



Understanding the challenges for General Practice in transforming health and care

Wednesday 24th May, 2017.

“General Practice is increasingly under pressure with growing workload, limited capacity and resource, high expectation to support the transformation agenda and provide greater patient access, whilst continuing to deliver excellent patient care. The GP Forward View (April 2016) details how there is now a requirement for GPs to accommodate work previously undertaken in hospitals or social care, which is having a direct impact on both staff and patients. Small changes in General Practice have a big impact on the demand for hospital care, so the need to support general practice in underpinning the whole healthcare system has never been greater.”

How was the session managed?

Attendees were invited to share their positive experiences and reflections of general practice. Delegates were separated in to discussion groups to explore the following topics:

- There is a perceived disconnect in relationships across the system particularly between General Practice and other partners. What do we need to do to clearly communicate to our system partners to help them understand the current challenges faced and realistic opportunities in General Practice?
- What support is required to enable GP practices to be full partners in the current transformation agenda (FYFV)?
- The GP forward view indicates numerous funding streams to support general practice - where is this being utilised for greatest impact in the East Midlands, what are the challenges to access and how should it be utilised to best effect?

Lisa Saultana, Chief Operating Officer and General Practice Task Force Lead at Derby and Derbyshire LMC, gave a presentation on Primary Care from an LMC perspective followed by Dr Ursula Montgomery, GP at Central Surgery Oadby, who gave the GP perspective.

The Director of EMLA, Paul O'Neill explained some of the detail behind the Five Year Forward View and the General Practice Forward View and the group broke into smaller teams to discuss the questions posed on the agenda for the session.

Attendance and participation

The event was attended by 20 participants from a range of Primary Care organisations, and included GP's, as well as staff from EMLA, HEE and NHSE. Their names are listed later in the document and we would like to thank them all for their valuable contributions to the discussions.

What we learned

There are significant challenges within General Practice to meet rising demand, increased expectations from patients and the need to transform services as described in the Five Year Forward View (FYFV) and GP Forward View (GPFV), with a backdrop of significant financial pressure.

The 'small business model' of General Practice has to date stood the test of time, however increasingly the model itself is at odds with the direction of the transformational change needed in the FYFV.

The time needed to plan and think strategically in partnership with other organisations has never been greater but the difficulty of creating the necessary 'head space' for General Practice is proving extremely difficult. However, there are pockets of excellent practice, innovation, positivity and new ways of working which need support and investment to be able to enable these ideas to be spread and adopted on a larger scale.

- 1. There is a perceived disconnect in relationships across the system particularly between General Practice and other partners. What do we need to do to clearly communicate to our system partners to help them understand the current challenges faced and realistic opportunities in General Practice?"**

Attendees agreed that there is a considerable lack of understanding in the wider system in respect of general practice funding, the GP partnership model and the risks associated with these. As a GP partner personal financial investment is made with each practice run as an independent business, therefore the risks to GPs when trying to support significant financial decisions made in support of system collaboration is felt much more acutely than organisations that are making decisions with public money. It was acknowledged that other providers need to take this into consideration when understanding the levels of risk associated with general practice and how the transformation agenda could impact on GPs personally if they are not supported financially through the changes needed.

General practice also felt that the perception in the system is that GPs don't want to be engaged in transformation as they often cannot attend important meetings. A major reason for GPs not attending such meetings and events is the limited funds available to cover their absence from their practices. Attending one meeting will require a GP to fund additional cover from already very limited resources, therefore the requirement to attend regularly in order to be engaged feels almost impossible. It was noted that 15 years ago attending events wasn't a problem as funding was more readily available, however GPs now feel that they are having to channel their energy into balancing the books just to manage their practice's sustainability, when their priority should be patient care which they feel is and should be their absolute priority, therefore the challenges and pressure to balance excellent patient care and financial sustainability of service is ever increasing

There is a real concern in primary care at present in respect of their independent sustainability. Becoming a partner in a practice is increasingly being seen as a less attractive option to new GPs in the system. Additional pressures are being put upon partners as colleagues retire without replacement due to the limited attraction to the role. This then makes it very difficult to find the time to step away from their

practices to be fully engaged in the transformation meetings that are shaping the new services. Additionally, when they are able to fund their absence they have found it difficult to get an invite to senior groups or meetings. This often results in limited general practice voice in the decision making process, when the reality is that they would absolutely want to have a say in how service is shaped but feel bound by the financial constraints of their bottom line and the restricted access they have due to limited engagement and understanding of their position.

This along with patient expectation is putting pressure on the system. Patient demands at a system and national level are growing and work needs to be done to change public perception of how and when to access GP services. This fits well with the ambitions of the FYFV prevention agenda. Furthermore, there are fundamental difficulties in the system in understanding GPs in the role of commissioner versus GPs as providers.

General Practice feel that alternative ways of working or engagement could be developed to aid understanding of their current context across the system that would allow them to have a greater voice and avoid the frustrations currently being experienced. They feel that through the system having a better understanding of the restrictions they are under as independent businesses (in terms of making the changes needed) this would help to manage the transformation agenda in a way that works for all parties involved.

GPs felt that a campaign should be devised to enable them work alongside other providers of care; such as 'speed dating' for health and care sector professionals to encourage the right conversations and questions.

With regard to patient demand, primary care representatives suggested a need to develop a shared and better understanding of how to utilise health and care effectively and efficiently through Patient and Public Groups etc. There should be more of a responsibility on patients as noted in the FYFV, to be educated in respect of self-care and health and wellbeing. The financial constraints of delivering the NHS (i.e the cost associated with their care) should also be shared with the public to help them understand the pressures perhaps through a public health national campaign.

Finally, GPFV funding needs to go direct to the GP practices with KPIs developed by the provider to allow for greater support without unnecessary bureaucracy. Investment into the GP workforce needs to occur to help to build capacity and expand skills and competencies in order to support the changes needed.

2. What support is required to enable GP practices to be full partners in the current transformation agenda (FYFV)?"

As noted in the previous question the issue of releasing resources to attend meetings is a challenge. The meeting process to enact any change can often take numerous discussions and can be long and often difficult. The process of transformation is slow and GPs often do not have the capacity to attend every meeting and therefore could be seen to be less engaged which is not the case. Therefore, consideration needs to be given to how such meetings and projects can get the best out of their GP representatives to ensure their time is valued and quick wins are gained where possible. Equally GP forums should be explored further to allow GPs to represent each other thus providing the voice for all involved and sharing the commitment to engage in a way that is financially viable in terms of providing resource, practical and outcome focussed. In theory CCG representation at forums could provide an appropriate clinical voice, however there is scepticism about whether the clinical view is being heard over and above the financial/contractual requirements.

The FYFV is not necessarily well understood in Primary Care at present; therefore investment is required in helping to share the vision in a way that is meaningful and broken down into small pieces to enable the information to be digested effectively by Primary Care. More energy is needed to prime the Primary Care

system, as transformation cannot be 'done to you' and will not succeed unless the purpose is well understood and co-authored by those affected. Most conversations at present come down to resources and funding, therefore greater emphasis on the benefits of the change, and reporting requirements need to be proportional.

Furthermore greater access to training is required to enable Primary Care to retain their current workforce and encourage future workforce. There is currently a lack of support for workforce however if general practice had the opportunity to bring 50 people in the same role together, practices would be willing to invest the time and effort to support this valuable development.

Finally, GPs' time is so limited that they really need some additional administrative resource to assist in making referrals and undertaking 'form filling' duties. Having this support would allow them the headroom to think about the changes needed whilst also enabling them to concentrate on the 'day job'.

Access to occupational therapists in surgeries would save GP time and where viable and practical, such as cities rather than small towns, consideration should be given to combining practices to share financial pressures, workforce resources and peer support, whilst creating effective and efficient shared services.

3. The GP forward view indicates numerous funding streams to support general practice - where is this being utilised for greatest impact in the East Midlands, what are the challenges to access and how should it be utilised to best effect?"

NHS England feels that exciting times are ahead for Primary Care with more monies coming through the system to support General Practice. Tim Swanwick from Health Education England, a GP by background who is currently seconded to the NHS Leadership Academy, is looking at how we provide greater leadership support for General Practice. Tim explained that there is money being made available for this type of development.

More Primary Care learning and development is needed; training support in Derbyshire is getting better, however the next closest training is delivered in Liverpool and only four weeks' notice is given for the courses. The local medical councils are now supporting access to leadership training through EMLA and glowing reviews were received from the GPs who attended EMLA's recent Practice Manager's training last year.

The group was asked what events / sessions they would like the STP's to run - these were:

- How to run multi-disciplinary teams (as many colleagues have different needs)?
- Understanding clarity on funding streams (to enable teams to think ahead)

The idea of pooling resources to develop practices was suggested and further thought needs to be given on how such developments could be made sustainable and available to all. In order to get the best return on investment, splitting it in to a per capita pot is not proving effective. Whilst there has been positive investment from NHSE and HEE, the per capita amount is relatively low and difficult to access; therefore pooling funds would allow for effective use of funds and greater impact through volume, (ie work with 20 practices at once, get good results, take what is learnt and share with other practices in their communities).

A view in the room was that the Primary Care system is at breaking point. They felt that the investment into Primary Care is not well spent at present, as half of the funding is being spent on consultancy and therefore only half is being spent on implementation.

It is also felt that funding from the GPFV and FYFV is being 'drip fed' and it is difficult to see how Primary Care can influence implementation of the FYFV with such limited access to support. It was recognised that

this is public money and we do need to be proportionate and hold an audit trail, however some CCGs have been allowed to be innovative with the funding in some regions and monies have gone direct to practices. LMC's in the East Midlands don't have the same level of autonomy to innovate and have to report all of their activity and requirements, thus making it difficult for them to support or influence GP requirements in the region as they would like.

Finally, GPs currently do not have time or the resources to allow them to think strategically and manage their businesses effectively, especially in terms of time out to develop their teams and to think how they get access to existing funding for their own practices in a timely and non-bureaucratic way. Having less restrictive access to the funds available will allow for the much needed development and engagement to take place in order to achieve the ambitions of the FYFV and create a healthy workforce climate for general practice to support the transformation of healthcare in the communities they serve and care for.

Recommendations

In answering the questions posed, the group suggested the following recommendations

- Aim to work with, influence and use expertise to connect GPs with NHS England.
- Improve meeting engagement through exploration of GP forums to share the activity and represent wider GP communities. Also a campaign could be devised to work alongside other providers of care; such as speed dating for the health and care sector professionals to encourage the right conversations and questions.
- Develop a shared and better understanding of how to utilise health and care effectively and efficiently through Patient and Public Groups etc.
- GPFV funding needs to go direct to the GP practices with KPIs developed by the provider to allow for greater support without unnecessary bureaucracy.
- Investment is required in helping to share the vision of the FYFV in a way that is meaningful and broken down into small pieces to enable the information to be digested effectively by Primary Care.
- Greater access to training is required to enable Primary Care to retain and develop their current workforce and encourage future workforce.
- Efficiencies and resources need to be considered to support the reduction in workload of GPs to free up their thinking time.
- Greater financial freedom to support innovation in General Practice through CCGs and LMC funding across the region.
- GPs to speak to key players from LMC's, CCGs, LLAs, and WFABs to ascertain what funding is going where.
- GPs to obtain links to key, influential people and have the courage to contact them directly.
- GPs/Practices need time out to work out what fits in their area/regions – one size does not fit all.
- Think about larger GP practices in the future, to support and sustain General Practice.
- Consider how resources might be pooled at source for improved future impact on the above points.

Reflections

How is this topic relevant to your area of work?

What surprises you about this “Think Tank” topic?

What have you learned from this summary?

How has it/ will it change your own leadership practice?

If you keep a professional portfolio you might like to use this reflection as evidence towards revalidation or reregistration.

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