

Primary Care Committee – 12 December 2018

GP RETENTION SCHEME

Lead Executive:	Chris Edwards, Chief Officer
Lead Officer:	Rachel Garrison, Senior Contracting & Service Improvement Manager
Lead GP:	Dr Avanthi Gunasekera, SCE GP Lead for Primary Care

Purpose:

To consider the GP Retention Scheme guidance, ensure it has been appropriately applied for the one application disputed by the LMC and options for how the scheme is taken forward in Rotherham.

Background:

The GP Retention Scheme guidance was refreshed in April 2017 however the scheme has been in existence for a number of years. The scheme supports individual requests for support and there is a separate retention fund which supports CCG or system level schemes. To date, until the recent 2 applications, to the knowledge of existing CCG staff, there have not been any requests from Rotherham GPs to access the individual GP retention scheme. Discussions have taken place with NHS England regarding the funding for the GP Retention Scheme and RCCG have been advised that there is no separate funding stream and allocations were originally based on existing retention scheme arrangements therefore if a CCG did not have any at the time of being constituted then no additional monies were provided in the baseline. There has since been further clarification that a small sum was provided in the allocation however there has not been a breakdown clarifying this.

The 2 applications were considered at the July Primary Care Committee meeting using the criteria from the refreshed GP retention scheme guidance. The guidance states the scheme is open to doctors who meet ALL of the following criteria:

1. Where a doctor is seriously considering leaving or has left general practice (but is still on the National Medical Performers List) due to

a. Personal reasons – such as caring responsibilities for family members (children or adults) or personal health reasons

Or

b. Approaching retirement

Or

c. Require greater flexibility in order to undertake other work either within or outside of general practice.

2. And when a regular part-time role does not meet the doctor's need for flexibility, for example the requirement for short clinics or annualised hours.

3. And where there is a need for additional educational supervision. For example a newly qualified doctor needing to work 1-4 sessions a week due to caring responsibilities or those working only 1-2 sessions where pro-rata study leave allowance is inadequate to maintain continuing professional development and professional networks.

Application 1 (JP) The paper to Primary Care Committee outlined that the first application (JP) was for 2 sessions per week in order accommodate workload with an external national agency. The Primary Care Committee concluded that this application did not meet the above criteria of the scheme in terms of retaining doctors in general practice whilst allowing for greater flexibility to undertake work outside of general practice. It was also identified that the applicant was already undertaking this work and managing their time in general practice, and therefore the committee considered that the application did not reflect a change in circumstances.

Application 2 has now been withdrawn by the applicant.

Analysis of key issues and of risks

RCCG understanding of the GP Retention scheme guidance is to support GPs whose circumstances have changed (e.g. they have new caring responsibilities, they wish to undertake alternative work) and they meet the full criteria. If RCCG commence agreeing arrangements which have pre-existed there is a significant risk that a large number of GPs will also apply and it would be difficult to express a difference therefore this could set a significant precedent.

RCCG has not publicised the GP Retention scheme and therefore taking the above into account, if like other CCGs the scheme is then 'closed' as there is no further funding, concerns could be raised regarding the equity of the scheme.

Sheffield CCG has supported 2 applications (as identified in their PCC meeting agenda and notes) on the basis that applications are supported until the budget allocated in 18/19 of £50k has been committed.

It is clear in the rejected application that there are concerns in relation to the cost of indemnity which are part of the rationale for the request. The indemnity issues are currently being explored nationally (and have been for some time) and should not form the basis of an application.

The options for the committee in reconsidering the JP application are as follows:

1. Acknowledge the further information submitted and uphold the decision made in July
2. Acknowledge the further information submitted and not uphold the decision

made in July

The committee is advised, to consider how future applications are managed, noting that the CCG element is only a small part of the application process, the following options are open to the committee:

1. Determine an allocation as per Sheffield, £50,000 or proportionately this would equate to £22,743 per annum. The committee could then:
 - Circulate the GP Retention Scheme guidance to all Rotherham GPs advising that a fund has been identified and a date to apply to ensure the scheme is equitable
2. Accept that all applications will be reviewed without consideration to the funding impact.

Patient, Public and Stakeholder Involvement:

Not applicable – this is a national guidance document

Equality Impact:

As detailed above, concerns may be raised regarding the fair application of the guidance.

Financial Implications:

Zero to potential hundred thousands dependent on the decision of the committee.

Human Resource Implications:

N/A

Procurement Advice:

N/A

Data Protection Impact Assessment:

N/A

Approval history:

Recommendations:

The committee to make a final decision in relation to the JP application.
The committee to agree the future approach in relation to GP retention applications.

Paper is for Approval