Meeting Action Summary
General Practice Transformation Action Group (GPTAG)

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

Present:	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
	Dr John Grenville (JG)	LMC
	Claire Leggett (CL)	PCDC
	Mary Sillitoe (MS)	PCDC
	Jules Plummer (JP)	Alexin Healthcare
	Charlotte Lawson (CL)	NHS North Midlands
	Julia Taylor (JT)	Advanced Clinical Practitioner Project
	Rachel Wingfield (RW)	East Midlands Leadership Academy (EMLA)
	Maxine Rowley (MR)	Southern Derbyshire CCG
	Heidi Scott-Smith (HSS)	Erewash CCG
	Ian Mather (IM)	North Derbyshire GP Federation
	Dr Stuart Holloway (SH)	Derby GP Specialty Training Programme
	Dr Jane Fitch (JF)	Health Education East Midlands (HEEM)
	Sarah Longland (SL)	PCDC
	Samantha Yates (SY)	LMC
	Debbie Bennet (DB)	Hardwick CCG
Apologies	Dr Nigel Scarborough (NS)	NHS East Midlands

Welcome and Introductions
JB welcomed all attendees and gave an overview describing the purpose of the GPTAG meetings, as follows:

- 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.

LS has been continually working on challenging the current systems in place regarding funding, stating that local delivery groups (LDGs)are able to bring together those organisations and colleagues that work close to the workforce issues and challenges and for HEEM to allocate funding appropriately to the LDG to ensure transformational change.

Terms of reference are currently under development and will be available for 16 December 2015 meeting. JF stated that upon attendance to GPSET (Nottingham and Nottinghamshire delivery group) a set of terms and reference has been approved.
Action: SY to contact GPSET for Terms of Reference.
Action: LS to draft Terms of Reference.

Action Plan Feedback
Theme/Priority 1: Document key workforce and organisational risks and challenges faced by General Practice. Theme 1 was discussed in the meeting held on 19 August 2015. Actions were reviewed and feedback provided. Details are included in the action plan.

Primary Care Development Centre (PCDC) have prepared a summary report as a result of reviewing the statistical information provided by the results of the Minimum Data Set (Healthcare Workforce Statistics England March 2015: Experimental Statistics produced by the Health and Social Care Information Centre (HSCIC) Version v1.0 published 2 September 2015) MS provided an overview of the key messages within the figures.

Action: SY to ensure the report is made available on the Derby and Derbyshire LMC Website
Action: LS to share the report with the LMC and HEEM.

Discussion took place and meeting members agreed that GPTAG should ensure that when discussing workforce transformation a whole team approach must be taken, from front desk all the way through to the clinical staff.

Areas of concern identified as possible reasons for gaps in the statistics included:

- **Early retirement**
    - Knowledge and expertise at the "top end" being lost, requirements for 2 – 5 new GPs to enable the same workload cover.

- **Time and cost to qualify**
    - Time gap between beginning training and qualifying is variable amongst the professions, regularly causing gaps within the workforce.
    - Training schemes that were historically full and sort after are now left with spaces.
        - Work completed to build up training schemes is being slowly dismantled due to withdrawn funding (MPIG/ Global sum) causing a low moral effect on those GPs that are also trainers.
    - Student loans on completion of qualification, taking into consideration that interest is charged at the beginning, are so large that further financial commitment is unreasonable.

- **Nursing**
    - NMC currently do not recognise the Advanced Clinical Practitioner role.
    - Nursing staff are taking early retirement.
        - Percentage taking early retirement due to workload pressures.

- **Recruitment**
    - Current role of GP is not attractive to Junior Doctors.

- **Salaried GP**
    - GPs do not wish to take the risk of becoming a partner and are choosing to a salaried position.
    - Salaried positions seen as better protected in regards to HR needs i.e. family orientated leave.
    - Retiring partners taking investment with them, remaining building costs shared between those remaining.

Feedback from Bury Federation confirmed that there is a records sharing protocol in place, this has resulted in a small reduction in indemnity insurance payments. Increased to indemnity insurance are still an issue nationally.

Action: Meeting members to feedback any information regarding indemnity insurance.

Learning Beyond Registration (LBR) funding parameters are currently being challenged by LS. Practices and nursing staff should not be penalised for not placing medical students, when there are on-going issues allocating medical students to those practices that are located outside the university perceived travel boundaries. Meeting consensus that it would be fairer to allocate on first come first served basis.
David Farrelly has responded positively to the challenge and further information will become available in due course.

Action: LS to further liaise with David Farrelly, Director of System Development, HEEM regarding the outcome of his discussions and meetings to discuss the matter

JT attending the meeting on behalf of Clare Sutherland. JT will be providing an overview of Advanced Clinical Practitioners as part of the agenda.

It was agreed that the term "backfill" is to be replaced by "Salary Support". It is nationally recognised that there is a need for salary support, as provided in other professionals, to enable for cover.

Communications strategy has began to be put into action. Information regarding the GPTAG meetings and information to be discussed was included within the Derby and Derbyshire LMC newsletter in October, the newsletter is published monthly and updates will be included. In addition a Twitter account "GPTAG_Portal" will be sent up to provide an information sharing portal site, where all members can send links and documents to be shared with other tweeters.

TG provided feedback regarding the GP Lean project taking place in Erewash. There has been feedback from the initial work stream and a work plan was presented to Practices. Initial comments and suggestions have been collated and official feedback will be given to the CCG in November.

Action: TG to feedback GP Lean project in December 2015.

NS contacted Michael Davies in regards to the General Practice second phase recruitment event that is due to take place at the iPro Stadium in Derby. It was felt that at this time it would be unfair to hold a Derby and Derbyshire recruitment drive as it would not be fair to other areas.

Action Plan next theme

THEME/ PRIORITY 2: Identification of General Practice workforce, organisations and transformation development needs

JB confirmed that there will be areas identified that fit into each of the identified themes, these will enable to GPTAG to work on those areas that affect the widest variables.

The group was split into smaller groups to discuss the theme. Key areas of address included:

- National advert online for recruitment.
- Wider team and managerial staff.
- Unfilled training places – where is the funding going.
- What schemes are there already that need better support from practice level
    - GP fellowship
    - Research posts.
- Loss of expertise effecting the resilience of other staff members in that team
    - Emotional support for staff.
- What is it we are looking for?
    - Nursing – integrated roles across primary care, community and acute setting
    - Administration staff with large skill base.

- Interface between clinical and medical bases, primary and secondary care.

- Communication between primary care and CCG.

Ideas brought by the meeting discussion:

- **Better use of practice space**
  - Subletting to services

  Deferring the development of CCG implementation plans to General Practices to make the decisions.
  - DB suggested that groups like GPTAG could have better "shop floor" ideas for implementation into General Practice, than the CCG.

- **Monies for GP trainers not to be reduced, due to the removal of NHS pension contribution**

Action: Post meeting note – LMCs to raise this matter with GPC. LS to chase up outcome.

- **CCGs to develop longer term contracts for example 5 – 10 years.**
  - Felt that 18 month contracts do not attract and retain a workforce

- **Acute care money "bundles" to be reviewed and split appropriately.**
  - Practices who have provided an ECG should be paid for the ECG.

- **Tariff prices exercised at other Healthcare premises to be crossed over to General Practice**
  - Child with bumped head presenting at A&E verses presenting at walk in centre verses presenting at GP Practice. Same respect for Practice staff as hospital staff.

- **Development of core skills and competencies for all roles in General Practice to develop an across board similarity in order to solidify more funding for increased skill base.**
  - Front of house training
  - Qualified and unqualified clinical roles.

- All members agreed we need to market Derbyshire as a great area to work in.

Action: Meeting members to find out what is already out there and look at ways of communicating across all boundaries.

Action: LS to highlight the need to specifically market Derbyshire as a good place to work, and seek appropriate funding to development and working group and undertake the necessary actions.

Guest Speaker Presentation – the role of the Advanced Nurse Practitioner
JT is an Advanced Clinical Practitioner who works in primary care. JT works with Clare Sutherland who is hospital based. JT confirmed that the role has been developing for 10 years. An overview was provided regarding the work being completed to provide strict specification on what is an Advanced Clinical Practitioner, what qualifications are required and what further qualifications are needed. JT also described the work being completed in order for the NMC to recognise the role. The ACP is a role that is "in addition to" and not a replacement of.

There are many nursing roles within healthcare, it is felt that there needs to be work completed to specify job roles and titles. Meeting members agreed that this has been an issue when recruiting nursing staff, when trying to identify what can and cannot be completed.

JT confirmed that HEEM has allocated a grant of £100,000 to open an Academy of Advanced Practice. Those wishing to become an Advanced Practitioner will need to be an experienced nurse or pharmacist and be prepared to work to a Masters Level. Core competencies for the role are under development. There needs to be a specification that nurses must fit to have the title "Advanced Clinical Practitioner".

JT identified that one of the main situations that arises is that people either do not know or do not understand the role of different nursing staff, and that there are some nursing staff members who use the title “advanced” when they have completed rudimentary professional add-ons, rather than additional qualifications.

JT also identified that nursing staff moving from hospital to general practice settings also need to complete further training and often require support.

DB highlighted that a test bed evaluation of a Hardwick CCG practice was due to take place. This includes reviewing the core skills of the staff working in the practice. DB requested a copy of the Advanced Clinical Practitioner job description and/or personal specification to be used as part of the core competency checks.

Action: Meeting members to 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.

Action: JT to send DB copy of Advanced Clinical Practitioner job description/ personal specification.

Information Sharing

- LS introduced the workload management documentation and guidance from the GPC and LMC constituent Dr Wong. All documentation is available on the Derby and Derbyshire LMC website.

- CEPN Strategic Landscape report sent out for review with meeting pack. Third phase of CEPN is out to tender through HEEM. Applications from Derby and Derbyshire practices has been high, successful practices will be updated at the end of October.

- EMLA brochure (hard copy) is available for meeting member to review.

- BMA GP Networks conference will be held on 20 November 2015 at BMA House in London.

Any Other Business

CL informed the meeting that the Pharmacy in General Practice Pilot will be taking place, pilot sites will be announced on 02 November 2015. There are a number of sites that are running pilots for multiple teams.

Action: CL to feedback pilot results as received.

Meeting members need to take responsibility to raise the profile of the GPTAG meeting. Feedback and ideas from practices and involved agencies who may not be able to attend the meeting must be given a chance to be involved on a wider scale.

Action: Twitter social media to be set up.

JF informed the group of changes within the workforce at HEEM, secondment positions have been taken. Amanda Battey will now be the Locality Lead for Derbyshire LETC.

JF also confirmed that there has been progress on allocating funding for support, from next year there will be the ability to give funding on a head count basis. Plans for implementation of new funding package will be discussed at the next Strategic Workforce Group.

Action: JF to provide feedback on devolved funding allocation.

Post Meeting information sharing

Email discussion identifying contacting local MPs to invite to the meeting. JB agreed that inviting to the GPTAG or to a meeting outside the GPTAG would be beneficial.

Action: JB to contact MPs and liaise back to GPTAG in December.

Action: SY to contact Debbie Burley at Lincolnshire LMC to hear about their successful Lincolnshire marketing campaign to encourage people to work in Lincolnshire.

Thank you for attending the GPTAG Development Meeting.

Details of the next GPTAG meeting:

Date:	**16 December 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
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
GP Provider groups to develop communication and feedback information flow chart to encourage collaboration.	GP Provider Groups		Active
Contact GPSET for Terms of Reference, to be used for information.	SY	Terms of reference received and used for information.	Completed
LS to draft Terms of Reference.	LS		Active
Theme 1: Feedback from GPC regarding indemnity insurance to be discussed in October or December meeting, depending on outcome.	LS	Currently no further information has been made available.	Active
Theme 1: "GP Lean" Project findings to be fed back in December meeting.	TG		Active
Theme 1: GP Recruitment – Ipro event	NS	Michael Davies contacted, due to second phase recruitment and equal opportunities, not appropriate.	Completed
Theme 1: Bury GP Federation to be contacted regarding their implementation of shared records and how this has working in regards to indemnity.	TG/ BO	Records sharing have been introduced in Bury, which has resulted in a small reduction in Indemnity costs.	Completed
Theme 1: Meeting members to feedback information on Indemnity Insurance if received.	All		Active
Theme 1: National minimum dataset report to be reviewed and key areas to be reviewed at the next GPTAG	Meeting recipients of report	PCDC have completed analysation of data. This will be made available on the PCDC website???	Completed
SY to ensure the report is made available on the Derby and Derbyshire LMC Website • LS to share the report with the LMC and HEEM.	SY LS	On Derby and Derbyshire LMC website, shared via GPTAG_Portal twitter	Completed
Theme 1: 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	Completed
Theme 1: 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	Completed
Theme 1: Invite Clare Sutherland, Lead for Derbyshire Advanced Clinical Practice Strategy Group.	SY	CS unable to attend, Colleague Julia Taylor will attend.	Completed
Theme 1: Letter to be compiled on behalf of GPTAG, detailing need for backfill.	CL/ LS	Letter drafted, to be presented at next GPTAG.	Completed

Theme 1: LS to further liaise with David Farrelly, Director of System Development, HEEM regarding the outcome of his discussions and meetings to discuss the matter	LS		Active
Theme 1: TG to feedback GP Lean project in December 2015.	TG		Active
Theme 2: Meeting members to find out what is already out there and look at ways of communicating across all boundaries.	All		Active
Theme 2: LS to highlight the need to specifically market Derbyshire as a good place to work, and seek appropriate funding to development and working group and undertake the necessary actions.	LS		Active
Theme 2: Issues raised regarding monies for GP trainers not to be reduced, due to the removal of NHS pension contribution, to be discussed with GPC	LS		Active
Theme 2: Meeting members to 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.	All		Active
Theme 2: JT to send DB copy of Advanced Clinical Practitioner job description/ personal specification.	JT/DB/SY		Active
Theme 2: CL (NHSE) to feedback pilot results for pharmacy in general practice as received.	CL		Active
Theme 2: Twitter social media to be set up.	SY		Active
Theme 2: JF to provide feedback on devolved funding allocation though HEEM.	JF		Active
Theme 2: JB to contact MPs and liaise back to GPTAG in December.	JB		Active
Theme 2: SY to contact Debbie Burley at Lincolnshire LMC to hear about their successful Lincolnshire marketing campaign to encourage people to work in Lincolnshire.	SY		Active