

Local General Practitioners Retention Fund

**Guidance for NHS England Regional and
Local Office Teams**

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1 Introduction

This guidance document sets out the availability of at least £7 million of new funding in 2018/19 to further support delivery of the commitment set out in the General Practice Forward View (GPFV) to ensure an additional 5,000 extra doctors working in general practice by 2020, with a key focus on supporting general practitioners (GPs) who are at risk of leaving general practice, or who have already left. This guidance sets out how the Local GP Retention Fund will be delivered including:

- Operational and funding arrangements at NHS England regional team level.
- Agreed principles which set the parameters within which regions can fund retention initiatives, with examples of the types of schemes regional and local office teams may wish to consider.
- Key milestones.
- How the national team will support the regions by enabling learning and sharing of best practice.

Related work will also be taken forward during 2018/19 to provide more intensive support in defined areas of the country that have struggled most to retain GPs, linked to implementation of the Time for Care 10 High Impact Actions and wider related work being taken forward under the GPFV.

2 Background

Research¹ shows that a complex combination of factors are leading to poor job satisfaction within general practice including workload, remuneration (and the impact of pension changes), perceived lack of recognition, increasing bureaucracy, indemnity costs and lack of peer support. This is leading to increases in the rate at which GPs are choosing to leave the workforce, or work on a more part-time basis. The current rate of loss from the workforce is now estimated to be between 5 and 8% nationally.

In early 2017, NHS England therefore established a GP Careers Plus pilot to test new models of retaining experienced GPs through pooled working arrangements with a view that additional flexibility and variety of work will persuade GPs to remain in practice.

¹ Worsley and Cook (2015) Looking to the future: the recruitment, retention and return of GPs. Ipsos MORI. Available at <https://www.england.nhs.uk/gp/gpfv/workforce/>
Peckham, Marchand and Peckham (2016) General practitioner recruitment and retention: An evidence synthesis. PRUComm. Available at <http://blogs.lshtm.ac.uk/prucomm/files/2016/11/PRUComm-General-practitioner-recruitment-and-retention-review-Final-Report.pdf>

Interim findings to date have included:

- The pilot's concept helps to improve workforce resilience across local systems. Where schemes have become established, they have provided added value in helping to retain experienced GPs who would have otherwise left.
- The pilot's approach has worked well and should be advocated as a concept for future retention schemes. The availability of start-up funding has successfully enabled providers (federations, Clinical Commissioning Groups (CCGs), partnerships etc.) to establish a flexible employment model within a set of high level national principles.
- Pooled working offers a viable alternative to being a regular locum. Experienced GPs who may have undertaken locum work after leaving / retiring now have another option to consider where pilots have been established, which uses their complete range of skills and supports them in their role with continuous professional development (CPD) and indemnity contributions.

3 Local GP Retention Fund

Building on learning to date, at least £7 million of additional funding will be made available to NHS England's regional teams in 2018/19 via the Local GP Retention Fund. Regional and local office teams should use this fund to facilitate the establishment of local schemes and initiatives that enable local GPs to stay in the workforce, through promoting new ways of working and offering additional support.

Indicative regional funding allocations are as follows:

Region	PMC allocation %	£'s
North (including Greater Manchester)	28.8	2,016,000
Midlands and East	30.0	2,100,000
South East	15.0	1,050,000
South West	9.8	686,000
London	16.4	1,148,000
England	100.0	7,000,000

In advance of funds being released, each region will be required to submit a proposal for how they intend to spend their initial indicative allocation by the end of June 2018. Regions will be provided with a template for this purpose. Two stocktakes will then be

held during the year where detailed progress reports will be required. Regional teams will be consulted on the detail of national reporting arrangements which will be finalised in line with the submission of proposals (see 'Key milestones' below). Delivery of the agreed initiatives will be incorporated into the existing regional assurance process.

Workforce needs will vary across the country and regions should seek to tailor the approach according to the specific needs and profile of their local GP population(s). To achieve greatest impact this approach should reflect latest workforce data and intelligence and requirements set out in individual Sustainability and Transformation Partnership (STP) workforce trajectories for 2018/19. Regions should work closely with CCGs and other key partners including Local Medical Committees (LMCs), the Royal College of GPs (RCGP) Ambassador Network and other local GPs to consider how to maximise impact, and ensure that initiatives align to the agreed principles set out below. Regions should also liaise with Responsible Officers to consider how the appraisal process and other available peer support networks can be used to help identify GPs requiring support.

4 Agreed principles

The following agreed principles broadly set the scope of the types of initiatives which can be supported under the fund. Regions will need to ensure that all initiatives receiving funding via the Local GP Retention Fund demonstrate alignment with these principles:

- i. Initiatives should focus on increasing the overall capacity of the local general practice workforce. This should include consideration of areas of most need across all STPs in a region, with numbers to be supported evidenced via 2018/19 STP workforce trajectories. Resources provided under the fund should be used to establish local retention initiatives for one or more of the target groups set out below.
- ii. **GPs who are newly qualified or within their first five years of practice.** This group contains newly qualified GPs within the first five years of obtaining their Certificate of Completion of Training. Initiatives in this category would focus on providing a flexible career alternative for newly qualified GPs to support them during their transition into the workforce, and provide them with greater exposure to different models of practice to inform their long-term career decisions (e.g. partnership working, portfolio working etc). For example a scheme may offer a planned rotation around a group of practices (or other agreed primary care settings), with central co-ordination to minimise practice burden and a range of incentives offered such as a dedicated mentor and contributions towards indemnity. Ideally, GPs should be employed on these types of schemes through a salaried / fixed-term contract, preferably linked to continuing substantive employment.

Current examples include:

- Innovative GP Scheme, Barnet Community Education Provider Network (CEPN) helps newly qualified GPs into the workforce by offering a portfolio career and additional mentoring and support with indemnity. GPs on the scheme undertake between 4-6 sessions of clinical work and undertake one non-clinical session (a week) which involves undertaking work for either the local CCG or other healthcare organisation to work on improvement projects. The scheme is supported currently by the local CCG.
- East London Healthcare Partnership is setting up a first five programme to provide support for newly qualified GPs to promote local retention. Aim is to support 18 newly qualified GPs and or general practice nurses to work within primary care and develop special skills. Collaboration between CCGs, CEPNs and secondary care to fund one developmental session a week - CCGs, Federations, Confederations and Nursing Super-hubs will provide opportunities for these staff to work on improvement projects within their local health economies.
- Sunderland Career Start run by Sunderland GP Alliance (GP Federation) offers newly qualified GPs incentives for a one or two-year programme, choosing between 5-8 clinical sessions per week, and either 1 or 2 CPD sessions. GPs are supported by a GP Supervisor to oversee professional development, and have a minimum of two hours protected time per week with a dedicated host practice GP, for peer support and case based discussions.
- Primary Care Fellowship Programme (London-wide), 12 month fellowship providing access to clinical and academic training, to gain experience across both generalist and specialist sectors in the clinical area of the fellowship, as well as seeing the full range of primary care conditions. Many on the scheme are salaried GPs post qualification.

iii. **GPs who are seriously considering leaving general practice or are considering changing their role or working hours.** This may include experienced GPs in their mid or late career. Initiatives in this category should focus on supporting GPs to remain in clinical practice and might consist of establishing pooled working arrangements for experienced GPs to undertake clinical sessions across the lead provider, combined with the provision of tailored support where GPs receive a range of incentives such as contributions for indemnity, educational support and greater flexibility.

Current examples include:

- Great Yarmouth and Waveney CCG through the GP Career Plus pilot has created a scheme which is focused on retaining experienced late

career GPs. These GPs are encouraged to join a staff bank where they can undertake ad hoc clinical sessions across the CCG's 21 practices. In return, they receive a range of benefits which include indemnity cover, access to a facilitated peer support network and a training budget to use for specialist interests and mandatory training.

- Wessex Local Medical Committee (LMC) is establishing a GP Supporters Programme which will develop a pool of GPs to work with vulnerable / struggling practices to review the clinical and managerial aspects of the practice in support of planning for future sustainability.
- Lewisham CCG is taking forward centralised recruitment through a GP federation to support career portfolios including working in services such as extended GP access.
- Southwark CCG is developing a forum for locum and salaried GPs which supports recruitment and retention by providing an opportunity for shared learning, peer support and reflection.
- Lewisham CCG is working closely with the CEPN, local NHS Trust and the GP Federation to provide a range of training and educational opportunities. The CCG supports six 'Protected Learning Time' sessions per year to enable practices to engage with training and education. This has been contractualised through the new PMS contract in Lewisham.
- Barking and Dagenham, Havering and Redbridge have established a local GP retention scheme which is supporting GPs to develop specialist interests and expand their role to promote retention. The specialist sessions are funded by the local CCG. Full collaboration across HEE, CCGs, primary and secondary care, education providers and others. There is active recruitment of North East London trainees into the scheme.

- iv. **GPs who are no longer clinically practicing in the NHS in England but remain on the National Performers List (Medical).** This may include GPs who have recently retired, moved abroad to practice or have taken a career break including maternity leave and long-term sickness. After a two year break in practice, doctors are removed from the National Performers List (Medical) and require additional support to return to clinical practice via the Induction and Refresher Scheme. The process for returning before two years is much simpler, however doctors often cite a lack of support. Initiatives in this category should seek to support GPs through their return to clinical practice which can be through participating in pooled working arrangements, facilitated peer support sessions or one-to-one mentoring. Current examples include:

- Somerset Primary Healthcare Ltd, through the GP Career Plus pilot, has developed a scheme which focuses on providing two dedicated

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sessions a month of facilitated peer support to GPs who have either left general practice or who are seriously looking to leave. Support is offered over a six month period and GPs can work across the footprint of Somerset Primary Healthcare by undertaking ad hoc clinical sessions if they desire.

- NHS England SW and HEE SW have jointly designed a short placement scheme to support GPs returning to practice. This scheme returns GPs to practice who have been out of practice for more than one year but less than two. The scheme includes a two week placement with a supportive GP trainer who exposes the GP to up to date practice and protocols, advice on using the software system, and consulting with patients. Following this they are re-energised and confident to get back into independent practice. Through this scheme the SW has successfully returned 10 GPs to practice.
 - NHS England SW and HEE have developed an offer of non-direct patient facing roles within practices which can be filled by GPs who are exhausted from patient care, looking to wind down or unable to commit to long shifts due to caring commitments. Work being undertaken by these GPs includes complaint response, letter reviews, pathology results, care home visiting, telephone triage etc.
 - NHS England SW and HEE SW are planning to implement a scheme targeted at recruiting non-active working GPs. There are many GPs who have left the active workforce who could be encouraged to re-join if given the encouragement and support to negotiate the hurdles of GMC and Performers List application. The plan is to create a recruitment drive both in lay and medical press to encourage GPs to phone and explore their options. They will need practical support as well as some financial help for professional expenses. In addition a matching service for these GPs for observation placements similar to the international GP recruitment scheme will be created.
- v. Ideally schemes should seek to support GPs to work a minimum of five sessions in general practice per week (equating to a participation rate of 56%) however regions may tailor this approach to the needs of their local workforce. Sessions should include provision for CPD and may extend to clinical supervision in the locality or other non-clinical work. Alternative support is available under the GP Retention Scheme for GPs who are unable to undertake regular part time work and cannot commit to working more than four sessions a week.
- vi. The fund will support initial set-up and implementation costs only in the expectation that initiatives will be designed to be self-sustaining where ongoing support is required. Direct GP employment costs will continue to be

borne by the practice (or other named employer). Regional teams may also direct use of the fund to support:

- Additional local team capacity and capabilities to administer support directly.
 - Contracted third party supplier(s) to work with STPs, CCGs, GP Federations or other at scale providers. Suppliers may provide specialist aspects of the menu of possible support. Note that a business case has been prepared by the national team to support any non-clinical procurement required. Details can be found on the FutureNHS Collaboration Platform (see 'Available Resources' below).
 - Backfill (or other costs) for individual GPs and other practice team members – for example to provide peer support to other GPs or to free up time for GPs to contribute and design new initiatives etc.
- vii. Regional and local teams may wish to use funding to offer a range of incentives to attract suitable GPs to join proposed initiatives. These may include reimbursement for indemnity, support for CPD, mentoring, facilitated peer support, support with appraisal / revalidation etc. Ideally newly qualified GPs should be appointed a mentor to support transition into the workforce, provide clinical support and discuss future career options.
- viii. Regional teams will be responsible for:
- reporting on implementation to NHS England national team according to the agreed schedule.
 - ensuring all initiative(s) are reviewed in line with agreed evaluation and review framework.
 - ensuring the proactive sharing of best practice and lessons learnt, and the development of a formal case study for each initiative established under the fund (see 'Available resources' below).
 - ensuring all initiatives are subject to equality and health inequalities screening.

5 Available resources

A collaborative working platform is provided on the FutureNHS Collaboration Platform (General Practice Workforce Exchange) to share resources relating to GP retention. To request access, please email england.primarycareworkforce@nhs.net. The national team will keep this up-to-date with latest templates, case studies, related research, data analysis and other related resources. Regional teams will be responsible for ensuring the proactive sharing of best practice and lessons learnt in their own locality via this platform, as well as contributing to the development of formal case studies for each initiative established under the fund.

The first detailed case studies from the Great Yarmouth and Waveney CCG, Somerset Primary Healthcare Ltd and Newham Health Collaborative Ltd GP Career Plus examples highlighted above are now available on this platform. Summary versions are available from the NHS England website at <https://www.england.nhs.uk/gp/gp/v/workforce/retaining-the-current-medical-workforce/gp-career-plus/>

6 Key milestones

Regions are required to ensure local implementation progresses in line with the following milestones:

By 29 May	Fund launch
By 29 June (latest)	Regions to submit proposal to the national team outlining how the indicative funding allocation will be targeted, with detail of local retention initiatives where possible.
By 6 July (latest)	National team to review submitted proposals to ensure alignment with agreed principles and confirm any further detail required OR confirm agreement to the proposal submitted.
By 13 July (latest)	Deadline for regions to respond to queries and actions from national team (as required).
By 31 July (latest)	Funding formally transferred to regions to support establishment of local retention initiatives (as per agreed proposal). Transfer of funds at end of June possible if final proposal are submitted prior to the 29 June. Regional teams to have communicated local processes and timescales to providers engaged in or seeking support from the fund.
By 28 Sept (latest)	Initiatives established.
By 22 October	Six month stocktake, review of spend to date and detailed reporting.
By 28 January	Nine month stocktake, review of spend to date and detailed reporting.

By 31 May 2019	Submission of end of year review, evaluation and final case studies.
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7 Equality

Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:

- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and
- Given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

8 Further information

Queries should be addressed to: england.primarycareworkforce@nhs.net