

---

# Making general practice a great place to work

A practical toolkit to improve the retention of GPs

---

This toolkit is aimed at system leaders and clinical leads working across primary care to develop robust local retention action plans that provide GPs with the support they require to develop fulfilled careers in general practice. It also aims to tackle issues at practice, network and system level that may be impacting on local GP retention.

NHS England and NHS Improvement

NHS Publishing Approval  
Reference 000430



# Foreword

---

As working GPs ourselves, we see first-hand how in the face of rising demand for our services, many GPs are feeling under enormous pressure, causing them to leave the profession early or reduce their hours to achieve better balance between their work and family life. Issues around pensions and indemnity have also been key factors influencing their career decisions.

Keeping these GPs in the workforce, and making sure they feel valued and supported is a key challenge facing our NHS. From the newly qualified GP who locums due to the lack of a local offer for the more varied, flexible career they seek, through to the more experienced GP who is considering giving up their partnership in the face of longstanding failure to recruit.

Progress to achieve an increase of 5,000 GPs in this context has been challenging but we are committed to delivering this as soon as possible. Many GPs are now seeing their indemnity costs reduce through the new national scheme. More new GPs are now being trained than ever before and we continue to work to recruit more qualified GPs into the workforce – both from overseas and by supporting others to return to practice. At the point this toolkit is published, the Government is consulting on changes to make pension rules more flexible for senior clinicians.

Ultimately however, achieving growth relies on cultural change. In line with the vision set out in the Interim NHS People Plan, we need to make general practice – and wider primary care – both a destination of choice and a better place to work. Supporting GPs to realise fulfilling, rewarding and exciting careers in general practice can't be achieved through national programmes of work alone, and we need to work together to embed local ownership of this agenda. GP retention in this context is an absolute priority.

Those working in Integrated Care Systems and Sustainability and Transformation Partnerships have already been asked to set out clear action in this year's planning for primary care to retain as many GPs in the workforce as possible. This toolkit aims to help you in your efforts to do this, based on learning from close work between a range of colleagues from across the system – and some fantastic engagement from local GP leaders.

Last year, we supported the start-up of a range of GP retention initiatives across the country. This was an example of fantastic collaboration between national and local teams and has shown us that alongside national work on system-wide issues, local efforts can make a genuine difference to the working lives of GPs.

# Foreword

---

Truly inspiring examples, such as Barking, Havering and Redbridge CCG offering GPs an opportunity to develop their own portfolio working role are featured later in this toolkit. Having both pursued the option of portfolio working in our own careers - combining our work as GPs with our roles at NHS England and NHS Improvement – we are pleased to see this as a key focus of the toolkit alongside wider support for GPs. Importantly, the toolkit also encourages a strong focus on work at practice and system level to unblock issues that are affecting GP workload.

To support implementation of this toolkit, £12 million is being made available to STPs this year with further funding to follow in 2020/21. This is part of a wider approach and further guidance will follow on the introduction of fellowships for newly qualified GPs, the development of the local training hub infrastructure to support local activity, and development of the multi-disciplinary team, building on strong growth to date. Emerging primary care networks also provide key opportunities to create a more sustainable footing for the workforce.

As we see a much welcomed increase in funding for primary care through the GP contract and these related initiatives, we have a huge opportunity to make changes for the better – changes that

deliver even better care for patients. I hope this toolkit helps you to achieve this, and we encourage you to continue to be a part of the conversation around sharing learning, resources and good practice with your system colleagues. We look forward to seeing how you translate this into real change.



**Dr. Nikki Kanani MBE**  
GP, Bellegrove Surgery  
Interim Medical Director  
for Primary Care



**Dr. Raj Patel MBE**  
GP, The Brook Surgery  
Deputy National Medical  
Director for Primary Care

# About this toolkit

Last year, NHS England invested around £18 million\* to support GP retention, which was 80% more than originally planned. This was used to encourage and support local action to reduce loss from the GP workforce.

Most of this funding was released via the Local GP Retention Fund which built on the existing national offer of the National GP Retention Scheme – and earlier piloting of more flexible working opportunities for GPs – to provide extra help for areas of the country that needed it most. Over 200 GP retention initiatives have been established across the country as a result of this fund.

Seven [GP Retention Intensive Support Sites](#) (GPRISS) were also established across the country to ‘hothouse’ local support at different levels – person, practice and system – with the aim of making general practice a better place to work. This toolkit interprets the GPRISS approach into a set of resources that can be applied locally. An independent [evaluation of the GPRISS approach](#) is also available.

**The Operational Planning**  
**Guidance 2019/20** requires that **recommendations from this toolkit are incorporated into local planning.**

## Key lessons learnt from the GPRISS

- **Importance of local support**  
National support is key to getting interventions off the ground quickly (e.g. by providing access to funding), but ultimately success in improving retention locally relies on local engagement and support being in place.
- **Taking a broad view of retention**  
Whilst interventions that offer support direct to GPs are essential (e.g. mentoring), those which target the wider workforce and practice managers were found to be equally important to addressing factors which can improve the work life balance for GPs.
- **Taking a whole career approach**  
A broad spectrum of support across the GP career pathway is needed to provide continuity of support and avoid ‘cliff edges’ – particularly at times of transition. This includes tailored support for trainees, newly qualified GPs, early-mid career GPs and those approaching retirement.

## • Multi-level interventions

Whilst support for individual GPs is essential to a good retention approach, many critical issues (e.g. workload) need to be unblocked through additional interventions at practice and system level.

GPs who received individual, practice, and system level support were twice as likely to report feeling ‘supported’ as a result of GPRISS than those who received only one level of support (e.g. only individual support).

Find out more about the work of the GPRISS:



\*Indicative figure subject to the completion of the 2018/19 annual audit.

# GP Retention Improvement Cycle

The GPRISS approach centred on bringing together local stakeholders, system and GP leaders to jointly develop an evidence-based local action plan to improve GP retention.

Learning and recommendations from the GPRISS and related local work have now been translated into a 'GP retention improvement cycle'. This forms the focal point of this toolkit and sets out steps to develop a robust local action plan to improve GP retention, with a strong focus on local leadership and collaboration across the system.

## Who should use this toolkit?

This toolkit should be used by:

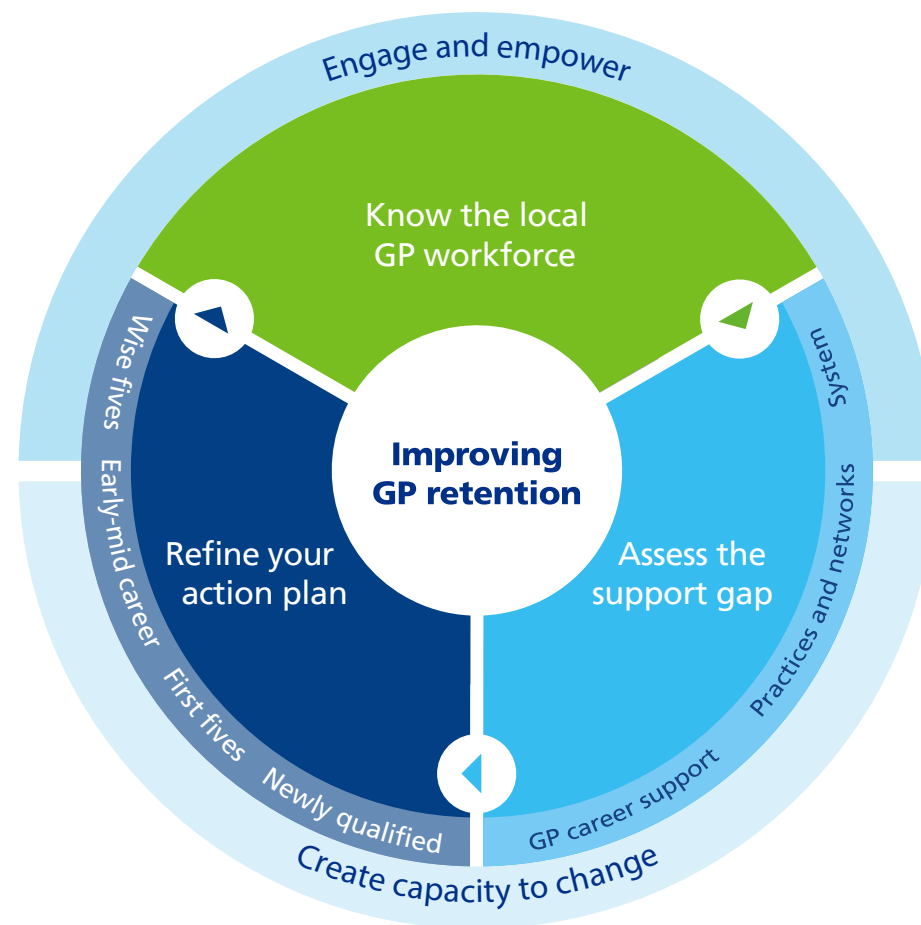
**GPs:** By clinical leads, GPs and their appraisers to inform what good looks like and understand the potential contribution of different levels of the system towards making general practice a better place to be.

**Practices and networks:** By local workforce leads to consider and respond to the support needs of their GPs, how they should engage with designing the action plan and what funding is available.

**System leaders:** to understand the issues and key actions needed to improve GP retention and to ensure that these play a prominent part of the local primary care strategy and supporting action plan.

**Note:** The acronym 'ICS/STPs' is used throughout this document and stands for 'Integrated Care Systems / Sustainability and Transformation Partnerships. Further information is available here:

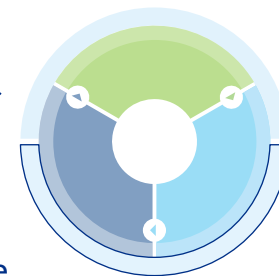
<https://www.england.nhs.uk/integratedcare/>



Click on each section of the cycle to find out more

# Creating capacity for change

[Click to return to the GP Retention Improvement Cycle](#)



## **Make GP retention a priority**

GP retention is a key issue affecting many GPs and practices, and must be seen as a priority. The requirement for a well developed GP retention action plan is expected to feature prominently in all local primary care workforce strategies.

ICS/STPs will also be expected to evidence through standard assurance processes that learning from this toolkit is being applied to improve GP retention locally.

## **Consider how you will resource your action plan**

### *Funding*

Building on last year's investment, a further £12 million has been allocated across ICS/STPs in 2019/20 to support the implementation of this toolkit, alongside additional funding for other GPFV programmes (Practice Resilience, Reception and Clerical Staff Training and Online Consultation Systems).

Using the GP Retention Improvement Cycle and associated tools to identify local need, map the existing activity against the three levels of support, and address any gap in

support will help to identify where to target this funding. Practices and networks that have particular issues with retention should be considered a priority.

An important lesson from the GPRISS – and the wider Local GP Retention Fund – was the value of having access to dedicated funding to kickstart initiatives. Feedback from 2018/19 activity equally highlighted the value of providing funding over a longer period to support the sustainability of schemes. ICS/STPs have been advised to expect follow-up funding of a further £12 million in 2020/21 to support GP retention.

### *Leadership and resource*

Planning and implementing an action plan to improve retention takes time, effort and leadership.

Engaging enthusiastic clinical leads for GP retention means they can play a key role in helping to champion change, generate new ideas and offer a link to 'what's happening on the ground'.

Dedicated project and change management resource at system and/or network level to co-ordinate the design and implementation of the action plan is also considered

essential. This might include some administrative and communication support to co-ordinate and manage take-up of the schemes, and any associated procurement activity.

## **Primary Care Networks**

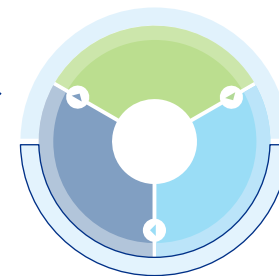
Primary Care Networks (PCNs) will play a key role in creating a sustainable workforce across primary care through the creation of satisfying roles for staff, development of multi-professional teams and more balanced workload for all, with a focus on preventing ill health and tackling health inequalities.

Significant development support funding will flow to ICS/STPs to work with their PCNs to agree the most effective way to ensure the workforce can access high quality development support. This presents a real opportunity for PCNs with a significant focus on providing capacity and support to enable the primary care workforce including GPs to access career progression opportunities and step into leadership roles. A PCN development support prospectus will be made available on the FutureNHS Collaboration Platform in due course.



# Creating capacity for change

Click to return to the GP Retention Improvement Cycle



## Primary Care Training Hubs

The NHS Long Term Plan set out plans to develop the training hub infrastructure to deliver training and education for the primary and community care workforce.

Whilst they are currently at varying stages of maturity, going forwards training hubs will be ideally placed to support workforce planning and the delivery of GP retention and career support initiatives locally. Further guidance is due to be published.

We recommend that the local hub is engaged at an early stage of developing the GP retention action plan to consider how they might support the delivery and resourcing of the plan going forwards.

Case studies demonstrating the role that training hubs can play in regards to GP retention can be accessed on the [FutureNHS Collaboration Platform](#).

A training hub brings together education and training in primary and community care with the aim of developing a sustainable workforce. Specifically training hubs will:

Assist PCNs and the wider ICS/STP in workforce planning

Develop capacity for training within PCNs

Support educators to make the PCN 'the best place' to learn

Help retain GP and primary care workforce at all stages of their career

Coordinate education programmes to support service delivery ambitions

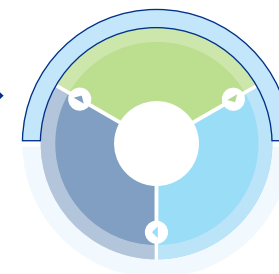
Help introduce and embed new staff

Support GPs and primary care workforce at all stages of their career

Support the continued professional development of all staff

# Engage and Empower

Click to return to the GP Retention Improvement Cycle



The GPRISS have shown that strong local engagement, leadership and collaboration is key to successfully improving GP retention. In particular, those responsible for developing the GP retention action plan should consider how to:

- **Engage your stakeholders in design**  
Bringing system leaders and local partners together is essential to promote understanding of the issues and to create solutions that work. Encouraging open dialogue between your stakeholders – perhaps through focus group sessions and more formal project governance arrangements – also helps to foster a culture of collaboration and continuous improvement. A full range of stakeholders should be engaged in action planning activity.
- **Ensure GPs have room to engage and develop**  
Consider from the outset how you are going to create room for local GPs to participate in career development activity. This might mean structuring interventions to minimise the impact on clinical work or considering more radical solutions such as using pooled working arrangements to provide backfill for local GPs. Potential impact on the workload of other practice staff should also be considered.
- **Encourage take-up of the offer**  
Action plans are expected to provide a comprehensive support offer but if introducing several new initiatives at once it may be best to stagger the roll out and communication of these to avoid overloading your GPs and wider stakeholders with too much information at once. This should also encourage better take-up of the support offer.

Newham Health Collaborative created a sustainable, dual-purpose solution by making use of a staff bank of experienced GPs to provide cover for GPs participating in their quality improvement leadership programme. For more information visit: [www.england.nhs.uk/gp/gpfv/workforce/retaining-the-current-medical-workforce/gp-career-plus/newham/](http://www.england.nhs.uk/gp/gpfv/workforce/retaining-the-current-medical-workforce/gp-career-plus/newham/)

## GP Retention Suggested contributors to the action plan

- Local Medical Committees
- Appraisers
- Local Workforce Advisory Boards (LWAB)
- Secondary care
- GP Federations
- GPs (at all stages of career)
- Local / regional NHS England-NHS Improvement
- HEE
- ICS /STP leads
- RCGP representative
- Practices and networks
- Clinical Commissioning Groups
- Training hubs



# Know the local GP workforce

Click to return to the GP Retention Improvement Cycle



The first step of developing the GP retention action plan should be to take time to profile and understand the needs of local GPs to determine what support is required. A good understanding of local workforce data is key – combined with local understanding of the context. It should be noted that loss from the GP workforce occurs in different ways along the GP career pathway.

## GP Trainees

### Loss during training:

- Failure to progress
- Switching speciality
- Deferrals

### Loss during transition into the workforce:

- Emigration
- Return to home country (for international students)
- Gap years

## Qualified workforce

### Newly qualified

### Mid career

### Wise years

### Loss from qualified workforce:

- Emigration
- Voluntary early retirement
- Change in career direction

### Loss can occur throughout the GP career pathway due to:

- Reducing working hours due to: caring commitments, managing workload (e.g. working as a locum)
- To undertake more varied work across multiple settings
- Burn out or ill health

## Surveys and focus groups

Focus group sessions are a hugely valuable way to drive understanding of the issues being faced locally.

Questions to consider include:

- What is the profile of your workforce?  
What issues are they facing?

- How many GP trainees do you successfully retain locally post training?
- How many experienced GPs are you losing to early retirement or other factors?
- How many GPs are opting to work on a part-time or locum basis?

- How many GPs do you need to retain in the workforce in line with local workforce plans?

Snapshot surveys of local GPs are also a useful way to understand their ambitions and stressors, and to gauge the impact of current support provision. Templates are available and can be issued using readily available online tools.

# Know the local GP workforce

Click to return to the GP Retention Improvement Cycle



## Measuring the impact of retention

Retention can be difficult to measure and it will take time for the impact of initiatives to show in workforce figures. Workforce data however provides huge insights into local trends and should be monitored closely.

Quarterly primary care workforce statistics are published by NHS Digital and provide data on staff working in the general practice setting. Reports produced via the NWRS are helpful at all levels of the system – from practices through to ICS/STP.

Whilst these statistics don't currently include a count of the primary care workforce outside of the general practice

setting (e.g. the proportion of time a GP may contribute to the local urgent care or extended access service for example), NHS Digital is due to start surveying CCGs for this information from July 2019.

## Planning future requirements

Complementary tools to help interpret the NHS Digital data are also developed by NHS England-NHS Improvement and can be accessed via the FutureNHS Collaboration Platform. These are particularly relevant for planning at regional and STP level.

This includes a 'retention impact estimation tool' to help estimate the potential impact of initiatives that provide direct support to GPs (e.g. portfolio working for newly qualified GPs) based on what is known

about the participation rates of different groups of GPs in the general practice setting.

A 'GP STP Demand and Supply Tool' is also available to model expected inflows and outflows of GPs at Regional, STP and CCG level in line with the commitment to ensure a growth of 5,000 full time equivalent GPs as soon as possible.

All ICS/STPs have agreed primary care workforce plans for 2019/20 which set out how many GPs and other staff they are planning to recruit and retain over the year. The GP Retention Action Plan is expected to support delivery of these plans with ongoing activity informing future requirements.

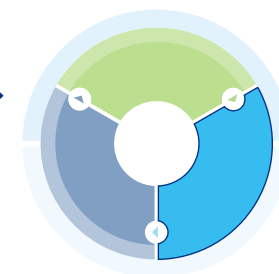
## National Workforce Reporting System

The National Workforce Reporting System (NWRS) is run by NHS Digital to collect and present primary care workforce based data, using data supplied by practices and networks in line with contractual requirements.

NHS Digital have recently relaunched this system which now includes reporting functionality and there are plans for further development of the system. More information about the NWRS is available here: [http://bit.ly/NWRS\\_Webpage](http://bit.ly/NWRS_Webpage)

# Assess the support gap

Click to return to the GP Retention Improvement Cycle



Through the Local GP Retention Fund alone, over 200 retention support initiatives were established for GPs across the country last year. The GP Retention Action Plan is intended to build on this existing activity but bolster it through additional support across the three levels of intervention.

Armed with a detailed understanding of their workforce, ICS/STPs should audit their current activity against these three levels to assess gaps in support. When undertaking this review it would be useful to assess:

- Progress of schemes established via the Local GP Retention Fund (Source: [FutureNHS Collaboration Platform](#)).
- The uptake of the national GP Retention scheme across the area (Source: [NHS Digital](#)).
- How many practices have participated in NHS England's General Practice Development Programme.
- Engagement with other schemes run through wider partner organisations (e.g. British Medical Association and Local Medical Committees, Health Education England, Royal College of GPs).

Tools and templates are available. See 'Checklist' for further details.

## What scale is best?

As this toolkit is published, ICS/STPs will be in the process of finalising their primary care strategy for 2019/20. As part of GP contract reforms, practices will also be grouping into primary care networks, which will be at varying levels of maturity. To support local ownership and innovation, GP retention action plans are ideally held at practice and network level but should feed into a combined plan at ICS/STP level to maximise opportunities to collaborate across networks and groups of practices.

### The three levels of intervention



#### Career support for GPs

Tailored career support provided direct to a GP according to need. GPs are individuals and their support needs will evolve as they progress through their career. The best support provision takes this into account.



#### Practices and networks

Interventions to address issues at practice and or network level that are affecting GP retention. These initiatives will be aimed at individual practices or groups of practices and will include work to address GP workload and build the multi-disciplinary team.

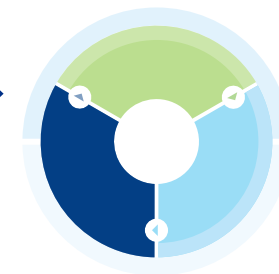


#### System

Interventions to address system-wide issues affecting GP retention. These may be at ICS/STP level or across groups of networks and should include work to improve links with secondary care.

# Refine your action plan

Click to return to the GP Retention Improvement Cycle



Gaps against the support needs of local GPs or across the three levels of intervention should now be evident and can start to be addressed through action planning. For each level of intervention, the following sections of this toolkit present:

Goals	Local must do's	National support
A set of aspirational goals for each level of intervention.	Elements that need to feature as part of your action plan to help achieve these goals.	National support and guidance available that should be reflected in your action plan.

The goals set out under each of the three levels have been developed based on the work of the GPRISS. Both these, and the action plan essentials are by no means exclusive and set out the minimum that is required to improve GP retention locally. **Through discussion with stakeholders, local areas are encouraged to agree and add onto these goals to ensure they capture the key issues that need to be addressed locally.** In a similar fashion, whilst all action plans are expected to maximise the opportunities available through national programmes of work, it

is essential that this is combined with more targeted support at a local level. Templates are available to support this activity.

## Case studies

To aid development of the local action plan, exemplar case study examples from the work of the GPRISS and Local GP Retention Fund are also presented for each level of intervention. Whilst some of these schemes are still in relatively early stages, they give a great indication as to what is possible. Further case studies are available on the

FutureNHS Collaboration Platform and we will be continuing to work with local systems and areas going forwards to collect and share this good practice.

## Equality and health inequalities

All initiatives – and particularly where they provide support to individual GPs – should be screened to ensure that due regard has been given to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it. Consideration should also be given to the need to reduce inequalities between patients in access to, and outcomes from GP services, and to ensure services are provided in an integrated way where this might reduce health inequalities. Further guidance is available at [www.england.nhs.uk/about/equality/equality-hub/](http://www.england.nhs.uk/about/equality/equality-hub/)



# Career support for GPs

## Our goal: Local GPs...

feel engaged with and valued by the area and system within which they work

have opportunities to connect with other GPs

have the opportunity to access career advice and support when they need it

can access training and leadership opportunities to support their career progression

have the option to work flexibly and across a range of different settings if they want to

feel supported to return back to practice after time out of the workplace

can access a support programme in their first two years of independent practice

## Action plan essentials

Opportunities for GPs to engage with the local GP retention strategy

Plan put in place to stay in touch with GPs throughout their career

Peer support networks

Tailored support for GPs across their career – from training through to retirement

Support for GPs returning back to practice

Portfolio careers and flexible working

Coaching

Leadership development

Mentoring

Two year support programme for newly qualified GPs

Supportive GP appraisal

## Available national support

[Resources for GP appraisers](#)

[GP Improvement Leads Programme](#)

[National 1:1 GP coaching](#)

[GP Career support Pack](#)

[GP Health Service](#)

[National GP Retention Scheme](#)

[Induction and Refresher Scheme \(Return to Practice\)](#)

## Case studies

## Career support for GPs

### What good looks like – case studies



### Newly qualified GPs

A key finding of the GPRISS was that person-level support can have the greatest impact for GPs in the early stages of their career. The NHS Long Term Plan committed that ‘newly qualified doctors and nurses entering general practice will be offered a two-year fellowship’. The aim of this offer is to support GPs as they transition into independent practice and give them the best possible start in their career. Further funding will be allocated to STPs during the year to support development of their approach, supported by national guidance. Support offered to newly qualified GPs will build on existing best practice which is starting to emerge across the country, and strong alignment between this and the wider local GP retention action plan is expected, with a view to creating a continuum of support across the career pathway.

#### GP Salaried Portfolio Innovation Scheme (GP-SPIN)

Black Country STP  
Mentoring Scheme

### GP Salaried Portfolio Innovation Scheme

In response to the difficulties in recruiting newly qualified GPs to substantive roles and feedback gained from a local GP survey, Barking, Havering and Redbridge (BHR) CCGs together with HEE developed the GP Salaried Portfolio Innovation Scheme (GP SPIN). GPs are offered a permanent salaried role which consists of 4-7 sessions working in general practice, and the remaining two sessions being used to undertake a role in an alternative setting. Within BHR opportunities have included sessions with acute / mental health / community trust specialisms, CCG-based leadership opportunities, and educational fellowships. GPs also have access to dedicated peer support sessions, facilitated by an experienced GP educator. The peer support sessions are an important aspect of the GP SPIN model, as they are designed to provide a continuum of support from training into, and throughout the first year of post-qualification experience. In 2018, the GP SPIN scheme recruited seven newly qualified GPs into salaried GP roles. The scheme is now in its second year, and work is underway to introduce the scheme across other areas of London.



## Career support for GPs

### What good looks like – case studies

---



GP Salaried Portfolio  
Innovation Scheme (GP-SPIN)

Black Country STP  
Mentoring Scheme

#### For more information

[sandwellandwestbhamccg.  
nhs.uk/sustainability-and-  
transformation-partnership-  
stp/gp-retention](https://sandwellandwestbhamccg.nhs.uk/sustainability-and-transformation-partnership-stp/gp-retention)

### Black Country STP Mentoring Scheme

The Black Country's mentoring scheme has been achieved by adapting and up-scaling a popular pre-existing scheme, taking advantage of the skills and knowledge of experienced GPs within the area. This allows for younger GPs to receive guidance from mentors who have encountered similar issues and challenges specific to the area and helps re-energise the mentor's career and allows them to "give back" to the profession. The mentoring covers a wide array of topics including: physical and mental wellbeing, professional development, advice about partnerships, practice process improvement, financial advice, regulatory affairs, and ways to avoid or deal with burnout. Recipients have reported notable benefits, stating that they feel more supported and are optimistic about their careers. Importantly, there are early signs that a STP-wide culture of coaching and mentoring is forming.

## Career support for GPs

### What good looks like – case studies



#### Early-mid career

##### Somerset Primary Healthcare Ltd Peer Support Scheme

Black Country STP  
Portfolio Scheme

NHC Leadership Development  
Programme

NHS England National  
1:1 coaching

### Somerset Primary Healthcare Ltd Peer Support Scheme

Somerset CCG and Somerset LMC developed a scheme that provides six months of paid, facilitated peer support sessions to experienced GPs who are seriously thinking of leaving or who have recently left. Nine GPs were recruited onto the scheme in the first seven months and GPs surveyed responded that they had improved morale and a reduced sense of professional isolation as a result of being on the scheme.

#### For more information

[www.england.nhs.uk/gp/gpfv/workforce/retaining-the-current-medical-workforce/gp-career-plus/somerset/](http://www.england.nhs.uk/gp/gpfv/workforce/retaining-the-current-medical-workforce/gp-career-plus/somerset/)

## Career support for GPs

### What good looks like – case studies



### Early-mid career

Somerset Primary Healthcare  
Ltd Peer Support Scheme

Black Country STP  
Portfolio Scheme

NHC Leadership Development  
Programme

NHS England National  
1:1 coaching

**For more information**  
[sandwellandwestbhamccg.  
nhs.uk/sustainability-and-  
transformation-partnership-  
stp/gp-retention/  
incentivising-portfolio-  
careers](https://sandwellandwestbhamccg.nhs.uk/sustainability-and-transformation-partnership-stp/gp-retention/incentivising-portfolio-careers)

### Black Country STP Portfolio Scheme

The Black Country STP have developed a portfolio career scheme that offers flexible career options for GPs to enhance their skills and knowledge in areas of interest (e.g. dermatology, GP education, frailty). A key benefit of portfolio roles is that patients are able to receive care without the need for specialist consultations in secondary care. It is believed that this will reduce the burden of hospital appointments, resulting in reductions in waiting lists and savings across the wider healthcare system. Up to £10,000 has been made available for each GP to support development of their portfolio roles in the Black Country. The scope of employment and the balance between each GP's clinical and specialist sessions is agreed on a case by case basis. CPD accreditation and points are attained through learning/reflective logs, as well as successful completion of any training programmes enrolled on as part of the scheme. Within the first six months, the scheme received 66 applications and has supported 24 GPs, with GPs who sign up to the scheme expected to stay in the Black Country for two years. GPs have responded favourably to the scheme, stating that it provides a welcomed opportunity, not only to pursue an interest, but to upskill (by gaining qualifications and experience) and provide more services in general practice.

## Career support for GPs

### What good looks like – case studies



#### Early-mid career

Somerset Primary Healthcare  
Ltd Peer Support Scheme

Black Country STP  
Portfolio Scheme

**NHC Leadership Development  
Programme**

NHS England National  
1:1 coaching

### Newham Health Collaborative (NHC) Leadership Development Programme

NHC working with the NHS Leadership Academy developed an innovative five-day Primary Care Leadership Programme for GPs in Newham which was based on one that had been delivered for Thames Valley and Wessex Leadership Academy. The five-day programme ran over four months and covered: what is leadership and leadership styles, the current NHS picture and evolving challenges, influencing and negotiation skills and leading and managing change. 30 GPs and 20 primary care staff have participated in the leadership programme to date. Through an evaluation GPs have indicated they have gained the skills to improve the effectiveness of their teams, understand and know how to engage in the wider health and social care system and have greater confidence to take up or continue with their partner, portfolio or new clinical director role.

## Career support for GPs

### What good looks like – case studies



### Early-mid career

Somerset Primary Healthcare  
Ltd Peer Support Scheme

Black Country STP  
Portfolio Scheme

NHC Leadership Development  
Programme

NHS England National  
1:1 coaching

### NHS England National 1:1 coaching

Throughout 2017 and 2018, NHS England rolled out a national coaching programme to support GPs experiencing challenges in the workplace or considering leaving general practice. GPs who undertook the coaching received three confidential 90-minute sessions run by highly experienced and qualified coaches to help tackle particular challenges and identify their future career options. An evaluation undertaken in 2018 showed that for GPs who had undertaken the coaching there was a 28% reduction in the likelihood of leaving with 98% of GPs reporting a positive impact.

**For more information**  
For national coaching  
offers, contact: [england.  
gpdevelopment@nhs.net](mailto:england.gpdevelopment@nhs.net)

## Career support for GPs

### What good looks like – case studies



### Wise fives

Great Yarmouth and  
Waveney CCG - GP Bank

Isle of Wight CCG Legacy  
Five Scheme

### Great Yarmouth and Waveney CCG - GP Bank

The CCG have developed a scheme that involved creating a 'bank' of experienced GPs that supply cover for clinical sessions for both long and short term needs. Extensive one to one engagement with GPs was a key factor to the success of the scheme to understand what would stop GPs from leaving. For GPs it was not about the money but what the CCG could do to make them feel supported and to take away the hassle and administration so that they could concentrate on meaningful clinical appointments. In order to attract experienced GPs onto the scheme (who were at risk of leaving) a range of incentives were offered. These included: indemnity cover, longer 15 minute appointment times, access to a facilitated peer support network and a training budget to use for specialist interests and mandatory training. In the first seven months, five GPs were retained who would have otherwise left and the scheme has been able to support local practices to fill vacant sessions and free up capacity for partners to focus on wider workforce planning.

#### For more information

[www.england.nhs.uk/gp/gpfv/workforce/retaining-the-current-medical-workforce/gp-career-plus/great-yarmouth-and-waveney-ccg/](http://www.england.nhs.uk/gp/gpfv/workforce/retaining-the-current-medical-workforce/gp-career-plus/great-yarmouth-and-waveney-ccg/)



## Career support for GPs

### What good looks like – case studies



### Wise fives

Great Yarmouth and  
Waveney CCG - GP Bank

Isle of Wight CCG Legacy  
Five Scheme

### Isle of Wight CCG Legacy Five Scheme

The Isle of Wight CCG developed a 'Legacy 5 scheme' that supports GPs who are within five years of retirement to make informed decisions about their futures. The scheme highlights career opportunities which may result in GPs working beyond their identified retirement dates. The scheme involves workshops focussing on financial planning and career development opportunities. GPs have access to a fund to undertake a range of training that would enable them to cultivate skills and provide care beyond their projected retirement dates.

## Career support for GPs

### What good looks like – case studies



### Return to practice

Dorset STP - one-day  
returner's course

NHS England SW and HEE SW  
Short Placement Scheme

### Dorset STP - one-day returner's course

Dorset STP has developed a one day course for GPs returning to the workplace after a period of absence, typically but not exclusively for GPs following parental leave or long term sickness. The course offers GPs the opportunity for simulated face to face and telephone patient consultations, with feedback from experienced GP Educators available. Participants are offered the opportunity for follow on coaching over the return to work process, through the Primary Care Workforce Centre's coaching facility. Up to 16 GPs can attend each course and the key benefit has been that GPs who wouldn't have returned have, due to the increased support available.

## Career support for GPs

### What good looks like – case studies



### Return to practice

Dorset STP - one-day  
returner's course

NHS England / HEE (South  
West) Short Placement Scheme

### NHS England / Health Education England (South West) Short Placement Scheme

NHS England and HEE SW have jointly designed a short placement scheme to support GPs returning to practice. This scheme returns GPs to practice who have been out of practice for more than one year but less than two. The scheme includes a two week placement with a supportive GP trainer who exposes the GP to up to date practice and protocols, advice on using the software system, and consulting with patients. Following this they are re-energised and confident to get back into independent practice. Through this scheme the SW has successfully returned 20 GPs to practice.



# Practices and networks

## Our goal: Practice and networks...

actively look to achieve better work life balance for local GPs through continuous improvement, service redesign and development of the multi-disciplinary team

know and understand the needs of GPs working across the network and create opportunities to support their career development

collaborate with GPs and others across the system to make local general practice a great place to work and identify opportunities to collaborate

engage with their local training hubs to inform development of the local infrastructure to support future GP retention

## Action plan essentials *As per career support section, plus:*

Local action plan for GP retention, which feeds into an overarching plan at system level

Local arrangements are in place to keep in touch with GPs especially in times of transition

Communicating support opportunities that are available to GPs locally

Promoting and developing the practice / network as a great place to work

Developing the multi-disciplinary team in primary care to release GP capacity and reduce workload

Regular review and maintenance of workforce data in line with contractual requirements

## Available national support *As per career support section, plus:*

### General Practice Development Programme:

- GP Online consultations fund
- Releasing time for care
- Building capability for improvement
- Training for reception and clerical staff
- Practice manager development

GP Retention Toolkit and related resources on [FutureNHS](#) including PCN Development Support Prospectus

### National Workforce Reporting System

GP Career Support Pack  
(local versions can be created)

To be published during 2019:

- Guidance on two-year support offer for newly qualified GPs
- Guidance on developing the multi-disciplinary team

Case studies

## Practices and Networks

### What good looks like – case studies

#### The Beacon Medical Group Multi-Disciplinary Team

Waterside Medical Centre  
Active Signposting

Isle of Wight CCG Career  
Roadmaps

Newham Health  
Collaborative engagement

Weston and Worle diagnostic

### The Beacon Medical Group Multi-Disciplinary Team

The Beacon Medical Group in Plymouth cut the average waiting time to see a GP by six days by introducing a multi-disciplinary urgent care team, an enhanced care home service and redesigning care pathways for dermatological and musculoskeletal (MSK) conditions. These initiatives are all staffed by a range of practitioners including paramedics, pharmacists and nurse practitioners. The introduction of the urgent care team has ensured patients seeking an urgent same day appointment can now do so. The introduction of the multi-disciplinary team has meant that GP workload has reduced which has improved morale and enabled GPs to provide their expertise into further initiatives.

#### For more information

[modelsofcare.co.uk/  
casestudy](https://modelsofcare.co.uk/casestudy)

# Practices and Networks

## What good looks like – case studies

The Beacon Medical Group  
Multi-Disciplinary Team

Waterside Medical Centre  
Active Signposting

Isle of Wight CCG Career  
Roadmaps

Newham Health  
Collaborative engagement

Weston and Worle diagnostic

### Waterside Medical Centre Active Signposting

Waterside Medical Centre along with a group of 13 other practices took part in the Learning in Action element of the Time for Care programme. Active signposting was an action the group identified to take forward. Over six months the practice attended six Learning in Action workshops, where the group was introduced to various tools and techniques to identify ways of reducing the number of patients seeing a GP with problems that could be dealt with by other practice staff or the wider health economy. Active signposting has helped the practice release 11% of inappropriate GP appointments, equating to 80 appointments or 13 hours of GP time per week, giving GPs more time to focus on those patients that need their time (e.g. those with more complex care needs), as well as improving access for patients who need to be seen.

#### For more information

[www.england.nhs.uk/  
gp/case-studies/active-  
signposting-frees-up-  
80-inappropriate-gp-  
appointments-a-week/](http://www.england.nhs.uk/gp/case-studies/active-signposting-frees-up-80-inappropriate-gp-appointments-a-week/)



## Practices and Networks

### What good looks like – case studies

The Beacon Medical Group  
Multi-Disciplinary Team

Waterside Medical Centre  
Active Signposting

Isle of Wight CCG Career  
Roadmaps

Newham Health  
Collaborative engagement

Weston and Worle diagnostic

### Isle of Wight CCG Career Roadmaps

The Isle of Wight CCG recognised that there was a lot of information available for GPs but this information was spread across multiple sources, making it difficult for GPs to find and use. Furthermore, the information was not tailored to the local context of the island. With this in mind, the CCG focussed on creating a single point of access that clearly directs GPs to career development opportunities and guidance of how to navigate the local and national system. The online resource provides an overview of opportunities (roadmaps) to GPs according to their roles within general practice (i.e. registrars, salaried GPs, partners and locums).

**For more information**  
[onewighthealth.co.uk/gp-career-development](http://onewighthealth.co.uk/gp-career-development)

## Practices and Networks

### What good looks like – case studies

The Beacon Medical Group  
Multi-Disciplinary Team

Waterside Medical Centre  
Active Signposting

Isle of Wight CCG Career  
Roadmaps

Newham Health  
Collaborative engagement

Weston and Worle diagnostic

### Newham Health Collaborative (NHC) engagement activities

NHC has conducted a range of engagement activities with GPs through a range of events, use of social media (such as WhatsApp) and even visiting GPs for coffee to gain their views. A primary care event was held that attracted over 250 primary care staff including 70 GPs from across Newham. The event celebrated achievements from individuals and teams across Newham and provided the opportunity to connect with GPs and primary care staff enabling the contact details of those attending to be obtained so that they could be alerted about future learning, development and engagement activities. NHC have also engaged with staff via Twitter using the following hashtags #NewhamHealthCollaborative, #ConnectingPrimaryCare and #CareersThriveInEastLondon. Emails and newsletter communications about various retention offers have been followed up with a message on WhatsApp which has been very popular at reminding GPs and wider primary care staff about the offers available.

## Practices and Networks

### What good looks like – case studies

---

The Beacon Medical Group  
Multi-Disciplinary Team

Waterside Medical Centre  
Active Signposting

Isle of Wight CCG Career  
Roadmaps

Newham Health  
Collaborative engagement

Weston and Worle diagnostic

### Weston and Worle diagnostic

In order to fully understand the needs of GPs working across the locality and impact of any interventions implemented, a start and end diagnostic was commissioned. This involved canvassing practice staff – clinical and non-clinical – and asking a series of questions focussing on their views of the sustainability of the primary care system, their roles within it and how much pressure they felt under. This was further informed by the NHS Digital national workforce data. Using a theory of change, key initiatives were identified to support GP retention across the locality. A repeat of the diagnostic was later undertaken to understand the impact of the various initiatives and further inform implementation going forward.

## Our goals: The local system...

actively works with local GPs, practices, networks and system leaders to ensure the right support is put in place to improve GP retention

is assured that GPs know about and can access career support and advice when required

work with local practices, networks, system leaders and other stakeholders to actively make and promote local general practice as a great place to work

engage with their practices, networks and training hubs to inform development of the local infrastructure to support future GP retention

improved collaboration and working across the interface between primary and secondary care

## Action plan essentials *As per career support, practices and networks sections, plus:*

Action plan(s) in place at system, network and practice level and robust assurance processes in place to oversee delivery

Strong engagement with a wide range of stakeholders, including training hubs

Named clinical lead(s), change facilitation support and project management capacity in place

GPs and their appraisers are well informed of the local and national support available, and where appropriate, are supported into schemes.

Work across primary and secondary care with a focus on reducing GP workload

## Available national support *As per career support, practices and networks sections, plus:*

[Implementation toolkit for local systems: 2017-19 NHS Standard Contract provisions across primary and secondary care](#)

To be published during 2019:

- Guidance for commissioning services from training hubs

## System

### What good looks like – case studies

---

#### Cheshire East GP Retention Project

North Midlands appraisals and signposting

Isle of Wight - recruitment campaign

Black Country STP GP Clinical Lead

Mid and South Essex GP Support Service Single Point of Access

#### Cheshire East GP Retention Project

Cheshire East Partnership in association with the Cheshire and Merseyside Primary Care Academy, have worked with GP practices across Cheshire East to undertake a piece of research to determine the future plans of GPs who are nearing the end of their career. They have developed a 'Stay Interview', where experienced GPs (generally over the age of 50) are interviewed by another GP to explore their future career intentions. The outputs from these interviews have been used to create an action plan to help retain these experienced GPs with new opportunities and career pathways across the local area.

## System

### What good looks like – case studies

---

Cheshire East GP  
Retention Project

North Midlands appraisals  
and signposting

Isle of Wight - recruitment  
campaign

Black Country STP GP  
Clinical Lead

Mid and South Essex GP Support  
Service Single Point of Access

#### North Midlands appraisals and signposting to bespoke retention packages

The 'Soft re-boot' of the annual appraisal was taken as an opportunity to change the culture of the appraisal from 'I'm stressed I need to postpone my appraisal' to 'I'm stressed I need to book my appraisal'. This initiative focused on implementing new documentation supporting the revised appraisal process prompting soft discussions about future career choices and focuses the appraisal conversation (where indicated) on retention options enabling signposting to career options and support opportunities which could encourage GPs to stay in service. An annual conference is held where all appraisers across the STP are informed of their role in supporting GPs, understanding their future plans and signposting them to the support available. The national GP Career Support pack has been used as a key tool in signposting GPs to national and local support and was used as part of the event pack for the conference.



# System

## What good looks like – case studies

Cheshire East GP  
Retention Project

North Midlands appraisals  
and signposting

Isle of Wight - recruitment  
campaign

Black Country STP GP  
Clinical Lead

Mid and South Essex GP Support  
Service Single Point of Access

### Isle of Wight - recruitment campaign

The Isle of Wight faces particular challenges relating to geography; the island is not readily accessible from the mainland which can lead to considerable travel costs. With this in mind, the CCG has made considerable effort to promote the area as an exciting and beautiful place to live and work. The island boasts a wide array of restaurants, historic and popular attractions, world famous events and festivals, and choices for outdoors pursuits. From a career perspective, the island's population demographic offers a unique opportunity to practice multiple elements of primary care (e.g. rural and urban medicine, geriatric medicine, medicines optimisation in care homes, and minor surgery) within a small catchment area. The CCG has developed a recruitment programme with a strong emphasis on marketing materials to promote the island using digital platforms and social media. It is also working with local recruitment agencies and has secured ferry discounts for GPs and other primary care staff travelling to and from the mainland.

## System

### What good looks like – case studies

Cheshire East GP  
Retention Project

North Midlands appraisals  
and signposting

Isle of Wight - recruitment  
campaign

**Black Country STP GP  
Clinical Lead**

Mid and South Essex GP Support  
Service Single Point of Access

### Black Country STP GP Clinical Lead

When forming the GPRISS project team, emphasis was placed on the importance of having a GP Clinical Lead. Not only did this give a local GP the opportunity to champion general practice but also enabled the reality of the challenges faced in general practice to be portrayed from personal experiences and those of their peers. The benefits were impressive, through GP to GP conversations and attendance at a vast array of GP forums. The GP Clinical Lead has been able to foster honesty, openness and confidence that in turn enabled wider GP involvement in the co-design of the various projects. Strong links with those forums was maintained and continuation of this role remains a key feature in the success of the Black Country's Retention Schemes for General Practice.

#### For more information

[sandwellandwestbhamccg.  
nhs.uk/sustainability-and-  
transformation-partnership-  
stp/gp-retention](https://sandwellandwestbhamccg.nhs.uk/sustainability-and-transformation-partnership-stp/gp-retention)

# System

## What good looks like – case studies

Cheshire East GP  
Retention Project

North Midlands appraisals  
and signposting

Isle of Wight - recruitment  
campaign

Black Country STP GP  
Clinical Lead

Mid and South Essex GP Support  
Service Single Point of Access

### Mid and South Essex GP Support Service Single Point of Access

The GP Support Service Single Point of Access (SPoA) is a dedicated telephone / email service across the Mid and South Essex STP with the aim of providing GPs who require additional support or who are looking to leave or retire with tailored information including signposting to the various retention initiatives across the STP. In the first six months the service has supported 57 GPs to either return back to practice, access vacancies across the STP or take up training and development opportunities.

#### For more information

[castlepointandrochfordccg.  
nhs.uk/about-us/vacancies/  
primary-care-careers-in-essex](https://castlepointandrochfordccg.nhs.uk/about-us/vacancies/primary-care-careers-in-essex)

# Checklist

The checklist below summarises key steps to creating your GP retention local action plan. It should be used in conjunction with this toolkit and related national guidance which is due to be published over the coming months on training hubs, the support offer for newly qualified GPs and development of the multi-disciplinary team. A range of templates, further case studies and data tools are also available via the FutureNHS Collaboration Platform, including the PCN development support prospectus. This also provides a space

to network, engage and share resources related to GP retention and the primary care workforce. To request access, email [england.primarycareworkforce@nhs.net](mailto:england.primarycareworkforce@nhs.net).

The full range of national support offered to individual GPs – including from key partner organisations such as the BMA and RCGP – is also set out in the GP Career Support Pack (see '[Where to find out more](#)').

Have you...
<b>Engage and empower</b>
undertaken a local stakeholder mapping exercise to identify who to involve?
engaged with stakeholders to develop the action plan (e.g. engagement event, focus groups etc.)
agreed how you will engage and involve GPs and wider stakeholders to support implementation of your action plan (e.g. pulse surveys, using of social media, posters, local press)?
considered how you will ensure GPs have the capacity to participate in career development activity?
<b>Creating capacity for change</b>
considered how to employ the ICS/STP funding allocation for GP retention in 2019/20 and 2020/21 to support implementation of your action plan, targeted at areas that need it most?
engaged clinical leads and have a named clinical lead in place to oversee the implementation of the delivery plan?
recruited a project manager to oversee implementation of the retention action plan and consider change management resource, administration and communications support?
established a project board to oversee implementation with appropriate stakeholders including GPs, PCN and CCG representatives.
considered alignment with wider PCN development support offer?
engaged with training hubs locally to engage with their future development and how this will support GP retention going forward?
considered how you align your GP retention action plan with the emerging offer for fellowships for newly qualified GPs?

## Have you...

### Know the local GP workforce

- accessed GP workforce data on the National Workforce Reporting System?
- accessed the workforce data and tools pages on the FutureNHS Collaboration Platform to help interpret the NHS Digital publications?
- undertaken a survey to understand in more detail the issues being faced locally by GPs?
- held local focus groups to analyse and interpret published data and local surveys?

### Assess the support gap

- engaged with others who are leading on retention activities locally to understand what's already available, including schemes set up under the Local GP Retention Fund? This includes schemes that partner organisations may have separately established (LMC, HEE, CCGs, RCGP).
- assessed uptake of the National GP Retention Scheme across the area and considered the local strategy for promoting this scheme going forwards?
- assessed how many practices have participated in NHS England's General Practice Development Programme?

### Refine your action plan

- developed an action plan and ensured plans at practice and network level align at system level?
- ensured that the action plan essentials are a feature of your action plan with initiatives identified to fill gaps in provision?
- ensured that the national NHS England offers are part of your action plan?
- agreed the approach to monitoring the delivery of the action plan?

# Where to find out more

## Future NHS Collaboration Platform

An extensive range of resources are available on the FutureNHS Collaboration Platform including templates to help ICS/STPs and PCNs develop a theory of change and action plan, analytical tools to understand the GP demographic and a range of further case studies. To gain access, please contact [england.primarycareworkforce@nhs.net](mailto:england.primarycareworkforce@nhs.net) with details of your name, role and organisation.

## GP Career Support Pack

Information and contact details for national support offers from NHS England and NHS Improvement, and other key partner organisations such as the BMA and RCGP are set out in the national GP Career Support Pack: [www.england.nhs.uk/publication/gp-career-support-pack/](http://www.england.nhs.uk/publication/gp-career-support-pack/)



Thanks are given to all those whose work over the last year has contributed to development of this toolkit. Particular thanks are extended to:

- The Black Country Sustainability and Transformation Partnership
- Mid and South Essex Sustainability and Transformation Partnership
- North Kirklees and Greater Huddersfield Clinical Commissioning Groups
- Blackpool, Morecambe Bay and West Lancashire Clinical Commissioning Groups
- Weston and Worle Locality (locality within Bristol, North Somerset and South Gloucestershire CCG)
- Isle of Wight Clinical Commissioning Group
- Newham Health Collaborative Ltd (North East London)

## Further information

For any further help in relation to this toolkit please contact [england.primarycareworkforce@nhs.net](mailto:england.primarycareworkforce@nhs.net)