

GP RECRUITMENT AND RETENTION

Title of Project	DEEP END GP PIONEER SCHEME
NHS Board	GREATER GLASGOW AND CLYDE
Project Leads	Dr Jim O'Neil, Professor Graham Wat
Reporting Period	June - October 2016
Status	Ongoing
Description	<p>The Deep End GP Pioneer Scheme aims :-</p> <ul style="list-style-type: none"> • To recruit young general practitioners to Deep End general practices • To provide additional clinical capacity for Deep End general practices • To release the time of host GPs for service development • To aid the retention of experienced GPs by involving them in leadership roles • To develop education and training activities and materials for general practitioners working in very deprived areas • To develop a non-geographical cluster approach to primary care transformation in very deprived areas, including collective working, support systems and links to other Deep End Projects (e.g. Link Worker Programme, Govan SHIP, Parkhead Attached Welfare Benefits Advice Worker) • To identify the essential ingredients of general practice careers that are attractive and effective in recruiting and retaining general practitioners to work in practices serving very deprived areas. <p>The Scheme comprises :-</p> <ul style="list-style-type: none"> • 6 Deep End GP Fellows attached to 6 host practices serving very deprived populations • Fellows engaged as GP locums for 8 sessions per week. • 3 sessions provide the host practice with additional clinical capacity • 2 sessions provide host practice with clinical backfill for protected sessions for host GPs, to be used within the practice • 1 session provides host practice with clinical backfill for a protected session for the practice lead GP, to include extra-practice activity as part of the running and development of the Pioneer Scheme • 2 sessions allowing Fellows to attend day release sessions at the University of Glasgow • The day release sessions comprise an educational programme identifying and addressing the needs of Deep End GP Fellows, including the development of educational activities and materials for use by other GPs working in deprived areas. • Involvement of GP Fellows and practice leads in a coordinated programme of service developments, to be determined with the practices <p>The budget of £400K provides £66K for practice re-imburement of GP locum costs during the first year of the Scheme, plus £4K for administrative expenses.</p> <p>An additional £20K has been found, from a previous SGHD grant to General Practitioners at the Deep End, allowing the engagement at GP locum rates, of a lead GP for the Pioneer Scheme (up to one session per week) and an academic GP coordinator (up to two sessions per week), plus regular ad hoc administrative support.</p> <p>Although funding has been provided for one year in the first instance, our view is that two year Fellowship appointments are desirable, for all of the aims of the Pioneer Scheme to be realised.</p>

Progress activities

Key achievements in this reporting period – please include any examples and describe the impact

Steering group appointed :-

- Dr Emma Watson, SGHD lead for GP Recruitment and Retention
- Lorna Kelly, Head of Primary Care Support and Development, GG&C Health Board and Pioneer Scheme Grantholder
- Anne-Marie Rafferty, Head of Operations, NE Sector, City of Glasgow HSCP
- Professor John Gillies, Deputy Director, Scottish School of Primary Care
- Dr John Budd, General Practitioners at the Deep End Steering Group
- Dr Jim O'Neil, Pioneer Scheme Grantholder
- Dr Petra Sambale, lead GP for the Pioneer Scheme
- Dr John Montgomery, lead GP for the Govan SHIP Project and elected chair Glasgow South Sector GP Committee.
- Professor Graham Watt, University of Glasgow, Pioneer Scheme Grantholder

Selection of 6 Deep End GP Fellows, by open competition

- Dr Noy Basu
- Dr Katie Fleming
- Dr Paul Gallagher
- Dr Laura Johnston
- Dr David McMahon
- Dr Lisa Robins

Selection of 6 host practices (Scottish deprivation ranking), by open competition with 20 applications from 26 practices

- Keppoch Practice, Possilpark Health Centre (1)
- Balmore Practice, Possilpark Health Centre (3)
- Newhills Practice, Easterhouse Health Centre (7)
- Caven and McCallum practices, Lightburn Medical Centre, Carntyne (31,32)
- McKinnon practice, Castlemilk Health Centre (12)
- Glenmill Practice, Provanmill (37)

Allocation of Fellows to practices (most getting their first choice)

- Lisa Robins – Keppoch
- David McMahon – Balmore
- Laura Johnston – Newhills
- Katie Fleming – Lightburn
- Paul Gallagher – Castlemilk
- Noy Basu – Glenmill

Identification of lead GPs from each practice

- Petra Sambale – Keppoch
- Lynsay Crawford – Balmore
- John Goldie – Newhills
- Kirsteen Miller – Lightburn
- John Shand/Michael Rennick – Castlemilk
- Debbie Morrison/Pauline McAlevy – Glenmill

Other developments

- First meeting of lead GPs - 28th September
- SLA issued by Alex Mackenzie, Director Glasgow HSCP NE Sector, signed and returned by practices
- Agreement of SGHD to use Deep End Project funds to support coordination of the Pioneer Scheme
- Unanimous appointment of Dr Petra Sambale as GP Coordinator
- Appointment of Dr David Blane as Academic Coordinator of day release sessions

Starting dates

- First Fellow began in post on 3rd October; the last will start on 14th November
- First meeting of Deep End Fellows planned for 24th October
- Next group meeting of lead GPs planned for 27th October
- First day release day, general meeting and steering group meeting planned for 23rd November

Challenges - please describe any risks, concerns, activities not been completed

Overview

In general, we have made quick progress. Colleagues in Greater Glasgow & Clyde Health Board and the City of Glasgow HSCP, who were not involved in developing the original bid, have been very helpful in set-up arrangements, including receiving and handling the funds and issuing award letters and service level agreements for host practices.

Employment of Fellows

The quickest way to start the Scheme was to follow the example of the SGHD-funded Govan SHIP Project in engaging GP Fellows as long term practice locums. This proved to be the case but has left several issues unresolved, including entitlements to sickness, leave and maternity benefits. Fellows are entitled to Superannuation contributions as part of the NHS scheme, but have to pay their own National Insurance contributions and medical defence subscriptions.

An alternative strategy would have been to have only 5 Fellows, and to employ them in a conventional way, but this raised the issue of who should be the employer and would have involved delay while the issue was resolved.

In view of the very strong interest and quality of practice applications to host a Deep End GP Fellow, we also did not wish to reduce the number of practices and Fellows involved in the Scheme.

Although engaging Fellows under locum conditions has allowed a quicker start to the scheme, host practices are somewhat apprehensive about the arrangement, especially as it is not intended that the Fellows should work "as locums".

Given the encouragement we have received to apply for year 2 funding, we have the options of continuing current or seeking alternative arrangements.

Supporting infrastructure

The original application sought only £4K for administrative expenses, which is clearly insufficient to provide the leadership, coordination and support that the Pioneer Scheme requires if it is to achieve its aims as a non-geographical GP cluster, addressing GP recruitment, GP retention and primary care transformation in very deprived areas.

A short term solution was found for year 1 of the Scheme by obtaining permission from SGHD to use funds which had been provided for the Deep End Project for the following purposes :-

24 sessions @ £210 per session (the GP locum rate) for a lead GP role = £5,040
 48 sessions @ £210 per session for an academic GP coordinator role = £10,080
 Ad hoc administrative support, via the RCGP West of Scotland Faculty Office = £4,000
 TOTAL = £19,120

For the Pioneer Scheme to continue in its current form during a second year, it would be necessary to obtain similar support funding (amounting to less than 5% of the budget).

Learning

What have you learned? Have there been any surprises?

Significant learning so far :

- The Scheme has attracted widespread interest, especially among Deep End general practices, as an opportunity to address many of the current and future challenges of general practices working in very deprived areas.
- The majority of practice applications were of a high standard. We could easily have selected an additional 6 host practices.
- Although the number of applications for the Fellow posts was small (7 applications for 6 posts), the standard was high. No compromises were made in filling the 6 posts. We understand that this number of applications compares well with some other recruitment initiatives. Given the speed at which the Scheme was advertised and appointments made, we are confident that a larger number of applications could have been generated, especially via advertising to GP registrars during their final year.
- Although the Pioneer Scheme is at an early stage, it has the potential to become larger
- Our failure to budget for extra GP sessions to allow coordination of the Scheme was a glaring error, as the wider aims of the Scheme cannot be achieved without this. We have been fortunate to be able to rectify the situation with other funds for the first year only.
- We are aware of the view held by some that primary care transformation can/should/must be achieved without increasing the number of GPs, and that adding clinical capacity to general practices is an inefficient way forward. We believed that this view is mistaken, and fails to address the unmet needs of large numbers of patients in very deprived with complex combinations of physical, psychological and social problems. One of the challenges facing the Pioneer Scheme is to inform policy choices in this area.
- An additional pressure is the knowledge that the Pioneer Scheme has removed 6 GP locums from the already limited locum pool in the Glasgow area, and thus adds to the pressures facing other Glasgow practices. Host practices have additional responsibility, therefore, to demonstrate the value of added clinical capacity, for the eventual benefit of all Deep End practices

Next steps

What are your plans for the next three months?

- To consolidate initial arrangements, establishing all elements of the Pioneer Scheme, based on Fellows and practices working well together
- To establish regular meetings of the steering group, lead GPs and day release scheme, protecting Pioneer Scheme activities in busy diaries.
- To establish a collective agenda for host practice involvement in the Scheme, including milestones for joint working
- To establish systems whereby activity and outputs of additional clinical capacity and protected host GP sessions can be monitored
- To establish a collective agenda for the Deep End GP Fellows
- To develop support arrangements for the Scheme as a non-geographical cluster, in parallel with geographical cluster arrangements
- To prepare an application for year 2 funding

Financial information

Total Funding	£400K
----------------------	-------

Funding to date	Funds have been received by the City of Glasgow HSCP (Contact : Fiona Buchanan)
Spend to date	As the first Fellow began work in October, and some fellows will not start until November, the only expenditure so far has been drawn from the £4K administrative budget (e.g. for advertising, and locum expenses of steering group members)
Spend this quarter	Minimal
Spend next quarter	Each practice will get a three month advance, allowing it to pay Fellows monthly in arrears. In the next quarter, this will come to 25% of £66K = £16.5K x 6 = £99K
Projected spend to end of current financial year	Are you on track to spend the allocation within the financial year, in line with proposed initiative. No
Comments:	We are on track to spend the allocation within one year of starting the Scheme (i.e. by November 2017) taking account of the different starting dates of the Deep End Fellows. We have been assured by the Glasgow HSCP that it can carry over the funds that are not spent in the financial year 2016/17 to 2017/18.

Further comments / other information

Please send completed pro formas to: chris.bain@gov.scot