REPORT

Item No:

SUBJECT:	GP Sustainability
TO:	**Integration Joint Board**
Lead Officer for Report:	Medical Director
Author(s) of Report	Dr Alastair Cook
DATE:	04/05/2018

1. PURPOSE OF REPORT

This paper is coming to the IJB

For approval	☐	For endorsement	☐	To note	☒

The paper sets out the current situation regarding GP practices and the sustainability issues they are bringing to the Board. The paper describes mitigating actions that have so far succeeded in avoiding the need for NHS Lanarkshire to take over direct management of any practices but suggests a change of approach will be required if this position is to be maintained.

2. ROUTE TO THE BOARD

This paper has been:

Prepared	☐	Reviewed	☐	Endorsed	☐

First draft to core management team on 7th May 2018

3. RECOMMENDATIONS

- That the IJB note the content of the report and the recommendation that North Lanarkshire localities support the development of a revised pan-Lanarkshire approach to address the issues of GP sustainability.

4. BACKGROUND/SUMMARY OF KEY ISSUES

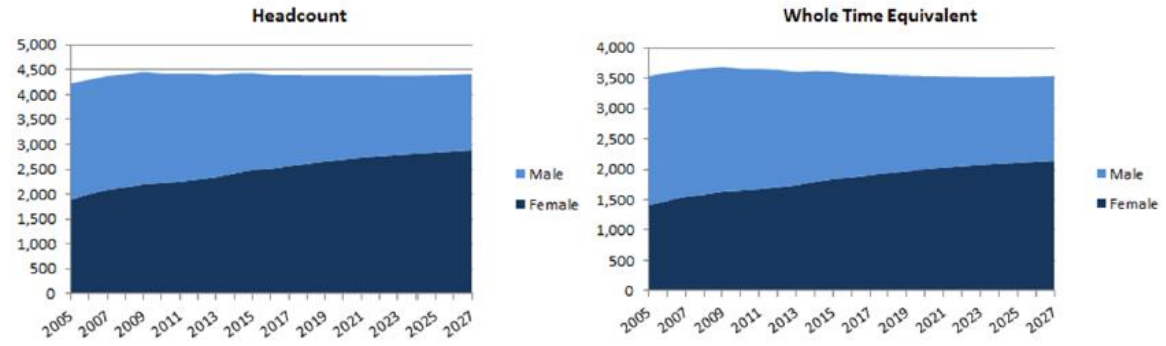
Situation

There are a growing number of GP practices across Lanarkshire that are reporting difficulties in maintaining their current services. The difficulties usually arise when a vacancy occurs in the practice and they have difficulty recruiting to fill the vacancy on either a temporary or permanent basis. There are a range of different indications of these difficulties, from a request to limit the boundary of the practice to reduce the number of new patient registrations, through requests for list closure, to notifications that the practice are considering terminating their contract to provide services.
Ultimately if a practice is unable to fulfil its contract to provide services and no other contractor is able to take over the contract then the Health Board is obliged to provide GMS services directly. At present Lanarkshire is the only mainland Health Board that does not have a directly managed practice and this position has been sustained through a variety of mitigating actions described below. Unfortunately the list of concerns is increasing and the current approach of addressing problems on a case by case basis cannot continue indefinitely.

Background

General practice remains the bedrock of the NHS with 90% of patient contacts in the service taking place there. Despite this investment in practice fell significantly from 9.8% of the NHS budget in 2005/6 to 7.2% in 2015/16 (RCGP 2017). The impact on the GP workforce was that from 2007 to 2017 the number of active GPs in the Scottish workforce rose from 4202 to 4345 (headcount) with an estimated fall in wte due to changes in working patterns. By comparison the number of consultants (wte) in the Hospital and Community Health Services in NHS in Scotland rose from 3636 in September 2006 to 5303 in September 2016, a 45% increase.

Figure 14: Forecast GP numbers to 2027[96]



The National Health and Social Care Workforce Plan (part 3) published on 30/04/2018 shows the GP figures in graphical form and sets out a forecast of GP workforce to 2027 showing a relatively flat line for both head count and wte. Their analysis is that the rising workload for those GPs in the system is driven by the increasing demand of an ageing population (1% per annum).

The workforce pressures are compounded by changes in the patterns of working by GPs and by newly trained GPs. Previous expectations that most GPs would seek a partnership in a practice at the earliest opportunity no longer hold true. The benefits of partnership (financial, status and leadership) have reduced while the responsibilities have increased. More GPs are attracted to portfolio working or locum posts, where they have a greater degree of control over the type and amount of work they chose to take on and can command similar if not better hourly rates than they could in most partnerships.

As practices lose partners through retirement or turnover it has become increasingly difficult to fill posts. [DN - estimate of vacancies in NHSL here] Practices respond to this in a number of different ways. In most cases they find internal solutions. Practices employ locum doctors, other professionals or the remaining doctors take on additional work to sustain the practice. They alter the way of working within the practice by extending triage systems or trying to reduce numbers of home visits to those that are essential. Some practices try to contain the workload by changing practice boundaries or closing their lists to new patients. Both of these actions require Board approval through an agreed process.

Assessment

As with any population there are variable levels of resilience and tolerance amongst practices. Once a practice reaches the point where they recognise they need help they will do so by contacting the primary care services team. The usual response is to then arrange a meeting between the practice, the primary care team from the Board (including a senior medical manager) and often the locality team managers will be invited to that. The Board team will provide advice and in some cases have been able to initiate a process that has facilitated additional support measures being put in place to support a practice.

Support measures that have been tested include:

- Placement of ANPs, pharmacists, physiotherapists and mental health workers into practices as part of the Primary Care / Mental Health Transformation Programme.
- Support from NHS 24 for triage of patients requesting same day appointments in one practice.
- Increase in phlebotomy provision through treatment rooms to ease workload in practices
- Introduction of rotas between practices for new patient registrations
- Coaching for GPs who are considering leaving practice
- Board support for recruitment and retention activity

To date these measures have succeeded in supporting practices to continue delivering services but they are resource intensive with particular pressure on the Primary Care Services team as all the requests for assistance are dealt with centrally. In addition much of the current resource deployed to support practices directly has been drawn from the fixed term funding available through the transformation fund.

Finding the funding to support practices in difficulty needs to be set against the estimated costs of managing a practice directly through the Board. The usual costs of moving to a 2C practice (directly managed) are estimated to be 50% higher than managing the practice through the current GMS model. This is because the Board has to employ locums at the going rate to cover the medical work but also provide the management/ administrative support to the practice.

The new GMS contract introduced in April 2018 will start to embed many of the changes tested above into routine practice but the investment required to develop and sustain the multidisciplinary teams that are expected to support a shift in workload away from practices will become available over the three year implementation period, during which practices will inevitably continue to experience difficulties.

Recommendation

General practice is an essential building block for health and care services in our localities but we will not be able to continue to address the issues of sustainability on a reactive case by case basis in the medium to longer term.

A longer term approach to address this issue will be required and will be led by South HSCP as the host for Primary Care Services. The approach should include the following:

- Recognition that the problems affect all practices and need to be dealt with collectively rather than on a case by case basis.
- That localities are the building block for services in the community and that there should be locality sustainability plans in each area.
- That the actions needed to support changes in practices will require expenditure to increase capacity within the primary care services team or potentially the development of such resources at locality (or group of localities) level.

It is recommended that North Lanarkshire HSCP management team and localities support the development of this new approach with a view to implementing recommended changes across North Lanarkshire.

5. CONCLUSIONS

Action to support the sustainability of GP practices is essential to the further development of our locality approach to improving outcomes. A change in approach form reactive to more pro-active needs to be developed and implemented.

6. IMPLICATIONS

6.1 NATIONAL OUTCOMES

All national outcomes would be adversely affected by a breakdown in the model of primary care if we were not able to sustain GP services.

6.2 ASSOCIATED MEASURE(S)

- Implementation of GMS contract 2018 (see paper on Primary Care Implementation Plan)
- Integrated Service Review Board implementation – development of locality services.

6.3 FINANCIAL

This paper has been reviewed by Finance:

	☐	No	☐	N/A	☐

[DN – perhaps a comment here regarding the risks if we do end up with a number of 2C practices]

6.4 PEOPLE

6.5 INEQUALITIES

EQIA Completed:

Yes	☐	No	☐	N/A	☐

7. BACKGROUND PAPERS

8. APPENDICES

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CHIEF ACCOUNTABLE OFFICER (or Depute)

Members seeking further information about any aspect of this report, please contact Alastair Cook on telephone number 01698 858140