

Explaining the evolution of the GP Practice workforce at a National and Local (Rutland) Level

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Explaining some of the basics

- GP Practices are funded through a contract with the Government, most are GMS contracts (5 days a week). Some are called APMS contracts (7 days a week)
- The GP Partners (Directors) have the ability to recruit staff, such as Salaried GPs, Nurses and Health Care Assistants.
- The Practice receives some core funding and attracts extra funding based on achievement of Quality Indicators (QOF)
- QOF indicators are negotiated by Government with the British Medical Association (GP Representatives) and cover things like Blood Pressure monitoring and management of the registered patients against agreed targets.
- The historical hours of opening hours of a GP practice was 8.00 to 6.30pm

Can't we just employ more GPs?

Health Select Committee into Primary Care Workforce

- The age of the average GP population is getting older
- Increasing numbers of GPs want a varied career, working in hospital clinics, being a locum in a number of practices or simply driven into retirement by pension and workload factors.
- The historical workforce planning for a “stable GP population” made some decisions 20 years ago the negative effect of which is becoming evident now.
- GPs are actually having more contacts (appointments) with patients now than ever
- Hospitals Consultants are discharging patients with complex care for GPs to monitor in the community eg Diabetes is no longer a hospital condition. Whilst this is the right thing to do, this puts added workload into Primary Care.

Explaining some of the basics – The PCN DES

The Primary Care Network (PCN) DES (National) contract extension

- Provided funding for practices to start to work to help create bigger GP Practices “at scale” – In Rutland the 4 Practices (Empingham, MOSS, Oakham and Uppingham) agreed to work together and formed Rutland Health PCN
- Bigger is meant to mean better
- Improved ability to recruit and utilise clinicians such as Physiotherapists, Specialist Nurses, Teams within a region
- **A section of it is called “Additional Roles and Reimbursement System” “ARRS”**

Explaining some of the basics – The PCN DES

The PCN DES contract extension – ARRS

- The PCN is only funded for staff it has successfully recruited
- The PCN has a limit on the total amount of funding available
- The contract limits the numbers and type of staff you can recruit i.e. you can't recruit 20 Ambulance staff and decimate the East Midlands Ambulance Service
- All PCNs are competing for the same staff

The Roles

19/20	20/21 – Additional Roles added	21/22 – More roles
<ul style="list-style-type: none">• Clinical Pharmacist• Social Prescribing Link Workers	<ul style="list-style-type: none">• Physician Associates• First Contact Physiotherapists• Pharmacy Technicians• Health & Wellbeing Coaches• Care Coordinators• Occupational Therapists• Dieticians• Podiatrists• Nurse Associates• Trainee Associates	<ul style="list-style-type: none">• Community Paramedics• Mental Health Practitioners

The Enhanced Access addition to the PCN DES

The PCN DES contract extension – Enhanced Access (Longer Opening)

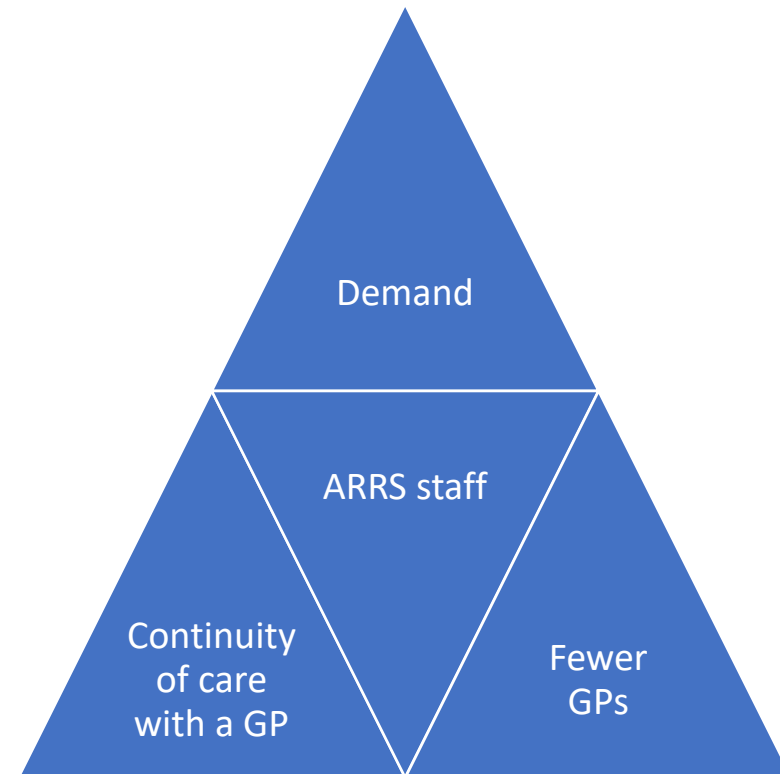
- Within the PCN, at least one of the practices should be open on Monday to Friday from 6.30 pm to 8.00 pm and on Saturday opening is 9.00 am to 5.00 pm these appointments will be available for all patients across the PCN
- Number of appointment hours to be offered links to the number of patients registered in the PCN – Rutland is 44,000 patients = 44 hours per week.
- It does not need to be the GP delivering all of these hours, it is a team effort, but the GP needs to be available to offer supervision for staff.

The expectations of only seeing a GP has to change

The impossible triangle

1. Increasing Access
2. Continuity of Care with a GP
3. Reducing number of GPs
4. ARRS staff

It can't actually fit together without ARRS staff



The effect on accessing healthcare

Patients often want and expect to see their GP and only their GP

- Continuity drives up satisfaction, for both the GP and Patient, but limits the number of patients that can be seen by the NHS
- ARRS staff complete many activities with the same level of quality as a GP – termed “GP substitution roles”
- What can these extra professionals deliver for patients?

Examples of how ARRS staff can help see patients

Clinical Pharmacists

- Prescribe medicines for High BP, Cholesterol, Emphysema (COPD) and Asthma
- Can (when trained) see illnesses like Urine, Chest and Skin Infections

Mental Health Practitioners

- Manage depression and assess suicide risk

First Contact Physiotherapists

- Diagnosis conditions like a GP or Orthopaedic Consultant
- Would not be treating you, only diagnosing you

Rutland is lovely, so why don't staff move here?

The NHS has a genuine and real workforce CRISIS

- The Health Select Committee has demonstrated all the problems in the NHS
- Local Practices have advertised Clinical roles, for GPs and had no applicants

To attract clinicians to Rutland, we have to compete against other areas

- We are doing this by innovative work and utilisation of national funding
- Rutland Academy
- Patient Safety Work

The Rutland ARRS plan

How have we used the available money

- 4 Care Coordinators
 - 1 Project Lead, 1 Ukrainian Dr, 2 High Risk Prescribing Project Leads
- 1 Health and Wellbeing Coach
- 1.5 Diagnostic Physiotherapists (First Contact Physio)
- 1 Mental Health Worker
- 10 Clinical Pharmacists (Creation of the Rutland Clinical Pharmacy Academy)
 - 7 will be starting MSc degrees in Nottingham University
 - MSc – 100% Funded by National Apprenticeship Scheme - 20% release clause

The Rutland ARRS plan

How have we used the available money

- Care Coordinators listed for prestigious HSJ Award for Patient Safety
- Rutland Clinical Pharmacist Academy has filled and other areas are asking how we have managed to do this?
- Diagnostic Physiotherapists have proved successful
- Mental Health Conditions moved away from GPs with high quality consultations
- Social Prescribing has increased by working with the RISE Team in Rutland County Council to improve support for the most vulnerable

The Rutland Health Offer

“Free at the point of care, appropriate to need”

- Increase the number of clinicians employed in the area and develop their skills
- Increase the number of diagnostic clinicians through the MSc degrees
- Increase the productivity of GP contacts by using technology (AccuRx)
- Increase the safety of the systems by using Care Coordinators to target population groups with Health Inequalities
- Increase ‘self care’ by patients (buy own BP monitor, exercise more, talk more)
- Improve communication with patients to advertise the benefits of seeing “GP substitute Clinicians” – It increases access to Healthcare

The Rutland Health Offer

“Free at the point of care, appropriate to need”

- The PCN is utilising every available ££ of funding available
- The GP Practices are using technology to increase productivity
- The backlog of hospital care from the COVID pandemic creates increased workload for GP Practices, as patients contact us whilst they wait to be seen.
- Limitation on space is forcing some clinicians to be working from home
- The Government contract – PCN DES – forces GP practices to remodel their workforce but this has a knock on effect for patients “it’s not like it used to be”
- **This is not just a Rutland problem – it affects the whole of the Country**

Any questions?