

# DEEP END GP PIONEER SCHEME

## CONTENTS

1. The Scottish Government's Recruitment and Retention Initiative
2. Overview of the Deep End GP Pioneer Scheme
3. Specification for host general practices
4. Specification for Early Career Posts
5. Coordination and Support
6. Administrative and Funding arrangements
7. Governance arrangements

## TERMINOLOGY

The overall title will be "The Deep End GP Pioneer Scheme".

The "pioneering" aspect includes both the cadre of Early GP Career Posts attached to practices, the cadre of experienced GPs, and what they do with their protected time, and the innovative nature of the scheme as a whole.

It is undesirable to attach the "pioneer" label to individuals. Following the example of the "SHIP Locums" employed as part of the Govan Integrated Care Project (SHIP), this draft refers to GPs holding the Early Career Posts as "Deep End GP Locums"

The Scheme includes programmes of Clinical Activity, Professional Development and Service Development.

The Scheme will be an integral part of the wider Deep End Project, with links to other Deep End activities.

## 1. THE SCOTTISH GOVERNMENT'S RECRUITMENT AND RETENTION INITIATIVE

The Deep End Pioneer Scheme is part of a programme of activities funded by the Scottish Government with the aim of supporting the recruitment, retention and return of GPs in NHS Scotland.

All projects in the programme are aligned with one or more of the following key objectives:

- To promote Scottish general practice as a positive career choice, support medical students to actively choose general practice, inspire doctors in training to select speciality training in general practice, and encourage our alumni to stay in/return to Scotland;
- To support the educational infrastructure within Scottish primary care;
- To develop sustainable models of primary health care delivery in areas with particular need, including rural and remote areas and areas of high health inequality (although please note that the funding cannot be used for GP contractual/pay incentives);
- To understand retention issues for working-age Scottish GPs, which may, for example, include workload or caring for family members, and find ways to address them;
- To proactively contact and support qualified GPs who have left the workforce, and assist them to find the right route to return;
- To make the most of the knowledge and expertise of GPs at or near retirement, including mentoring support to others; and/or
- To provide high quality, proactive support and information for prospective GPs in Scotland, including promotion of NHS Scotland as a great place to work and straightforward access to vacancy information; and to support implementation of NHS Scotland PIN policies across all staff.

In addition to the Deep End Pioneer Scheme, 15 other initiatives are being funded as part of the Scottish Government's GP Recruitment and Retention Programme.

## 2. OVERVIEW OF THE DEEP END GP PIONEER SCHEME

### Aims

The Deep End GP Pioneer Scheme aims to support recruitment and retention of both early career and experienced general practitioners working in very deprived areas (the Deep End)

The overall aim of the proposal is to develop and establish a change model for general practices serving very deprived areas, involving the recruitment of younger GPs, the retention of experienced GPs and their **joint engagement** in strengthening the role of general practice as the natural hub of local health systems.

The unifying theme of the proposal is the need to strengthen the generalist role on the front line of the NHS, providing unconditional, personalised continuity of care for all patients whatever condition or combination of conditions they have, and to do so flexibly, quickly, locally, acceptably and effectively, in combination with other community resources, based on the premise that patients who are well cared for in routine general practice and primary care will have less need to attend unscheduled care services, including out of hours, A&E and emergency hospital admissions. If the NHS is not at its best in delivering such care in deprived areas, inequalities in health will widen.

### Context

General Practitioners at the Deep End work in 100 general practices serving the most socio-economically deprived populations in Scotland. Issues with recruitment and retention of GPs have been widely reported across most of Scotland in recent years, but there are particular challenges in Deep End general practices.(1)

1. Blane DN, McLean G, and Watt G (2015). Distribution of GPs in Scotland by age, gender and deprivation. *Scottish Medical Journal* 60(4):214-219

The Deep End GP Pioneer Scheme builds primarily on the successful partnership between academic and service general practitioners which has been demonstrated by the Deep End Project. As that project has developed, successful collaborations have involved the Scottish Government, RCGP Scotland, the Health and Social Care ALLIANCE and the NHS Greater Glasgow and Clyde South West Community Health Partnership. As the Pioneer PROJECT develops, we envisage the continuation and expansion of such partnerships.

### Issues to be addressed

The Deep End GP Pioneer Scheme is an integrated proposal addressing the following 7 issues that affect general practice in very deprived areas:

- Recruiting and inspiring the next generation of general practitioners
- Adding clinical capacity (addressing the inverse care law)
- Releasing experienced practitioners for leadership roles in primary care development
- Addressing the education and training needs of “Deep End practice”
- Strengthening local health care around general practice hubs
- Development of collective working by general practices

- Development of consistent high quality personalised care in general practice, usually based on experience, sometimes informed by evidence, but always underpinned by values.

### **Components of the Scheme**

The scheme provides opportunities for leadership across practice clusters at two levels: a new cadre of recruits to Early Career Posts; and more experienced GPs who will have protected time released by the clinical commitment of the career recruits.

- a) Funding for 6 Early Career Posts, appointed for one year in the first instance, spending 6 sessions per week in clinical work and 2 sessions on professional development (i.e. 0.8 WTE).
- b) 3 of the six clinical sessions will provide the practice with additional clinical capacity to address the high prevalence of complicated multimorbidity and social problems in very deprived areas.
- c) The other 3 sessions will provide clinical backfill to release the time of established GPs within the practice, who will share the time on the basis of agreed practice objectives.
- d) The two sessions on professional development will address the special learning needs of GPs working in very deprived areas (as described in Deep End Report 24 : What are the Continuing Professional Development needs of GPs working in Deep End practices?), build on relevant recent work of NES on practice-based small group learning (PBSGL) and develop educational materials for the professional development of GPs newly recruited to work in very deprived practices. Each Deep End GP Locum will also be involved in a project, chosen jointly with the practice, to address a priority area for service development.
- e) One of the three backfill sessions in each practice will release a GP to take on a leadership and coordinating role in a specified area within the Deep End GP Pioneer Scheme. For example, one of the released practitioners will coordinate the cadre of 6 GP fellows, focusing on the clinical challenges of patient engagement, mental health problems and maintaining therapeutic optimism (see Deep End Reports [22](#) and [24](#)). Another of the released practitioners will support the cadre of 6 experienced GPs (based on the "GP lead" model, developed by Dr Peter Cawston, for the Link Worker project, and Dr John Montgomery, for the Govan SHIP project). Each practice will be expected to address a priority area for service development.

### **3. SPECIFICATION FOR HOST GENERAL PRACTICES**

The success, and continued funding, of the Scheme will depend on the activity and commitment of all participants, working individually and collectively. The Scheme is a group activity. Applications should be made on this understanding.

Applications are invited from general practices who wish to host a Deep End GP Locum and to take part in the Project as described below.

#### **Hosting a GP Early Carer Post**

The Project will provide practices with additional GP capacity on three days per week (0.6 WTE), via a GP Early Career Post involving the clinical activity of a Deep End GP Locum.

Deep End GP Locums will have a fixed day release arrangement (0.2 WTE) with their practice. This will be used for two purposes. First, so they can meet as a group for a programme of professional development activities. Second, it will enable Deep End GP Locums to be involved in developing and carrying out service development projects in collaboration with the host practice. The day of the week for these activities has not been finalised, but is likely to be a Wednesday, and will be binding on participating practices).

Host practices are being asked to state in their applications the areas of service development where they wish to take a lead.

#### **Uses of protected time by Host GPs**

It is expected that 3 of the Deep End GP Locum sessions will be used to provide the practice with additional clinical capacity while the other 3 sessions will be used to provide clinical backfill for protected time for GP partners.

One of the three protected sessions should involve a Host GP in work on behalf of the Pioneer Scheme, which could involve coordination and/or delivery in the professional development of the Deep End GP Locums, or service development projects.

The other two sessions will be used at the discretion of the practices, but practices will be expected to share their experience, learning and views. Applications should indicate how the practice proposes to use this protected time (e.g. following the example of the Govan SHIP Project – See Deep End Report 29).

It is expected that the practice will have a lead GP for the project and that some of the protected sessions of the lead GP will be used to meet with other lead GPs, to share experience, views, activities and plans.

It is anticipated that Host GPs and Deep End GP Locums will work together on agreed areas of service development, to lead such work on behalf of the wider group and to share experience and results with the wider group.

## **Who can apply ?**

It is intended that the additional clinical element (0.3 WTE) of the Scheme should increase the clinical capacity of the host practice(s), either singly or in combination, by around 10%. 2 smaller practices may apply to “share” a GP Early Career Post, but both practices must be similar to each other and be prepared to work closely together to achieve the outcomes of the scheme.

## **Essential Criteria for Host practices**

- Deep End practice(s) based in Glasgow City HSCP.
- Current clinical GP capacity at least 3.0 WTE per week (combined if a joint bid).
- Agreement of all GP partners
- Acceptance of fixed day release arrangement for Deep End GP Locum
- Acceptance of one protected GP session being used for group activity involving other practices and Deep End GP Locums

## **Desirable criteria**

- Previous practice involvement in collaborative activity
- Leadership in collaborative practice activities
- Interest in primary care transformation
- Experience of professional development activities

## **Exclusion Criteria**

- Practices taking part in the Govan SHIP Project
- Practices hosting a Community Links Practitioner as part of the Link Worker Programme

## **Applications**

Applications are invited on no more than four sides of A4, with information on the following :-

1. Basic information about the practice
2. Previous involvement in joint activities with other practices
3. Proposals for the use of protected sessions within the practice
4. Issues you would like to address with/on behalf of other practices
5. Why you think the practice is suitable for hosting a Deep End GP Locum and taking part in the Scheme.
6. Your commitment to be involved in helping support the Professional Development of the cadre of Deep End GP Locums (tutorials, training, etc).
7. If you wish to consider the opportunity to take-up one of the 2 “Co-ordinator” roles for the scheme (which would be paid at locum rates).

For practical and financial reasons, applications for this first stage of the Pioneer Scheme are restricted to the 76 Deep End practices in Glasgow City. We envisage that the practices will be situated in more than one and perhaps several HSCP Sectors. Practices will be selected by the Deep End GP Pioneer Scheme Steering Committee on the basis of written applications and without interview.

Applications should be submitted to Professor Graham Watt, General Practice and Primary Care, University of Glasgow, 1 Horselethill Road, Glasgow G12 9LX by 15<sup>th</sup> August 2016.

#### **4. SPECIFICATION FOR DEEP END GP LOCUMS**

The success, and continued funding, of the Scheme will depend on the activity and commitment of all participants, working individually and collectively. The Scheme is a Group activity. Applications should be made on this understanding.

For practical reasons, given the need for the Scheme to start quickly and uncertainty over long term funding, the funds will enable practices to employ Deep End GP Locums on a relatively long term basis. The posts will differ from conventional locum posts, however, in having protected time for professional and service development activities.

Similar employment arrangements (however, without protected time for professional and service development) are in operation as part of the Govan Integrated Care SHIP Project, where two SHIP locums have already progressed to GP partnership.

The appointment will be for one year in the first instance (although the intention is to apply for further funding as soon as the project is established and running).

GP Early Career Posts will be allocated to a Deep End practice which has successfully bid to be a host practice.

Their commitments will be divided between clinical activity, professional development and service development.

##### **Clinical Activity**

This will comprise 3 days per week (0.6 WTE) of clinical activity within the host practice, to be arranged by the host practice.

3 of the 6 sessions have the explicit purpose of providing clinical backfill for protected sessions for the host GPs.

##### **Professional Development**

The Early Career Posts will have a binding fixed day release (0.2 WTE) from their host practice (on the same day for each practice), allowing them to attend professional development activities on a group basis.

The professional development component will comprise a course based on problems with a high prevalence in deprived areas (See Deep End Report 24 at [www.gla.ac.uk/deepend](http://www.gla.ac.uk/deepend)) e.g.

- Engaging with patients (autonomy/health literacy/screening)
- Promoting GP tenacity/realistic optimism
- Drugs and alcohol
- Safeguarding children
- Asylum seekers/migrant health
- Multimorbidity

- Poverty
- Vulnerable adults
- Evidence-Based Medicine (EBM) and unhealthy populations
- Previous sexual abuse
- Homelessness
- Welfare benefits

Sessions will include input from experts (including experienced GPs, drawing on Deep End experience of integrated care, link workers, mental health, welfare benefits etc), group discussion following prior reading, problem-based learning, case reviews and reflection.

A collective task for the GPs in Early Career Posts will be to share in the work of summarising the key learning from each session in order to produce an educational resource for general practitioners starting work in very deprived areas.

Sessions may not be restricted to the GP Pioneer group, and could include GPs from the host practices, GP academic fellows and others.

Service development work should be planned with an evaluative component which can make the work of value to other practices.

### **Applications**

Applications should include a curriculum vitae and covering letter including a statement of relevant previous experience, career intentions, areas of interest and personal objectives in applying for the Scheme.

Applications should be submitted electronically to Mr Vince McGarry ([v.mcgarry@nhs.net](mailto:v.mcgarry@nhs.net)) by Monday 15<sup>th</sup> August 2016.

If shortlisted, applicants should be available for interview on Friday 9<sup>th</sup> September 2016.

The Scheme can start as soon as the successful applicants and practices have been selected.

### **Essential Criteria**

- Completion of professional training in general practice
- Experience of independent clinical practice
- Career interest in Deep End practice
- Available to work at least 4 full days per week (0.8 WTE)

### **Desirable criteria**

- Project experience, including writing reports
- Experience of working productively in a group
- Evidence of enterprise
- Evidence of leadership

## 5. COORDINATION AND SUPPORT

The Deep End GP Pioneer Scheme will be largely self-supporting with much of the coordination and support for the Scheme being provided by host GPs with protected time, working on behalf of all practices in the Scheme.

Coordination and support for the professional and service development programmes will also involve academic general practitioners at the University of Glasgow.

An important part of evaluating the Scheme will be via documented activity and outputs

Allied to other Deep End projects, including the Link Worker Programme and the Govan SHIP Project the Deep End GP Pioneer Scheme will be part of a ***Coalition of Learning*** dedicated to the development, sharing and implementation of best practice in addressing the challenges of general practice and primary care in very deprived areas.

We anticipate that model described will provide a vehicle for collegiate sharing of experience, views, information, evidence and activity concerning the generalist clinical role, especially in very deprived areas.

## 6. ADMINISTRATIVE AND FUNDING ARRANGEMENTS

The funding of the Scheme is based on the model of the Scottish Government supported scheme in the Govan SHIP project. We will be using the offices of the Glasgow HSCP South Sector to enable the administration of funds.

The total cost is £400,000 per year, starting in August 2016. There is the opportunity for a second year's funding depending on the success of Year 1. The project includes costs for a cadre of 6 Deep End GP Locums. .

- 6 x £66,000 pro rata per GP recruit (8 sessions 0.8WTE) = £396,000 (costings based on the Govan SHIP Project)
- £4,000 for co-ordination and administration of both cadres

Practices will send invoices to the Finance Office, South Sector, City of Glasgow Health and Social Care Partnership, for reimbursement of costs.

The clinical component of the Scheme will release 3 sessions per week per practice, for a cadre of more experienced Deep End GPs. The main support for participating practices will be "in kind," via additional clinical capacity and protected time.

### CONTACTS:

Professor Graham Watt, General Practice & Primary Care, University of Glasgow, 1 Horselethill Road, Glasgow G12 9LX, Tel: 0141 330 8345, Email: [graham.watt@glasgow.ac.uk](mailto:graham.watt@glasgow.ac.uk)

Dr Jim O'Neil, Associate Clinical Director for the NE Sector of the Glasgow City Health and Social Care Partnership. Email : [Jim.O'Neil@ggc.scot.nhs.uk](mailto:Jim.O'Neil@ggc.scot.nhs.uk)

## **7. GOVERNANCE ARRANGEMENTS**

Internal governance of the Scheme will be the responsibility of the lead GPs from each practice, one of whom will act as GP lead for the scheme as a whole.

External governance of the Scheme (i.e. accountability to the funder) will be the responsibility of the Deep End GP Pioneer Scheme Steering Group with the following membership :-

Representative of the Scottish Government

Representative of the City of Glasgow Health and Social Care Partnership

Representative of the University of Glasgow

Representative of the Scottish School of Primary Care

Representative of General Practitioners at the Deep End

When the scheme is established, a GP lead, representing the participating practices, will join the steering group.