



AGENDA ITEM

3.2.9

CTM BOARD

SUSTAINABILITY OF GMS

Date of meeting	29 th September 2022
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Sarah Bradley, Assistant Director for Primary Care
Presented by	Chief Operating Officer (COO, DPCMH)
Approving Executive Sponsor	Chief Operating Officer (COO, DPCMH)
Report purpose	FOR NOTING

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals	Date	Outcome
Primary Care Board	15.06.22 & 20.07.22	SUPPORTED
Primary Care Performance Board	22.06.22	
Executive Leadership Group	17.08.22	

ACRONYMS

GMS	General Medical Services
GP	General Practitioner
LMC	Local Medical Committee
NWSSP	NHS Wales Specialist Services Partnership



1. SITUATION/BACKGROUND

- 1.1 Rising GP workload pressures are widely recognised across the whole of the UK. The sustainability of the GP practice model has been challenged over time by a number of complex and operational pressures. Workload pressures that existed before the pandemic continue but have been further impacted by significant increase in patient demand (reported to be up by 25%), depleting workforce and then absences due to Covid General Practice.
- 1.2 The purpose of this report is to detail the programme of work currently being undertaken by the Primary Care team to create a profile of the sustainability of GP Practices throughout the CTMUHB footprint and the supportive action taken and the progress being made.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 2.1 A national framework for assessing the sustainability of GP practices was introduced by Welsh Government in Wales since 2015. The framework is dependent on practices coming forward and apply to Health Boards for support and is therefore reactive in nature. Still to date only 1 practice in CTM has submitted an application.

SUSTAINABILITY DESKTOP EXERCISE AND PROGRESS

- 2.2 CTM introduced a more pro-active approach and introduced its own sustainability risk assessment to pre-empt sustainability challenges and to inform a strategic plan, including interventions which could be taken to prevent contract resignations. The criteria used include concerns and complaints, incidents, working relationship with the Health Board, access, workforce stability. The CTM desktop tool has been shared and adopted by other Health Board primary care teams. CTMUHB has continued to undertake the risk assessment exercises since it was introduced approximately 5 years ago.
- 2.3 The last assessment was undertaken in March 2022. 13 practices were identified at being at risk, 4 at high risk and 9 at medium risk. Following this exercise a proactive action plan was put in place to reduce the risks.
- 2.4 Table 1 below, provides a summary of the practices who were identified at risk, the action which has been taken and the level of risk following intervention.



- Of the 4 practices ranked as high risk, 1 has reduced to green, 2 reduced to medium risk, and 1 remains as high risk. 1 out of the 9 medium risk practices has reduced to low risk. None have increased to high risk which is positive to note.
- Of the practices ranged as medium risk, 2 have reduced to green.

Table 1. Summary of practices at risk of sustainability and level of risk.

Practice	Risk as at March 2022	Concern	Action taken	Revised Risk at August 2022
Practice 1	High	List size 4,300 Single handed GP - submitted resignation on 26 th February.	Regular monthly meetings held. Supportive action plan has been accepted. GP has agreed to stay whilst a long term sustainable plan is put in place. Additional clinical support secured includes: Additional medicines management via the prescribing hub, collaborative work with neighboring community to promote common ailments. Additional nurse time from the PCSU. Currently discussions taking place with two larger practices. Both potentially interested in taking on the surgery as a branch. Medicines manager	Medium
Practice 2	High	List size 6,538 GP resigned but now rescinded. Workforce pressures from increased demand still exist.	The practice has been buddied up with a larger multi partner practice to provide advice on skill mix, processes and medicines management Despite intervention practice is not demonstrating a desire to change. Further discussions with the practice taking place	High



Practice 3	High	List size 4,833 Two partner practice. One partner due to resign end of June 2022. Effectively single handed from 1 st July, remaining partner only works 4 sessions per week. One salaried GP working 6 sessions per week.	Discussions with 3 neighboring practices. It has been agreed a large multi partner practice will merger with the single handed GP and they will consolidate services with an existing branch in the same area. This is larger premises and will offer greater opportunities for wider range of service and larger MDT to work from. Merger to take place October 1 st 2022.	Green
Practice 4	High	List size 4,192. Single handed GP intending to retire soon.	Discussions with multi-partner practice since, CTM 7 th April 2022, with a view to merge. Decision to be made following review of practice accounts.	Medium
Practice 5	Medium	List size 4,308 Single handed GP and salaried GP is due to retire.	Meeting taken place with practice. Assured plan in place by single handed GP. Application made to NWSSP to recruit under the overseas 'sponsorship scheme. Application approved. Remains amber until recruitment is secured.	Green
Practice 6	Medium	List size 10,491 Two GP partners retiring Workforce issues.	GMS team meet with GP partners. Practice has a plan and is recruiting additional clinical team members (GP and ANP)	Green
Practice 7	Low / Medium	List size 6,073 3 partner practice, succession planning required due to impending retirement	GMS team met with GP partners and discussions around succession plans continue.	Low/Medium
Practice 8	Medium	List size 9,322 Funding issues	GMS Team to meet with the GP Partners – Meeting to take place in September	Medium
Practice 9	Medium	List size 5,325 Single Handed GP	GMS team to meet with GP partners by end of September to update current position around	Medium



			workforce and explore succession plan	
Practice 10	Medium	List size 8,967 Increasing number of patient concerns received by the Health Board and by CHC. Access appears to be a big problem as a result of recruitment and retention.	Number of visits taken place with the partners. Agreed to follow shared action plan to improve service delivery and experience. Measures include additional GP sessions, additional nursing support, collaborative work with medicines management team. Establishment of PPG. Monthly review visits established	Medium
Practice 11	Medium	List size 6,887 Practice administration processes require strengthening.	GMS team to meet with GP partners to follow up on actions agreed when the Primary Care Team provided temporarily management support	Medium
Practice 12	Medium/High	List size 16,445 Internal partnership issues	The Primary Care team have supported meetings with the partners. Awaiting action plan from partners.	Medium
Practice 13	Medium	List size 8,644 Nursing establishment requires strengthening	GMS team to arrange visit to GP partners and to explore responsibilities as part of core contract.	Medium

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 The progress made since April has demonstrated that early conversations with practices is effective and can help avoid contracts being resigned.
- 3.2 The action plan will continue to be implemented and reviewed at the regular sustainability meetings and an anonymised report delivered to Primary Care Board. A further desk top sustainability exercise will take place in October 2022.
- 3.3 In addition to the interventions outlined above, alternative business models are also being explored to support sustainability.

4. IMPACT ASSESSMENT



Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	The work identified in this report is aimed at either avoiding negative impact on primary care service delivery and at the same time improving the quality of service and patient experience
Related Health and Care standard(s)	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below)
Legal implications / impact	Yes (Include further detail below)
	There are a number of legal implications as there are legal implications associated with premises leases, GMS contract regulations and TUPE. All the work undertaken is directed at limiting the impact.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
	Failure to undertake the action identified could lead to significant revenue implications for the Health Board
Link to Strategic Goals	Sustaining Our Future

5. RECOMMENDATION

- 5.1 To **NOTE** the proactive work undertaken by the Primary Care team and the action plan which is in place for the practices identified at risk.