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Promises, promises

Risks associated with the securing increases in the number of General Practitioners in England

Mini jargon buster alert

- STP = Sustainability and Transformation Partnerships;
- FYFV = Five Year Forward View;
- GPFV = General Practice Forward View;
- ANP = Advanced Nurse Practitioners;
- ACP = Advanced Clinical Practitioners.

The need is clear

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- The population is growing;
- Needs are changing and becoming more complex;
- General Practice holds one of the keys to the illusive goal of effective demand management in a cash constrained system.

So why wouldn't you commit to delivering an additional 5,000 GPs from the 2015 level (c.42,200) by 2020?

Design solutions

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- Whilst focussing on the risk element of the design process this case study exemplifies all four components:
  - ✓ The needs of patients, aggregated to a population level, are at the centre of the approach;
  - ✓ Iteration – the modelling tool illustrated in this case study has been refined, developed and honed over 3-5 years with local and national workforce planners;
  - ✓ Exploratory – the process of iteration has thrown up the need for imaginative solutions as well as driving people to identify and gather new intelligence;
  - ✓ Risk management – the simulation tools extract a flow of 'what-if' questions, both positive and negative as the process moves toward greater certainty of implementation.
- It should be noted that whilst this case study illustrates something of a success story, such a solution is not universally experienced or even recognised as being necessary!

The back-story

In 2015 WSP was asked to develop a national model for GP supply and concluded that:

"Supply is indeed sufficient to meet the target if training posts are filled and if appropriate job opportunities are provided to retain trainees in the General Practice workforce after completing training."

But:

- How big were the 'ifs';
- What were the risks of not achieving the target; and
- What corrective or contingency arrangements were considered given the complex nature of the challenge?

This case study focusses on how one location sought to address this challenge.

So, how are we doing?

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It's now 2017 (nearly 2018!).....

Location	Base	Target	Gap	Mar-17	Change	Remaining gap
A	563	639	76	565	2	74
B	575	636	61	560	-15	76
C	368	444	76	374	6	70
D	557	633	76	560	3	73
E	367	421	54	354	-13	67
TOTAL	2,429	2,773	344	2,412	-17	361

As systems thinkers and design specialists what does this table suggest?

Local risks & opportunities identified through engagement

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Key local risks:

- Difficulty in recruitment – a second-move location resulting in an older age profile and therefore quicker turnover of General Practitioners;
- Fewer training practices meaning that 'local supply' was limited;
- Reliance on overseas recruits included uncertainties over retention.

Opportunity:

- The nursing workforce was more 'stable', therefore giving opportunities for training and development and the possibility of substitution across certain tasks and activities in a General Practice context.

The requirement…

- Each STP was required to develop a GPFV workforce plan – the Lincolnshire version, supported by WSP, consisted of a melded approach of local and national requirements;
- Local assumptions were based on:
  - ✓ Displaced activity assumptions of the STP identifying future wte/capacity requirements;
  - ✓ Whole General Practice workforce described at skill level;
  - ✓ Age profiling of the whole workforce and modelling in turnover and upskilling/back-filling requirements.
- National assumptions were based on:
  - ✓ Share of national commitment to deliver +5,000 wte = 76wte;
  - ✓ Opportunities for overseas recruitment.

Simulator home page

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General Practice workforce simulator for LLR (v1)

Run | Reset

Download briefing material

Model navigation:

GP strategies | Wider workforce | Workforce actions & age profiles

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Please contact Peter.Lacey@thewholesystem.co.uk for further information

Initial conditions: By switching 'initial conditions' on the model will indicate the recruitment and upskilling needed to maintain current capacity and skill mix within the General Practice workforce before either NHSE or local targets are specified.

Use initial conditions

Future (2020) workforce by skill level	Value	Initial values:
Foundation	670.0	657.2
Core	470.0	456.9
Enhanced	40.0	14.3
Advanced	680.0	604.5

Target % split by advanced skill staff group	Value	Initial values:
GP Partner	65	66.5
GP Salaried	25	26.6
ANP/ACP	10	6.9

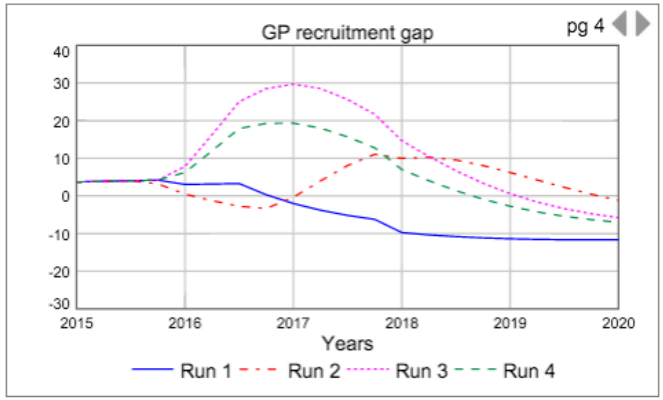
Model outputs: The key model output table below identifies the gap between the number of Registrars assimilated into the local workforce, plus the wte GPs recruited from overseas, against the number of new recruits each year to replace turnover and meet whatever target (NHSE or local) is adopted for the model run. A negative number indicates an 'over supply'. The outputs are shown for each run until the model user resest the assumptions.

Annual GP recruitment gap	2015	2016	2017	2018	2019	Final
Run 1: Gap	3.7	3.0	-2.0	-9.7	-11.4	-11.7
Run 2: Gap	3.7	0.5	-0.4	10.0	6.2	-1.2
Run 3: Gap	3.7	7.8	29.7	14.7	0.6	-5.8
Run 4: Gap	3.7	6.2	19.3	7.0	-2.7	-7.0

Primary scenario: you can choose to adopt local or NHSE targets for GPs as a primary scenario, after which other assumptions in the simulator will refine how the model behaves to produce key outputs for GP wte and the wider workforce.

(•) Use NHSE GP tgt ( ) Use local skill level tgt

NHSE STP tgt for additional GP wte	76
ANP/ACP substituting for GP wte	25



GP strategies…..

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GP strategies

Strategy: Overseas recruitment

Use the graphical input below to identify the wte GP recruitment actual and target over the planning period. The table input then allows for specifying, or exploring alternative scenarios, for the length of time in contract and retention of these recruits after their contract is completed.

Overseas GP recruitment starts

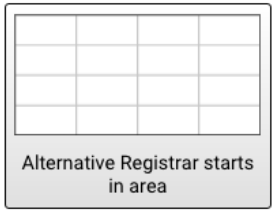
Assumptions for overseas recruitment	Value
Length of contract	3
Loss during contract (%)	10
Retained after contract (%)	100

Strategy: Senior Registrar numbers

Use the graphical input to specify the historic and planned number of Snr Registrar starts in the STP area, and the further tabular inputs to explore further assumptions about assimilation into the local GP workforce.

Historic Registrar starts 30.45 ~

Use alternative



Alternative Registrar starts in area

Assumptions for Snr Registrars	Value
Attrition during training (%)	20
Ave gap after training (yrs)	1
Retention (100 = full retention)	100

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Strategy: Improved retention

The assumptions used in these tables should reflect permanent loss in wte (not headcount) each year to the GP workforce and will include people leaving the profession, the region or the country; reduction in wte worked; and the final point at which someone leaves the profession.

What %wte capacity will be lost permanently pa?	Value
Partners aged 50 to 54	5
Partners aged 55 to 59	30
Partners aged 60 to 64	90

What %wte capacity will be lost permanently pa?	Value
Salaried aged 50 to 54	5
Salaried aged 55 to 59	30
Salaried aged 60 to 64	90

Average yrs post 65	Value
GP Partner	3
Salaried GPs	1

Home

Headlines

- International recruitment to target 39 new posts during 2018, in addition to the 26 already secured;
- Supporting and retaining increased levels of GP training in Lincolnshire practices;
- Targeting an increase of 26wte ANP/ACP wte;
- Developing 28 Clinical Pharmacists by 2020/21;
- Enhancing the capacity of Primary Care Mental Health workers (IAPT & GP/Neighbourhood Team working);
- The role of care navigator is being developed for roll-out to all practices;
- Implementation of the 10 Point Action Plan for Practice Nurses.

Reflections on the risk dimension……

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- Examine – what's going on:
  - ✓ The 'system' is failing to deliver on the ministers commitments, despite significant effort and close monitoring;
  - ✓ There are indications of disengagement by the very professionals who need to be engaged in the delivering the solutions.
- Assess:
  - ✓ Recruitment to GP training is not fulfilling expectations;
  - ✓ Retention through training and swift adoption into the workforce is not being improved;
  - ✓ Older GPs are not remaining in practice beyond historic average retirement age ;
  - ✓ Emphasis on overseas recruitment runs the risk of longer term retention challenges.
- Improve:
  - ✓ Take a wider view of the whole General Practice workforce;
  - ✓ Work in a more integrated way with local community services;
  - ✓ Train and develop the wider workforce to undertake some activities traditionally undertaken by GPs.

The Clinical View

- GPs are "specialist generalists" and these no longer exist elsewhere in the system;
- Advanced non-medics definitely have a role, to deal with on-the day demand;
- Advanced non-medics are essential for the multi-disciplinary team;
- The complex needs of the ageing poly-morbid population cannot be met unless the GP workforce is strengthened;
- Reducing bureaucracy and improving admin support can free up GP time;
- Politically led, and fed, patient demand has to stop.

Dr Kieran Sharrock, Medical Director, Lincolnshire Local Medical Committee

Our recommendations

- Align new roles that are being developed (e.g. ANPs, PCMH's, Clinical Pharmacists, care navigation) with opportunities in the context of the suggested growth requirements;
- Continue monitoring of the whole GP workforce on at least a 6mthly basis to ensure progress toward goals is maintained;
- Develop a means by which core and foundation skilled level staff can be attracted into General Practice at pace and scale;
- Involvement of General Practice in the development of neighbourhood team working using the £4M Better Care Funding needs to be shaped to ensure 'fit' with the GPFV plans and overall STP goals.
- Ensure that the 10 point action plan for Practice Nurses also maps on to the GPFV plans and STP goals.

Conclusions

- Re-shaping the General Practice workforce to meet future population health needs is a complex design challenge;
- As such it is inherently risky, with some risks only emerging as implementation progresses;
- Appropriate attention to risks at the outset, particularly if the system has historically behaved in ways that would challenge delivery of the goals, is essential;
- Failure to adopt such a strategy brings the strategic workforce planning function in the NHS into disrepute and alienates the very workforce that you are seeking to develop.