**Meeting Date**: 2nd February 2016  
**Paper Title**: HEE Wessex Delivery Against GP Ten Point Plan  
**Paper Number**: 020206  
**Paper Author**: Dr Richard Weaver  
**Lead Director**: Dr Simon Plint, Postgraduate Dean  
**FOI Status**: Published on website / Available under Freedom of Information

<table>
<thead>
<tr>
<th>Paper Summary</th>
<th>This paper describes the progress to date in HEE Wessex against the ten point action plan set out in “Building the Workforce – the New Deal for General Practice”. It incorporates the update from the Primary Care Taskforce.</th>
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| Purpose (tick one only) | For Approval  
Item to receive  
For Decision |
| Recommendation | The LETB is asked to: Support this work and discuss the focus for 2016/17 |
| Where was this paper previously discussed? | n/a |
| What was the outcome? | n/a |

<table>
<thead>
<tr>
<th>How does this paper link to strategic objectives, mandate deliverables and corporate risks?</th>
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| 1. Caring Culture  
2. Integrated Patient Care  
3. Quality and Excellence of the Current Workforce  
4. Productive People  
5. Training for Innovation  
6. Excellent Training and Education |
| Resource Implications | n/a |

<table>
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<tr>
<th>How does this paper support the NHS Constitution?</th>
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| Seven Key Principles:  
- The NHS provides a comprehensive service, available to all  
- Access to NHS Services is based on clinical need, not ability to pay  
- The NHS aspires to the highest standards of excellence and professionalism  
- The NHS aspires to put patients at the heart of everything it does  
- The NHS works across organisational boundaries and in |
<table>
<thead>
<tr>
<th>Partnership with other organisations</th>
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<tr>
<td>The NHS is committed to providing best value and the most effective, fair and sustainable use of finite resources</td>
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<td>The NHS is accountable to the public communities and patients</td>
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**Legal, risks or equality and diversity implications**

The work of Health Education England is governed by various legislative frameworks. Due and appropriate regard is being given to the Equality Act 2010 and compliance with the three aims of the Equality Duty as part of the process of decision making.
HEE WESSEX DELIVERY AGAINST GP TEN POINT PLAN

1. PURPOSE

1.1 This paper provides the Board with an update on the progress in Health Education England (HEE) Wessex against the ten point action plan set out in “Building the Workforce – the New Deal for General Practice”. It incorporates the update from the Primary Care Taskforce which has been set up to deliver a number of these actions locally.

2. BACKGROUND

2.1 NHS England, HEE, Royal College of General Practice (RCGP) and the British Medical Association (BMA) GP committee (GPC) have jointly produced a ten point action plan to address immediate issues, and to take the initial steps in building the workforce for the future and new models of care.

2.2 It is part of the implementation of the Five Year Forward View and the New Deal for primary care, which set out a specific commitment to tackle workforce issues, alongside a range of other proposals.

2.3 There are three key strands to this work:

- Improving recruitment into general practice
- Retaining doctors within general practice
- Supporting those who wish to return to general practice

3. LOCAL PROGRESS AGAINST THE TEN POINT PLAN

Dr Richard Weaver, Head of GP School, Wessex is a member of part of HEE’s core GP group which has a monthly teleconference to review the Ten Point Plan. The group is led by Professor Simon Gregory, Director of Education and Quality, Midlands & East.

3.1 PROMOTING GENERAL PRACTICE

HEE have recruited and trained 15 national GP ambassadors to support a marketing campaign to set out the positive aspects and future careers in general practice. Two of the ambassadors are former GP Fellows from Wessex – Dr Helen Prince and Dr Verity Turner.

Wessex has organised several promotional events during 2015, including a GP trainee teaching project of medical students, a meeting in Southampton Medical School in April with presentations to students from the GP School and current trainees, and another meeting in September for all existing trainees and Trust doctors who might be interested in applying for GP training. Promotional material has been sent to all specialty and foundation trainees in Wessex prior to the 2016 recruitment round opening, and we have worked with existing trainees to update our website. The GP School has met with the
Local Medical Committee (LMC) and the Wessex RCGP Faculty to coordinate the promotion of General Practice in schools and through placements in practices.

Wessex is taking part in a Pre-Specialty Training Scheme (GP) which places unsuccessful GP applicants in vacant GP hospital posts, with a learning set and practice placements helping them prepare for reapplication the following round. Five doctors were appointed in Wessex in 2015, and one of them has already been successful in his application for training starting in February 2016.

3.2 IMPROVING THE BREADTH OF TRAINING

Wessex is offering a Global Health option to candidates for 2016 applying for the hard to recruit programmes in Isle of Wight, Dorchester and Portsmouth. Successful applicants will have the opportunity to spend an additional year in training working in rural South Africa, funded through Africa Health Partnerships.

We are also planning to continue the five GP Quality Improvement Fellowships at the end of training, which either focus on service improvement or educational support. This year we are also piloting two GP Extensivist fellowships (working across primary and secondary care to reduce admissions and promote early discharge), and next year we will be promoting the participation of GP trainees in the new Frailty Fellowship programme.

We have introduced four new “Vanguard” training posts (Integrated Community Care) on the Southampton programme working across General Practice and a Community trust (Southern Health), and we hope to broaden training with more such posts in the future.

3.3 TRAINING HUBS

HEE Wessex bid successfully to NHS England for funding to develop training hubs, which will develop a community and primary care infrastructure to provide training opportunities for the multi-professional workforce to develop new ways of working.

Wessex is setting up four training hub networks based around the existing GP educational patch framework under the leadership of the Patch Associate Deans, and will be appointing new non-medical educators. This will enable a rapid and integrated start to the project. The first project meeting is scheduled for February 3rd 2016.

3.4 TARGETED SUPPORT

NHS England is funding a £20,000 bursary scheme to attract GP trainees too hard to recruit places. Wessex has secured funding for ten bursaries for the Isle of Wight; the other locations are Blackpool, East Cumbria, West Lakes, and Lincolnshire. The details of the bursaries are still being finalised.
3.5 INVESTMENT IN RETAINER SCHEMES

NHS England is finalising guidance for the new 2016 GP Retainer scheme. The new scheme will have significantly increased funding and posts will run until 31 Dec 2018. The scheme will be open to help support and retain GPs who might otherwise leave the workforce, potentially including GPs towards the end of their careers considering retirement.

Wessex has continued to actively promote the existing Retained Doctor Scheme, supporting 45 retained doctors out of the UK total of fewer than 300.

3.6 IMPROVING THE TRAINING CAPACITY IN GENERAL PRACTICE

GP training capacity has effectively needed to double over the last 10 years, with the introduction of placements for 55% of doctors on the Foundation Programme and the proportion of time spent in GP training extending from 12 months to 18 months. Over the last three years we have expanded the GP training programme from 130 to 150 which requires an additional 30 GP placements.

We currently have 329 GP trainers across 187 practices and 300 different sites – an increase from 2010 when we had 263 GP trainers across 263 sites. We also have 60 Foundation training clinical supervisors. The rate limiting factor for capacity is not actually the number of GP trainers but more practically the number of sites where GP trainees can be placed, because typically training sites will only host one trainee at a time, even if there are more trainers. Capacity is also limited by the increasing number of less than full time trainees, because once again training sites will only take one trainee at a time whether or not they are full-time.

However, this will not be enough capacity if and when we fully recruit to our programmes, and therefore we are actively promoting the development of training hubs which will enable us to operate a “hub and spoke” model to place more trainees in satellite practices with fewer GP trainers.

3.7 INCENTIVES TO REMAIN IN PRACTICE

HEE has commissioned MORI to interview experienced GPs, nurses and trainees to understand their reasons for leaving general practice. The survey is due for publication imminently.

Wessex provides “After Training Care” to promote and maintain a resilient qualified GP workforce in the area. This includes mentoring and CPD support for GPs and co-ordination and identification of issues with the Wessex Appraisal service. The Wessex Appraisal Service also supports GPs’ development and professional performance in the community and links closely into the GP School and external support mechanisms.
Wessex Insight, a GP School initiative with the LMC provides support to help GPs cope with stress and problems in the workplace. This support is part funded by the LMC and the individual GP. Working with the NHS England Local Team, the GP School also helps to deliver a supported placement and remedial programme to help qualified GPs return to work.

The GP School works with and supports Wessex GP Educational Trust (WGPET), a local education charitable trust run by Wessex GPs, which provides an educational programme for established GPs.

3.8 NEW WAYS OF WORKING

HEE established an independent Primary Care Workforce Commission, chaired by Professor Martin Roland, which looked at new models of primary care to meet the needs of the future NHS published in June 2015.

Following this, HEE Wessex in partnership with the Allied Health Services Network (AHSN) established a Primary Care Task Force under the leadership of Dr Stuart Ward to work with Clinical Commissioning Groups (CCGs) and practices to explore local options for different working models, using Vanguards, Prime Minister's Challenge Fund, Better Care funding and in house investment.

The Task Force is exploring new staffing models, assessing their potential cost effectiveness and feasibility, including advanced nurse practitioners, extended scope physicians, clinical pharmacists, paramedics, physicians' associates, physiotherapists, health trainers, as well as increasing the numbers of practice nurses and health care assistants.

The Task Force is working very closely with the Vanguard projects, and specifically developing the provision of a multi-practice emergency and out of hour’s model in the South West New Forest.

3.9 EASY RETURN TO PRACTICE

Dr Richard Weaver, the Head of Wessex GP School is the National Lead on the HEE GP Induction and Refresher (I&R) scheme working with HEE across England, and liaising with Northern Ireland, Scotland and Wales and working as co-partner on the I&R scheme with NHS England, GPC and the RCGP.

Dr Weaver has been involved in the UK, and shortly to be worldwide marketing campaign for the I&R scheme. This commenced on 18 December, and included the release of an animated film on the I&R website, social media activity and direct email marketing. There has been good media engagement, with reported over 5 million Twitter impressions. A digital advertising agency has been appointed to commence social media and online advertisements.

Dr Weaver is currently working with the RCGP and NHS England to develop a Portfolio Route pathway for GPs returning to the UK to allow short re-entry refresher programmes. He is working with NHS England to promote the entry of EU qualified GPs to the UK and remove the barriers to the Medical Performers List application process.
3.10 TARGETED INVESTMENT IN RETURNERS

Under the new GP Induction and Refresher Scheme, NHS England fund a bursary (£2300 per month) and re-imbursement of the Entry Assessments fees (£1000), whilst HEE will fund Educational Supervisor fees for the placement (£700 per month). NHS England is in addition developing a targeted investment bursary for key areas of GP need.

Three Wessex GPs successfully completed the I&R scheme in 2015, and there are currently 15 doctors on the scheme in Wessex at various stages of the assessment process.

Dr Weaver has been invited, along with Dr Simon Gregory (Director of Education and Quality HEE Midlands and East), Dr David Geddes, (Head of Primary Care Commissioning at NHS England) to meet with Sarah Wollaston, Chair of the Health Select Committee, to discuss the scheme on February 22nd.

4. NEXT STEPS

4.1 We are pleased to report that a third round of national GP recruitment in 2015 has actually resulted in Wessex successfully recruiting to 92% of its vacancies, with an additional 5 pre-specialty training scheme. This may well reflect an early success of the GP 10 Point Plan and the local Wessex initiatives. The numbers of first choice applicants to Wessex in the first round of 2016 GP recruitment are not sufficient to fill all our vacancies (which have expanded this year from 142 to 150), but we are hopeful that the national clearing process and further rounds of recruitment will improve the situation.

5. CONCLUSION

5.1 This report has described the national and local initiatives being undertaken by HEE Wessex as part of the GP 10 Point Plan, with an early positive upturn to the 2015 recruitment numbers, and we look forward to the continuing work of the GP Task Force and beginning to implement its recommendations later this year.

6. RECOMMENDATION

6.1 The Board is asked to support this work and receive a further update in the New Year.

AUTHOR: Dr Richard Weaver
DATE: January 2016