Agenda Item 5

MIDDLESBROUGH COUNCIL

OVERVIEW AND SCRUTINY BOARD

28 JULY 2015

FINAL REPORT –

Future of GP Provision in Middlesbrough

PURPOSE OF THE REPORT

1. To present the findings, conclusions and recommendations of the Health Scrutiny Panel following their investigation into the topic, Future of GP Provision in Middlesbrough.

AIM OF THE SCRUTINY INVESTIGATION

2. The panel held a short review into the future provision of GP services following discussions with the Cleveland Local Medical Committee which had highlighted concerns about the future levels of GP provision both nationally and locally. In that review it was pointed out that Middlesbrough would face a critical shortage of GPs if action was not taken to reverse the current situation.

MEMBERSHIP OF THE PANEL

3. The membership of the Panel was as detailed below:
 Councillors E Dryden (Chair), Councillor Biswas, (Vice-Chair),
 Councillors, Cole, Davison, Hubbard, Hussain, Junier, H Pearson OBE and M Thompson.

THE PANEL'S FINDINGS

4. The panel met on 2 occasions, 2 February and 16 March 2015 to discuss the topic.

5. In the panel's investigations of the variations in services provided by GP practices throughout Middlesbrough, the panel were told that the one common thread that affected the GP practices ability to deliver services was the shortage of Doctors. The panel were told that one of the biggest issues affecting GP services, at the moment, was recruitment and that the situation was unlikely to improve in the short term. The North East Training School had 150 places available for medical students and fewer than 40 applications had been received. Of those, experience had shown that about 50% of those trainees would lead to a GP placement, potentially leaving only 20 people qualifying as a GP.

6. This, coupled with the fact that many doctors are at, or approaching, retirement age meant that the panel wanted to explore this issue further to ascertain what the position is in Middlesbrough and what is being done by the various health agencies to address this problem.

National Picture

7. Headlines in the BBC News detail how GP shortages put pressure on doctors and patients.[1] The article details how a BBC investigation has uncovered a national shortage of GPs. Culminating in the number of unfilled GP posts quadrupling in the past three years.

8. Nationally, the Royal College of General Practitioners has identified 543 GP practices out of the 8,000 in England it believes could be forced to shut in the next year as they all have more than 90% of their doctors aged over 60 (the average retirement age is 59). [2]

9. In July 2014 the Centre for Workforce Intelligence (CfWI) was commissioned by the Department of Health and Health Education England (HEE) to conduct an in-depth review of the general practitioner (GP) workforce in England. It was a medium term strategic review looking ahead to 2030 designed to provide the evidence base for forecasting workforce demand and supply. The report concluded that the current level of GPs being trained is inadequate and likely to lead to a major workforce demand-supply imbalance by 2020 unless action is taken.[3] The CfWI recommends that the HEE consider a substantial increase in GP training numbers and a number of other recommendations including the following

- Making general practice a more appealing career choice
- Making it easier for trainees/established practitioners to switch to general practice.
- Increasing the supply of wider care and community clinical staff
- Scale up GP training capacity.
- Reductions in non-clinical time spent by GPs on paper work and administrative tasks.
- Locate GP training posts where patients are currently underserved.
- GP workforce should be monitored annually and reviewed every 3-5 years.
- Closer alignment of Out of Hours care – allowing GPs to provide Out of Hours care if they wish.

Healthy Heart Check

10. Initially, the panel had met with the Secretary of the Cleveland Medical Committee to seek his views on the variations amongst practices in their delivery of the NHS Health Heart Check.

11. In November 2014 the panel received information about the NHS Health Check, the Government's national illness prevention programme to identify people 'at risk' of developing heart disease, stroke, diabetes, kidney disease or vascular dementia. At that meeting the panel were informed that whilst in Middlesbrough the target of 50% of eligible individuals undergoing an initial assessment had been reached, it was highlighted that more focus was needed in areas of deprivation. It became apparent from the discussions that there didn't seem to be a consistent approach by all GP practices in the delivery of the healthy heart check. Every eligible individual should be invited within a 5 year period and this did not appear to be the case.

[1] BBC News 2 March 2015
[2] 'Ageing GPs 'may force practices to close' BBC News 2 October 2014
[3] Centre for Workforce Intelligence, In depth review of the general practitioner workforce, July 2014

12. The panel spoke to Dr John Canning, Secretary of the Cleveland Local Medical Committee to ascertain the position in Middlesbrough. The panel also discussed the variations within practices of the management of patients with long term conditions.

13. The panel were told that many GP practices are struggling to see the sick, without having to manage the extra work that additional initiatives brought with them. Variations within practices to provide such things like the Health Heart Checks are down to individual practices and their capacity. The expectations of the prevention agenda often exceed what is possible. In today's society people want to be able to see their doctors and receive instant care. Prevention was seen as important but it could not be delivered at the expense of someone who needed the service of the GP urgently.

14. The panel briefly explored the role of the pharmacy and how its place in the community could be used to alleviate some of the stress on GP practices by taking on the running of the Healthy Heart Check. It was thought that whilst useful in many cases for advising people on medication it was not thought a practical solution for pharmacists to take on the provision and running of the Checks as it needed the consistency of approach which could only be provide by a GP practice and if medication was needed then that can only be prescribed by a GP.

The potential shortage of GPs

15. The panel were told that there is a shortage of people taking up GP training places, that doctors are retiring earlier or opting to work part time and that in this area it can be difficult to recruit GPs to vacant posts. The panel were concerned that there could be a future 'crisis' if a number of GPs in Middlesbrough retired early or gave their notice.

16. The panel were told that current thinking was that some practices could benefit from merging with other, forming a large practice which would result in more GPs being available within a practice. Another option could be that GP practices could also form a Federation, where GPs could retain their own identity but would benefit from the economies of scale of being part of a larger body.

17. In order to ensure doctors remain in General Practice the panel were told that a range of measures were needed which could include the following:
    - Giving Doctors a varied portfolio which could include research, public health, general practice and community services.
    - Developing GPs skills after training.
    - Time and other opportunities to use their variety of skills.
    - Diversity and the option to become more involved in minor surgery, and administering injections for certain conditions.

18. The panel met again on 16 March and Members were told that although the situation was not good, that it was not at a crisis point, yet. The Secretary of the Cleveland Local Medical Committee advised that the key thing was to accentuate the positives, for example stressing to prospective students/GPs locating to the area that the South Tees area was a good area in which to live and work. Both the Cleveland Local Medical Committee and the South Tees CCG were happy to work with the Council on this issue and the CCG were working with Health Education North East (HENE) and the Area Team and the Council's Health and Well Being Board on how to promote the area.

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

20. The CCG's report stated that a number of member practices have informed them that they had experienced difficulties in trying to recruit new GPs when there was a GP vacancy at their practice.

21. The Cleveland LMC have recently completed a workforce survey that highlighted the issue of current unfilled GP training places 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 information about the 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.

22. The panel were also told that there are a large proportion of women GPs, who after having a family, either return to work part time or not at all. This factor has to be taken in to account when looking at the number of doctors in total as national statistics on the total number of GPs does not account for the number of doctors who work part time.

The Use of Walk In Centres

23. Walk in Centres are managed by Clinical Commissioning Groups and provide a service which deals with minor injuries and illnesses. As many are open throughout the year and outside of office hours Members discussed the use of Walk-in Centres as an alternative option for patients to see a GP. The panel were told that whilst this route was useful in dealing with a number of people, especially for acute cases, it was not helpful in lightening the overall GP load: for example, in the management of someone whose condition would need a referral, the patient would need an appointment with their GP; and that staff in walk-in centres are not involved in following up a patient's progress, again this would be the responsibility of a GP. Members felt that walk-in centres provided a role in terms of reassurance to patients and were an option for treating minor illnesses which may take some of the pressure off GP practices.

Council Involvement

24. Discussions took place about how the Council could assist with this issue. It was highlighted how it would be useful for the council to publicise the area in some of the medical journals which could be used highlight the advantages of living in the Middlesbrough and the South Tees area, obviously including, for example, publicising the area's social amenities, good transport links and the nearness to the cost and countryside.

25. There was also a role for the education system, in helping local people to study in the area as the panel were told that often people who learn in an area may stay in the area. It was noted that Durham were struggling to attract good local students and that places remained unfilled.

26. Links with the education system were also discussed by the panel members, it was thought that health officials and education officials should work together to ensure that there are enough children coming up through the education system with the

right skills and ambition to go in to medicine. If they are getting the good grades and not going in to medicine then questions needed to be asked why.

27. In discussing ideas for encouraging people into the profession, Members discussed whether the Council could create some form of scholarship for medical students in the area to assist with their university fees. The CCG said that it was something that NHS England could commission and the CCG could seek to facilitate it. There would have to be an agreement that the student, once qualified, should remain in the area for a certain period of time and, if they did not, they would need to repay a proportion of the scholarship.

28. It has been well documented that Middlesbrough has a number of areas of high deprivation which effects health and wellbeing. However, rather than see the area's poor health as a negative, it was suggested that Doctors could be attracted to the region due to the nature of the types of illnesses that are prevalent in the area which would test a doctor's skills and broaden their experience and expose them to a wider range of health needs in order to help develop their career.

Perception of GPs

29. The panel discussed the perception of GPs, it was discussed that they had often been portrayed unfavourably in recent years in the media. Doctor Canning confirmed that there was a misleading perception about Doctors' workloads and he confirmed that many doctors are carrying heavy and unsustainable workloads. However the panel thought that there was a responsibility amongst GPs to counter this publicity.

30. It was noted that seeing a Doctor has become many people's default position when they are ill, and in most cases people don't need to see their Doctor as their health needs could be met through visiting the pharmacy or seeing a practice nurse for example. Society increasingly expects an instant cure for everything and this is not always possible. As a result, Doctors were seeing a lot of people who could be classed as the 'worried well'.

31. There was agreement that public information needed to be tailored to assist the public in their choices of healthcare, so that they are aware of the alternatives open to them in addition to seeing their GP. The CCG have undertaken large campaigns to publicise alternative services to A&E especially over the winter period where demand increases considerably. The CCG have stated that this has resulted in a reduction in people presenting to A&E, however it was acknowledged that more work could be done on advising people when to go to their doctor, when to use home remedies or visit the pharmacy as an alternative option to making an appointment with their GP.

32. The South Tees CCG also highlighted that in the annual GP survey, people in this area have responded to say that they a very good view of their local GP and their patient experience.

New ways of working

33. The panel were told that a key factor would be how Doctors could provide the same or better service with less staff. Federations of practices could assist in the future however this might lead to the loss of the 'personal touch' from the relationship gained by a GP from getting to know their patients and their conditions over a period of years.

34. The panel were told that Doctors could be classified into one of three groups

- Partners in practice – employed by the CCG
- Salaried employees: and
- Locums – providing cover for holiday, sickness etc.

35. Increasingly, younger doctors were in the second and third group. Some doctors can think that being a partner could be an onerous responsibility, for example taking on a lease for the building where the practice was located is a long term financial commitment that some are not prepared to take on in the current climate. The CCG confirmed that they would work with General Practices to support alternative models of delivery such as shared practices and federations.

South Tees CCG – Actions being taken to provide a sustainable workforce

36. The CCG recognise that a sustainable GP workforce is necessary to deliver their objectives and have 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 the LMC.

Development of a Primary Care Strategy

37. The CCG are working with member practices to develop a Primary Care Strategy the main drivers being the need 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 already working with the CCG. The strategy 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.

38. 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 increasingly 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

39. The CCG have a statutory duty to improve quality within primary care and the CCG 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 these events. A local GP reported ‘One thing that came out at the South Tees Primary Care Strategy workshop meeting 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’. The South Tees CCG view themselves as well ahead nationally. The presence of a supportive CCG - if recognised nationally - can only serve to help with local recruitment and retention. The CCG will take the learning from this to promote within the annual report, the actions taken to nurture, support and grow the area’s primary care workforce.

40. The report outlined that a practice nurse 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 that is very accessible and relevant to Primary care nursing staff.

41. At present the CCG does not commission primary care, although with the advent of Primary care co- commissioning the CCG will take a greater role and will work more closely with NHS England around work force and capacity issues.

Integration between primary and secondary care.

42. The CCG have recognised the need to work very closely with the wider medical community at our local hospital trusts and two integration leads have been appointed. 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.

43. The CCG have held a very successful engagement event and a number of ‘spin-offs’ have occurred including - the formation of a young practitioners group, expressions of interest in joint education events, a medics walking group, a programme of ‘ day in the life of swaps’ and enthusiasm for further events which will cement and expand working together.

44. The CCG 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. The CCG know that that general practice is not alone in recruitment difficulties with many medical specialities also experiencing recruitment difficulties so the combined efforts will potentially benefit the whole of the Tees health care community.

Promoting innovation and research and development within General Practice

45. The CCG have a statutory duty to promote research and development, the CCG recognise that being more progressive in this area may be an aid to recruitment. The member practices are already innovating and there are 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. Innovation leads have been identified who are able to spot and nurture innovation that will benefit patients. This evidence can all be used to promote the area.

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

46. The work the CCG have undertaken in developing the primary care strategy has shown that there is a 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. As mentioned earlier in the report GPs are often not portrayed favourably in the national press. It could be argued that all of these issues do not encourage new doctors to enter the profession.

47. 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. There are also mechanisms to advertising vacancies to members shortly due to complete the scheme and likely to be looking for employment within general practice.

48. Amongst the GP community there are many qualified vocational trainers that are ready to train vocational trainees that are attracted to 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. For example an Eston GP, Dr. Paul Chatterjee, a home-grown Middlesbrough GP, recognises the need to respond to the 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

49. The CCG have been involved in 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 to establish what the CCG could do that helps them to settle into the role and feel supported. That information was then to be used in order to develop the appropriate support networks around for people new to the area as well as utilising this feedback to construct future recruitment campaigns.

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

50. 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.

51. 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 children, illness related breaks, or when returning from abroad etc.

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

52. The CCG participated in a Recruitment Forum in 2014 to consider the current problem and identify solutions and actions needed. It was identified at the Forum that practices needed support to deal with GP vacancies.

53. Advertising vacancies nationally was said to be expensive and can often yield few or no applicants. The LMC now 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/ and clinical and non-clinical positions are advertised on the NHS Jobs website which is a free site https://www.jobs.nhs.uk/cgi-bin/advsearch

54. Practices can access advice from the CCG 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.

Health Education North East

55. The Chief Workforce Strategist and Planner was unfortunately unable to attend the meeting due to prior commitments, however he submitted a list of the work that Health Education North East were planning with the CCGs and primary care workforce. The work was very much in the planning stages and subject to change. However the panel were told about a number of initiatives which would develop GP interests and provide additional training to all primary care staff.

CONCLUSIONS

56. Based on evidence given throughout the investigation the Panel concluded:

a) That although there is a reluctance to describe the current situation being at 'crisis point' and there are initiatives being put in place to address the situation, there is a role for the scrutiny panel to play in order to ensure that these initiatives are happening and that a difference is being made, dealing with the issue now so that things don't escalate to crisis point in Middlesbrough in the future.

b) One of the main aims of scrutiny is to consider issues which are of interest and concern to the local community. Given the possible future situation the panel wanted to do all they could to ensure that the issue was placed on the Council's agenda and that the Council gave assistance where possible, in whatever way, for example, in promoting the area and also helping to increase the number of students wanting to study medicine.

c) The panel also recognised the importance of promoting the area's attributes, ensuring it is an attractive prospect for people to want to come and live and work. Members were encouraged by the CCG's offer to work with the LMC and the Council on this issue.

d) The panel recognise the CCG's publicity work involving advising people about the appropriate times to use A&E facilities and acknowledge the CCGs statement that this has resulted in a fall in the number of people visiting A&E departments. The panel therefore agreed with the CCG that further work needed to be done to raise public awareness of when it is appropriate to go and see a doctor and when perhaps it would be more sensible to go and see a local pharmacist.

RECOMMENDATIONS

57. That the Health Scrutiny Panel recommends to the Executive:

a) That the panel revisit this topic at appropriate times to consider how the various initiatives that are being put in place are making a difference.

b) That the Council, the South Tees CCG and the Local Medical Committee work together to promote the area's attributes in order to encourage doctors to come and live and work in the area. This might include articles in Medical Journals and making reference to the relatively affordable cost of housing,

the public health challenges in the area and the state of the art facilities at James Cook University Hospital.

c) That the Council consider ways in which they can encourage student doctors to study in this area, for example creating a scholarship which would see the student committing to stay in the area following their studies.

d) That the various health organisations consider how they can encourage doctors to enter General Practice and to remain in practice into their late 50s/early 60s, through different means.

e) Building on the success of the A&E campaign the panel would like to see the CCG develop a publicity campaign involving information about the most appropriate times to visit a GP and details of other sources of help including pharmacists and self-help.

f) That the Council write to the Department of Health, with their concerns about the numbers of GPs in Middlesbrough in the future, and the impact that this may have, and ask them to comment on what they intend to do to facilitate a GPs (especially women GPs who may have taken a career break) return to practice easier.

ACKNOWLEDGEMENTS

58. The Panel is grateful to all those who have presented evidence during the course of our investigation. We would like to place on record our appreciation, in particular of the willingness and co-operation we have received from the below named:

- Dr John Canning, Secretary of the Cleveland Local Medical Committee
- Craig Blair, Associate Director of Commissioning, Delivery and Operations, South Tees Clinical Commissioning Group
- Derek Marshall, Chief Workforce Strategist and Planner, Health Education North East

COUNCILLOR EDDIE DRYDEN
CHAIR OF THE HEALTH SCRUTINY PANEL

Date: May 2015

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BACKGROUND PAPERS

The following background papers were consulted or referred to in the preparation of this report:
(a) The minutes of the Health Scrutiny Panel of 2 February and 16 March 2015.