GP Partnership Review

Dr Nigel Watson – Independent Chair

October 2018

What have we been asked to do?

The review will consider, and, where appropriate, make recommendations, in the following areas:

- The challenges currently facing partnerships within the context of general practice and the wider NHS, and how the current model of service delivery meets or exacerbates these.
- The benefits and shortcomings of the partnership model for patients, partners, salaried GPs, locum GPs, broader practice staff (practice nurses etc) and the wider NHS.
- Consider how best to reinvigorate the partnership model to equip it to help the transformation of general practice, benefiting patients and staff including GPs.
- Recommendations should be focused, affordable and practical

General practice is "*the jewel in the crown of the NHS*"

Strengths of general practice

- Registered list
- Care from cradle to grave
- Holistic approach – specialist generalist
- Family doctor
- Life long medical record
- Continuity
- Gatekeeper role
- High quality but low cost
- Chaos of first consultation
- Manage risk

Strengths of partnership model

Engagement


Visits


Events


Discussion

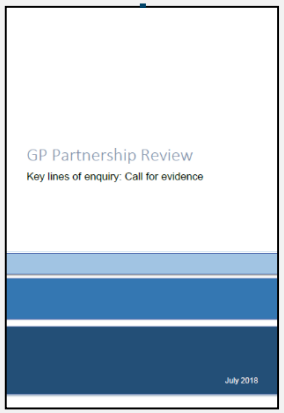

Key Lines of Enquiry

What we've heard so far…

- Demand is not matched by capacity – **WORKLOAD**
- Capacity - **WORKFORCE**
- **Uncertainty** about the future
- **Risk** is now seen as greater than **reward**
- Lack of **resource**
- Lack of **flexibility**
- For **younger GPs** – lack of career structure and career progression
- For **older GPs** – fed up with Red Tape, regulation etc – taking pension early
- Those in between – **last person standing**
- **Locum** more attractive than **salaried GP** more attractive than **Partner**

Developing our thinking

Early engagement → Key Lines of Enquiry → Themes → Engagement → Feedback → Refining themes → Interim report



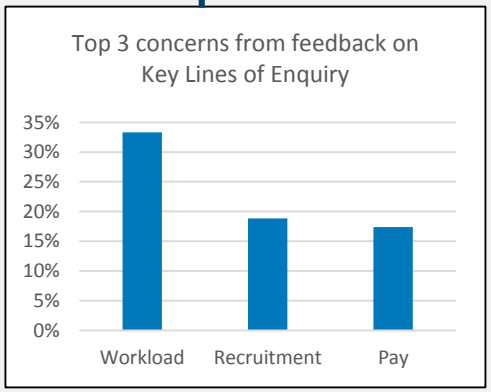
- Workforce
- Workload
- Risk → What can we do to minimise risk to partners?
- Status → How can we raise the status of general practice among the medical profession
- System role

Themes

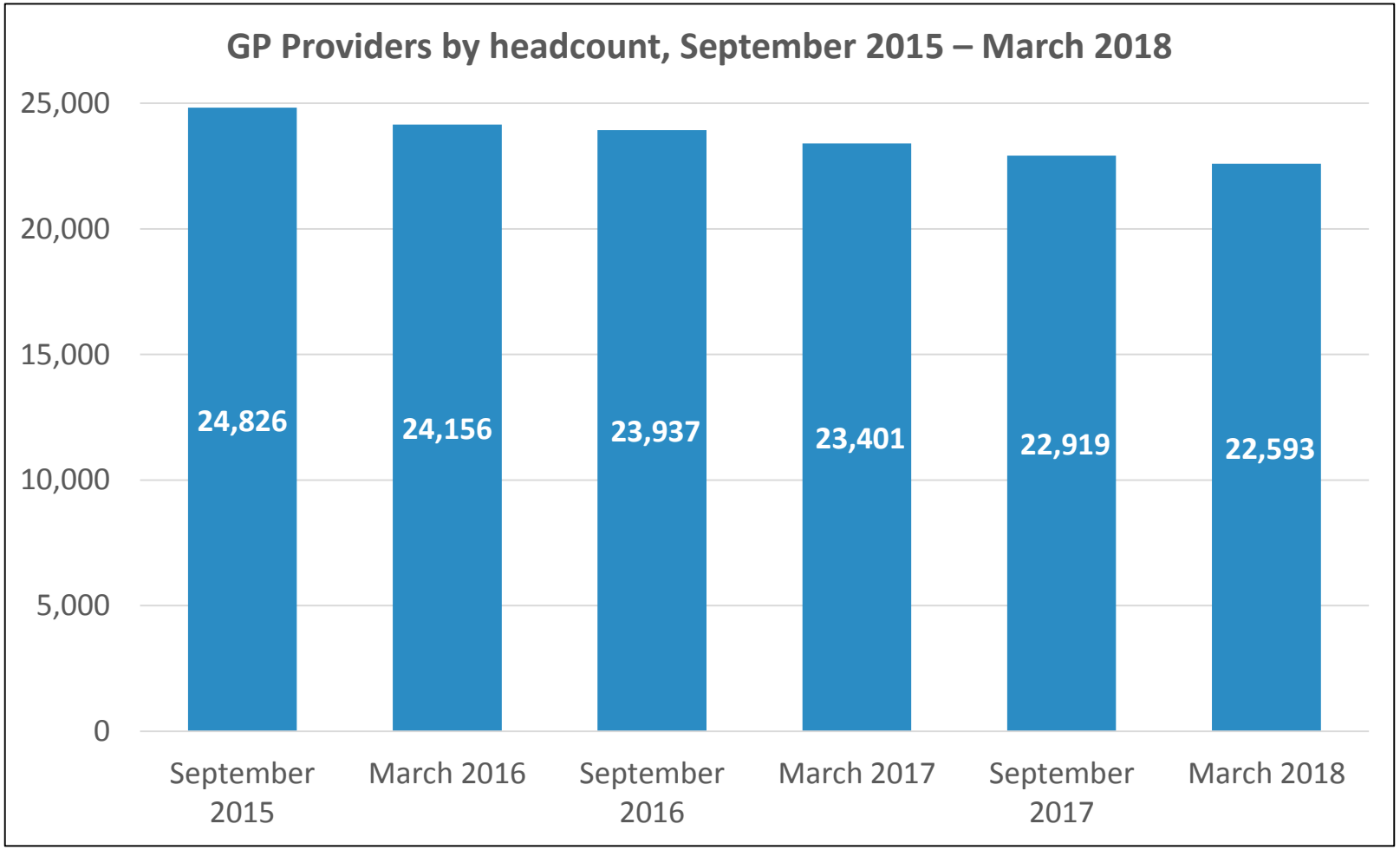
- Workforce
- Workload
- Business models
- The role of general practice in local healthcare systems

Other issues:

- Pay and tax
- Pensions
- Premises
- Digital



The number of GP partners has been falling steadily in recent years in spite of intensive recruitment efforts



Source: General and Personal Medical Services, NHS Digital

Expand and develop the primary care workforce

Increasing the number of GPs

The Secretary of State has recommitted to increasing GP numbers by 5,000. This is a major challenge, as compared to when this was first introduced in 2015 the numbers have not increased but instead decreased by over 1,000.
This comes to the core of the partnership review - to recruit more GPs we need to improve the status of GPs, make general practice a better place to work, address the workload issues and ensure the potential growth in numbers is associated with an increase in funding.

Potential recommendations highlighted in the interim report include:

- Medical students to spend more time in general practice
- Foundation training – all doctors to spend 4 months working in general practice
- Core training – make it easier for doctors who wish to transfer to GP training
- GP Trainees – create more community based posts in specialties relevant to primary care
- **Introduce the preceptorship programme → see next slide**
- Create more opportunities for a portfolio career based in general practice
- Put in place new opportunities for those in the later part of their career which incentivise them to remain in the workforce

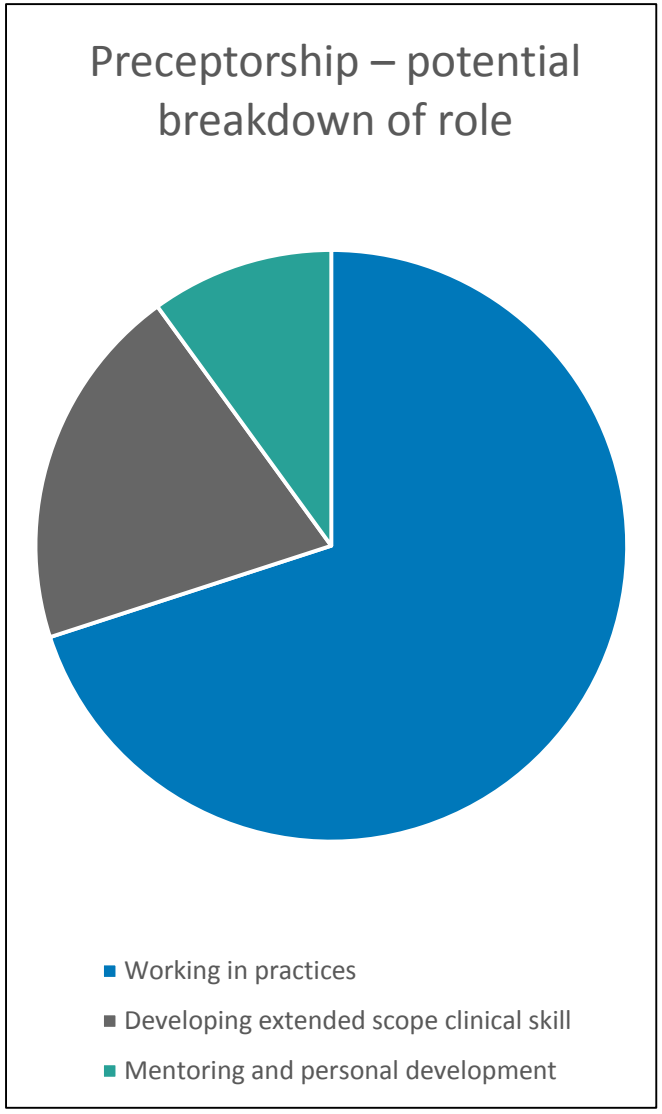
The preceptorship programme

Detail of recommendation

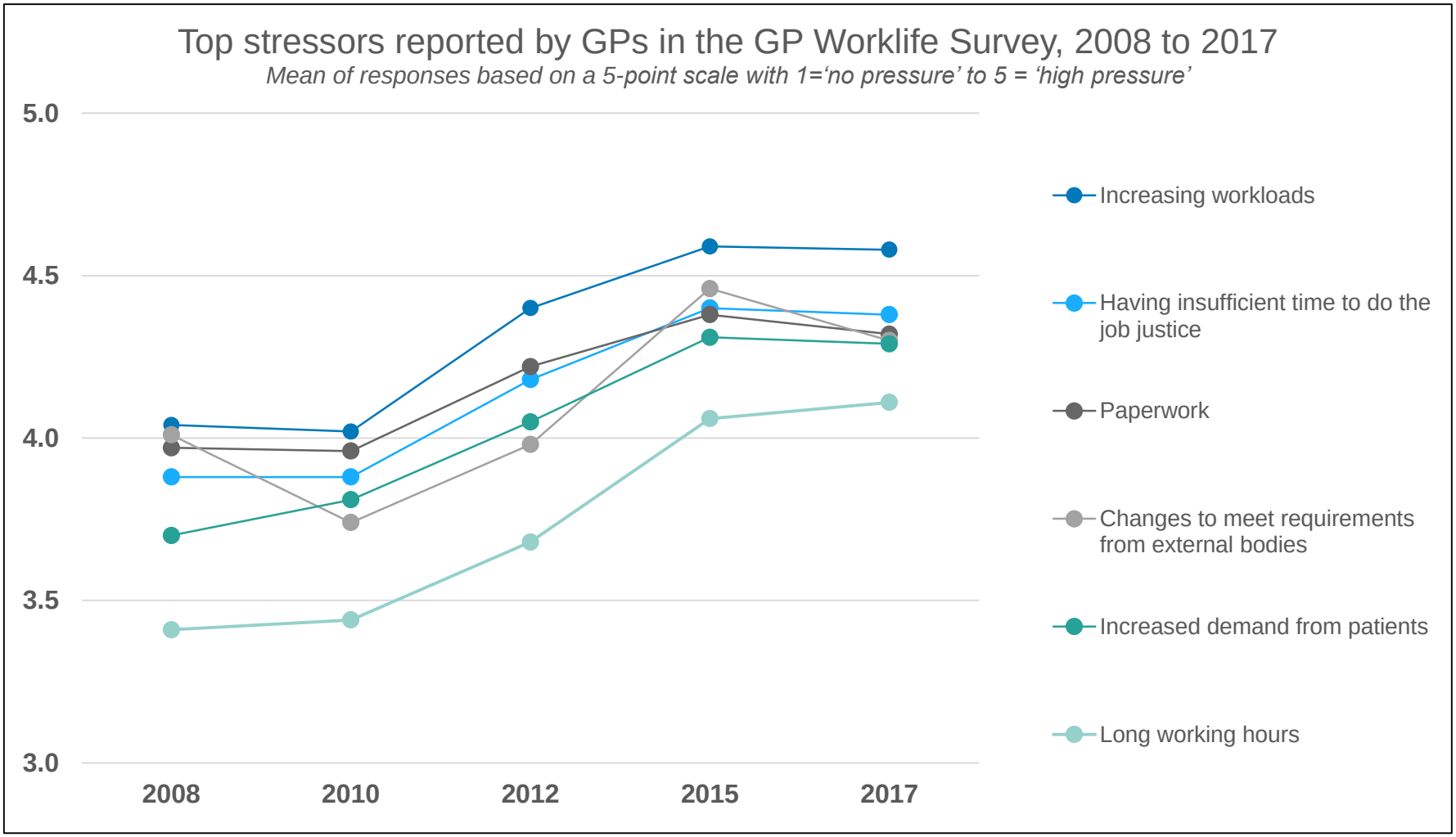
Introduce a GP preceptorship scheme, built on the concept of the GP Fellows initiative. One preceptorship role based in each Primary Care Network (PCN) to give GPs experience of working in different practices, time to develop clinical skills, gain an awareness of partnership and working in the community, whilst being supported.

The post would be for 2 years and available to GPs in their first five years after qualifying. The start date of the post could be deferred, if for example, the GP wishes to take a career break.

The model could be extended to nurses and other healthcare professionals. Mentoring and support will come, in part, from experienced older GPs, including those considering leaving the profession.



Highest reported stressor for GPs is workload



Source: Gibson, Sutton, Spooner and Checkland (2018), Ninth National GP Worklife Survey 2017, http://blogs.lshtm.ac.uk/prucomm/files/2018/05/Ninth-National-GP-Worklife-Survey.pdf

Develop a better understanding of workload data

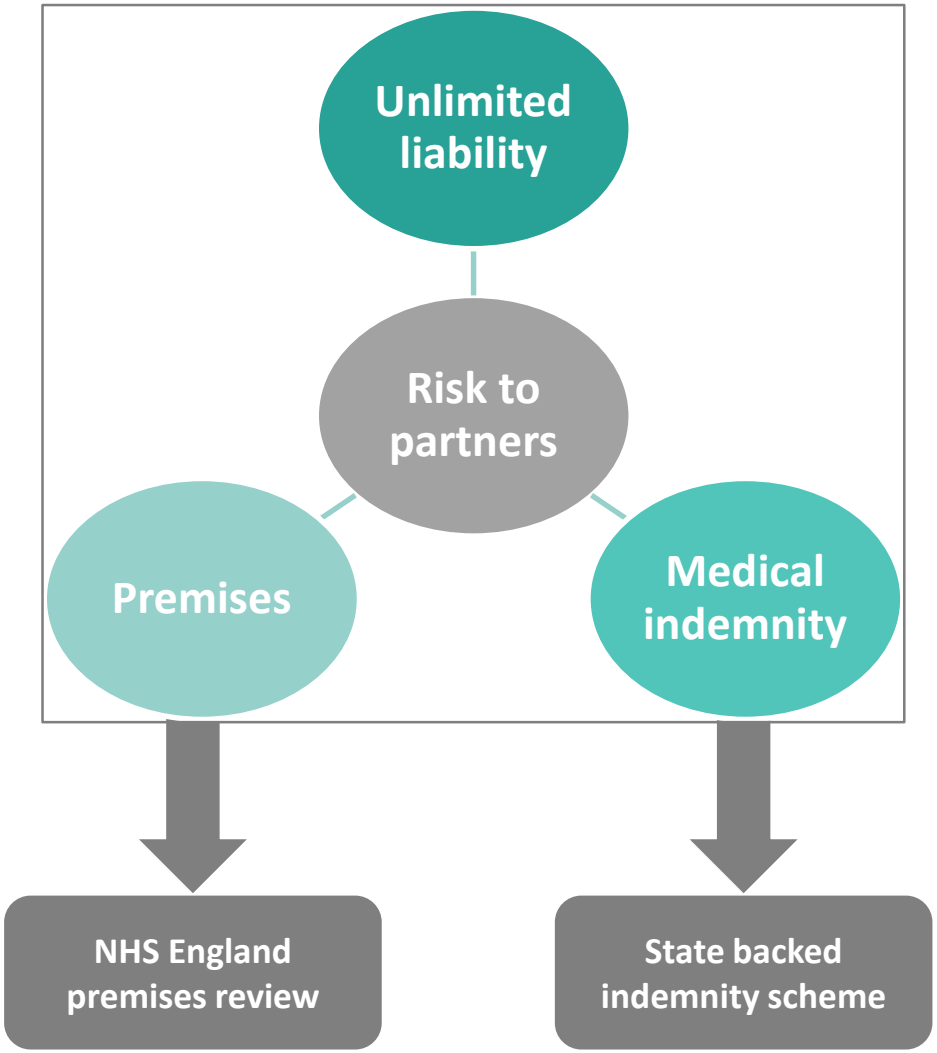
Detail of recommendation
At the system level there is a wealth of data about workload and activity within hospitals because of payment by results. This data is used repeatedly to show the pressures - for example, 4h trolley waits in A/E, referral to treatment targets, cancer waits, emergency admissions and delayed transfers of care. General practice have a far more extensive database of clinical care, but little in the way of workload data. We should develop a better understanding of workload and the impact of changes to regulation etc on workload. Data collection, for example through the RCGP Research Surveillance Centre 'workload observatory', could inform future recommendations and provide evidence of GP workload and how it changes.

Risk was a key theme in the feedback on the Key Lines of Enquiry

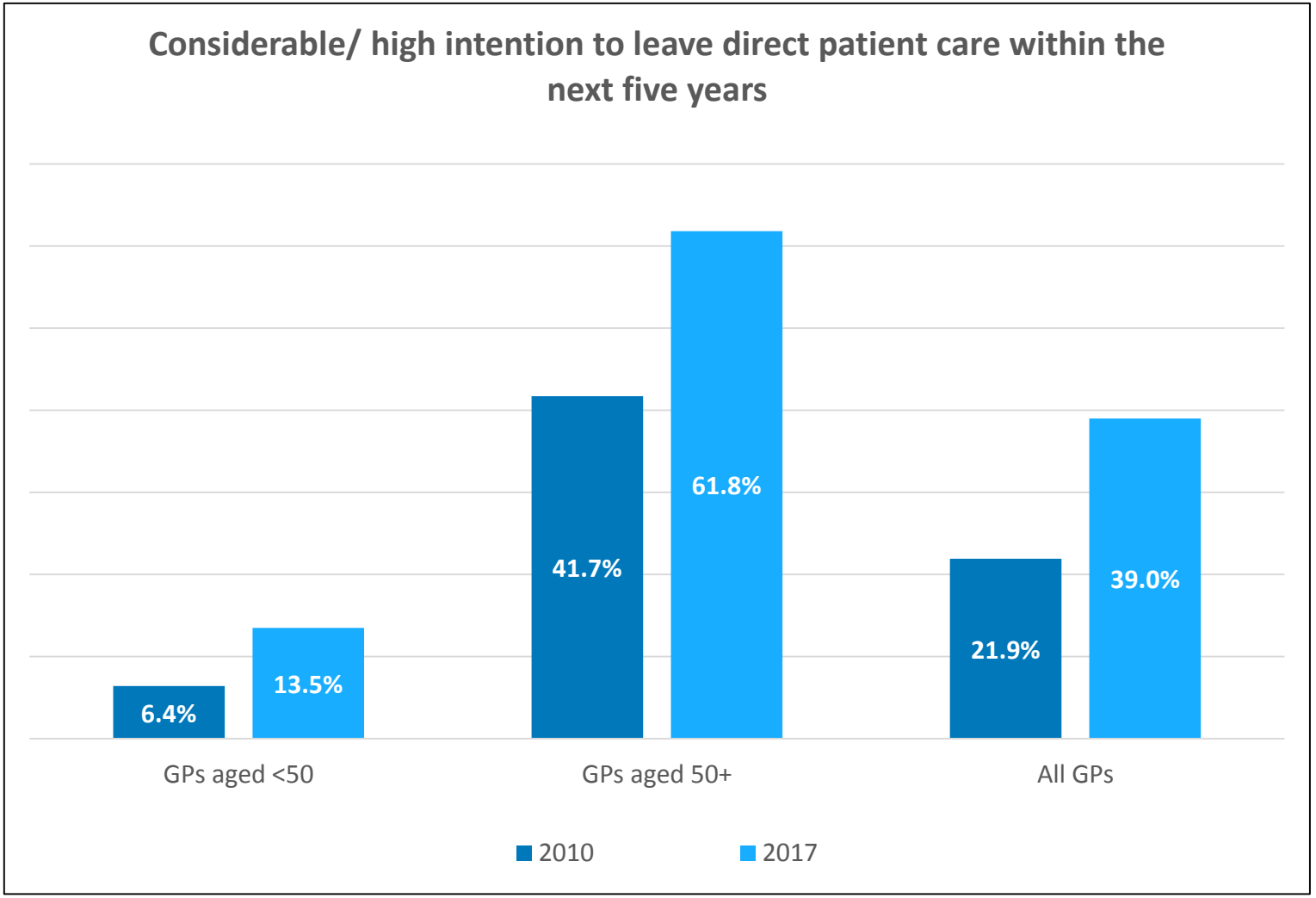
Reduce risk to individual partners

GP partners have unlimited personal and joint liability for the business. The review has heard that many younger GPs are not willing to take on this level of personal risk.

Further consideration is needed of whether alternative business models should be available for GMS/PMS contract holders



The intention to leave direct patient care in the near future has increased among GPs of all ages



Source: Gibson, Sutton, Spooner and Checkland (2018), Ninth National GP Worklife Survey 2017, http://blogs.lshtm.ac.uk/prucomm/files/2018/05/Ninth-National-GP-Worklife-Survey.pdf

Status – morale in the profession is falling

Challenges

Morale

- Medical students being told that being a GP is of less status than a Consultant
- Junior doctors report negative comments by senior colleagues about GPs and general practice
- Disillusioned GPs giving trainees negative messages
- GMC does not recognise general practice as a specialty

System leadership

- General practice not considered to be of equal status to hospitals

Training

- Training placements in general practice receive less funding than hospitals

Possible solutions

Morale

- GP, Consultant exchanges – challenge culture
- Make general practice a better place to work – then becomes a more positive training experience
- GPs become Consultants in General Practice - specialist generalist
- GMC, NHS and Government recognise general practice as a specialty

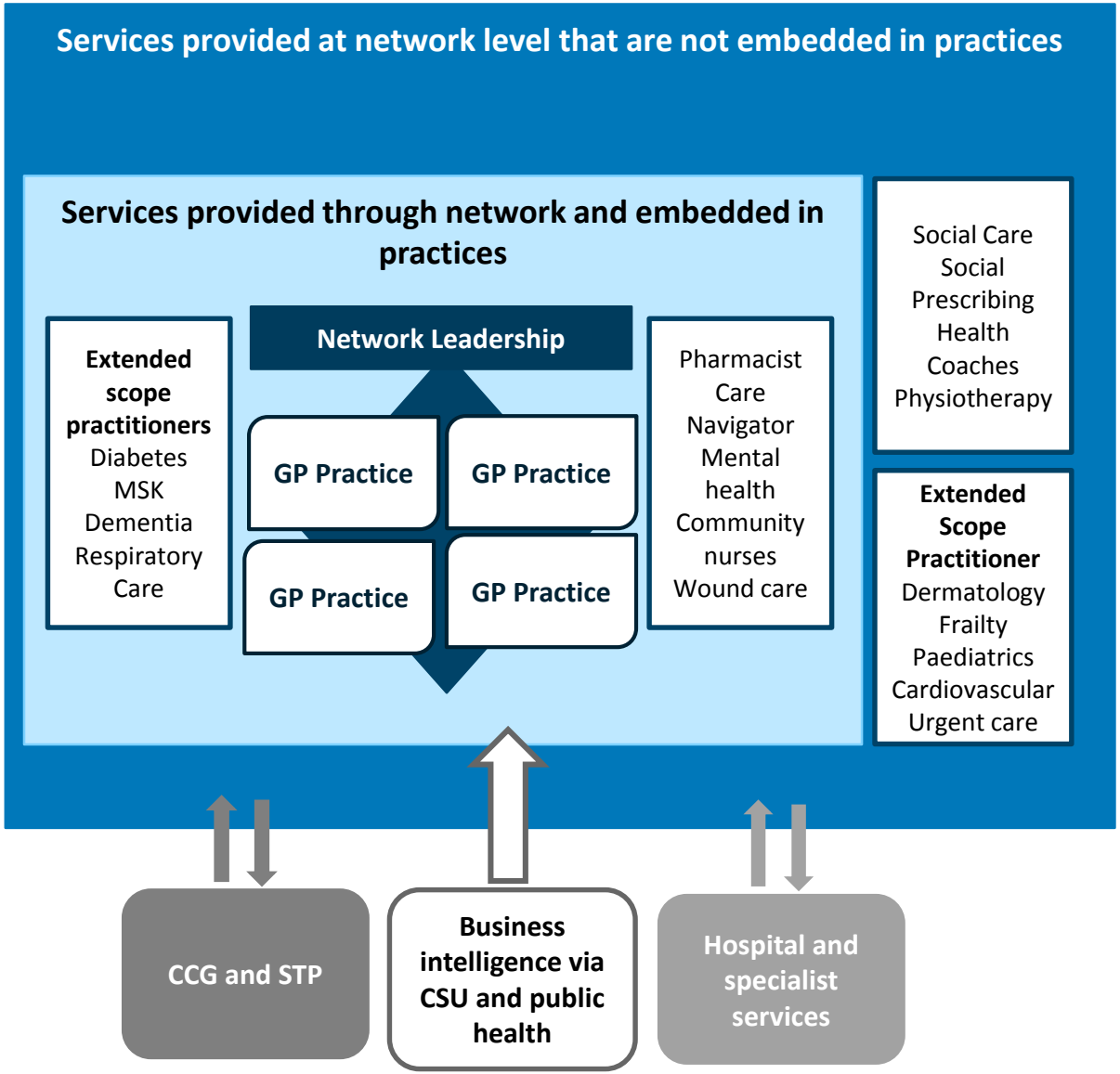
System leadership

- General practices to be considered part of the system leadership team

Training

- General practice funded at same rate as hospitals for training

Working at scale: Primary Care Networks



Primary Care Networks (PCN) are not statutory bodies or formal organisations. They are a network of providers working as a 'delivery unit'. A PCN will support general practice, integrate local services and develop and deliver services that would support the wider community.

At the centre of the PCN will be the constituent practices. This does not require practices to merge, but to collaborate.

There are services which should be delivered at a network level and have a presence in every practice. These services may not be delivered at an individual practice level, but they should be working with and for practices.

There is a significant gap between the 'specialist generalist' namely the GP and super specialist in the hospital. The PCN is an ideal way of filling the gap and pulling services out of hospital and providing them in the community and closer to home.

The PCN will help support general practice, provide the environment to expand the workforce and support the system in reducing the dependency on hospital based care.

Primary care networks are still in development. Networks will not be the same in every area, as it will reflect the population it serves.

Enabling change: how can digital and technology support GP partnerships?

Patient

- Online
  - Booking
  - Prescription ordering
  - Repeat prescribing
  - Results
- New ways of consulting
- Patient own their record
- Access to self care Apps
- Access to self management Apps

Practice

- Remote working
- Common health record
- Single data sharing agreement
- Automate measurements and integrate with clinical records
- Video conferencing

System

- Inter-operable patient records
- Common data sets
- Faster internet connections
- Use technology to streamline management of LTCs
- Self care
- Self management
- Social prescribing

How can we revitalise general practice?

We cannot make the partnership model more attractive unless we make general practice a better place to work

How do we do this?	✓ Create a secure future for general practice ✓ Reduce risk ✓ Sustainability – critical to have recurrent funding ✓ Positive messaging – Political, NHS England, DHSC and the profession ✓ Expand the workforce – create opportunity and flexibility

Where can I learn more and how can I get in touch?

How to contact us

Email: GPPartnershipReview@dh.gsi.gov.uk

My blog: https://www.wessexlmcs.com/gppartnershipreview

Twitter: @gppartnershipr1