

GP Retention Scheme

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Primary Care Commissioning Committee meeting

20 September 2018

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Purpose of Paper	
<p>The Primary Care Commissioning Committee has been considering the correct approach to receiving GP Retention Applications and has previously requested greater clarity in relation:</p> <ul style="list-style-type: none"> • local considerations we might wish to make as a Committee • an Integrated Care System approach in partnership with Health Education England <p>This paper aims to provide the previously requested information, confirm the role of the Primary Care Commissioning Committee, propose a local position in relation to this scheme and make recommendations in relation to the two applications that have now been received.</p>	
Key Issues	
<ul style="list-style-type: none"> • The role of the Primary Care Commissioning Committee is to confirm whether or not there is sufficient budget to support the applications that have been received; the eligibility of both the Retained GP and the supporting practice has already been assessed and approved • The budget for this is not straightforward but slippage on the delegated budget provides an opportunity for a limited number of applications this year; we will need to be clear as part of our budget setting for 2019/20 what budget can be allocated to this • There is a need to be clearer on our local workforce strategy for retaining workforce and our Integrated Care System partners are keen to work with us • We have two applications that must have a decision made 	
Is your report for Approval / Consideration / Noting	
Approval	
Recommendations / Action Required by the Primary Care Commissioning Committee	
<p>The Primary Care Commissioning Committee is asked to:</p> <ul style="list-style-type: none"> • Note the further work with our Integrated Care System partners on strengthening the existing process • Approve the two applications received • Support Communication to NHS England, Health Education England and GP Practices about the current financial position and the implications for future applications • Support the recommendation to engage with primary care partners to develop our local workforce retention strategy and to create a record of practices that are willing and able to support workforce retention 	

Governing Body Assurance Framework
<p><i>Which of the CCG's objectives does this paper support?</i></p> <ol style="list-style-type: none"> 1. To improve patient experience and access to care 2. To improve the quality and equality of healthcare in Sheffield 4. To ensure there is a sustainable, affordable healthcare system in Sheffield 5. Organisational development to ensure CCG meets organisational health and capability requirements
Are there any Resource Implications (including Financial, Staffing etc)?
<p>Financial implications for the approved applications for this year and future years Staffing implications for supporting the annual review process</p>
Have you carried out an Equality Impact Assessment and is it attached?
<p><i>Please attach if completed. Please explain if not, why not</i></p> <p>No, there are no opportunities for us to influence which GPs are approved or the practices supported after Health Education England has approved them. The scheme's purpose is centred around the Retained GP rather than the population benefitting from the scheme, which is a national position.</p>
<i>Have you involved patients, carers and the public in the preparation of the report?</i>
No, not applicable

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1. Introduction

At its 17th May 2018 meeting the Primary Care Commissioning Committee requested that a proposal be developed for the Sheffield process for receiving applications for the GP Retention Scheme, in particular suggested criteria against which a decision could be made.

At its 25th July 2018 meeting the Committee considered the proposed local considerations and approved them subject to some revisions along with some clarification from a regional workshop. The South Yorkshire and Bassetlaw workshop was held on 6th September and provided some important and helpful clarification.

This paper confirms the approval process and limited role of the CCG, sets out opportunities to strengthen the current process as well as develop local workforce retention strategies that align to the sustainability and resilience of our practices, and seeks approval for the two applications that have been received.

It is helpful to remind the Primary Care Commissioning Committee that the GP Retention Scheme is a package of financial and educational support to help doctors, who might otherwise leave the profession, remain in clinical general practice. The scheme supports both the retained GP (RGP) and the practice employing them by offering financial support in recognition of the fact that this role is different to a 'regular' part-time, salaried GP post, offering greater flexibility and educational support. RGPs may be on the scheme for a maximum of five years with an annual review each year to ensure that the RGP remains in need of the scheme and that the practice is meeting its obligations. It enables a doctor to remain in clinical practice for a maximum of four clinical sessions (16 hours 40 minutes) per week – 208 sessions per year, which includes protected time for continuing professional development and with educational support. All RGPs will be employed by the agreed practice. RGPs can be on the scheme for a period of up to five years.

This is in the context of significant workforce pressures. Workforce data shows that the number of GPs leaving in most ages groups particularly those aged 55–59 and 60-64, has risen over the last 10 years. Data also shows peaks in GPs leaving practice aged in their 30s and aged 55-59. This scheme is aimed at anyone intending to leave general practice at any time in their career and when a regular part-time role does not meet the doctor's need for flexibility and where there is a need for additional educational supervision.

2. GP Retention Scheme Approval Process and the Role of the CCG

a. Approval Process

The agreed process is set out below:

- i. Doctors will be eligible as per the national criteria
- ii. Interested doctors contact HEE scheme lead who will advise on eligibility
- iii. HEE will notify NHSE who will confirm eligibility e.g. on performers list
- iv. Should NHSE also support application it should then be passed to Sheffield CCG for approval at the Primary Care Commissioning Committee
- v. If successful Sheffield CCG will inform NHS England local primary care team who inform primary care finance, HEE and the applicant via their practice.
- vi. Unsuccessful applications should be peer reviewed between CCG, a neighbouring CCG and NHS England. A final decision will be made.

b. Role of the CCG

The only role Sheffield CCG currently has is to confirm whether or not there is sufficient budget to support the approved applications.

c. Actions following the South Yorkshire and Bassetlaw Workshop

At the workshop on 6th September it was agreed that there were opportunities to strength the process described in section 2a and the following actions were agreed:

- i. Prior to approval Health Education England will also contact the relevant CCG to secure local information relating to the practice that will be retaining the GP
- ii. The local CCG will keep NHS England, Health Education England, the applicant and the practice informed of progress
- iii. We will agree expected timescales as an Integrated Care System so as to manage expectations
- iv. Each CCG will work to identify practices interesting is supporting a retained GP so that Health Education England can directed interested GPs accordingly

3. Summary of Current Applications

To date two applications have been approved and sent to Sheffield CCG to confirm that there is funding to support them. The table below summarises the two applications received to date:

	Applicant 1	Applicant 2
HEE Approved?	Yes	Yes
Practice	Stannington	Wincobank Medical Centre
Number of Sessions	4	1 per week Thursday afternoon
Cost per annum (for up to 5 years)	£20,000*	£5,000*

*This includes the GP annual allowance as well as the allowance to the practice to cover the sessions (reference section 4b of this paper)

4. Finance

a. Allocation and setting a budget for 2018/19

This scheme has presented CCGs with a difficult situation due to available funding. As a CCG we are committed to delivering the GPFV and recognise that within the workforce priorities GP retention is a key priority area. Overall we are pleased to see a scheme that supports this. We, the Primary Care Commissioning Committee, however, have been disappointed to see a lack of connection to the overarching ambition of the GPFV to strategically develop primary care sustainability and resilience.

The national position is that the budget to support this scheme was included in the general uplift to CCGs who receive a delegated budget for primary care but with an acknowledgement that CCGs across the country received differential uplifts. The table below shows that Sheffield CCG have received in percentage terms substantially less than the national average uplift.

Cash Uplifts		2017-18	2018-19
Sheffield Primary Medical	£k	1,375	1,469
Sheffield Primary Medical	%	1.8%	1.9%
National Primary Medical	%	3.1%	2.5%

The CCG is obliged as a first priority to fund core contract obligations and given our low overall uplift we knew that this would leave very limited flex for other investment. We had a stated policy as part of our budget setting for 2018/19 approved by PCCC, that we would make no discretionary investment from the delegated primary care budget until we had clarity on the impact of the DDRB settlement as we were holding our limited reserves to fund this as a first priority. We have previously, therefore, deferred a decision on funding someone on the retainer until we have been clear on this. The DDRB settlement for core contract is now known at an overall 2.2% pressure is in excess of our overall 1.9% uplift. As described in the month 5 finance paper being presented in parallel to this meeting, initial calculations indicate that we are able to meet the pay settlement with a very small headroom. As a result, as described in the finance paper, the proposal is for us to create a £50k budget for the retainer scheme (which we are likely to need to increase in 2019/20) and a £300k budget for winter resilience.

Creating a budget of £50k would allow both of the current applications to be approved and would leave some limited headroom for other applications in year. It is proposed that any further applications once the £50k is utilised could only be approved if we have sufficient headroom from recurrent slippage in other budgets or it becomes clear that we can utilise some of our general contingency reserves.

b. General Financial Implications of the Scheme

Retained GPs (RGPs) may work between one and four sessions per week and may be on the scheme for up to five years with an annual review each year to ensure that they remain eligible.

The retained GP will be offered an annual allowance as indicated in the table below. All of this money (aside from tax and national insurance deductions) is to be passed on to the retained GP. The practice must not make deductions for any other reason.

Annualised sessions (include statutory holidays, annual leave and sessions used for CPD)	Number of sessions per week	Allowance payment per annum £
Fewer than 104	1-2	1,000
104	2	2,000
156	3	3,000
208	4	4,000

Each practice employing a retained GP will be able to claim an allowance relating to the number of sessions for which the GP is engaged.

For each session a retained GP works, the practice can claim a payment of £76.92. As an example, a practice will be eligible to claim £16,000 per year for a retained GP undertaking four sessions per week.

This allowance will be paid for all sessions including sick leave, annual leave and educational leave where the retained GP is being paid by the practice.

c. Future Year Implications

It is likely that we will have to create a recurrent budget for GP retainer scheme from within Delegated Primary Care funding which is greater than the £50k created this year particularly as there will be pre-commitments from 2018/19.

In the absence of confirmed future allocations for delegated budget the CCG we may wish to consider a maximum £100k per annum which would mean that once applications are approved to this amount we would not be in a position to support any more until one of the existing Retained GPs either withdrew from the scheme, completed the full duration or upon review was no longer eligible.

As a committee we can take one of two approaches, we can decide now to limit applications to a total funding amount per annum to allow us to support additional applications in future years or we can approve all applications as they arrive until the budget is fully committed. The former would create the opportunity for those GPs or practices that have not had chance to fully consider the opportunity to access such support, that latter would ensure avoid us losing GPs interested in being retained and maximise our spend on supporting the scheme. It is recommended, since we cannot predict future applications, that we approve the HEE approved applications received until the allocated budget has been used.

We recommend that we inform NHS England, Health Education England and our GP practices of the funding position and any changes to that position as they arise.

5. Primary Care Workforce Strategy: Staff Retention

The Primary Care Workforce Strategy is still in development and is particularly important to this agenda. It is clear that the national GP Retention Scheme alone will not meet our future needs.

There is an opportunity for us to develop our own local initiatives to support retention of workforce through a variety of approaches. It is proposed that we engage with our local practices to develop these approaches as well as understand which practices would be willing to support the retention of professionals through the GP Retention Scheme or via other opportunities. This will allow us to:

- work with Health Education England to signpost GPs to practices that would be interested and able to support applications (ensuring that GPs are not put off where they are unable to secure the support).
- work with local practices, GPs and wider primary care workforce to design and support our future workforce needs, aligned to our strategic priority to strengthen the sustainability and resilience of primary care.

6. Recommendations

The Primary Care Commissioning Committee is asked to:

- Note the further work with our Integrated Care System partners on strengthening the existing process
- Approve the two applications received
- Support the approach of supporting applications received until the allocated budget is committed.
- Support Communication to NHS England, Health Education England and GP Practices about the current financial position and the implications for future applications
- Support the recommendation to engage with primary care partners to develop our local workforce retention strategy and to create a record of practices that are willing and able to support workforce retention

Paper prepared by: Nicki Doherty, Director of Delivery Care Outside of Hospital

On behalf of: Nicki Doherty, Director of Delivery Care Outside of Hospital

Date 8^h September 2018