

General Practice Sustainability

Supplementary Briefing for scrutiny members

Context

Primary care services across the country are facing significant pressures, and as a result of this pressure the sector is experiencing a period of change after decades of relative stability.

There is a trend away from the traditional model of ‘partners’ effectively investing in a business which delivers general practice, towards salaried GPs who have no direct financial stake in the organisation, and whose responsibility is more defined, and more limited.

The issues facing general practice are now familiar, both locally and nationally, and were highlighted again recently by the Partnership Review led by Dr Nigel Watson (CEO of the Wessex Local Medical Committees).

Dr Watson concluded that the key issues affecting *primary care as a whole* were:

- responding to increasing levels of demand for care
- coping with difficulties with recruitment and retention
- a need for investment

His conclusions relating to pressures relating *specifically to GP Partners* were:

- Exposure to personal risk and liability relating to clinical care
- Burnout, with salaried GPs having fewer responsibilities than partners
- Estate responsibilities – dilapidations, affordability/negative equity and fit for purpose
- Acquiring the right skills and knowledge to run viable businesses

Local position

Sites:

In Portsmouth, these wider pressures have been evident for a number of years although the impact – measured in terms of site closures – has been relatively limited.

2013/14	2019/20
27 GP practice contracts	15 GP practice contracts
31 GP practice sites	27 GP practice sites

In this period, there has been only one formal closure of a practice in Portsmouth – the decision by Queens Road Surgery to hand back their contract following unsuccessful merger discussions. The others – Northern Road, Campbell Road and Ramilies – were closed following mergers and for various other reasons (e.g. end of lease).

With 27 sites, there are 0.6 sites per square kilometre in the city – a slightly greater density than in Southampton (0.5 sites per square km) – which equates to one site per 8,657 patients. Recent research in Hampshire regarding distance from sites in urban settings suggests an average of one GP practice in every 4km radius – in Portsmouth the average distance to a practice is approximately half that.

Workforce:

Workforce data from the primary care sector is not as robust as in other sectors, but some key figures relating to Portsmouth primary care are:

Category	2015/16	2019/20	Difference
Portsmouth GPs (total)	141	145	4
GP to registered population	1:1553	1:1612	59
GPs (WTE)*	123	106	-17
GP(WTE) to registered population	1:1780	1:2205	425
Nurses (total)	104	103	-1
Nurses (WTE)	68	71	-3

*WTE: Whole Time Equivalent

In terms of the ratio of GP partners to head of population for this financial year:

National average	Portsmouth CCG Average	Difference
1:2849 (GP partner : number of patients)	1:3629	780 patients

It is essential to note that these figures no longer reflect the full picture of the primary care workforce in Portsmouth. Diversification of the workforce means that simply counting 'doctors and nurses' now only gives a partial picture of the size and scope of the workforce.

For example, the figures above do not include:

- Additional GP hours have been commissioned through Portsmouth Primary Care Alliance, Care UK, and PHT which equates to an additional 12 WTEs for the 2019/20 financial year.
- Clinical Pharmacists – there are 4.9 WTEs working in primary care
- Pharmacy technicians – 2.7 WTEs
- Community paramedics – 2.6 WTEs

Solutions

A range of local solutions are being explored to promote sustainability of general practice:

- The Portsmouth Primary Care Alliance is well-established, offering both a unified voice for the sector, and also a strong, collective means of delivering services.
- The Acute Visiting Service has helped both to ease the burden on practices, and to ensure at-risk patients are seen earlier in the day.
- The emerging multi-disciplinary care home teams are working to improve and standardise care to vulnerable residents, while also reducing demands on practices.
- Active signposting and social prescribing are now available to help people prevent physical and emotional ill health.
- The development of Primary Care Networks (PCNs) should make practices more robust, helping to further diversify the skill mix within practices and networks.
- All practices offer patients new ways of contacting practices, and new ways for clinical staff to assess and advise patients. The eConsult platform is now used by all city practices, and the use of Skype and the NHS App is increasing.