

Health Education England SW

Pan-STP UEC Workforce Programme

Development of Salaried GP Portfolio Role in Urgent and Acute Care

Phase 2: Feasibility

M11 – Feasibility Paper

June 2018

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## Introduction

The evolution of General Practice is an essential component to meeting the aspirations of the NHS *Five Year Forward View* and the *GP Forward View* - to centre care holistically on the needs of patients and populations and blur the boundaries between primary and secondary care; health and social care; physical and mental health. As the NHS works to establish a ten year plan, the role of General Practice and GPs will no doubt be central to a sustainable health service, although in what form remains to be seen.

The direction of travel in the many policy documents is about the integration of care across current boundaries and within the many workforce policy documents the direction of travel is about new roles and skills to enable such integration.

With funding from Health Education England (HEE), Devon Doctors has established a project working with the Royal Devon and Exeter NHS Foundation Trust to look at the development of a portfolio role for GPs that will provide an opportunity to work across different healthcare settings.

This feasibility paper will outline the project scope, identify options for the development of a portfolio role, provide evidence to support the development of such roles, identify funding opportunities and suggest recommendations for further actions.

## Project outline

Devon Doctors provide the Integrated Urgent Care Service (IUCS) for Devon which comprises NHS 111, the clinical assessment service and the out-of-hours GP service. The service is a local Devon-based service and works very closely with other urgent care services. Since the implementation of the IUCS in October 2016 Devon Doctors has noticed increasing workforce pressure within the GP population. There is a perceptible shift away from traditional ways of working (partnership, salaried posts) and toward alternative portfolio opportunities. Informal engagement has shown that GPs, particularly trainees, want the security of salaried work but do not feel they want to commit to a partnership or traditional salaried GP role.

The project, funded by HEE, will:

* look at the feasibility of a salaried portfolio role working across different health care settings (General Practice, Acute Trust and Integrated Urgent Care Service)
* develop a salaried portfolio role job description (with accompanying job plan, salary and contract)
* outline how the impact of such a role could be evaluated.

The aims and objectives of developing a salaried portfolio role are:

* To develop a role that increases the workforce resilience of Integrated Urgent Care Services
* To develop a role in which the GP can interface between urgent and acute healthcare services across health settings for the benefit of patients and the health system
* To enhance the function of the GP within urgent and acute secondary care teams such as ED, Frailty and Paediatrics
* To raise GP interest in urgent care and emergency medicine career paths
* To design an attractive job role that will support urgent and emergency care system-wide recruitment and retention

The project brief[[1]](#footnote-1) provides a full explanation of the scope of this project.

## Current state analysis – GP career attitudes and intentions

This section of the report highlights the findings from a desktop research exercise[[2]](#footnote-2) looking at GP workforce attitudes toward current careers; a VTS focus group; and an online quantitative survey[[3]](#footnote-3) with ST3s that show current attitudes toward portfolio working.

##### 3.1 Desktop research - GP attitudes toward current and future careers

The desktop research exercise looked at two British Medical Association (BMA) workforce surveys, three research papers from Exeter Medical School and one research paper from the University of Oxford.

The main findings from this research are below and indicate that a salaried portfolio role may be an attractive proposition that can provide the security of a salary and the benefits of varied work – two factors that may help to both attract and retain GPs:

* 34% of partners think their role and responsibilities are too onerous such that they wish to explore alternative working options
* 30% of respondents would like to work as a portfolio GP
* Three in ten GPs described being a salaried GP as a positive career choice
* Looking forward over five years, most respondents preferred career option would to be work as a portfolio GP
* 20% of GPs reported a high likelihood of quitting direct patient care within 2 years
* 37% of GPs reported a high likelihood of quitting direct patient care within 5 years
* 70% of GPs reported a career intention that, if implemented, would negatively impact GP workforce capacity and availability in the next 5 years
* 57% of GPs reported they are likely or very likely to reduce working hours

##### 3.2 VTS Focus Group – GP Trainees’ attitudes toward portfolio working

A focus group was held with 23 GP trainees from Exeter with the objectives of:

* Introducing the GP Portfolio Role development work
* Gaining insight from GP trainees about what makes portfolio working attractive
* Understanding what support GP trainees may want as part of their first role

The focus group explored factors that make portfolio working attractive with common themes emerging across the group:

* Flexibility of sessions (not one group member expected to work full time hours)
* Choice of where and how to work as a GP (in-hours General Practice, out of hours, expedition doctor, prison doctor, acute setting)
* Good salary and earning potential
* Autonomous role / independent decision making
* Variety of work and opportunity
* The ability to intercept health problems at an early stage
* The opportunity to develop a special interest
* To be a patient’s first ‘port of call’
* No night shifts

When asked specifically about a ‘salaried’ portfolio role the group concurred that this sounded like an easy option, that having the hard work of contracting, indemnity and tax dealt with by one organisation was an attractive proposition.

The group also suggested that having the ability to incorporate research, teaching and training into a portfolio role would be of interest.

When asked specifically about salary the majority of the group thought £60,000-£70,000 was a reasonable salary for a first role post-qualification and that £9,000 per session (annualised) was in line with expectations.

Three questions were raised about the concept of a salaried portfolio role:

* Flexibility – how flexible would a salaried role be and would there be the opportunity to ‘take time out whenever’
* Progression – how would a GP progress in a salaried portfolio role
* GP Surgery – would there be the option for a GP to choose their surgery

When asked about the type of support that might be helpful the group suggested mentoring, the use of Balint groups, peer support and formal CPD arrangements.

The focus group has indicated that portfolio working is considered a viable career option by ST3 trainees and has also provided insight around factors that would make a portfolio role successful.

##### 3.3 ST3 Trainees Online Survey – portfolio working preferences

Following the VTS focus group an online survey was designed and made available to all ST3 trainees in Exeter and Plymouth with the objective of understanding attitudes and preferences in relation to GP portfolio working. The survey was made available via SurveyMonkey to 66 trainees (35 trainees in Exeter and 31 trainees in Plymouth) for a period of 6 weeks with one reminder email being sent during that time. A 38% response rate was achieved equating to 25 individual responses.

Key findings from the online survey are:

* 92% stated that portfolio work would be of interest
* The top three factors that make portfolio working attractive are variety of work and opportunity (87%), work life balance (78%) and flexibility (74%)
* Elements of a portfolio role – 74% stated developing a special interest, 57% stated out of hours work
* Other types of work that would be of interest within a portfolio role were education / teaching (52%), being a GP Trainer (43%) and working in an acute setting (39%).
* Most frequently cited specialties to develop a special interest in were care of the elderly, paediatrics and acute medicine.
* 96% would be interested in a ‘salaried’ portfolio role that combined general practice, out of hours and some acute based work
* 83% favoured a substantive, salaried role with a main employer that provides a portfolio of work
* 65% stated they would prefer their first role on qualifying to be between 4 and 6 sessions, 26% would prefer to work between 7 and 9 sessions
* 64% of respondents expect a first salary post qualification for a portfolio role to be up to £75,000

The data from the online survey indicates some important considerations when designing a salaried portfolio role. It also provides some clear evidence that trainees (who are due to qualify within the next 6-10 months) are looking for something other than a traditional GP role and have little intention of entering the profession on a full-time basis.

The current state analysis of GP career attitudes and intentions clearly indicates that:

1. The future career intentions of GPs will negatively impact GP capacity
2. GPs are looking for different professional opportunities and portfolio working is one such opportunity
3. A ‘salaried’ portfolio role that provides the opportunity to work within General Practice, the out-of-hours service and within an acute setting is an attractive proposition.

## Current state analysis – portfolio roles

A desktop research exercise[[4]](#footnote-4) looking at the current availability of portfolio roles has not found examples of GP roles that provide a portfolio of activity across health care settings within the security of a permanent salaried post. Whilst there are many GPs that work within a portfolio career this is often instigated by themselves comprising a number of part-time or fixed-term contracts.

There are many examples of 12-month fixed-term fellowship programmes across the country that comprise of clinical, non-clinical and educational elements. There are local differences in terms of what the programmes offer, however there appear to be some common success factors:

* **Role definition** – clarity on the remit and level/grade of the role within each healthcare setting
* **Employment model** – early agreement on salary and how cross-charging for clinical time will work; prime employer model with honorary contracts including indemnity cover within secondary care setting
* **Clinical supervision** – acknowledgement that this will be necessary for GPs working within secondary care; early agreement as to how this will be provided and funded
* **Communication** – promote a wide understanding of the role within the settings the GP will work in; make clear the benefits of working with a colleague who is sighted on patient pathways across health care settings
* **Education** – provision of funded post-graduate education aligned to clinical interest
* **Reflection/Wellbeing/emotional support** – build in time for reflection and peer support; use of action learning sets to work through challenges

Health Education England in the West Midlands is offering a well-established Post-CCT Fellowship in Urgent and Acute Care (12-month fellowship) where GPs rotate between health care settings. The fellowship has been evaluated by Warwick Medical School and is found to be successfully developing early career doctors with the skills and knowledge relevant to integrated care, admission avoidance, ambulatory care and supporting patients to access alternative community-based pathways; disseminating such skills and knowledge to colleagues with whom the fellows interacted with in each clinical placement; evidence of sustained learning, retention and capacity building in practice. The fellows’ primary care experience and ability to manage risk was viewed as being particularly relevant within the emergency department and ambulance settings.

Three fellows who completed the West Midlands fellowship in January 2015, when interviewed eight months later were all employed for at least part of the week in roles requiring urgent care skills; two of the three continuing to work concurrently in general practice.

Of the fellowship programmes that were identified there appears to be mixed success rates in terms of take-up. The West Midlands fellowship is well-established, and the model has been introduced in London and the South East. In Bedfordshire there has been modest take-up of the fixed-term programmes on offer (4 GPs) and in the East Midlands there had been no take-up of the fixed-term roles on offer at the time of this desk-top research exercise.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Area** | **# sessions** | **Healthcare settings** | **Education Element** | **Salary** | **# Take-up (at time of research)** |
| West Midlands | 10 | GP PracticeAcute TrustAmbulance Service | Post-Grad Cert Urgent & Acute Care | £75,249 | 7 |
| London/South East | 10 | GP PracticeAcute TrustUrgent Care CentreAmbulance Service | Post-Grad Cert Urgent & Acute Care | Unknown(part of salary and education funded by HEE)  | 15 |
| East Midlands | 8 | GP PracticeAcute Trust – Emergency Medicine | No | Unknown | 0 |
| Bedfordshire | 10 | GP PracticeSecondary or Community Care | Yes | £76,500 | 4 |

The West Midlands and the London/South East programmes do indicate that portfolio roles are of interest and can be developed to provide professional opportunities to GPs across a variety of healthcare settings using a prime employer model and can be deployed at scale. The evaluation of the programmes suggest that benefits can be realised in terms of GPs developing a wider skill set, using their primary care skills and experience in other healthcare settings, making primary care attractive via a portfolio role and encouraging GPs to continue to work in roles that require urgent care skills.

The lack of a programmed educational element within the East Midlands offer may account for the lack of take-up.

Of note is the number of sessions on offer for the portfolio programmes with take-up. Each of them is offering full time hours which is contrary to the findings of the focus group and online survey which suggested most trainees were interested in part-time working.

The current state analysis does show an appetite for portfolio working albeit for a fixed term period.

## Data analysis

A simple analysis of out-of-hours demand by age and by activity was undertaken to ascertain whether the offer of a paediatric or frailty post within a portfolio role would match the demand seen through the IUCS.

Table 1 below shows 57% of demand through the service is either paediatric or elderly care in nature. Of the 0-17yrs age range 25,281 contacts are for 0-4yrs and of the 65+yrs age range 26,840 contacts are for 85+yrs.

|  |  |
| --- | --- |
|  | Age range |
|  | 0-17 | 18-64 | 65+ |
| Oct 2016 – Sept 2017 | 41,065 | 79,667 | 65,230 |

**Table 1: Demand by age range**

Table 2 below shows demand (over a period of fifteen months between October 2016-December 2017) that resulted in either a patient visit to a treatment centre or a visit by an out-of-hours GP. Of the 37,368 treatment centre visits for the 0-17yrs age range, 23,402 were for 0-4 year olds. Of the treatment centre visits, 51% were for paediatric or elderly patients. The table below shows that of the 28,921 visits by an out-of-hours GP, 23,705 were for patients aged 65 and over (and of those, 12,610 were for patients over 85yrs). Of the GP visits, 82% were for elderly patients.

|  |  |
| --- | --- |
|  | Age range |
| Oct 2016 – Dec 2017 | 0-17 | 18-64 | 65+ |
| Treatment Centre | 37,368 | 47,588 | 12,230 |
| GP Visit | 543 | 4,673 | 23,705 |

**Table 2: Demand by Treatment Centre and GP Visit**

This simple data analysis indicates that to include a paediatric or frailty post within a portfolio role would be of benefit to the Devon system based on the type of demand the Integrated Urgent Care Service is dealing with. To have GPs with the knowledge and experience of services for paediatric and elderly patients across healthcare settings and to have the opportunity to share that knowledge between services should provide patient and system benefits in terms of service integration and accessing the right/alternative services at the right time.

## Financial analysis

Devon Doctors current workforce model within the IUCS relies on sessional GPs. Any change to that model, such as the introduction of salaried (portfolio) GPs needs to be, at best, commercially neutral bearing in mind the organisation is a social enterprise.

A financial analysis of the different workforce models was undertaken comparing the costs of a salaried and a sessional GP. The analysis included indemnity, salary, pension, NIC, annual leave, sickness and study leave costs and compared salary and sessional GPs per session ranging from one to eight sessions.

Whilst the complete analysis is commercially sensitive the exercise did show modest savings between the use of sessional GPs and salaried GPs as the table below shows.



**Table 3: Potential Savings (£) from salaried GPs**

It is important to note this analysis does not consider other HR, management and clinical costs or savings associated with a shift from sessional to employed salaried GPs. It would be necessary to undertake further financial analysis should the number of portfolio roles coming into the organisation be such that it negatively or positively impacts the capacity of current HR and management functions or roles.

## Options for salaried portfolio role

##### 7.1 The role

Based on the research and analysis completed; engagement with Royal Devon and Exeter NHS Foundation Trust (RDE); and engagement with University Hospitals Plymouth NHS Trust (UHP), the development of a salaried portfolio role will consider the following:

|  |  |
| --- | --- |
| **Role** | Salaried Portfolio GP with a special interest in:Healthcare of Older People or Paediatrics or Emergency Department |
| **Healthcare settings** | General Practice; Integrated Urgent Care Service; Acute Trust |
| **Employer** | Devon Doctors Ltd. |
| **Contract** | Substantive or Fixed Term GP Model Contract (BMA) – Devon DoctorsHonorary Contract with Acute Trust (and GP Practice if outside Devon Doctors Group)  |
| **Indemnity** | Reimbursed by Devon Doctors for IUCS and General PracticeNHS Indemnity scheme cover for Trust work |
| **Education** | Protected learning time to include peer support and clinical supervision |

Based on local findings from the focus group and online survey, it is recommended that two role options be developed; one based on an 8 session job plan and one based on a 6 session job plan.

**Job Plan 1**

**Sessions:** 8 sessions per week / 30.5 hours (Mon-Sun) / plus protected learning time

**\*Sessional breakdown:** 3 sessions in Acute Trust (Healthcare of Older People)

 3 sessions General Practice (in hours)

 \*\*1 session Integrated Urgent Care Service (OOH)

 1 session protected learning time

**Job Plan 2**

**Sessions:** 6 sessions per week / 26 hours (Mon-Sun) / plus protected learning time

**\*Sessional breakdown:** 3 sessions in Acute Trust (Healthcare of Older People)

 2 sessions General Practice (in hours)

 \*\*1 session Integrated Urgent Care Service (OOH)

 (with 2 sessions per month protected learning time)

 \* Session length is dependent on health care setting: Acute Trust session 4hrs, General Practice (in hours) session 4.5hrs, IUCS (OOH) session 5hrs, Protected Learning Time session 4hrs

\*\* opportunity for additional OOH sessions if desired.

##### 7.2 Salary

The research has shown that the identified portfolio fellowship programmes offer a salary between £75,249 and £76,500 for a 10 session job planned role. The VTS focus group indicated that trainees would expect £60,000-£70,000 for a first role post-qualification and that £9,000 per session (annualised) was in line with expectations. Results from the online survey identified salary expectations of up to £75,000.

The research did not cover how the salary was set for the portfolio fellowship programmes. Following conversations with the RDE and UHP there is clearly a need for transparency when setting the salary and for some principles to be agreed.

##### 7.2.1 Salary setting principles

There are different approaches to setting a salary when collaborating across organisations and when the role in development will mean that individuals are not only bringing their existing experience and knowledge but will also be developing new competences and will need some clinical supervision when doing so.

Two approaches could be:

* Spot salary divided equally by number of sessions to provide parity across all healthcare settings (e.g. £75,000 divided by 8 sessions = £9,375 per session plus on-costs)

OR

* Assign different sessional values based on healthcare setting to provide parity among peers within each healthcare setting (e.g. use of SAS scale for acute based sessions, GP sessional rates for General Practice and OOH)

It is recommended the following principles guide conversations and decisions so that the salary:

* Is comparable to equivalent experienced peers in same healthcare setting
* Reflects the difference in skill set and the value that brings to the MDT in different healthcare settings
* Reflects the level of investment in personal development and education.

##### 7.2.2 Recommended salary for portfolio role

A simple salary building model has been developed to support conversations and decision making.

The model assumes that standard costs for annual leave and sickness will be covered by each organisation (Devon Doctors, GP Practice and Acute Trust). It also assumes an equal shared cost for the protected learning session. The model uses the Specialty (SAS) Doctor pay scale and GP sessional rates.

The model has assigned different sessional values based on the healthcare setting to provide parity among peers.

The recommended salary for the portfolio role is:

* £68,409 for the 8 sessions job plan
* £xxxxx for the 6 sessions job plan.

The tables below show how the salary is aggregated and apportions cost across the different healthcare settings.



**Table 4: Salary build for 8 session portfolio role**

INSERT TABLE FOR 6 SESSION PORTFOLIO ROLE.

The tables show the recurrent direct cost commitment for each healthcare setting per portfolio role with an assumption that each organisation will cover standard costs for all leave.

There is an option to offer the portfolio roles on a fixed term basis which will reduce the risks associated with substantive posts, mainly financial and performance related. Taking into account the responses from ST3s at the focus group and from the online survey, the length of any fixed term contract would need to provide some degree of security and the ability for GPs to make a sustained impact when in the role. It is suggested that a minimum fixed term of 3 years is considered.

This will reduce the financial risk to each of the organisations:

|  |  |
| --- | --- |
| **3 Year Fixed Term - 8 session job plan** |  |
| Acute Trust | £73,464.12 |
| General Practice | £122,445.63 |
| OOH Session | £64,692.27 |
| Protected Learning | £35,713.32 |
| **Total** | **£296,315.34**  |
|  |  |
| **3 Year Fixed Term - 6 session job plan** |  |
| Acute Trust |  |
| General Practice |  |
| OOH Session |  |
| Protected Learning |  |

## Funding options for salaried portfolio role

The direct cost of employing a portfolio GP will be borne by each of the organisations in line with the clinical time spent in that organisation. Whilst the working assumption is that each organisation will be responsible for developing an internal business case to secure organisational funding for the roles, there are central funding sources available that could support these roles.

##### 8.1 Local General Practitioners Retention Fund

New funding was announced in May 2018 to support the delivery of 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.

The funding principles include supporting GPs who are newly qualified or within the first five years post-CCT by offering a flexible career alternative to provide them with greater exposure to different models of practice to inform their long-term career decisions – such as portfolio working.

The funding will also support initiatives aimed at GPs who are seriously considering leaving general practice or are considering changing their role or working hours – such as increased flexibility, portfolio working, peer support, indemnity contributions and educational support.

The fund is managed locally by NHS England Regional and Local Teams.

##### 8.2 NHS GP Health Service – Group Peer Support for GPs

Seed funding is available to establish peer to peer support groups for GPs. The funding will cover 10x 90 minute sessions of facilitator time over a period of five years.

##### 8.3 Health Education England (HEE)

Research into the existing fellowship programmes has shown that Health Education England has funded the educational elements of these portfolio roles on a fixed term basis. It is unclear whether such funding options still exist but engagement with the local HEE team is recommended to explore potential funding opportunities.

## Recommendations

This high-level feasibility paper shows that:

* The future career intentions of GPs will negatively impact GP workforce capacity
* GPs are actively seeking alternatives to the traditional partnership or salaried model
* A portfolio career is an attractive proposition that provides flexibility, variety of work opportunity and work-life balance
* The development of portfolio fellowships over a fixed term has been shown, through evaluation by Warwick Medical School, to be a successful model
* A financial analysis shows marginal gains when shifting from sessional to salaried GPs
* A simple data analysis shows that portfolio options in paediatrics and frailty will match the demand seen through the IUCS and is of interest to trainees (via the online survey).

 Recommendations are to:

1. Develop a portfolio role (in collaboration with local Acute Trusts and General Practice) that will provide opportunity across three different healthcare settings with protected learning time and peer support
2. Explore the available central funding options to support both substantive and fixed term (minimum 3 years) contracts
3. Engage with Health Education England to explore the possibility of offering the ST3 online survey to a much larger cohort to get a more robust data set specifically about attitudes toward portfolio working with a view to using the data to inform central funding conversations to support the development of portfolio roles.

1. Project 4 Brief – Development of Extended Portfolio GP Role in Urgent and Acute Care (rotational post) [↑](#footnote-ref-1)
2. M09 Market Needs Analysis [↑](#footnote-ref-2)
3. M10 Soft Test Role Locally – VTS Focus Group and Online Survey [↑](#footnote-ref-3)
4. M08 – Summary of national, regional and local evidence [↑](#footnote-ref-4)