

	General Practice Transformation Action Group (GPTAG) Action Plan					
Meeting Objectives			Agreed action	Responsible Person/ Organisation	Update	Status
Objectives	<ol style="list-style-type: none"> <li><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></li> <li><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></li> <li><i>To agree and select actions from each identified theme/priority.</i></li> <li><i>To agree shared organisational responsibility for taking any necessary actions to influence or make the necessary service provision improvements.</i></li> <li><i>To update the GPTAG central office of any outcomes of the actions taken.</i></li> </ol>		Contact GPSET for Terms of Reference, to be used for information	SY	Terms of reference received and used for information.	Completed
			Draft Terms of Reference to be prepared for agreement in December meeting.	LS		Completed
Top 3 Identified Theme/Priority	Issues	Shared intelligence of what we know is in place	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"> <li>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.</li> <li>The organisation of LETC does not fit primary care. General Practices do not have dedicated departments to review funding, accounting, human resources etc.</li> <li>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.</li> <li>Indemnity cover for GPs has increased, especially for working in Vanguards or out of hours; identify the impact and highlight the need for change.</li> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>✓ 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.</li> <li>✓ 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.</li> <li>✓ GPC addressing Indemnity nationally.</li> <li>✓ Bury GP Federation has introduced patient record sharing "hubs" which has removed "OOH premiums" from seven day working.</li> <li>✓ "GP Lean" Project taking place in Erewash</li> </ul>	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	Provided Job Description and link to RCN Advanced Nurse Practitioner Competencies	Active
			Feedback from GPC to be discussed in December meeting, depending on availability to address and outcome.	LS		Active
			<del>Bury GP Federation to be contacted regarding their implementation of shared records and how this has working in regards to indemnity.</del>	TG/BO		Completed
			Meeting members to feedback information on Indemnity Insurance if received.	All		Active
			<del>National minimum dataset report to be reviewed and key areas to be reviewed at the next GPTAG.</del>	Meeting recipients of report		Completed
			Advanced Nurse Practitioner Job Description to be provided and then circulated through GPTAG Admin	BO		Completed

	<ul style="list-style-type: none"> <li>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.</li> <li>Identify what can be achieved if backfill funding was accessible In reality: <ol style="list-style-type: none"> <li>What will be the progress within General practice workforce, how will funding backfill create a better workforce</li> <li>What are the current implications of not having backfill funding?</li> <li>There are practices that are funding backfill through their own funds in order to provide time for training and progression of staff roles.</li> </ol> </li> <li>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).</li> <li>Incentives are needed to influence GP trainees to stay within Derbyshire.</li> <li>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.</li> <li>Roles of other healthcare providers also need to adapt to take into consideration the workload and requirements made of those working in General Practice.</li> <li>Recruit, Retirement, Retain and Return – what gaps can GPTAG identify and resolve.</li> <li>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.</li> </ul>		<p>Core competencies of care that can be delivered by lower bands (1 – 4) to be circulated through GPTAG Admin</p> <p>iPro Stadium, Derby City, will be holding a GP Selection Event on October 2015. This gives opportunity to advertise Derby and Derbyshire</p> <p>Invite Clare Sutherland, Lead for Derbyshire Advanced Clinical Practice Strategy Group.</p> <p>Julia Taylor to be added to GPTAG members.</p> <p>Letter to be compiled on behalf of GPTAG, detailing need for backfill.</p> <p>GP Provider groups to develop communication and feedback information flow chart to encourage collaboration.</p> <p>“GP Lean” Project findings to be fed back.</p> <p>Experimental Statistics report to be made available on the Derby and Derbyshire LMC website.</p> <p>Liaise with David Farrelly, Director of System Development, HEEM regarding the outcome of his discussions and meetings to discuss the matter.</p>	<p>JD/ SY</p> <p>NS</p> <p>SY</p> <p>SY</p> <p>CL/ LS</p> <p>GP Provider Groups</p> <p>TG</p> <p>SY</p> <p>LS</p>	<p>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.</p> <p>CS unable to attend, Colleague Julia Taylor will attend.</p> <p>Available in the information hub on website, also shared via twitter.</p>	<p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Active</p> <p>Active</p> <p>Completed</p> <p>Active</p>
<p><b>Identification of General Practice workforce, organisations and transformation development needs</b></p>	<ul style="list-style-type: none"> <li>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.</li> <li>Identify support and resources already in place by EMLA and HEEM and share systematically with all partners and organisations.</li> <li>Funding is always a significant issue; however there are</li> </ul>	<p>✓ 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.</p> <p>✓ College of Health and Social Care in Derby is:</p> <ul style="list-style-type: none"> <li>Responsively working to address workforce and development needs.</li> <li>Working with non-registered workforce on skills</li> </ul>	<p>Monies for GP trainers not to be reduced, due to the removal of the NHS pension contribution, to be discussed with GPC.</p> <p>Meeting members to find out about the schemes that are available nationally and locally and feedback to meeting.</p> <p>Highlight the need to specifically market Derbyshire as a good place to work, and seek</p>	<p>LS</p> <p>All</p> <p>LS</p>		<p>Active</p> <p>Active</p> <p>Active</p>

	<p>training schemes available – share this intelligence between all organisations to include GP practices.</p> <ul style="list-style-type: none"> <li>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.</li> <li>Bid to claim monies from an identified underspend of HEEM and NHS workforce and transformational change budget.</li> <li>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.</li> <li>Encourage collaborative working between General Practices, supporting each other to help to adapt to situational change as quickly as possible.</li> <li>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.</li> <li>Requirement for integration is blocked by several barriers, as follows: <ul style="list-style-type: none"> <li>Indemnity requirement costs increasing</li> <li>VAT charges taken out of funding issues</li> <li>Requirements for re-distributing services on practices already operating on maximum allowed times.</li> </ul> </li> <li>Share good practice.</li> <li>Need a centralised system to ensure that issues related to General Practices are flagged up with key organisations and government bodies.</li> <li>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.</li> <li>Post questions out to Practices for people's thoughts and ideas on resolving issues.</li> <li>The General practice workforce needs to be supported with any personal emotional needs during unprecedented change.</li> </ul>	<p>and competencies, providing qualifications.</p> <ul style="list-style-type: none"> <li>Have developed a programme working with practitioners to develop competencies.</li> </ul> <p>-</p> <p>✓ EMLA and PCDC and CCGs provide training.</p>	<p>appropriate funding to development and working group and undertake to necessary actions.</p> <p>Review how nursing roles and titles can be shared across boundaries to have a true integrated workforce to meet the needs of the patient at the right time and right place.</p> <p>Copy of Advanced Clinical Practitioner to be sent to Hardwick CCG for use in practice review.</p> <p>NHS England to feedback pilot results for pharmacy in general practice as received.</p> <p><del>Twitter social media information portal to be set up.</del></p> <p>Feedback on devolved funding allocation through HEEM to be provided.</p> <p>Contact to be made with local MPs and liaise back to GPTAG in December.</p> <p>Contact to me made with Debbie Burley at Lincolnshire LMC to hear about their successful Lincolnshire marketing campaign to encourage people to work in Lincolnshire.</p>	<p>All</p> <p>JT/DB/SY</p> <p>CL</p> <p>JB/SY</p> <p>JF</p> <p>JB</p> <p>SY</p>	<p>GPTAG_Portal twitter account set up.</p>	<p>Active</p> <p>Active</p> <p>Active</p> <p>Completed</p> <p>Active</p> <p>Active</p> <p>Active</p>
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<b>Improving communication , data and information relating to general Practice Workforce and service provision and working collaboratively across all organisations</b>	<ul style="list-style-type: none"><li>• Collating data that truly reflects the workforce and identifies areas of need.</li><li>• Send voice up through the management layers of government workforce and transformation funding bodies.</li><li>• GPTAG needs to have patient representatives.</li><li>• The public need to be educated on the changes that are occurring and why they are occurring.</li><li>• Identification of current funding availability, how and where to access it from.</li><li>• 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.</li><li>• 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.</li><li>• Every year, create workforce surveys, thoughts to General Practices and gather opinions, ideas and solutions.</li><li>• 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.</li><li>• 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.</li></ul>	<ul style="list-style-type: none"><li>✓ National minimum dataset now active but still awaiting data.</li><li>✓ We are already actively working with HEEM and EMLA to develop further education, training and development to progress Primary Care workers.</li><li>✓ We are already working with Derby Hospitals to help provide training for General Practice.</li><li>X Funding for schemes such as First5 has been dropped and should be refunded.</li></ul>				

	<ul style="list-style-type: none"><li>• GPTAG to show what can be done to make workforce transformation a reality.</li><li>• Present findings, requirements and proposals to LETC, to be further presented at LETB.</li><li>• 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.</li><li>• 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.</li><li>• 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.</li><li>• Where possible centralise funding resources across all organisations and delivery of courses across all organisations to include GP practices.</li><li>• Build up collaborative communication networks.</li><li>• Centralise good practice and share across organisations.</li><li>• Need to identify ways to inform local population, possibly through media and PR, sending out the message of what are "General Practice Services."</li><li>• Feedback to GPTAG, attendance at other meetings that relate to General Practice workforce and organisational/transformational change.</li><li>• Improve cross communications between workforce, organisational and transformational leads.</li><li>• 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.</li></ul>					
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