

Item: 8.7

Report to: Primary Care Commissioning Committee

Date of Meeting: 26 February 2021

Subject: General Practice Clinical Staff Update

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STATUS OF THE REPORT:

To approve

To endorse

To ratify

To discuss

To consider

For information

To note

PURPOSE OF REPORT:

The purpose of this report is to present to the Committee an overview of the current issues with regards to clinical staffing in Hull GP Practices and the actions the CCG is undertaking to address these.

RECOMMENDATIONS:

- a) The Committee is asked to note the content of this report.

REPORT EXEMPT FROM PUBLIC DISCLOSURE

No Yes

If yes, grounds for exemption
(FOIA or DPA section reference)

CCG STRATEGIC OBJECTIVE *(See guidance notes on page 4)*

Links to Strategic Objectives 3 Statutory Duties, 8 Working with partners to develop and implement a single quality improvement plan and 11 Improvement in clinical outcomes

IMPLICATIONS: (*summary of key implications, including risks, associated with the paper*),

Finance	Finance implications are identified within the report
HR	HR implications are addressed within the relevant schemes
Quality	None identified
Safety	None identified

ENGAGEMENT:

Information in relation to all schemes identified within the report has been shared with GP Practices & Primary Care Networks in Hull.

CCG managerial and clinical representatives attend relevant workforce meetings across the Humber Coast & Vale.

LEGAL ISSUES: None identified

EQUALITY AND DIVERSITY ISSUES:

	Tick relevant box
An Equality Impact Analysis/Assessment is not required for this report.	√
An Equality Impact Analysis/Assessment has been completed and approved by the lead Director for Equality and Diversity. As a result of performing the analysis/assessment there are no actions arising from the analysis/assessment.	
An Equality Impact Analysis/Assessment has been completed and there are actions arising from the analysis/assessment and these are included in section xx in the enclosed report.	

THE NHS CONSTITUTION:

The report supports delivery of the key principles of the of the NHS Constitution: "The NHS aspires to the highest standards of excellence and professionalism" and the value of the "commitment to quality of care".

GENERAL PRACTICE CLINICAL STAFF UPDATE

1. INTRODUCTION

The purpose of this report is to present to the Committee an overview of the current staffing difficulties experienced by GP Practices in Hull. It also describes the steps the CCG is undertaking along with colleagues at NHS England & Improvement (NHSE/I), Health Education England (HEE) and local Higher Education Institutes (HEI) to address the issues.

2. BACKGROUND

The Kings Fund Report “Understanding Pressures in General Practice” (2016) painted a picture of General Practice in crisis in the UK. UK GP’s reported finding their work more stressful than colleagues abroad citing among the reasons for the crisis:

- Management of patients with increasingly complex needs and expectations
- Increasing numbers of face-to-face consultations
- Work that is more intense
- Longer working days

Confounding the issue the same report details the inability of GP Practices to recruit and retain suitable GP’s. Despite promises as far back as 2015 to recruit 5,000 more GPs by 2020, there were 1,000 fewer GPs in 2019 than in 2015, and this situation is expected to worsen with a predicted loss of 1,869 fully qualified FTE GPs in 2024 than in 2019 (RCGP 2019)

In addition, the House of Commons Health Committee: The Nursing Workforce Second Report of Session 2017–19 revealed that over 50% of GP Practice Nurses were aged 50 or over. Added to this the NMC Register Survey (2018) revealed that the majority (52%) of people leaving the nursing and midwifery register was due to retirement, while the next most common reason for leaving given by over a quarter (26%) was staffing levels.

Taken together this information paints a picture of a workforce crisis in General Practice.

3. INFORMATION

Making Time in General Practice

In response to the challenges facing General Practice, NHSE/I Commissioned the Primary Care Foundation along with the NHS Alliance to examine the pressures on General Practice as part of the NHS Five Year Plan resulting in “Making Time in General Practice” (2016). The report outlined several different approaches to improving life in General Practice. Prominent among the recommendations was the need to redirect work from GP’s to other members of the Practice team e.g. managing hospital discharge letters and dealing with repeat prescription requests by a Practice Pharmacist, Minor

ailments and injuries being seen by a Practice Advanced Nurse Practitioner or Paramedic and a whole array of GP Consultations not requiring a medical opinion or intervention that could be dealt with by a “Well Being Practitioner”. This resulted in a nationwide set of “Releasing Capacity in General Practice” workshops designed to help GP Practices realise the benefits of redesigning their workforce and processes.

4. SUPPORT OFFERED TO GP PRACTICES

Clinical Pharmacists in General Practice Scheme

As part of the response to Making Time in General Practice, NHSE/I launched its Clinical Pharmacists in General Practice Scheme. The scheme supported GP Practices working in partnership with each other in recruiting and training Clinical Pharmacists to work in GP Practices. The scheme offered a reducing grant to the Practices over several years to support with the costs of releasing the Pharmacist for training. In support of this work stream NHS Hull CCG ran a local Practice Clinical Pharmacist development scheme with broadly similar requirements to assist practices in recruiting and retaining Practice Pharmacists. The scheme supported practices with funding for 3 years from 2016/17.

In addition to this, to support the development of the clinical pharmacists role within Primary Care Networks (PCNs), Hull CCG fund 4hrs per week of clinical pharmacist time per PCN. This enables the pharmacist to work across the PCN, building relationships and developing their leadership role.

Advanced Clinical Practitioner Support Scheme

The Advanced Nurse Practitioner has been a feature of the NHS including General Practice for some time. Increasingly the role has developed to include other professionals defined by Health Education England (HEE) as ‘a registered practitioner with an expert knowledge base, complex decision-making skills and clinical competencies for expanded autonomous scope of practice, the characteristics of which are shaped by the context in which the individual practices’ in this case General Practice.

Through the Primary Care Hub (hosted by the Haxby Group in Hull) HEE offered a grant scheme to support GP Practices in recruiting and releasing either a First Level Nurse or Paramedic to undertake the Masters Course in Autonomous Clinical Practice. Again this supported the Practice in releasing the trainee in undertaking the course. Historically the scheme has had good uptake in Hull and is running again in 2020/21.

General Practice Nursing (GPN) Ready Scheme

General Practice Nursing has been around since the 1960s in some shape or form. In the early days, nurses were employed to work in treatment rooms and given directions by GPs. They undertook tasks such as dressing wounds, taking observations, obtaining specimens and testing urine, often alongside

reception work. Changes in the GP contracts both in 1990 and 2004 saw the role develop and GPNs take on more responsibility for the management of patients living with long term conditions.

There is an ongoing belief / perception that to be a Practice Nurse you had to be an experienced Registered General Nurse (RGN) with many years of clinical practice. This has led to many newly qualified nurses not seeing GPN as a career option. It is fair to say that the large amount of training required to be a GPN – long term condition training, Cervical Screening training, childhood immunisation training is not part of basic RGN training. Taking on a newly qualified nurse with little experience would require considerable investment in time and money for a practice to develop them to undertake the GPN role. This has led to the relatively older workforce in GPN and the associated retirement “time bomb”.

To address this issue HEE through the Primary Care Hub launched the GPN Ready Scheme in 2016. The scheme paid practices a grant to recruit a newly qualified RGN and release them to undertake an intensive 18 months training course to develop all the necessary skills to undertake the GPN role. The course is only open to newly qualified RGN and is designed to attract them into General Practice.

Funding for the course via HEE ended in 2018/19. Since then the CCG has worked with the Primary Care Hub to develop a GPN Fellowship course across Humber Coast and Vale. The Fellowship has the same outcome as the GPN Ready Course – preparing a newly qualified RGN to work as a GPN. The course is funded via the Primary Care Programme Board and is recruiting for 2021/22.

Health Care Assistant (HCA) Apprentice Support Scheme

Starting in 2015/16 this scheme provides a grant to GP Practices to recruit Apprentice HCAs and release them to undertake their apprenticeship. Funded by HEE the scheme was operated by the Primary Care Hub who provided support with organisation, placements and some training. The scheme last ran in 2019/20 and is not planned to be run again due changes brought in with regard to the Apprenticeship Levy.

Physician Associate (PA) Support Scheme

Starting in 2018/19 this scheme provides a grant to GP Practices to recruit a newly qualified PA and release them to undertake post qualification mentorship and support. Funded by HEE the scheme was operated by the Primary Care Hub who provided support with organisation, placement and some training. The scheme last ran in 2019/20 and is not planned to be run again due to funding not being available. Also there were some issues reported by practices with regards to the nationally mandated pay scale of PA's being Agenda for Change Band 7 on qualifying. Issues have also been identified with the scope of practice as PAs can currently “not prescribe”. Many of the tasks associated with a PA can be undertaken by an Advanced

Nurse Practitioner who can also prescribe which often makes this role more attractive to practices to recruit to.

Trainee Nurse Associate (TNA) Support Scheme

A Nursing Associate is a new generic nursing role in England that bridges the gap between healthcare support workers and registered nurses, to deliver hands-on, person-centred care as part of a multidisciplinary team in a range of different settings. Starting in 2019/20 this scheme encouraged practices to recruit Trainee Nursing Associates by providing a grant to GP Practices and releasing them to undertake their training and placements. Funded by HEE, the scheme was operated by the Primary Care Hub who provide support with organisation, placements and some training. The scheme is still running throughout 2020/21 but its future is unclear due to the continuing development and emphasis on Apprenticeship routes and use of the Apprenticeship Levy.

International GP Recruitment Programme (IGPR)

In 2017, Humber Coast and Vale STP embarked on a three-year project to recruit international GPs from the EU in partnership with Templars Medical Recruitment Agency. The IGPR builds on the support provided under the Induction & Refresher Scheme (I & R) and its assessments. This includes language, communications and clinical skills training and an opportunity to observe and learn within general practice. The programme provides the opportunity for GPs to receive training and support in order for them to be able to practice independently and settle both professionally and personally in the Humber Coast and Vale region.

Up until December 2020, 7 doctors have completed the programme, of which 6 now have posts and are working in the Humber Coast and Vale. 1 doctor worked as a locum and then returned home. It is anticipated that by March 2021, 16 will be working in the region.

The IGPR programme formally came to an end in December 2020 and has been replaced by the national programme – GP International Induction and Return to Practice Programmes (2021), however, further funding has been secured locally to enable Templars to support candidates already in the pipeline to be recruited to the local area.

Apprenticeship Levy Support

Increasingly all health training including Registered Nursing, Advanced Nurse Practitioner training, Nurses Associate training is moving to apprenticeship programmes. To maximise the uptake of apprenticeships the Government introduced the Apprenticeship Levy in 2017.

The Apprenticeship Levy is a levy on UK employers to fund new apprenticeships. In England, control of apprenticeship funding is in the hands of employers through the Digital Apprenticeship Service. The levy is only paid on annual pay bills in excess of £3 million. The levy is charged at a rate of

0.5% of an employer's pay bill. Each employer will receive an allowance of £15,000 to offset against their levy payment.

Most GP Practices including PCNs are too small to generate levy payments. However larger employers in the public sector including Trusts and Councils have unspent levy in their digital accounts which if it remained unspent would be returned to the Treasury. HEE has funded a worker to engage with GP Practices to create digital accounts and facilitate the transfer of the unspent levy so that practices can use it to send staff on apprentice programmes. At the time of writing only four GP practices in Hull confirmed having digital accounts for Apprenticeship Levy.

Registered Nurse Placement Support

The Primary Care Hub at Haxby is working with practices in Hull to increase the number of nursing student placements available. The Hub is working with practices to support Registered Nurses in updating their teaching, assessment and mentoring skills. A small payment is available to practices that participate in the scheme. The Primary Care Hub operates a Hub & Spoke model taking students and allocating them out to practices that have engaged with the scheme. Support is available via the Hub and University if any issues arise while students are on placement. The Haxby Primary Care Hub have also developed a new Nurse Assessor Programme due to launch in March 2021 in response to the Nursing and Midwifery Council change in educational standards and introduction of "academic assessors", 'practice supervisors' and 'practice assessors' to replace traditional mentors for all students.

Primary Care Programme Board Funded Nurse Training

The CCG has been working with the Primary Care Programme Board to identify a range of training courses to be made available to GPN Nurses at reduced or no cost. The programme was badly affected by the COVID19 pandemic leading to many cancellations but work is now underway to move these to a virtual delivery platform. Training included:

- Supervision Skills
- Leadership Development
- Events to mark "International Year of the Nurse"
- Motivational Interviewing
- Time Management for GPN
- Managing Your World – Resilience for GPN's
- Respiratory Training for Health Professionals (Rotherham Respiratory)

Recruitment to Schemes

Scheme	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
HCA Apprentice Scheme	0	1	2	7	3	2	0
GPN Scheme	0	0	2	7	4	3	0
PA Support Scheme	0	0	0	0	6	3	0
ACP Support Scheme	0	0	0	7	6	8	6
TNA Support Scheme	0	0	0	0	0	2	4
Student Nurses on placements	11	16	25	23	32	76	0
Clinical Pharmacists (local)	0	0	10	0	0	0	0
GP Overseas Recruitment							7

Additional Roles Reimbursement Scheme (ARRS)

The Additional Roles Reimbursement Scheme (ARRS) is part of the PCN Network DES contract which took effect on 1st July 2019 and aims to build additional capacity within general practice. The scheme provides PCNs with reimbursement for specific roles which must be additional staff and cannot be utilised for existing roles or vacancies. From 1 April 2020, PCNs were allocated an Additional Roles Reimbursement sum each year, based upon the PCN's weighted population.

As set out in the Network Contract DES specification, PCNs were required to complete and submit a workforce planning template outlining details of their recruitment plans for 20/21 by 31st August 2020. All 5 PCNs submitted a plan detailing number of roles already recruited to and indicating their recruitment intentions for the remainder of 20/21. Due to the COVID-19 pandemic, PCNs have experienced a delay in recruitment resulting in an underspend for all 5 PCNS. It should be noted that "an underspend" has been reflected in plans submitted by other PCNs across the Humber Coast & Vale area.

The table below provides information on recruitment to date appointed against workforce plans. The information is based on claims that have been submitted up to the end of December 2020. Further recruitment is planned for December and January.

	Social Prescriber	Clinical Pharmacist	Pharmacist Technician	FCP	Care-coordinator	Dietician	Health & Wellbeing Coach	Physician Associate	Total
Bevan	1.07	0.7	0	0.16	2.86	0	0	0	4.79
Medicas	2	0.96	0	0.8	0	0	0	0	3.76
Modality	3	3	0	0	2.64	0	2	3	13.64
Nexus	1	0	0	1	0	0	0	1	3
Symphonie	2	1	0	0	0	0	0	0	3
Total	9.07	5.66		1.96	5.5		2	4	28.19
Recruitment plan to end of Q3 20/21 for all PCNS	6	4	4	3.5	7.6		4	8	37.1

5. RECOMMENDATION

The Committee is asked to note the contents of this report and note details of the schemes and support available to assist GP Practices with staffing issues.