

Health Scrutiny Panel
Monday 16 March 2015

Retention and Recruitment of GPs - Middlesbrough, South Tees

It is well reported that there is a national shortage of GPs related to a difficulty in attracting doctors in training into general practice and then a difficulty recruiting and retaining them into active practice. The national picture is replicated across the North East and more pronounced in Teesside.

Our member practices have fed back to us the difficulties they experience when trying to recruit new GPs when they have a GP vacancy. Cleveland LMC have recently completed a workforce survey that clearly demonstrates the problems with the identification of current unfilled GP sessions as well as the high numbers of GPs expressing an intention to retire. The survey also identified that the GPs wanting to reduce their working hours far exceeded the number considering increasing their hours. The LMC survey also included general practice nursing workforce and this also showed that a significant proportion of the workforce are in the 50+ age range are considering taking retirement in the next 5 years. (Further detail into the survey data analysis not incorporated into this report to avoid duplication as LMC are able to attend the OSC on 16th March)

The CCG recognises that we need a sustainable GP workforce to deliver our objectives and has taken a number of actions working independently of other CCGs as well as local and regional work with the Northern CCG forum, Health Education North East (HENE) and as above the LMC.

Development of a Primary Care Strategy

The CCG are working with member practices to develop a Primary Care Strategy and one of the main drivers was the need for us to create a vision of how primary care across South Tees could look in the future as a means to attract more GPs into the area and retain and support the ones we have working with us already. The strategy is for Primary Care and has a broader focus than just GPs, extending to other members of the primary care team including nursing staff, allied health professionals as well as non medical support. The Strategy will focus on how general practice will look and feel different with a greater focus on new ways of working together within practice and above practice level to respond to the increasing more complex demands within primary care. The strategy looks to a future where primary care is supported by the wide health and social system



CCG provided primary care education

The CCG have a statutory duty to improve quality within primary care and recognise the value of supporting education of the primary care workforce. The CCG provide protected time out education sessions and receive feedback from GPs and nurses that they value the events. A local GP reported this week 'One thing that came out at the South Tees Primary Care Strategy workshop meeting today was unanimous recognition for the excellent role that South Tees CCG play in terms of the half-day release sessions that allow - not only GP education -but also Networking and Information sharing opportunities which we were not able to take advantage of several years ago. It was clearly expressed that in this respect - South Tees CCG are well ahead nationally. The presence of such a supportive CCG - if recognised nationally - can only serve to help with local recruitment and retention. ' We will take the learning from this to promote within our annual report what actions we are taking to nurture, support and grow our primary care workforce.

One of our practice nurses is working with Teesside University to influence how to best ensure regional funding from Heath Education North East (HENE) is utilised to meet the needs of local patients and the practitioners providing care. There is currently a programme of FREE nurse education related events very accessible and relevant to Primary care nursing staff.

At present we do not commission primary care, although with the advent of Primary care co-commissioning we will be taking a greater role and will need to work more closely with NHS England around work force and capacity issues.

Integration between primary and secondary care.

The CCG have recognised the need to work very closely with the wider medical community at our local hospital trusts. We have appointed two integration leads to facilitate the right environment for us to work more closely. The GPs appointed to this role are very passionate about the need to build and strengthen relationships that lead to a greater understanding of how primary and secondary care works, promoting joint working, sharing of expertise and experience out into primary care, creating better smoother pathways for patients and a more attractive workplace for medical and nursing personnel.

We have had a very successful engagement event and from this has spun off the formation of a young practitioners group, expressions of interest in joint education events, a rambling medics walking group, a programme of ' day in the life of swaps' and enthusiasm for further events which will cement and expand working together.

We know that we have attracted new GPs into the area when their partners come to work at James Cook Hospital or other health care provider trust. The integration and enhanced professional working community should further encourage this. We are aware that general practice is not alone in recruitment difficulties with many medical specialities also experiencing recruitment difficulties so our combined efforts will potentially benefit the whole Tees health care community.

Promoting innovation and research and development within General Practice

The CCG have a statutory duty to promote research and development, but we recognise that being more progressive in this area may be an aid to recruitment. Our member practices are already innovating and we have clinicians leading the way in areas of research such as addiction. The CCG has a community research and innovation fund which has invested in practices to support the CCG priority areas such as heart disease; stroke; cancer; illness by smoking; alcohol and drug abuse; managing A&E admissions and tackling health inequalities. In addition the CCG are working with Innovation North to grow this area. We have identified innovation leads that can spot and nurture innovation that will benefit patients. What we know about we can use to promote the area.

Response to the shortage of junior doctors choosing general practice as a career

The work with our primary care strategy has recognised the low morale amongst general practice. Workload is well known to have increased and reported stress levels within the profession are at some of their highest levels. GPs are often not portrayed favourably in the national press. All of which does not encourage new doctors to enter the profession.

The CCG has worked with the local vocational training scheme (VTS) (GP training scheme) to collectively influence the numbers of trainees coming into the area, helping to ensure that trainees are drawn away from the more traditionally popular training destinations in the South and from larger cities in the North such as Newcastle. Unfortunately national figures show that over 400 GP training places were vacant last year. We also have mechanisms of advertising our vacancies to members shortly due to complete the scheme and likely to be looking for employment within general practice.

Amongst our GP community we have many qualified vocational trainers that are ready to train vocational trainees that we can attract into the area.

Many GPs are involved with the education of medical students from the Stockton campus of Durham Medical school during their 3rd, 4th and 5th year studies.

One of our Eston GPs Dr. Paul Chatterjee, a homegrown Middlesbrough GP, recognises the need to respond to our shortage of Teesside GPs and provides work experience to local school pupils widening their awareness of the medical profession as a vocation.

Supporting Young Practitioners

The CCG are surveying 'younger' GPs that are new to the area or new to General Practice to learn about what attracted them to general practice, what attracted them to the area and what could we do that helps them to settle into the role and feel supported. We will then use this to help us develop the appropriate support networks around them as well as utilising this in our recruitment campaigns.

Supporting existing practitioners to remain in work or return to work.

The CCG are working with the LMC to explore ways of achieving a more sustainable workforce by securing staff retention through provision of health and counselling support to keep professionals at work, or get them back to work more quickly or by providing the initial support to enable them to not leave the profession.

In addition, the CCG recognises that there is a need to create an environment conducive for those practitioners returning to work after breaks in service after having for adopting children, illness related breaks, or when returning from abroad.

Practical support to practices trying to recruit medical and nursing staff.

The CCG participated in a Recruitment Forum in 2014 looking at the current problem and identifying solutions actions needed. It was identified that in addition to the areas already raised we needed to support practices in advertising vacancies.

Advertising vacancies nationally can be very expensive and often yield few or no applicants. The LMC provide a mechanism of advertising job vacancies via their weekly bulletin. The Appointments Commission – offers a free weekly downloads of all appointments once registered <http://www.appointments.org.uk/> NHS Jobs – this is a free site <https://www.jobs.nhs.uk/cgi-bin/advsearch>

Practices can access advice when they are experiencing difficulty recruiting and receive guidance on the structure of their advertisement . Practices elsewhere in the country have produce videos to attract staff into the areas and they have examples to share of this approach.

Report prepared by Dr Janet Walker Chair South Tees CCG

