

Health & Social Services Committee

HSS(2)-08-05(p.7)

Date: Wednesday 22 June 2005

Venue: Committee Room 2, National Assembly for Wales

Title: Recruitment and Retention of General Practitioners in Wales

The following is the text of the letter of 13 June 2005 sent to David Melding AM, the Committee Chair, by Brian Gibbons AM, Minister for Health and Social Services.

"Background

1. At the Health and Social Services Committee on 13 April, Members raised a number of questions raised a number of questions relating to the above report.
2. The report was based on the findings from six research projects, namely:
 - A survey of Senior General Practitioners
 - A survey of "shortage areas" in Wales
 - A survey of General Practitioners in Wales who are not currently working
 - A review of the Flexible Career Scheme in England
 - A survey of skill mix in practices
 - A survey of childcare support needs
3. The report is available on the GMS contract website and I would commend it to members. Responses to the specific questions raised by members appear below.

LHB Recruitment and Retention Plans

4. Welsh Health Circular (2005) 042 indicated that central support and advice would be available to LHBs in developing their recruitment and retention plans. A number of visits have already been arranged. We have developed a general guidance document on workforce development in primary care, which we will issue shortly. In addition, we are developing a template that LHBs may use to refine their plans in the light of their particular local circumstances.
5. In terms of time scale, we shall be writing to LHBs in the near future to indicate that their recruitment

and retention plans should be submitted to the Assembly by late autumn, when LHBs will be starting their annual workforce planning exercise.

Issues in the South Wales Valleys

6. The research findings point to a number of common issues that impact on the ability to recruit and retain General Practitioners in remote and deprived areas. For example:

- Social and professional isolation
- Greater numbers of single handed practices
- Long travel times to work

7. In addition, there are specific issues that affect localised areas of Wales and the research indicated that South Wales valley areas are also disadvantaged by:

- Misconceptions about living and working conditions in Valleys
- High numbers of predicted retirements amongst GPs within the next five years

8. The funding previously used for Golden Hello payments is now available for LHBs to use in ways that they anticipate will be most effective in improving recruitment and retention in their area. This allows them to address particular issues that impinge on the workforce in their locality.

Salaried GP Schemes

9. We have two examples of salaried GP schemes that have been used to meet some of the challenges posed in general practice in recognised shortage areas.

10. In Rhondda Cynon Taff the Primary Care Support Unit employs salaried doctors to work as a team rotating between practices in the RCT area. The project has been successful in recruiting and retaining doctors through initiatives such as protected study time and personal development programmes.

11. Similarly in the Heads of the Valleys project [Blaenau Gwent and Caerphilly LHBs] salaried doctors have been employed in practices directly managed by the LHB. These doctors also receive protected study time and personal education/training programmes to pursue their academic and clinical interests.

12. As LHB recruitment and retention plans emerge we will be able to monitor the use of salaried doctor schemes and evaluate their effectiveness to assist longer term planning.

Satellite Services/Branch Surgeries

13. Through the GMS contract we have sought to ensure that all premises that provide general medical

services are fit for purpose. Schedule 1 of the National Health Service (General Medical Services - Premises Costs) (Wales) Directions 2004 sets out minimum standards for practice premises. Surgeries providing an essential service to the local community would stay open. This could well be the case in rural areas where there may be transport difficulties or a higher percentage of elderly people.

14. Set procedures will be followed where a branch or split-site surgery closes. This will include:

- A consultation period. There is a statutory requirement to consult the local Community Health Council;
- Visits by the LHB;
- Agreed action plans to improve the level and quality of service; and ultimately
- An appeals procedure.

Nurse Practitioners

15. Nurse Practitioners can be very effective in reducing the workload of the busy General Practitioner and can be a more effective use of clinical skills. Nurse Practitioners can:

- Diagnose, discharge and refer independently;
- Manage chronic disease;
- Prescribe in appropriate circumstances;
- Manage nurse led clinics.

16. There is no doubt that the capacity deficits in primary care can be significantly offset by a review of skill mix. The recruitment and retention plans from LHBs should not only address numbers of GPs but also capacity across the whole primary healthcare team.

Additional Responsibilities - Drug and Alcohol Referrals

17. It is the responsibility of the Local Health Board to commission the services necessary to ensure that patients receive high quality services. Such services must be commissioned in the light of a comprehensive health needs assessment. If a GP is unable or unwilling to deliver a local enhanced service, the responsibility to ensure that such a service is delivered rests with the LHB. In such a situation the LHB may wish to work in partnership with neighbouring LHBs to ensure that the most effective solution is delivered.

Measuring Capacity in Primary Care

18. Workforce planning in primary care is still a relatively new concept and we are working with LHBs to improve their skills in workforce development. In addition, we are researching methods to improve data collection in primary care. Our aim is to develop a system which provides a realistic measure of workforce capacity. Work is being progressed with Dr Keith Hurst of Leeds University, who has

developed a data collection system that relates directly to workforce deployment and development within primary care. To date two workshops have been held to examine the feasibility of refining Dr Hurst's model for use in Wales.

Single-Handed Practices

19. The research indicates that young GPs are less likely to want to work in single-handed practice because of the pressure that brings. Nonetheless, the delivery of GMS services is a matter for Local Health Boards. There is no central policy on single-handed practices but Local Health Boards would want to ensure that practices are capable of delivering high quality patient services in premises that are fit for purpose. I would repeat my earlier point that where there was a proposal to close single-handed practice then there would have to be a period of consultation and the alternative proposal would need to offer an improved level of service.

Removal of the Golden Hello Scheme

20. Following their introduction in 2001 the Welsh Assembly Government has spent over £1.2 million on Golden Hello payments. However, the evidence is that this has not resulted in increased applicants in the areas where doctors are needed most.

21. The research findings clearly indicate that social, demographic and geographical differences across Wales meant that local recruitment difficulties require local solutions. Therefore without having to meet the automatic entitlement of a Golden Hello payment LHBs are able to spend their recruitment and retention monies on local solutions."