

## Meeting Action Summary

### General Practice Transformation Action Group (GPTAG)

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

<b>Present:</b>	Dr James Betteridge (JB)	Local Medical Committee (LMC) (Chair)
	Lisa Soultana (LS)	LMC and Primary Care Development Centre (PCDC)
	Tracy Gilbert (TG)	Erewash Health (GP Provider) and Derbyshire Community Health Services
	Lauren Porter	Erewash Health (GP Provider)
	Dr David Young (DY)	Chapel Street Medical Centre and LETC
	Dr John Grenville (JG)	LMC
	Jackie Brocklehurst (JB)	Health Education East Midlands (HEEM)
	Dr Paula Crick (PC)	College of Health and Social Care, Derby University
	Jayne Dickenson (JD)	Education and Organisation Development, Derby Hospitals NHS Foundation
	Ann Maria Olphert (AO)	NHS Erewash CCG
	Claire Leggett (CL)	PCDC
	Mary Sillitoe (MS)	PCDC
	Jules Plummer (JP)	Alexin Healthcare
	Dr Bola Owolabi (BO)	Derbyshire Community Health Services NHS Foundation
	Dr Rick Meredith (RM)	Derbyshire Community Health Services NHS Foundation
	Dr Nigel Scarborough (NS)	NHS East Midlands
	Charlotte Lawson (CL)	NHS North Midlands
	Linda Garnett (LG)	Red Consulting and East Midlands Leadership Academy (EMLA)

#### Welcome and Introductions

- JB welcomed all attendees and gave an overview of the development session, for those who had not attended, and described the purpose of the GPTAG meetings.

GPTAG is the Derby City and Derbyshire County delivery group, discussions, decisions and actions within GPTAG will be fed back to HEE, through Health Education East Midlands (HEEM).

GPTAG is a chance to share information on funding, opportunities, schemes and programmes in place and look forward by setting actions and future planning. GPTAG enables a platform to identify what is needed in Primary Care General Practice and petition to secure funding. As a delivery group it is required that information is fed back through to the General Practices. GPTAG responsibilities are to provide and feed information through.

The overall aim is to provide an opportunity to network and talk about what is happening in different areas, to pull together information, to identify gaps and actions. Also to provide a relaxed atmosphere in which to share what has been successful and not so successful.

Health Education England (HEE) requires local delivery groups across the country to provide insight and regular update on the workforce issues across health care. Awareness of GPTAG meetings needs to be an on-going effort by all members.

**Action: Meeting members to feedback to their responsible areas – ALL**

**Action: Share in appropriate newsletters - ALL**

- Meeting attendees were asked to introduce themselves.
- Conflicts of interest included TG who works directly for DCHS.

**Action: Draft Terms of Reference to be shared at the next meeting - LS**

### **Meeting Notes and Action Plan of GPTAG Development Meeting**

The GPTAG development session provided comprehensive feedback and overview on how the current Primary Care workforce are feeling and what issues and boundaries there are. Discussion took place on what the GPTAG MEETING would provide in order to address those needs, and how communication is important to ensure that work is communicated not duplicated.

Issues and challenged from the development session were mapped over and streamlined into three common themes, whereby actions were drafted to produce the “Working Document: Action Plan GPTAG”. LS provided an overview of the objectives addressed within the action plan.

It is recognised that it is important for the meeting members to allow for time to discuss and identify ways to move forward, therefore it is expected the action plan will be discussed in sections that may spread over two to three meetings.

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

Discussion took place, action plan complete to reflect actions delegated.

- National Minimum Dataset report is due out; it is a national tool which will enable compare and contrast against the workforce now and what the workforce requirements may be in the future, how they will be shaped.

### **Action: National Minimum Dataset Report to be reviewed and key areas regarding workforce to be reviewed at the GPTAG – CL and MS**

- BO said CPN's are completing sessions in General Practice, working across care areas. Contacts for information are Jennifer Greavings and Amanda Rawlings.
- Regional Strategic Group information needs to be brought to GPTAG for review. Identify what actions are already being taken and communicate them across the city and county to ensure that duplication is minimal, if not removed in total.
- Seven day working proposal has increased indemnity cover as insurers are basing cover on Out of Hours (OOH) premiums. Bury GP Federation have initiated a shared patient records system between their GP Practice "hubs", therefore creating the baseline GPs have access to all patient records and therefore can provide care for any patient in the area. Shared records and shared access to records has resulted in care being classed as included in practice hours. TG will be attending a meeting in Manchester, where further clarification will be available. It is felt that if Bury GP Federation are able to do this, this should be available nationally.
- GPC are also addressing indemnity clauses and costs within their agenda, they will then provide national feedback.

### **Action: Bury GP Federation to be contacted regarding their implementation of shared records and how this works in regards to indemnity - TG/ BO**

### **Action: Feedback from GPC to be discussed in October or December meeting, depending on outcome - LS**

- Discussion took place identifying that there needs to be a greater commitment from HEEM to the training of practice nurses, this includes the requirement for funding for Learning Beyond Registration (LBR), requirement for transformation monies. Need to identify how funding will be commissioned in the future to enable a recurrent and replenishable workforce.

### **Action: To raise LBR funding for nurses working in GP practices and the challenges they face - LS**

- Derby Advanced Clinical Practice Group is currently ran with involvement from three universities; they are currently reviewing competencies and are looking to provide a "whole system sign up" for Advanced Clinical Practice. The group is looking to set up a "Derbyshire Academy". Clare Sutherland, Derbyshire Teaching Foundation Trust, is currently leading in the Advanced Clinician Practitioner pilot.

### **Action: Invite Clare Sutherland to speak at the next GPTAG**

- Back fill for training needs must be considered as an on-going requirement, not an interim need. Discussion took place comparing the staffing models of airlines and the requirement for there to be salary support which takes into consideration work, rest and training contingency planning. It was noted that Sue James, LETC Lead and Chief Executive of Derby Teaching NHS Foundation Trust, has raised that there needs to be running double costs to allow for backfill.

### **Action: To compile a letter of behalf on GPTAG to address the need for back fill and how the political requirement to transform the workforce needs to be backed up with appropriate back fill for services.**

- Need a snapshot of what the Primary Care workforce is now, what types of roles are in place, gain a breadth of understanding of the qualified and unqualified roles. It is understood that not one size fits all, but what is out there.
- Discussion took place regarding roles that have been introduced such as the Advanced Clinical Practitioner (ACP), Physician Assistant and Foundation Degree Band 4 roles.

#### Workforce questions raised:

- What roles are currently in General Practice?
- Do we have standardised job descriptions?
- How much do these roles cost on a salary basis?
- What education and training is required to become this role ?
- What period of time will training take?
- How much does the training cost?
- What competencies and skills will they already have?
- Lower bands....
- What activities can they undertake?
- What competencies are they required to meet?
- Unable to prescribe as not registered, how can they be used?

#### **Action: What information do we, as a group, have access to? Forward information to be reviewed and discussed in the next meeting – ALL**

- Erewash CCG hold QUEST protected learning events; these are mirrored throughout the other CCG. However these are only supported for 6 events throughout a year period \*emailed Tracy Gilbert for further clarification
- JB identified that there is a struggle to back fill for mandatory training, therefore covering time for staff to complete further training as part of workforce transformation required a new way of working which will need “double running” financial consideration.

#### **Action: Need to capture the benefit of completing mandatory training as a basis for backfill financial consideration - TBC**

- DY raised that there had been funding for on-going training sessions for general practice staff, with a specific curriculum of learning. This dissolved as time and cover for staff to attend became increasingly difficult and the “will” to attend dissolved due to this.
- Discussion took place regarding integrated General Practice competencies into the training of other clinical roles in order to gain greater exposure to Primary Care. The group agreed that Primary Care exposure should be an integral part of all clinical role training.
- PC confirmed that if placements were available within General Practice, the college would be inundated with requests as interest is very high. However the low numbers of mentors available in general practice impacts the number of placements. Lack of back fill directly affects qualified nursing staff being able to attend mentorship training. The rate of payment for clinical placements varies greatly, nursing payments pay around £3000 per placement, for Medical staff placement payments are around £30,000.
- AO discussed the Erewash Vanguard and the use of infrastructure.
- JB – how will funding monies reach patients, how will the workforce shape around patient needs. Need long term systems.
- Development of electronic staff record will ensure better efficiency in reporting workforce job roles and positions currently vacant. How will this develop into the future of Primary Care? Different IT systems are set up in different organisations, they are not designed to talk to each other and therefore become a barrier and challenge to communication. If there is a system development it needs to be made in mind of others.

- Engagement issues between GP practices is a function of the GP Provider groups.

**Action: GP Provider Groups and the LMC to develop a communication process from GPTAG to GP Practices - Provider Groups**

- Nurse revalidation comes into place next year, although information has been sent out there is concern that there has not been enough advertising to bring to the attention of nursing staff, this reflects throughout the General Practice workforce as often without direct contact by staff, information is not disseminated in a helpful manner. JG raised that the when revalidation for GP's came into place funding was made available via the Global Sum Formula, however the NMC has received no funding. PG confirmed that there has always been an annual re-registration process within nursing whereby nurses evidence their competencies/working, however the NMC have changed the name and made it so another registered staff member signs off the nurse. Discussion took place identifying that there will be transaction costs if there is a requirement from another qualified professional to complete the revalidation. – Expense – Proportion – Commission. The lack of funding is a flaw that the NMC needs to understand. BO confirmed that for practices that are part of a larger business network, revalidation can be covered internally. However stand-alone practices will require input from outside of their service, which will incur charges.

**Action: Updated action plan regarding the above – SY**

**Action: Discuss next theme in the next GPTAG meeting - Chair**

**Guest Speaker – Linda Garnett, EMLA – EMLA, leadership Offer**

Linda Garnett, EMLA provided an overview of the PCDC Leadership offer, supported by handout Primary Care Development Centre Leadership offer 2015/16.

LG asked that group what they felt they would like in regards to a Leadership programme, as currently PCDC are delivering two different leadership programmes.

Discussion took place and themes identified included the time away from work to complete training, when there are already issues in being able to take time away to complete mandatory training. What the actual modules include regarding leadership in general and leadership in general practice. Enthusiasm for leadership courses can be seen through individuals, but if the practice is not enthusiastic then the knowledge and skills becomes waylaid.

CCG's are also offering leadership courses, with several different courses available will they complement each other or overlap?

Areas identified for a leadership programme included:

- Team coaching to be included, those completing the leadership programme can get the team on board
- Imbedded learning for all staff members
- Focus on back office efficiency, leaders are not just the GP partners
- System leaders identified within teams to update regularly

**Guest Speaker – Claire Leggett, PCDC, Community Education Provider Networks (CEPN)**

Claire Leggett, Senior Associate PCDC provided an overview of the Community Education Provider Networks (CEPN) project, supported by handout Derbyshire CEPN Report. CL asked the attendees what they felt that Derbyshire wants from its sites in regards to inter-professional education and workforce focus.

Discussion identified that exposure to Primary Care services, incorporation of Primary Care into learning interventions and curriculums and information sharing within training could encourage a workforce change.

**Information Sharing**

- AO said eight surgeries have signed up to the “GP Lean” project that has been awarded to GE Finnermore. The project is to look at how GP practices work, the variation between clinical and practice staff, and what can be done to improve the operations of the practice. It will be a three phased approach, the first phase is the review of the practices, phase two will begin after the phase one feedback meeting on 10 September 2015.

**Action: Project findings to be fed back to GPTAG - AO**

- Discussion took place regarding the functionality of CQC inspections with General Practice; it is difficult to see what is being measured and feels to many practices that the inspections are just a tick box exercise. CQC Inspections were discussed in the Annual LMC Conference and there was national agreement that the current inspections are not fit for purpose in regards to General Practice.
- NS raised that there will be a GP Recruitment event held at the iPro stadium in Derby on 27 and 28 October, the event will be ran through the national selection centre. It was felt by the group that this may be an opportunity to advertise working within the Derby and Derbyshire areas.

**Action: To contact Mike Davies to clarify further information - NS**

**Closing Remarks**

JB provided closing remarks, thanking attendees for their time and input. JB asked attendees to think about what has working well within the GPTAG meeting and what could be improved. JB reminded attendees that the GPTAG is a meeting to inspire action and that feedback is essential.

AO provided apologies for the next meeting.

**Thank you for attending the GPTAG Development Meeting.**

**Details of the next GPTAG meeting:**

**Date:** 14 October 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 3<sup>rd</sup> Floor, Heritage Gate, Friary Street, Derby, DE1 1NL



Derby & Derbyshire  
LMC Map.pdf

**For further details about the GPTAG meetings contact the GPTAG Administrator**  
[Samantha.yates@derbyshirelmc.nhs.uk](mailto:Samantha.yates@derbyshirelmc.nhs.uk) 01332 210008

## General Practice Transformation Action Group: Action Log

Agreed action	Responsible Person/ Organisation	Update	Status
All meeting members to provide feedback from their sectors as appropriate. What information do we have as a group, what do we have access to.	All		Active
Feedback from GPC to be discussed in October or December meeting, depending on outcome.	LS		Active
Bury GP Federation to be contacted regarding their implementation of shared records and how this has working in regards to indemnity.	TG/ BO		Active
National minimum dataset report to be reviewed and key areas to be reviewed at the next GPTAG	Meeting recipients of report		Active
Advanced Nurse Practitioner job description to be provided and then circulated through GPTAG Admin	BO	Provided Job Description and link to RCN Advanced Nurse Practitioner Competencies	Active
Core competencies of care that can be delivered by lower bands (1 – 4) to be circulated through GPTAG Admin	JD/ SY	Provided, to be sent out with Meeting Information Pack	Active
iPro Stadium, Derby City, will be holding a GP Selection Event on October 2015. This gives opportunity to advertise Derby and Derbyshire	NS	20/08/15 – NS contacted Michael Davies (HEEM). As round 3 national selection events, would be seen as unfair to promote against others. Suggests if in derby for round 1 recruitment in February, to display then.	Completed
Invite Clare Sutherland, Lead for Derbyshire Advanced Clinical Practice Strategy Group.	SY	CS unable to attend, Colleague Julia Taylor will attend.	Active
Letter to be compiled on behalf of GPTAG, detailing need for backfill.	CL/ LS		Completed
GP Provider groups to develop communication and feedback information flow chart to encourage collaboration.	GP Provider Groups		Active
“GP Lean” Project findings to be fed back.	TG		Active