cover for GPs has increased, especially for working in Vanguards or out of hours; identify the impact and highlight the need for change.
- There is an on-going expectation from Government bodies for staff to do more in less time. Attendance to training sessions without backfill requires "time out" to be picked backed up; however there is not the opportunity to pick up time, causing access to service provision problems, work related stress, early retirement and lack of interest working in General Practice.
- Business or Care - It needs to be recognised that General Practices are businesses that provide care, therefore business and care needs work hand in hand. In other NHS organisations there is an on-going budget that provides back fill for training needs, i.e. in aeronautics, whereby staff are contracted to complete training and money is provided to cover the staffing issues.
- Identify what can be achieved if backfill funding was accessible In reality:
 1. What will be the progress within General practice workforce, how will funding backfill create a better workforce
 2. What are the current implications of not having backfill funding?
 3. There are practices that are funding backfill through their own funds in order to provide time for training and progression of staff roles.
- Recruitment is taking a long time. Those who begin training to become a GP will not be fulfilling a GP role for several years (up to 10 years).
- Incentives are needed to influence GP trainees to stay within Derbyshire.
- The current workforce model is not working under the required workload and there are major concerns the model needs to be dramatically changed to cope with the future workload of General Practice.
- Roles of other healthcare providers also need to adapt to take into consideration the workload and requirements made of those working in General Practice.

- Recruit, Retirement, Retain and Return – what gaps can GPTAG identify and resolve.
- Engagement - There is a strong feeling that there are General Practices who are not engaging in and do not have the capacity to see what is coming. GPTAG needs to engage with those General Practices to capture the issues that they are facing. Need to articulate why it is important to share information.

NB: information sharing

- ✓ Leicester are currently running a scheme for Doctors in Training to provide a further 2 year of placements, which includes General Practice, to give a better insight into roles before they make a decision as to their future role.
- ✓ National GP fellowship Scheme has begun which limits clinical sessions and provides time for project academics, working towards a Masters or Post Grad certificate. This enables a gentle move to completion of clinical work. GP Fellowships are being used in place of a Registrar.

THEME/PRIORITY 2: Identification of General Practice workforce, organisational and transformational development needs:

- GPs, Practice Managers and their workforce are not resistant to change. General Practice workforce continually adapt to the different situations within Primary Care, which vary greatly.
- Identify support and resources already in place by EMLA and HEEM and share systematically with all partners and organisations.
- Funding is always a significant issue; however there are training schemes available – share this intelligence between all organisations to include GP practices.
- Information on the training schemes needs to be more available, including how to access the funding for the training and the impact of these schemes needs to be advertised.
- Bid to claim monies from an identified underspend of HEEM and NHS workforce and transformational change budget.
- Backfill cover for the General Practice staff including GPs, Practice Nurses and Practice Managers for attendance to training days, development of roles and attendance to key decision meetings.
- Encourage collaborative working between General Practices, supporting each other to help to adapt to situational change as quickly as possible.
- Legislation in place needs to catch up with what is actually happening within healthcare. Currently a Specialist working in Secondary Care is unable to complete Primary Care roles if they do not have the correct type of GMS Registration. There needs to be upwards management identifying where legislation needs to be updated and why it needs to be updated.
- Requirement for integration is blocked by several barriers, as follows:
 - Indemnity requirement costs increasing
 - VAT charges taken out of funding issues
 - Requirements for re-distributing services on practices already operating on maximum allowed times.
- Share good practice.
- Need a centralised system to ensure that issues related to General Practices are flagged up with key organisations and government bodies.

- Provision of support functions for General Practice staff must be better conveyed, if staff are aware that there is a large network of help and support, it may help decisions on whether to stay within General Practice or stay within the area.
- Post questions out to Practices for people's thoughts and ideas on resolving issues.
- The General practice workforce needs to be supported with any personal emotional needs during unprecedented change.
- General Practices need to have a defined training schedule. Each General Practice to have an afternoon each week dedicated to training. All staff to attend training and backfill to be provided by DHU.
- Agree responsive training and development schedules to current and future workforce needs and identify.
- There is a distinct rigidity between all care providing organisations, in the way they provide services and care. The current basis that a patient is at either one end of the healthcare line or the other causes many communication and relationship issues. Nationally and locally (Derbyshire) healthcare needs to work towards a sphere approach, allowing for interchangeable care.

NB: information sharing

- ✓ Of the 200+ spaces available for GP Trainees, only half of the spaces were filled. Therefore the places that the GP Trainees would have filled within secondary care roles needs to be funded as there was no one in those roles at all.
- ✓ College of Health and Social Care in Derby is:
 - Responsively working to address workforce and development needs.
 - Working with non-registered workforce on skills and competencies, providing qualifications.
 - Have developed a programme working with practitioners to develop competencies.
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- ✓ EMLA and PCDC and CCGs provide training.

THEME/PRIORITY 3: Improving communication, data, information and resources relating to General Practice Workforce, service provision and working collaboratively across all organisations

- Collating data that truly reflects the workforce and identifies areas of need.
- Send voice up through the management layers of government workforce and transformation funding bodies.
- GPTAG needs to have patient representatives.
- The public need to be educated on the changes that are occurring and why they are occurring.
- Identification of current funding availability, how and where to access it from.
- Identify underspends within current pockets of money, by attending and addressing in meeting i.e. LETC, and be ready with proposals on how this money can be spent to work towards improving workforce.
- Proposal for every practice to have a minimum amount of backfill time to ensure appropriate training i.e. every practice takes an afternoon a week; all staff attends to complete training, backfill provided by DHU.

- Every year, create workforce surveys, thoughts to General Practices and gather opinions, ideas and solutions.
- Identify how the GPTAG can communicate with the partner organisations regarding workforce and transformational need matters in the most effective and efficient way, identify how this information will be returned.
- Feedback all information from GPTAG to GP practices, all organisations and stakeholders in order to create a multi facet communication system including to peers and up through government and governing bodies.
- GPTAG to show what can be done to make workforce transformation a reality.
- Present findings, requirements and proposals to LETC, to be further presented at LETB.
- Establish contacts with local media systems creating a public relations campaign to draw attention to the issues and resolutions in an open and honest way.
- Needs to be practical identification of what is included in the General Practice core contract. Those services that are not identified as core, need to be communicated and where required removed.
- Collate the CCG's transformation plans, distribute and discuss in regards to the requirements for GPs, what is achievable, what requires further composition and if or when it can be achieved.
- Where possible centralise funding resources across all organisations and delivery of courses across all organisations to include GP practices.
- Build up collaborative communication networks.
- Centralise good practice and share across organisations.
- Need to identify ways to inform local population, possibly through media and PR, sending out the message of what are "General Practice Services."
- Feedback to GPTAG, attendance at other meetings that relate to General Practice workforce and organisational/transformational change.
- Improve cross communications between workforce, organisational and transformational leads.
- Compare and contrast locally and nationally the work being completed in this workforce/training/development around the country. Identify what is working in different areas and evaluate if these processes can be implemented in Derby and Derbyshire.

NB: information sharing

- ✓ National minimum dataset now active but still awaiting data.
- ✓ We are already actively working with HEEM and EMLA to develop further education, training and development to progress Primary Care workers.
- ✓ We are already working with Derby Hospitals to help provide training for General Practice.
- X Funding for schemes such as First5 has been dropped and should be refunded.

POST MEETING NOTE – NEXT STEPS:

PROPOSED PLAN – HELPING US MOVE FORWARD TOGETHER:

- ✓ At the GPTAG meeting on the 19 August 2015 agree to main themes/priorities and sub-themes, then create an action plan, identify responsible person to report back to follow up GPTAG meeting.
- ✓ Invite representatives from Social Care, Acute and Patient Forums and any other organisation that is not a member.
- ✓ Have a mandate of signatures supporting GPTAG and members accepting responsibility on behalf of each organisation to take ACTION.
- ✓ Agree a decision making process, especially regarding allocation of funding.
- ✓ Participate in sub working groups, when appropriate.
- ✓ Make contact with HEEM, LETC and LETB to introduce GPTAG and its members.
- ✓ Bring minutes of associated meetings to GPTAG to help centralise information to include from the Local Education Training Council (LETC), Derbyshire Strategic Workforce Group (SWG, Primary Medical Services (PMS) Steering Group.

Thank you for attending the GPTAG Development Meeting.

Details of the first GPTAG meeting:

Date: 19 August 2015

Time: 13:00 to 15:00 to include a networking opportunity 15:00 to 16:00
A networking opportunity is available in the Grenville Room from 15:00 to 16:00

Meeting venue: Grenville Room, Derby and Derbyshire LMC Office, Saxon House 3rd Floor, Heritage Gate, Friary Street, Derby, DE1 1NL



Derby & Derbyshire
LMC Map.pdf

For further details about the GPTAG meetings contact the GPTAG Administrator at
Samantha.yates@derbyshirelmc.nhs.uk 01332 210008

Working Document:
Action Plan
General Practice Transformation Action Group (GPTAG)

	General Practice Transformation Action Group (GPTAG) Action Plan						
Objectives	<ol style="list-style-type: none"> <i>To work collaboratively across all organisations to support General Practice workforce and organisational needs to include business as usual service provision and transformational change.</i> <i>To share intelligence across all organisations (to include GP practices) to help improve the workforce and operational risks and challenges for General Practice.</i> <i>To agree and select actions from each identified theme/priority.</i> <i>To agree shared organisational responsibility for taking any necessary actions to influence or make the necessary service provision improvements.</i> <i>To update the GPTAG central office of any outcomes of the actions taken.</i> 						
Top 3 Identified Theme/Priority	Issues	Shared intelligence of what we know is in place	Action examples	Agreed action	Responsible Person/ Organisation	Update	Status
Documentation of key workforce and operational risks and challenges faced by General Practice	<ul style="list-style-type: none"> Have a clear cut and realistic proposal, plan including impact, of what is needed, so that if the funding opportunity arises we are ready to act, when get funding opt be ready with what 	✓ Leicester are currently running a scheme for Doctors in Training to provide a further 2 year of placements, which includes General Practice, to give a better insight into roles before they make a					

	<p>want.</p> <ul style="list-style-type: none"> • The organisation of LETC does not fit primary care. General Practices do not have dedicated departments to review funding, accounting, human resources etc. • Continuing Battles - There are many gaps in General Practice workforce training which are based on who is funding, what they are funding, when and how to access the funding. • Indemnity cover for GPs has increased, especially for working in Vanguards or out of hours; identify the impact and highlight the need for change. • There is an on-going expectation from Government bodies for staff to do more in less time. Attendance to training sessions without backfill 	<p>decision as to their future role.</p> <p>✓ National GP fellowship Scheme has begun which limits clinical sessions and provides time for project academics, working towards a Masters or Post Grad certificate. This enables a gentle move to completion of clinical work. GP Fellowships are being used in place of a Registrar.</p>					
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	<p>requires "time out" to be picked backed up; however there is not the opportunity to pick up time, causing access to service provision problems, work related stress, early retirement and lack of interest working in General Practice.</p> <ul style="list-style-type: none"> • Business or Care - It needs to be recognised that General Practices are businesses that provide care, therefore business and care needs work hand in hand. In other NHS organisations there is an on-going budget that provides back fill for training needs, i.e. in aeronautics, whereby staff are contracted to complete training and money is provided to cover the staffing issues. • Identify what can be achieved if backfill funding was accessible In reality: 						
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	<p>2. What will be the progress within General practice workforce, how will funding backfill create a better workforce</p> <p>3. What are the current implications of not having backfill funding?</p> <p>4. There are practices that are funding backfill through their own funds in order to provide time for training and progression of staff roles.</p> <ul style="list-style-type: none"> • Recruitment is taking a long time. Those who begin training to become a GP will not be fulfilling a GP role for several years (up to 10 years). • Incentives are needed to influence GP trainees to stay within Derbyshire. • The current workforce model is not working under 						
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	<p>the required workload and there are major concerns the model needs to be dramatically changed to cope with the future workload of General Practice.</p> <ul style="list-style-type: none"> • Roles of other healthcare providers also need to adapt to take into consideration the workload and requirements made of those working in General Practice. • Recruit, Retirement, Retain and Return – what gaps can GPTAG identify and resolve. • Engagement - There is a strong feeling that there are General Practices who are not engaging in and do not have the capacity to see what is coming. GPTAG needs to engage with those General Practices to capture the issues that they are facing. Need to articulate why it is important to 						
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	<p>attend training and backfill to be provided by DHU.</p> <ul style="list-style-type: none"> • Agree responsive training and development schedules to current and future workforce needs and identify. • There is a distinct rigidity between all care providing organisations, in the way they provide services and care. The current basis that a patient is at either one end of the healthcare line or the other causes many communication and relationship issues. Nationally and locally (Derbyshire) healthcare needs to work towards a sphere approach, allowing for interchangeable care. 						
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<p>and working collaboratively across all organisations</p>	<ul style="list-style-type: none"> • Send voice up through the management layers of government workforce and transformation funding bodies. • GPTAG needs to have patient representatives. • The public need to be educated on the changes that are occurring and why they are occurring. • Identification of current funding availability, how and where to access it from. • Identify underspends within current pockets of money, by attending and addressing in meeting i.e. LETC, and be ready with proposals on how this money can be spent to work towards improving workforce. • Proposal for every practice to have a 	<p>and EMLA to develop further education, training and development to progress Primary Care workers.</p> <p>✓ We are already working with Derby Hospitals to help provide training for General Practice.</p> <p>X Funding for schemes such as First5 has been dropped and should be refunded.</p>					
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	<p>system including to peers and up through government and governing bodies.</p> <ul style="list-style-type: none"> • GPTAG to show what can be done to make workforce transformation a reality. • Present findings, requirements and proposals to LETC, to be further presented at LETB. • Establish contacts with local media systems creating a public relations campaign to draw attention to the issues and resolutions in an open and honest way. • Needs to be practical identification of what is included in the General Practice core contract. Those services that are not identified as core, need to be communicated and where required removed. 						
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