

## COGPED Workforce Update 4.1.17

### Parliamentary reports

25<sup>th</sup> November: House of Commons Library

<http://researchbriefings.parliament.uk/ResearchBriefing/Summary/CBP-7783#fullreport>

This briefing gives detail on the nationality of NHS staff by region for doctors, nurses and other categories in England via ESR/NHS Digital. Whilst it is not strictly relevant to GP because general practice is outside the data collection, it is of workforce interest in view of Brexit and workforce supply to the wider NHS.

The majority of NHS staff are British – but a substantial minority are not. Around 132,000 report a non-British nationality. This amounts to around 12% of all staff for whom a nationality is known. Between them, they report 199 non-British nationalities. Of these, almost 59,000 are nationals of other EU countries.

Over 70% of these are nationals of countries which joined the EU before 2004; the remainder are from post-2004 members. A third of the staff from ‘old’ EU countries are Irish. 72% of EU staff in the NHS are women.

### NHS England

NHS England scheme announced 21<sup>st</sup> December to get 1,500 more clinical pharmacists working in General Practice following the first phase that saw 490 pharmacists appointed.

<https://www.england.nhs.uk/2016/12/clinical-pharmacy/>

Some more new care model vanguards announced 15<sup>th</sup> December

<https://www.england.nhs.uk/2016/12/vanguard-funding/>

Next round of investment in primary care premises announced

<https://www.england.nhs.uk/2015/10/primarycaretransfund/>

NHS England describe the health service support for GPs promised in the GP Forward View

<https://www.england.nhs.uk/gp/gpfv/workforce/health-service/>

*As part of a broader package of support, the General Practice Forward View is committed to improve access to mental health support for general practitioners and trainee GPs who may be suffering from mental ill-health including stress, depression, addiction and burnout.*

*A new NHS GP Health service is therefore being developed, and following the appointment of The Hurley Clinic Partnership as the provider of this service, we expect it to launch in January 2017.*

NHS England have also published guidance on primary care whistle blowing.

## **Health Education England**

As discussed last COGPED, HEE with the Medical Schools Council have published the report by Val Wass "By Choice Not By Chance"

There is a promise to ensure primary care tariff is implemented in 2018, but no minimum standards for the proportion of the undergraduate curriculum delivered in primary care.

<https://www.hee.nhs.uk/our-work/hospitals-primary-community-care/primary-community-care/supporting-medical-students-towards-careers-general-practice>

On 30<sup>th</sup> November HEE announced that it will undertake a review of training.

*Speaking to delegates at the NHS Providers annual conference in Birmingham, Jeremy Hunt, Secretary of State for Health, has confirmed that Health Education England (HEE) will take forward a review of the annual review of competence progression (ARCP) process to make it simpler, less stressful and more supportive of the aspirations of individual doctors.*

*The review aims to improve opportunities to support career progression on the basis of competency, add value to the experience gained outside formal training programmes and introduce more flexibility. It will also consider how the NHS can support the career aspirations of doctors not in formal training programmes.*

<https://hee.nhs.uk/news-events/news/health-education-england-lead-review-increase-support-junior-doctors-career-progression>

21<sup>st</sup> December, In Greater Manchester, Health Education England has awarded funding for practices to look at group consultations

<http://www.gmhsc.org.uk/news/fundingforprimarycare/>

*Health Education England have awarded almost £100k to Greater Manchester and the North West to develop a new way of working which brings together patients with similar conditions, such as diabetes or asthma, to be seen at the same time when they visit their GP surgery.*

*Group appointments, also known as group consultations, is a new way to practice in primary care that enables GPs and practice nurses to consult one-to-one- in a supportive group setting. This model of working was recommended in The GP Forward View (2016) and has been piloted in Slough and elsewhere with GPs.*

## **Kings Fund**

November 14<sup>th</sup>, Sustainability and transformation plans in the NHS: How are they being developed in practice?

*Sustainability and transformation plans (STPs) have been developed by NHS and local government leaders in 44 parts of England. The plans offer a chance for health and social care leaders to work together to improve care and manage limited resources.*

This is a limited review of a small number of STPs.

[https://www.kingsfund.org.uk/sites/files/kf/field/field\\_publication\\_file/STPs\\_in\\_NHS\\_Kings\\_Fund\\_Nov\\_2016.pdf](https://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/STPs_in_NHS_Kings_Fund_Nov_2016.pdf)

Some interesting data on General Practice demand from the Kings Fund, using GP clinical information systems to look at changes in consultation rates over two years.

<http://qmr.kingsfund.org.uk/2016/21/data#ff99a9f9-0970-4e0c-bca3-3148f06623f9>

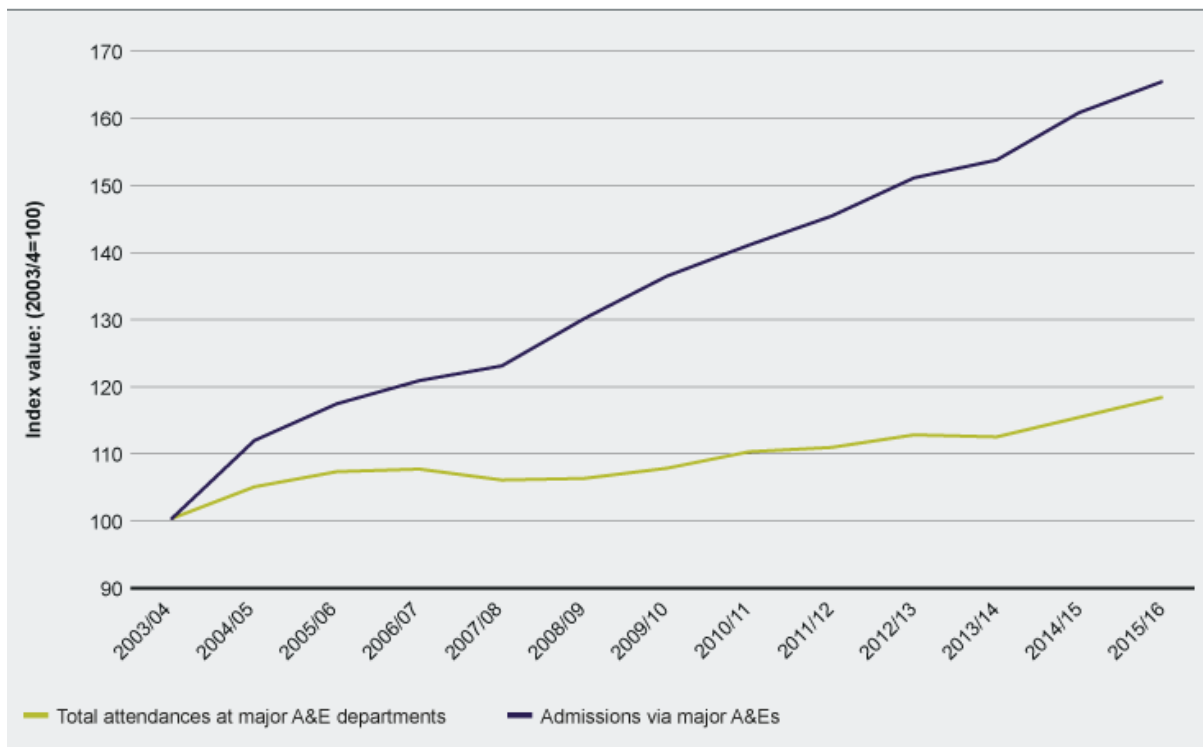
*Our sample shows the number of patient contacts with GPs has changed significantly over the past two years, with a 9.9 per cent increase in contacts with patients in quarters one and two of 2016/17 compared to the same period in 2014/15.*

At least someone is looking, there is a plan for these data to be monitored quarterly going forward.

More from Kings Fund this time looking at secondary care activity. “How hospital activity and funding in England have changed over time” published 20<sup>th</sup> December.

Remember when we used to admit people requiring admission directly to wards, but are now told to “send them in via A&E”? Now take a look at the graph.

**Figure 1: Attendances at, and emergency admissions from, major A&E departments (2003/4=100)**



The report states:

*'With the gap between funding and hospital activity set to grow over the next few years, the NHS needs to do everything it can to moderate demand for hospital care.....This means increasing investment in community services to provide more care closer to people's homes and focusing on prevention to reduce the need for treatment in the first place. Successive governments have promised this over the years but fallen well short of their ambitions. This time failure is not an option, which is why it is essential to grasp the opportunity provided by sustainability and transformation plans to implement fundamental changes to the delivery of health services.'*

<https://www.kingsfund.org.uk/publications/hospital-activity-funding-changes>

## **Chartered Society Physiotherapy**

Alongside RCGP and BMA have published a guide to Physiotherapists in Primary Care

<http://www.csp.org.uk/documents/general-practice-physiotherapy-roles-guide-implementation-evaluation>

*This guidance is designed for those who are thinking about developing physiotherapy as a first point of contact service for patients in primary care.*

## **RCGP**

No sooner have physiotherapists joined us on the front line, then integration offers opportunities for other specialists to work in primary care settings

“Integrated Care for Older People with Frailty” offers some case studies of new ways of delivering service.

<http://www.rcgp.org.uk/news/2016/november/joining-up-care-for-older-people-with-frailty.aspx>

## **Nuffield Trust**

Some much needed evidence and scepticism regarding the impact of technology in this Nuffield Trust report: “The Digital Patient: Transforming Primary Care?”

<https://trfthealthweeklydigest.files.wordpress.com/2016/11/digit.png?w=184&h=258>

The paper looks at (i) wearable monitoring technology (ii) online triage tools (iii) online interventions/support (iv) online appointment booking and other transactional services (v) remote consultation (vi) online patient access (viii) apps.

So quality of care can improve and there is *potential* to reduce strain on the service, but much is untried, untested, has risk (including widening health inequalities) and may alienate existing workforce. Policy makes should *avoid* assumptions that technology produces efficiency savings.

## **Health Foundation**

November 16<sup>th</sup>, the Health foundation published four documents on activation of our unpaid workforce, carers, volunteers and communities around the health and social care agenda

<http://www.health.org.uk/news/realising-value-programme-publishes-roadmap-support-delivery-nhs-five-year-forward-view>

## Policy Research Unit

“General Practitioner Recruitment and Retention: an Evidence Synthesis” was published online on 4th November 2016

This report presents an evidence synthesis on GP recruitment, retention and re-employment. It finds that overall the international published evidence focuses primarily on attracting GPs to rural areas however the literature does provide some useful insights to factors that may support the development of specific strategies for the recruitment and retention of GPs. **The report suggests that medical students should be exposed to successful GP role models and general practice early in undergraduate training and that supporting intrinsic motivational factors and career determinants can influence recruitment.**

This report was not available to the authors of the Wass Report

<http://blogs.lshtm.ac.uk/prucomm/files/2016/11/PRUComm-General-practitioner-recruitment-and-retention-review-Final-Report.pdf>