

# NHS Rotherham Clinical Commissioning Group

Operational Executive – 6 July 2018

Primary Care Sub-Group – 11 July 2018

Primary Care Committee – 18 July 2018

## GP retention scheme

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### Purpose:

The purpose of this paper is to consider the GP retention scheme and applications for the scheme which have been received.

### Background:

As part of the GP Forward View, NHS England (NHSE) has developed a scheme to facilitate GPs who are considering leaving general practice. The scheme is described as follows:

#### Target groups

1. GPs who are seriously considering leaving general practice or are considering changing their role or working hours;
2. GPs who are no longer clinically practicing in the NHS in England but remain on the national performers list;
3. GPs who are newly qualified or within the first five years of practice.

#### Key objectives

- Retaining GPs in practice targeting first 5 years and last 5-10 years and facilitating return to practice
- Inform culture and support framework to enhance wider GPFV, sharing examples of good practice to improve conditions for all doctors

#### Challenges

- Retained GPs may be on the scheme for a maximum of five years
- Rate of change and initiative overload – mustn't add to the challenges and the complexity

#### Opportunities

- Inform culture, encourage consistency and enhance systems to enable GPs and their team to flourish and therefore be retained,
- To build on current initiatives, enable synergy of programmes and embedding in practices
- Maximise the benefits of partnership working between organisations such as LMC, RCGP, HEE, AHSN, federations, super-partnerships, CCGs, NHS England and potentially allowing roll over of some elements of the project into year 2
- Provide support and signpost GPs as needed to inform their appropriate career development

#### The Scheme

The scheme supports both the retained GP (RGP) and the practice employing them by offering financial support in recognition of the fact that this role is different to a 'regular' part-time salaried GP post, offering greater flexibility and educational support. The scheme enables a doctor to remain in clinical practice for a maximum of four clinical session (16 hours 40 minutes) per week – 208 session

per year, including protected time for CPD and educational support.

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.

The RGP is offered an expenses supplement payment (paid via their practice), as follows:

Number of sessions per week	Annualised sessions*	Expenses supplement payment per annum (£)
1-2	Fewer than 104	1,000
2	104	2,000
3	156	3,000
4	208	4,000

Each practice employing a RGP is able to claim an allowance relating to the number of sessions for which their retained doctor is engaged. The practice qualifies for a payment of £76.92 per clinical session (up to a maximum of four) that the doctor is employed for. This allowance is paid for all sessions including sick leave, annual leave, educational, maternity, paternity and adoptive leave where the RGP is being paid by the practice.

Contracted sessions per week	Maximum financial support to practice per year (based on £76.92 per session)
1	£3,999.84
2	£7,999.68
3	£11,999.52
4	£15,999.36

The support should be used by the practice as an incentive to provide flexibility for the RGP and should be used towards the RGP's salary, to cover HR admin costs and to provide funding to cover any educational support required from the practice, including course fees where relevant. It is acknowledged that employing a part-time GP does not reduce the costs of indemnity etc. in proportion with the reduction in hours, therefore the payment to the practice is designed to offset the negative aspects of employing a GP for only a few clinical sessions per week and retain them in primary care.

In addition to this, the sICS Primary care board has been approached to develop a bid for a more bespoke programme specific to South Yorkshire & Bassetlaw. With priorities as follows:

## Key Priorities

### Develop facilitated peer support networks avoiding top down approach.

- Embedding the GPFV and in particular the 10 high impact actions (See RCGP paper 'Spotlight on the 10 high Impact Actions') Recognising the potential benefits and acknowledging associated risks
- Addressing concerns of GPs and signposting as appropriate
- Utilising support of key networks e.g. LMC, HEE, RCGP, HEE

### Create a 'directory of services' for GPs

- Maximise delivery of personal objectives identified during **appraisal**, ensuring appraisers have the required information for signposting (cascaded via appraiser networks).
- Access to a **mentorship** network for GPs, utilising a mix of doctors and other primary care resources as appropriate. Achieve by complimenting current programmes and proposed initiatives.
- **Career guidance** – e.g. portfolio working, retained doctor programme, education, leadership via BMA, RCGP and faculties, LMC, NHSE, HEE.
- Further raise profile of **GP health scheme**
- Explore **career development** for GPs provided by super-partnerships and federations
- Highlight **career choices** which may not require a licence to practise, particularly relevant to the last 5 years group e.g. teaching, appraisal, mentoring

### Facilitate return to practice after a break

- GPs in their first 5 years post qualification may go abroad for 2-5 years, to resource a programme of skyped annual review to support their collection of supporting information to enable their facilitated return by the refresher by portfolio route.
- Facilitated induction for all GPs returning to practice following an absence of 1-2 years who currently would not trigger induction and refresher, informed by an initial discussion with an experienced appraiser who will support the development of a returning PDP, which may then be linked to an early medical appraisal as appropriate.

### Remediation for GPs

- Support as required short term packages to return in a timely manner GPs to independent practice. Recognition by the system that for some doctor's managed service delivery (agreed longer consultations) will enable sustainable service provision and the opportunity for them to flourish.

### Recognition of the value of the senior GP

- Consider establishing an updated seniority programme targeted at the last 5-10 years of a GP's career.

### Enabling leadership by GPs and therefore sustainability of professionalism (sustainable solution)

- Development of practice -based MDTs to enable GP leadership role, increase communication, share cases and support appropriate governance.

## Analysis of key issues and of risks

Rotherham CCG has so far received 2 applications under the national scheme:

- The first application is for 2 sessions per week in order accommodate workload with an external national agency. If approved this would cost the CCG £2,000 expenses supplement

to the GP, and £7,999.68 to the practice; a total of £9,999.68 per year for up to five years. In theory this application does meet the criteria of the scheme in terms of retaining doctors in general practice whilst allowing for greater flexibility to undertake work outside of general practice. However the applicant is already undertaking this work and managing their time in general practice, and therefore the application does not reflect a change in circumstances.

- The second application is based on an issue surrounding childcare and an inability to accept locum work at short notice. The applicant wishes to work 2 set days per week when childcare is available, or 4 clinical sessions. If approved this would cost the CCG £4,000 expenses supplement to the GP, and £15,999.36 to the practice; a total of £19,999.36 per year for up to five years. This application does not meet the criteria of the scheme as it's not clear why a standard part-time post on fixed days isn't suitable, and the applicant isn't in the first five years or last ten years of practice.

Applications are received by NHS England and the content reviewed by Health Education England (HEE) to check eligibility. They come to the CCG endorsed by HEE for review and approval of the financial spend. NHS England has confirmed the funding for this scheme comes from the CCG baseline and is not ring fenced.

Having asked NHS England as to the CCGs obligations in respect of the scheme, we have been given the following information:

- The CCG can choose not to support the scheme, but will need clear evidence of decision making as to why
- As the funding implication sits with the CCG we can turn applications down based on local decision making
- There hasn't been a precedent set locally (SYB) as to how these applications are managed

Having reviewed the applications, the Primary Care Team is not happy that the criteria apply to either applicant and therefore believe they should be refused despite having come with the endorsement of HEE. Whilst acknowledging both the need to retain doctors in general practice, and to support practices to provide greater flexibility within roles to allow this to happen, the question is whether CCG funding should be directed to this end. If approved, these two applications alone would cost £149,995.20 over five years. It is likely that increasing numbers of GPs will make applications to the scheme in future years.

#### **Financial Implications:**

As above.

#### **Human Resource Implications:**

N/A

#### **Procurement:**

N/A

#### **Recommendations:**

It is recommended that:

- The CCG continue to receive and review applications on merit, but locally assess them against the criteria of the scheme and not accept the judgement / endorsement of HEE.
- The CCG turn down the two applications already made as they do not meet the criteria of the scheme.