



DORSET
**General Practice
Alliance**

Creating Sustainable General Practice in Dorset



May 2023

Section 1

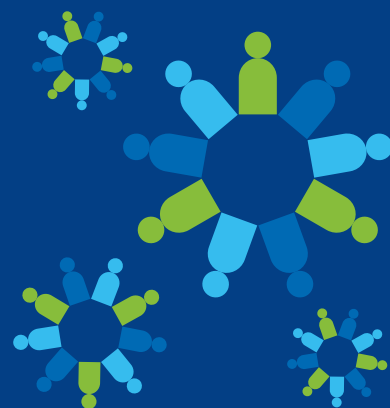
Introduction	3
The Dorset General Practice Alliance	3
Executive Summary	4
Next Steps	8

Section 2

Ten Key Themes	9-33
1. Workforce	
2. Funding	
3. Premises	
4. Staff wellbeing & experience	
5. Patient need	
6. General Practice operating model	
7. System integration	
8. Bureaucracy	
9. Communications	
10. IT Systems	

Section 3

Approach	34
References	36
Appendix	38



Section 1

Introduction

NHS Dorset commissioned the Dorset General Practice Alliance to produce this report in order to have a better understanding of the challenges facing general practice locally and what is needed to ensure that it is sustainable in the coming years. This report sets out an overview of these challenges with ten key themes that need addressing and provides recommendations and actions for consideration and implementation to make this happen.

What is evident is that in order for general practice in Dorset to be sustainable urgent action is needed now with a system response that includes NHS Dorset, all healthcare providers, patients, policy makers and regulators working together.

“General Practice is truly a cornerstone of our health and our communities and is now facing challenges as never before. Dorset is not protected from this so we must do all that we can to support General Practice to support our people.”

Dr Forbes Watson, Chair of the Dorset General Practice Alliance.

The Dorset General Practice Alliance

The Dorset General Practice Alliance (the Alliance) is a collaborative group representing all general practices aligned to Primary Care Networks in Dorset. There are 73 general practices arranged across 18 Primary Care Networks, delivering services to 800,000 patients. The Alliance was formed in July 2022 to represent and amplify the voice of general practice as an active member of the Integrated Care System in Dorset. All practices in Dorset are members of the Alliance and are represented by an elected member who sits on the Alliance Board.



Executive Summary

General practice in Dorset has an excellent track record when it comes to providing patient services for our population, with 94.5% of practices rated as excellent/good by the Care Quality Commission (CQC)¹. Everyone working in the NHS in Dorset wishes to continue to provide this high level of patient care, but general practice is facing a crisis with challenges in delivering a service that meets the needs of patients and is at risk of becoming unsustainable.

This report aims to set out what is needed to ensure there is a sustainable model for general practice in Dorset. What is evident from the research and engagement used to identify the proposed recommendations is that immediate action and interventions are needed now. Without these our services will become increasingly more difficult for practices to provide and for patients to access, and without a stable general practice there will be more pressure on other parts of the NHS.

NHS Dorset and general practice have to be ambitious and to accept that change is needed. It is time for a reset on how general practice is operating and there needs to be a commitment from each part of the system to make this happen. It is a collective responsibility to make sure that Dorset general practice is sustainable and that it can continue to provide a safe and excellent health service for our patients as well as being a great place to work for our staff.

General practice needs a mechanism to release the pressure when it is at capacity. This could be via diverting patients to other services, issuing resilience alerts, informing the public of the current position, or capping appointments. This is common practice within the NHS Trust sector but not within general practice, where the expectation is that a practice should always be able to provide face to face access to a GP, which is simply no longer viable.

The Alliance was asked to lead on this review into what is needed in order to have a sustainable model for general practice in Dorset and has identified ten themes, set out in detail in Section 2 with a number of recommendations and actions.

Ten themes that need action

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|-----------------------------------|-------------------------------------|
| 1. Workforce | 6. General Practice Operating Model |
| 2. Funding | 7. System Integration |
| 3. Premises | 8. Bureaucracy |
| 4. Staff Experience and Wellbeing | 9. Communications |
| 5. Patient Need | 10. IT Systems |

¹ CQC Data 2023 - Dorset practices status 5 outstanding; 64 good; 3 require improvement; 1 inadequate.



1. Workforce

This is the biggest challenge facing general practice in Dorset and significant action is required to address this. Fundamentally more GPs are needed as well as other integral practice roles including practice & business managers, nurses and business staff. The latest data for England shows that numbers of fully qualified full time equivalent GPs continues to fall and this is reflected in Dorset with a 5% drop in the past four years. There are also challenges with recruiting other roles including practice nurses as well as admin/reception staff who are choosing to work in less challenging workplaces and with better pay.

The age profile of Dorset's general practice workforce shows that 50% are aged 50 or over and 19% are over 60. This skew to the higher age bracket is a strategic risk facing general practice in Dorset and the wider Dorset Integrated Care System (ICS). Whilst additional funding has been provided for new Primary Care Network roles, these complement the activity provided by GPs, they do not replace them and are not the panacea to the crisis facing their recruitment. In order to operate, these PCN roles require the support of GPs and without GPs these roles cannot function.

2. Funding

The desire to provide more services in the community and reduce demand in the acute sector is not being matched with adequate funding in general practice. The Royal College of General Practitioners (RCGP) recommends 11% of the total health spend should be within general practice, yet in Dorset, the figure is approximately 9.7%, a difference of £21.6m. More funding needs to be made available for general practice in Dorset to ensure its long term sustainability and can be seen in contrast to the relative investment in acute services in recent years.

3. Premises

Practices reported one of their biggest challenges was having adequate physical space to accommodate staff and to provide services. General practice has simply run out of space and there needs to be a significant additional investment into the general practice premises in Dorset that also supports integrated team working with community services and others.

4. Staff experience and wellbeing

A survey of all practice staff in Dorset highlighted a high degree of variation between the staffs' experiences and wellbeing. There are increasing gaps in workforce numbers and elevated levels of burnout and sickness, with GPs and other clinical and administrative staff exiting the profession. This has created an unmanageable and at times potentially unsafe workload that asks unreasonable demands of all general practice staff. This is the scenario in parts of Dorset and contributes to poor cultural behaviours in practices and low staff morale. Changes are required to improve staff wellbeing.

5. Patients' needs

We need to address the ongoing patient need and move away from the GP only model of care. This dependency on GP appointments places significant strain on the current system. In Dorset we need improved local communications on signposting patients to the right service and connecting them to the right practitioner as this will address some of the demand and pressures in general practice. There needs to be more focus on self-care, promotion of wellbeing and prevention with public health support and interventions outside of general practice.

6. General Practice operating model

The GP partnership model was confirmed by participants at the Dorset Alliance Summit in February 2023 as the most favoured operating model in Dorset where five alternative models were explored, including small and large scale models. Whilst Dorset does include a small number of GP federations and super practices, this review is not recommending one specific model for Dorset general practice but it proposes further consideration and discussions about the types of operating models that should be considered by practices and an offer of a range of support for any practice wanting help with their growth and sustainability.

7. System integration

System integration is about delivering a more efficient, holistic, and effective healthcare system. Working together as one system will mean all providers will take responsibility for collectively improving the health and wellbeing of the local population. The focus must be on patients being seen at the right place and the right time to improve efficiencies and reduce unnecessary workload transfer between providers. There is an urgent need to reduce duplication of workload between system providers, to improve patient pathways, to focus on and support the development of neighbourhood teams to deliver true integrated teams.

8. Bureaucracy

The burden of bureaucracy is overwhelming general practice to such a level that it reduces the time left to see patients. GPs and practice management spend increasingly more of their time having to prove what they do as well as working around external systems, processes and requests from other providers that add to their workload. Providing safe and effective care is essential, however the level of reporting has become unmanageable and too bureaucratic, with GPs believing that this demonstrates a lack of trust in the profession. This winter NHS Dorset supported general practice with a pause in some of the QOF indicators and this commitment to reducing bureaucracy must continue with local support and national lobbying.

9. Communications

General practice does not get the same level of support with regards to public messaging on demands and waiting times as other healthcare services do. The messaging that if anyone has any health concerns to ‘contact your GP’ is a constant theme that has raised unrealistic levels of public expectation that general practice has the capacity to see everyone immediately. A change in language that encourages patients to seek help from a healthcare professional (other than a GP) due to workforce issues will support a decrease in the burden on GPs. An improved local system communications approach is needed to ensure that general practice is supported in the same way as other parts of the healthcare system when under pressure and should promote positive and successful stories of the work general practice provides. General practice websites need to be up-to-date and provide relevant and helpful information for patients.

10. IT Systems

Investment in IT systems is essential. The investment in Dorset Intelligence and Insight Service (DiiS) has provided Dorset with a ground-breaking population health management data analytic and risk stratification tool that supports delivering better outcomes for local people. In Dorset all practices use the same patient record system. The Dorset Care Record brings patients’ health details together in one place for health and social care to access and joins up different information systems to create a more comprehensive and up-to-date record of a patients’ clinical history. Further work is needed to improve the interface and capabilities between secondary and community care and the mental health system that causes inefficiencies and increased workload in general practice and delays in patient care.

These themes are explored in detail in Section 2 of this report with recommendations, actions and consequences if no action is taken.

Next Steps

Action is needed now in order for general practice in Dorset to be sustainable with the Integrated Care System working to make this happen. Without an adequately skilled general practice workforce there is no foundation for a sustainable future. This requires more equitable funding being provided to general practice as well as improving the premises estate in order to provide improved services and safe patient care. All system providers need to take responsibility for their own patient management as it is not possible for general practice to sustain the workload that comes to them as a result of system, process and patient pathway failings. This should be supported with interoperable IT systems.

There needs to be a change in culture whereby general practice is trusted to deliver healthcare for its population, with less bureaucratic reporting. Practices themselves need to look at their own leadership culture for their staff training, development and wellbeing. Recruitment and retention will be vital to support and replenish a dedicated, yet ageing workforce. Patient expectations need to be managed with better local public engagement and communication campaigns.

With these building blocks in place all potential practice ownership and contractual models are feasible. However, practices need support to develop a vision and to show leadership by proactively considering the most viable model for them going forward, even if this requires a move away from their current ownership structure.

The Alliance has engaged widely and has sought a range of views from across the system. We believe that we have established a number of recommendations that the Dorset ICS will support, as these aim to create a compassionate, attractive working environment for general practice staff, with a defined safe workload that will enable delivery of a high quality general practice service to meet our local populations' needs.



Ten Key Themes

1. Workforce

Workforce is the biggest challenge facing general practice in Dorset and whilst this is an acknowledged fact there is a need to take significant action to address a range of issues facing practices. Without general practice, the rest of the NHS will struggle, yet the latest data for England shows that the number of fully qualified full-time equivalent (FTE) GPs continues to fall (Hawthorne, 2023)². In addition general practice nurses are increasingly difficult to recruit. The retention of the integral roles of practice & business managers and reception/administrative staff is challenging in a climate where staff can leave general practice to work in less pressurised environments for better pay.

Data from NHS Digital shows that since 2015, the number of qualified GPs (partners and salaried) has fallen by 7% in England which is the equivalent of 1,900 GPs. This is alongside a growth in patient numbers per average practice, from 7,500 in September 2015 to 9,750 in February 2023, an increase of 30% (BMA, n.d.)³.

The number of FTE general practitioners in Dorset has fallen by around 5%⁴ in the past four years and workload has increased by 9%⁵. The Dorset general practice pipeline has significant challenges: there has been a significant increase in International Medical Graduates (IMGs) within GP Training, rising to approximately 75% in the latest cohort. Statistically, however, IMGs are less likely to complete training and stay in Dorset following qualification⁶. GP training places are also under threat as there is a reduction in the number of GP Trainers due to workload pressures and low estate capacity to house trainees.

Increasing the number of GPs and retaining the ones we have in Dorset will ensure we have the foundation for a sustainable future for general practice.

The current pressures on the general practice workforce is unsustainable as they are stretched with providing higher levels of activity with increasing levels of stress. The true workload for GPs and practice staff is not accounted for as appointments and direct patient care make up only a fraction of true workload. GP partners work 50% more than their standard working week for

² [Spiralling staff shortages have put the NHS in the last-chance saloon](#) | NHS | The Guardian.

³ BMA Analysis of NHS Digital General Practice Workforce Statistics.

⁴ Primary Care workforce data 2023.

⁵ [Spiralling staff shortages have put the NHS in the last-chance saloon](#) | NHS | The Guardian 2023.

⁶ Primary Care Training Hub 2023.



FTE NHS employees⁷. The unseen workload of the administration required for patient care is not accounted for in the working day. GPs and practice management often have to spend evenings and weekends catching up.

The headcount for the Dorset general practice workforce is 3,263⁸ with 50% of the total workforce aged over 50 and 19% over 60. This is a high risk to having a future workforce to provide adequate services.

While there has been continued growth in Dorset in the number of hospital based doctors, the number of GPs has fallen as shown in Graph 1. This also illustrates that the non GP workforce has increased in general practice, but this accounts for Primary Care Network (PCN) roles.

PCNs have benefited from the PCN Additional Roles Reimbursement Scheme (ARRS) funding since 2019 but it is not the panacea to the crisis facing general practice in the short or long term. Whilst PCN ARRS roles complement GPs, they do not replace them as their roles are meeting unmet demand. In addition, the PCN ARRS roles create workload for general practice requiring additional supervision and training, embedding and the need to accommodate them in what is already premium space. This is leading to some PCNs choosing not to recruit into these posts and integration is proving challenging. Continued recruitment of Allied Health Professionals (AHPs) to general practice who are working at the top of their licence requires a system approach to ensure a pipeline of appropriately experienced and qualified staff that does not destabilise the whole system. For general practice to be seen as a viable working environment in a career pathway, there needs to be exposure at an undergraduate level across professions, which is currently lacking.

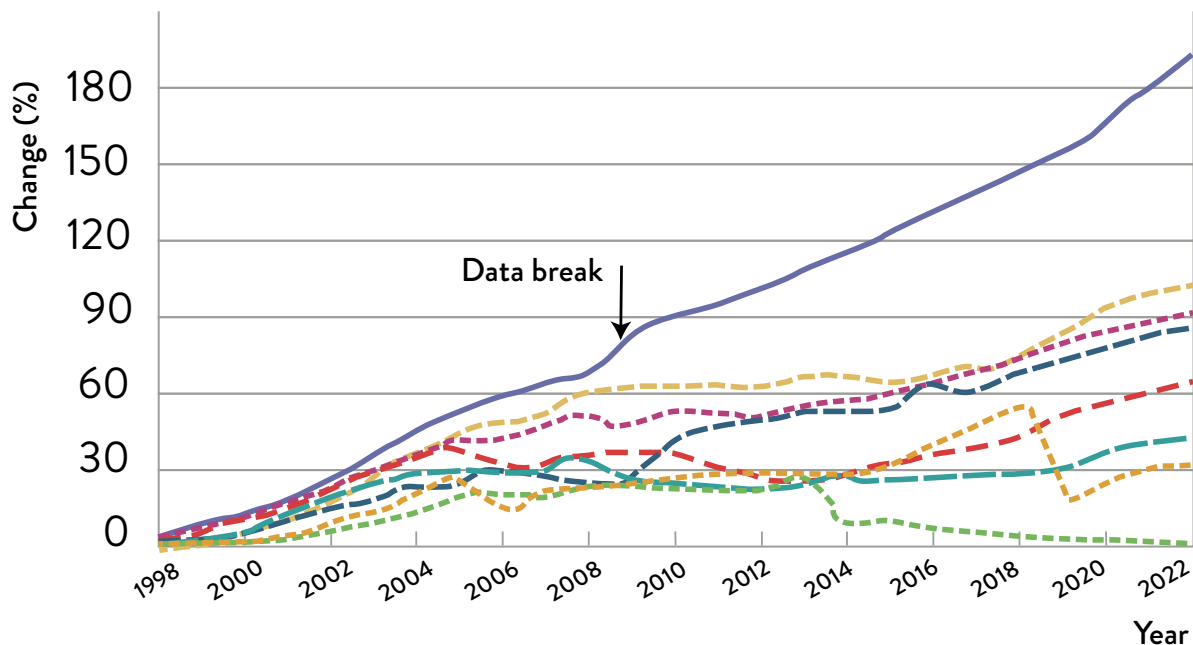
⁷ [Full-time GP partners work 50% more than standard working week | GPonline](#), 2019.

⁸ Dorset Primary Care Workforce team Jan 23.



NHS Workforce

- Consultants
- - - Other hospital doctors
- ... Scientific, therapeutic, and technical staff
- - - Non-GP practice staff (including GP trainees)
- - - Support staff
- - - Nurses, midwives, and health visitors
- - - Ambulance staff
- - - GPs (excluding trainees, locums, and retainers)



Note: Thinner lines indicate major breaks in data because of changes in definition or data collection

Graph 1: The NHS Workforce in Dorset 2022 showing % change of roles per role.

Ref: NHS Digital LMC Wessex 2023

Illustration 1 also highlights the disparity between the different parts of the system with the workforce, and of concern is the low number of practice nurses in general practice and Dorset has increased training and fellowships to attract nurses to these roles.



Dorset, Secondary Care, Community Care & General Practice

All figures are December 2022 FTE and not including GP in all training grades and Trainee Nurses

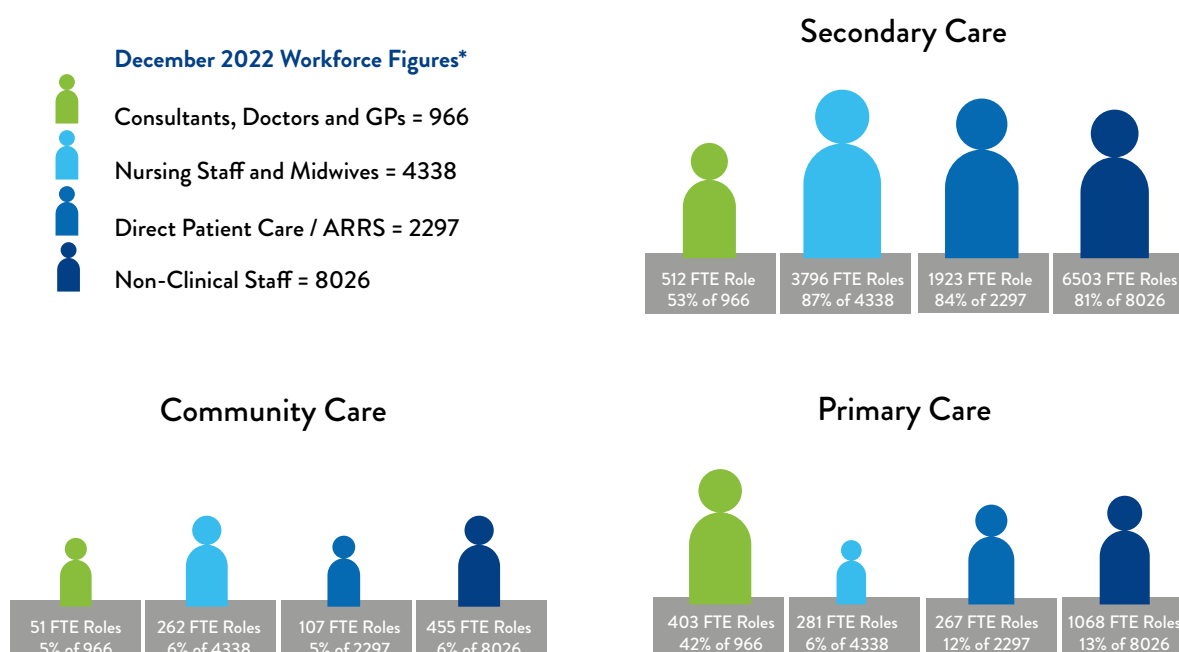


Illustration 1: The % of FTE roles in secondary, community and primary care (general practice).

Ref: Wessex LMC, March 2022.

A workforce survey sent to all staff in general practice in February 2023 by the Alliance for the purposes of this report showed that 51% of staff often think of leaving their current roles and 43% of staff will be actively looking to leave in the next 12 months.

The pay and conditions for locum GPs is more attractive than partner earnings and does not come with the longer hours and stress that partners deal with, and this contributes to the issues with recruiting GPs at a local and national level.

'Many well-respected GPs in Dorset at all levels are evaluating their future careers and the sustainability of their work/life imbalance'. Anon GP. Alliance Survey 2023.

'It is time to make the job not just manageable but once again fulfilling and enjoyable. General practice should really be the jewel in the crown of the NHS, one of the services most valued by its patients.' (Health & Social Care Committee, 2022)⁹

⁹ Future of General Practice, Health & Social Care Committee, 2022.

If action is not taken soon, the following consequences may occur:

- A lack of GPs will lead to more practice closures in Dorset and gaps in services and coverage. Patients will have to travel further for services.
- Increased workload will lead to clinical safety issues and staff burn out.
- Waiting times will increase with a capped number of appointments available each day to support a safe and manageable service.
- General practice will become an increasingly unattractive area to work in which will lead to further shortages.
- Unless general practice can achieve a more balanced age profile for its workforce there will be a severe shortfall of staff in the near future as large numbers retire around the same time.
- With fewer general practice services more patients are likely to attend A&E, resulting in an emergency admission and with poorer outcomes for the population.

Recommendations

1. Align the NHS Dorset recruitment plan for general practice to the NHS Dorset People Plan 2023 and the clinical strategy (when complete) focusing on improving retention and resilience as well as recruitment to halt the decline in Dorset's general practice workforce.
2. Implement and adhere to a safe workload for general practice as clinicians are dealing with increasing demand and complexity with potential reduction in quality and safety. Practices should have the ability to transfer patients to other providers when appointment capacity has been reached ¹⁰ to support safe working and protect both staff and patients.
3. Acknowledge and account for administration, supervision and Continuing Professional Development (CPD) time in the GP working day. This in turn will aid retention of GPs.
4. Make funding more flexible so practices are free to use money from the ARRS to hire the staff they need and invest in supporting supervision and training to better integrate teams (Royal College of General Practitioners, n.d.) ¹¹
5. Develop an integrated community care service that supports general practice and reduces patient footfall in the hospitals by moving resources from secondary care into community care.
6. NHS Dorset and Wessex LMC to continue lobbying NHS England (NHSE) to train more GPs.

10 Safe working in general practice (bma.org.uk)

11 Fit for the Future: a new plan for GPs and their patients, RCGP, 2023.



Actions

1. Use regular data reviews of the workforce status to support proactive planning and focus on retention of general practice staff.
2. Establish a workforce education training plan that focuses on making general practice a more attractive place to work again with training and education to support career development in all workforce roles (Fuller, 2022)¹².
3. Develop a GP locum strategy that supports these roles to become employed as permanent practice staff.
4. Develop a manageable and easier system of recruiting clinicians from overseas, supporting the application process/visa regulations.
5. Establish a targeted and innovative recruitment campaign using social media aimed at those new to working in the NHS.
6. Establish workforce development and prioritisation workshops with system partners.
7. Work collaboratively with ICS partners and workforce teams to develop portfolio options across all professions, including fellowships and joint roles to support making working in general practice more attractive (Fuller, 2022)¹³.
8. Support with improving supervision, development, and career progression with the PCN ARRS roles (Fuller, 2022)¹⁴ and consider a supervision lead for all new roles at PCN level that fulfil one of the non-clinical pillars of advanced practice such as education, leadership and management. This does not need to be a GP.
9. Practice leadership should ensure that the true working hours of all staff are monitored, and consideration should be given to improving working conditions.
10. Improve links with GP training schools, HEIs and HEE.

12 13 14 The Fuller Stocktake Report: Next Steps for Integrating Primary Care, 2022.

15 Alliance Workforce Survey February 2023.



2. Funding

Nationally the Royal College of General Practitioners says a greater proportion of the NHS budget should be passed to general practice to return funding to 11% of total health spend (Royal College of General Practitioners, n.d.)¹⁶. In Dorset, the figure is currently 9.7%. This equates to a difference of £21.6m, or £26.90 per head of population based on a population of 800,000. NHS Dorset has considerable financial challenges, and it is unlikely that the gap will be closed in the next year but a realistic recommendation of fixing general practice at 10% of total health spend would provide an additional recurrent £5 million into general practice in Dorset.

Maintaining general practice as a business is expensive and financial pressures (because of the cost-of-living crisis) are increasing which is putting some practices at risk¹⁷.

The GP Partnership Model *'remains an efficient and effective model for general practice if properly funded and supported'*,¹⁸ however more flexibility is needed so that there is freedom for general practice to focus on the priorities of their population and reduce health inequalities.

Practices often choose not to always access additional and non-recurrent funding because there are too many restrictions or reporting implications that may make it a time-consuming process. The funding rules for ARRs roles is too restrictive and does not allow practices to recruit staff that they need to provide local patient care and population health (Hewitt, 2023)¹⁹.

If action is not taken soon, the following consequences may occur:

- The services being provided are dependent on the funding that is available to provide it. A lack of investment will limit the services and coverage that is being provided by general practice.
- A limited general practice service will mean more people turning to A&E for their healthcare needs.
- Improvement in health inequalities will never be achieved if general practice is failing in areas with high deprivation.

Recommendations

1. Ensure NHS Dorset commits to an equitably funded general practice health service by investing an appropriate 11% of the overall budget into general practice. Equitable funding of general practice will address the Department of Health guidance regarding health inequalities as funding must filter down to neighbourhoods²⁰.

¹⁶ ¹⁹ Fit for the Future: a new plan for GPs and their patients, RCGP, 2023.

¹⁷ Exact figure and ref needed for how many are at risk in Dorset.

¹⁸ Future of General Practice, Health & Social Care Committee, 2022.

¹⁹ The Hewitt Review: an independent review of integrated care systems, April 2023.

²⁰ [Health disparities and health inequalities: applying All Our Health - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/health-disparities-and-health-inequalities-applying-all-our-health)



2. Allow flexibility and more innovative use of the funding to general practice as there are currently too many restrictions on how it can be used for a range of services, i.e., PCN ARRS funding is too focused on the number of staffing roles (Hewitt, 2023) (Fuller, 2022)²¹.
3. Provide a system response to review commissioned services in the community to ensure more efficient and effective joined up working with system providers that support a neighbourhood approach i.e., a PCN + contract that requires all organisations to share IT and work in a truly integrated way.
4. Support general practice by providing guarantees that ensures current and longer term funding is recurrent to provide certainty.
5. Allow clinicians to spend time caring for patients and not filling in forms demonstrating what the funding is used for²².
6. Adequately fund local enhanced services to reflect the true cost of delivery in the community and incentivise local providers to take on these services. This will include investment in staff, training and premises.

Actions

1. Set out an NHS Dorset plan in order for 10% of the total funding for health to be allocated to general practice investment priorities as a minimum in 2024/25 and reaching 11% by 2026.
2. NHS Dorset and Wessex Local Medical Committees (LMC) to continue to lobby nationally for more flexibility around ring fenced funding and reducing non-recurrent funding to support security within general practice.
3. Time is needed to effectively plan how funding is utilised against priorities of local population, too much time is spent trying to interpret guidelines and create plans which meet the specification set by NHSE/ICB.

NHS Dorset needs to prioritise/support/ invest in primary care in a meaningful way which recognises the impact and workload we manage. A well-resourced Primary Care alongside responsive intermediate home support is the most financially efficient way of providing care, reducing attendances within emergency departments and unnecessary admissions. To achieve this, the wider system needs to support Primary Care to make it a place Doctors and allied health professionals want to invest their careers once again.

Anon GP Alliance Survey²³

²¹ Fit for the Future RCGP, 2023; The Hewitt Review: an independent review of integrated care systems, April 2023.

²² The Hewitt Review: an independent review of integrated care systems, April 2023.

²³ Alliance Workforce Survey February 2023.



3. Premises

General practice has effectively run out of space and there has been a significant lack of funding in developing the general practice premises programme in Dorset. Dorset practices have raised this as a concern for a number of years and it was highlighted as a major issue in both Alliance summits and surveys in 2022/23.

Dorset has received good investment of national NHS capital going into acute, community and mental health services which will eventually reach around £0.5bn. However the route for accessing investment into general practice premises is more difficult and levels provided are only a fraction of what is needed.

Historically one of the reasons for the lack of investment is often linked in with the lease arrangements and ownership of premises around the GP Partnership Model but this means that general practice has not been supported appropriately. Investment in premises is dependent on the GP contractor model and there is risk associated with this resulting in a lack of investment.

The Clinical Service Review (CSR) for Dorset approved recommendations in 2017 around creating 'hubs' in community settings where several services would be on offer to patients. Currently it is secondary care that have utilised these facilities, but similar set ups could also be a solution for general practice to explore and use, especially in urban areas.

If action is not taken soon, the following consequences may occur:

- Services being provided will need to be limited to the space that is available and not what is needed for the population. Improvements to health inequalities in densely populated areas will not be made.
- The number of staff delivering health services will need to be limited to be able to fit into the available space to accommodate them.
- Current accommodation that is nearing the end of its useful life will become not fit for purpose leading to service gaps across Dorset and poor CQC inspections.
- Without adequate investment it will be difficult for practices to keep up with the demand and provide high quality care to patients.
- The additional PCN ARRS roles have put additional pressures on space meaning some practices are unable to recruit into them and there will be no room to support supervision resulting in restriction of development and expansion across the workforce.



Recommendations

1. Establish a Dorset estates strategy that responds to the Dorset Primary Care Premises plan²⁴ with a clear commitment outlining how to support general practice services with an appropriate level of funding that is equitable to other NHS Dorset and Local Authority spend on estates.
2. Establish a Dorset estates team to deliver the general practice element of the Dorset estates strategy.
3. Ensure the development of the 'Place' agenda that focuses on neighbourhood development and views opportunity for investment in estate development.
4. Provide space for training next generation of the general practice workforce including GPs, nurses, Allied Healthcare Professionals and Pharmacists.
5. More hands-on support from NHS Dorset estates team is needed to support practices when they are 'full.'
6. Ensure integrated working principles are at the heart of the estate's strategy – practices, social care, secondary & community care colleagues can all be housed together.

Actions

1. Establish a Dorset estates team to deliver a Dorset Estates Strategy that has a system wide view but builds in general practice as a key area of investment.
2. Work with all system partners to support joint hosting of teams where possible.
3. Review the level of investment into general practice premises against the other investments in the NHS estate and ensure equity.
4. Provide support to practices where they are 'full' that includes access to other NHS, Local Authority and other innovative premises and innovations, off site. Arrangements could include hubs, mobile clinics, pop ups, shops, and additional office space.
5. Practices to work together and consider what services could be delivered off site at scale in groups of PCNs and federations e.g. winter hubs such as the Acute Respiratory Infection Assessment hubs (ARIA).
6. Review of the ownership/responsibility model for premises.

24 Fuller Report, Page 23.



4. Staff experience & wellbeing

The current situation in general practice in Dorset reflects a national picture of a service in crisis. There are increasing gaps in the workforce with elevated levels of burnout and sickness, with GPs and other clinical and administrative staff exiting the profession.

A recent survey to all practice staff in Dorset in February 2023 highlighted a high degree of variation between general practices and the staffs' lived experiences (Appendix V). There are challenges but it is also important to highlight that it is not a bad experience for everyone. Many practices are well run with good levels of recruitment and retention and with excellent teamwork and support in place for staff to manage patient expectations.

Access is a concern and is challenging for patients at times. There is an appreciation as to why patients get frustrated, but it is not easy for staff to manage some of the negative responses from patients and the media about general practice. Practices want to get patients back on side and are aware of the issues they face to help diffuse tensions and improve relationships.

The responses to the Alliance staff survey to all Dorset general practice staff in February 2023 highlighted that:

1. There is a range of experiences working in general practice with some outstanding practices and some that require support and development.
2. Staff are working excessively and are often facing difficult and unsafe conditions in terms of clinical care and hours worked.
3. Stress is high and wellbeing of staff is a concern and this intensity in work has been normalised.
4. 41% of staff have experienced bullying and harassment from patients with 9% experiencing this more than 10 times in the last 12 months²⁵. This is in comparison with the Acute and Community Trusts in Dorset where the result is 23%²⁶. Training, support and development is required for all practice staff and leaders in dealing with conflict and managing staff and self-wellbeing.

Illustration 2 provides an overview of the responses from staff who responded to the survey and shows how they feel at eight different points during the day including times when they are getting ready for work, patient interaction, end of the day, meal times.

²⁵ Alliance Staff Wellbeing Survey February 2023.

²⁶ NHS staff survey 2023.



Emotional Map

Staff were asked to select a **happy**, **neutral** or **sad** emoji to describe how they felt at the 8 touchpoints throughout their day



■ Negative
 ■ Neutral
 ■ Positive

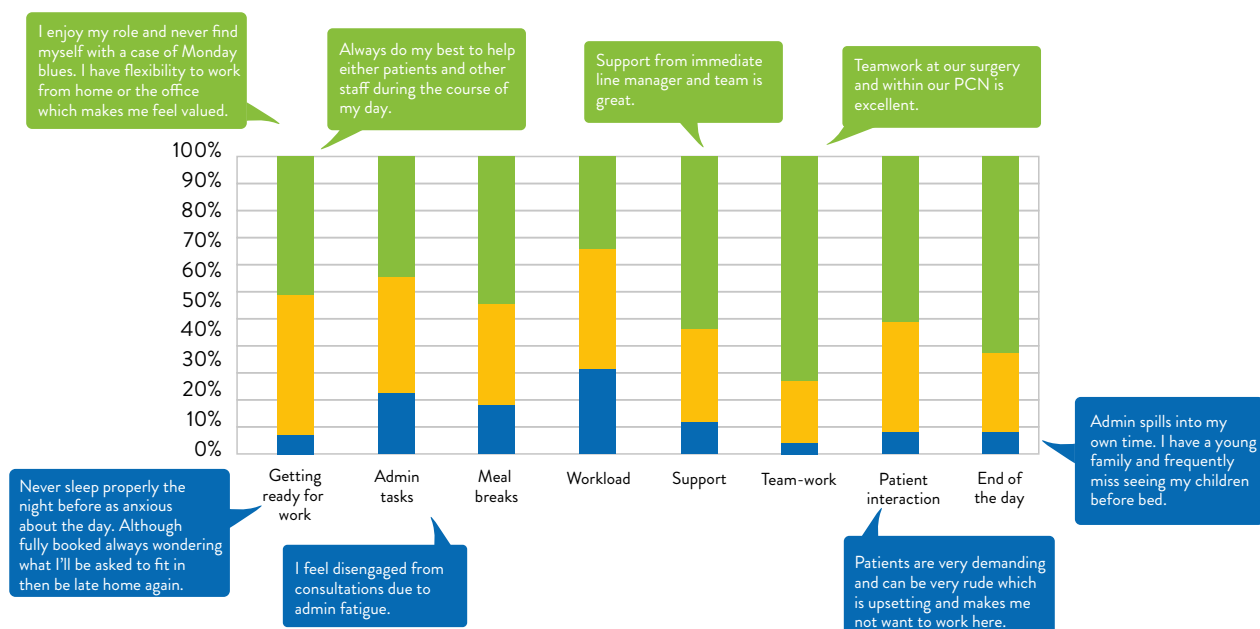


Illustration 2: Emotional map of responses from the Alliance staff survey that shows how they feel at different points during the day.

If action is not taken soon, the following consequences may occur:

- Areas of poor practice in managing staff wellbeing will lead to a demotivated workforce, high staff turnover or failure to recruit.
- Patient care can only ever be as good as the staff providing the service.
- Staff working excessive hours will lead to burnout and mistakes being made in patient care.
- It will become increasingly difficult to recruit into a profession that is known for excessive hours and unsociable working practices.
- If bullying or harassment is not tackled, staff will leave, and this will add to increased pressure on remaining staff.
- CPD is essential and if training opportunities are missed or not provided staff may become ill equipped to manage situations or provide the optimum care to patients.

Recommendations

1. Investment in tailored wellbeing support for all general practice staff including clinical and non-clinical.
2. Everyone has a right to be safe at work. General practice leadership needs to ensure all staff are aware of their duty to each other and patients and when concerns are raised all staff are aware of the correct actions to take.

3. Practices need to focus on reinstating a positive safe culture at work and should pull back from the normalised working practice that has crept in of working early, taking no breaks, and late finishes. Practices need to be safe places to work again, and this can only be achieved by addressing the workload and patient expectations.
4. There needs to be more flexibility with the funding to support a living wage for practice staff especially those in reception and administration roles who are the first point of contact with patients.
5. Provide system support for struggling practices to help them improve (Hewitt, 2023)²⁷.

Actions

1. General practices to sense check current work culture and ensure that safe workloads are implemented and monitored, supporting staff to maintain effective work life balance.
2. Practices may need to review their staff handbook and policies and update and provide training where required.
3. Implement 'no tolerance of abuse' campaign in the workplace.
4. Develop a positive working culture programme of training and wellbeing support for general practice to participate in, aiming to support resilience and retention of staff as well as improved engagement with patients.
5. Establish a 'general practice' organisation checklist on what good/outstanding practice looks like as a place to work and provide a programme of support so practices can achieve this.
6. Set out a menu of system level support for CQC inspections for practices.
7. Practices need to embed and support their non-medical workforce to be part of a team, as this will support retention and a sense of belonging.
8. Carry out an annual survey with practices to monitor change to enable focus on specific groups and determine what type of targeted support is needed.
9. Provide a mentoring and supporting programme between practices to provide support for staff wellbeing and resilience.

"When I can see patients I am happy. Demands are so high that patients are waiting 4-6 weeks for a routine appointment and are therefore then turning up with multiple issues and frustrations." Anon Alliance Survey 2023

"I feel disengaged from consultations due to admin fatigue - this is really affecting my ability to deal with more complex patients well." Anon Alliance Survey 2023

"Amount of emails is relentless. Hard to keep track, constantly worried something is buried or I am going to miss something important." Anon Alliance Survey 2023

²⁷ The Hewitt Review: an independent review of integrated care systems, April 2023.



5. Patient need

General practice is under all year-round strain and there is an overdependency on patients wanting an appointment with a GP. This is a local and national finding and is a result of a patient having a perceived need that requires a doctor to address. Patients may need signposting to find the best pathway for them to access help including being directed to websites, such as NHS 111 amongst others, use ARRS roles, and signposting by trained staff who are able to connect patients to the practitioner who can best meet their needs. It is also evident that there are other agencies that are inappropriately directing patients to general practice and this needs addressing.

General practice is working harder than ever. Nationally, figures show that the number of general practice attendances increased by 20.9% (from November 22 to March 23), compared to national A&E attendances across the same period which only increased by 0.47% (Wessex LMC May 2023).

In Dorset this winter (2022/23), pressure from patients for a general practice appointment was heightened because of concerns regarding the Group A Streptococcus outbreak and demand for an appointment was at a new high. In January 2023 there were 36,000 more general practice appointments in Dorset than in January 2022²⁸. Demand for appointments also increased because of national and media communication that if patients were worried, they should 'speak to their GP' and this put even more pressure on the local service.

There is a constant theme for patients to 'speak to your GP' at the end of multiple communications which is a frustration when general practice is under so much pressure to meet ever increasing patient needs and public expectations. A better approach would be to encourage people to think more about which service they could use and signpost them to these services. In the same way there are inappropriate attendances at A&E the same is true for inappropriate attendances in general practice.

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Whilst practice reception staff encourage patients to see other clinicians for many common ailments that can be dealt with by another member of the practice team, there is still some resistance from patients. Managing change and patient expectation takes time and will be achieved by education and effective signposting to support patients' needs and with a focus on self-care and prevention. This should be done both locally and across the system by appropriate communications.

Demand is also driven by patients on long waiting lists for secondary care, which creates additional workload in general practice to manage patients in the community while they wait. In addition, many patients ask their GP about where they are on waiting list as opposed to going directly to the service provider for an update²⁹.

Commissioning of services has an impact on patient outcomes and a review of how services are commissioned locally is required to ensure they are focusing on population health management and prevention (Hewitt, 2023)³⁰. Local Authorities should lead on prevention as this does not require general practice to deliver. Potential solutions at place level will include outcome-based commissioning and bringing public health and general practice together to address local health inequalities.

²⁸ NHS Digital January February 2022

²⁹ Waiting Well [Waiting lists – Our Dorset](#)

³⁰ The Hewitt Review: an independent review of integrated care systems, April 2023.

If action is not taken soon, the following consequences may occur:

- Demand is outstripping supply which will lead to longer waiting times, restrictions of services and capped appointments per day. People will need to travel further to be seen.
- Not being able to offer services to an acceptable standard is demoralising for staff and will create tensions between a practice and its patients.
- Clinical mistakes and workforce burnout will result as general practice remains under pressure and may lead to actual or potential patient harm³³.
- A lack of continuity of care will lead to a poorer patient experience as the level of trust and understanding of a patient's personal circumstances and condition will be missed. This also leads to inefficiencies, duplication and increased time for a clinician when reviewing a patient's medical history that can impact on how a condition affects them³⁴.
- The working experience will be less rewarding for the clinician if they do not maintain the relationship with the patient and may lead to increased professional dissatisfaction.

Recommendations

1. General practice should continue to review their workforce model to get the best out of their teams wherever possible and to consider more innovative use of their workforce and the wider staff to support demand, including PCN staff, Dorset Health Care teams, and the voluntary sector.
2. Improve the experience of accessing care with effective signposting, making it easier for patients to choose to see the same GP or the next available member of the team, by investing in a better booking system and organisational development³¹.
3. Ensure safe working guidelines across the system are followed whilst being mindful of the impact on the wider healthcare system in Dorset if safe working guidelines are adhered to³².
4. When general practice is under pressure ensure there is appropriate escalation of communications to the system, patients and the media.
5. Develop a system solution to understand and support patient need with a focus on improving health inequalities.
6. Place needs to focus on neighbourhood development as a priority to support effective and efficient integrated care delivery.
7. Improve efficiency across the system to help address patient need and demand including reduction of bureaucracy and improved system integration.

³¹ Fit for the Future: a new plan for GPs and their patients, RCGP, 2023.

^{32 33} Safe working in general practice, (BMA, 2023).

³⁴ Increasing Continuity of Care in General Practice Programme, Moot MacDonald, April 2022.



Actions

1. Ensure the ICS systems' communication teams are aware of general practice system pressures and a similar scale to that offered to the Trust providers of communication enacted so that the public and media are informed of the pressures within general practice.
2. Direct patients to system sites such as Waiting Well.
3. Develop patient partnership in the system.
4. Implement an NHS Dorset local media campaign as part of the communications plan to highlight the roles of other team members in general practice, both clinical and non-clinical that patients can access for appointments rather than a GP.
5. Communication support provided to general practice to directly educate patients on how to access health resources, relevant Dorset websites and media/apps regarding self-care, right place and appointments in other parts of the system³⁵.
6. Implement 'choose well' media across the ICS, stop the 'contact your GP' strapline.
7. Review the use of how all staff in a practice and PCN are working to ensure they are meeting the needs of the patients.
8. Scope and consider PCN hub models of support and at scale for specific conditions to take pressure off practices, particularly in winter.
9. Work with schools, local colleges and universities, the voluntary sector and public health to educate the next generation of healthcare users on responsible use of healthcare resources, where and when to seek advice and promote prevention and self-care.
10. Develop the role of AHPs and the non-medical workforce team to support retention, develop a sense of belonging and support general practice pressures.
11. Ensure a daily review of the GPAS system by the NHS Dorset resilience teams and process for issuing alerts is followed on behalf of general practice when demand is high.
12. Begin dialogue on safe working levels with the system and British Medical Association (BMA) and establish how to escalate actions if breached.
13. The value of continuity of care should not be underestimated and needs to be a priority where appropriate to do so and across care pathways.
14. All system providers to stop telling patients to contact their GP for information regarding their appointments that are not the responsibility of the GP.

³⁵ [Waiting lists – Our Dorset](#)



6. General practice operating model

The GP Partnership Model is the most favoured model in Dorset, and this was confirmed by participants at the Dorset General Practice Alliance Summit in February 2023 where five alternative models were explored including small and large-scale models³⁶.

The alternative GP contractual models applied in Dorset include a small number of GP federations and super practices, all with varying degrees of success and purpose. The starting point for all was a result of an impetus to support their own or a group of practices to be sustainable.

The Alliance is not recommending one specific model for Dorset general practice for the purpose of this report, but it is recommending that further consideration and discussion about the type/s of model is required, and a range of support needs to be offered in the coming year to help practices who are looking to develop a new operating model to assist with their change, growth and sustainability.

If action is not taken soon, the following consequences may occur:

- If a partnership cannot be maintained due to lack of new partners, then without a viable alternative ownership model a practice would close, leading to a lack of services and coverage for the population. Patients would then need to travel further for services increasing health inequalities, and additional demand will be placed on remaining practices.

Recommendations

1. The Alliance to work with the system to continue to review practice ownership models to find the right solutions to fit the specific circumstances of a practice.
2. Provide support to practices that are facing difficulties or are wishing to explore a new model.
3. Review the way services are commissioned that encourage stability in general practice and reduce risk.

Actions

1. Run additional workshop session/s and engagement on contractual models in 2023.
2. Develop support for practices based on need.
3. Establish a task & finish group with ICB and local providers to consider future model development.

³⁶ 2nd Dorset General Practice Alliance Summit Feb 1st, 2023 — Dorset GP Alliance.



7. System integration

System integration is about delivering a more efficient, holistic, and effective healthcare system. It is about the entire system in Dorset working together to improve the health and wellbeing of the local population at an integrated neighbourhood and place level.

There is huge demand on the entire NHS system and whilst general practice is under pressure, a joined-up system response is required to bring change for the benefit of all the patients we serve. Dorset needs to work together as a system to bring about change and improve integration. The focus must be on a patient being seen at the right place, right time and by the right person to improve efficiencies, reduce unnecessary bureaucracy and workload transfer, as this will be in the best interests of the patient. There is an urgent need to reduce duplication of workload between teams, pre and post hospital admissions and improve the integration of teams.

Respondents to the two Alliance surveys³⁷ and conversations held with a number of stakeholders for the purposes of this report, have highlighted where a number of improvements can be made in the system³⁸.

If action is not taken soon, the following consequences may occur:

- General practice time is unreasonably increased and is taken away from their own patient caseload as it is used to respond to tasks that other system providers and clinicians are responsible for and are in a better position to undertake.
- The workload on general practice is already not sustainable and will continue to lead to longer waiting times, increased inappropriate use of A&E, high staff turnover and a lack of services.
- If general practice fails, this will have a knock-on effect on all other parts of the system with patients seeking help from other providers.

Recommendations

1. Develop system integration to improve efficiency and effectiveness for the patient and the patient needs to be at the centre of focus.
2. Commit to a set of agreed principles that all Dorset service providers sign to help develop a mutual understanding of where responsibility for specific activity sits, acknowledging the collective responsibility and scope of practice (Appendix VI).
3. Review commissioning and contracting of services so that all organisations are driven to achieve shared outcomes instead of organisational specific Key Performance Indicators (KPIs).

³⁷ Alliance Survey November 22 – How to reduce bureaucracy in general practice in Dorset' and February 2023.

³⁸ Alliance Staff Wellbeing Survey.



4. Develop a clearer understanding of place and neighbourhood in Dorset so all are aware of responsibilities and the system's aims.
5. Increase number of secondary care colleagues with job plans that include a community service commitment to help break down primary/secondary care barriers, and build a joint understanding of pressures, workload and capacity across the system.

Actions

1. Set out and agree the principles of how all providers and the system will work together.
2. Establish a training/distribution strategy to educate all staff in NHS Dorset on these principles.
3. General practice to use agreed letter templates when returning tasks back to acute and community teams regarding patient care that can be managed within those teams.
4. All system partners to follow appropriate prescribing agreements.
5. Establish a helpline and/or central website with information for patients requiring updates on appointments in secondary and community care.
6. Ensure general practice is part of the Dorset escalation system regarding system pressure and are supported equitably.
7. Incorporate system integration approach into the Dorset neighbourhood development plan.

8. Bureaucracy

‘Less bureaucracy will result in more primary care time freed up for appointments with patients therefore improving access for all’ (Health, 2022) ³⁹.

As a service, general practice is subject to a range of regulations and standards that aim to ensure they provide safe and effective care. GPs are also subject to regular reviews, assessments, and training to ensure they are providing the best care to their patients.

However, as a profession GPs and general practice are checked and regulated to such a level that it reduces the time left to see patients. GPs believe that this also demonstrates a lack of trust in the profession.

In November 2022, NHS Dorset demonstrated its commitment to supporting general practice in reducing bureaucracy by a target of 30%. As a result of this, the Alliance Phase 1 interim report set out several recommendations (Appendix IV) and the ICB agreed that practices could pause some of the QOF indicators whilst ensuring practice income for 2022 was protected. In addition, there have been some other positive changes in Dorset including introducing a realistic Clinical Commissioning Local Improvement Plan (CCLIP) for 2023/24, a reduction in the number of IIF indicators, and improved engagement with secondary and community care colleagues on how the system can work more efficiently to reduce workload and duplication of work.

A Dorset approach to CQC that provides support to practices to meet CQC requirements will help avoid duplication of CQC workload across practices and will encourage uniformity in patient care, quality and safety whilst freeing up staff time to meet patient need rather than CQC need.

If action is not taken soon, the following consequences may occur:

- Time spent by GPs and other practice staff is wasted fulfilling tasks and actions that add little value to the patients’ care or experience. This is frustrating and demotivational for staff and contributes to an unsustainable workload in general practice.

Recommendations

1. NHS Dorset’s commitment to reduce bureaucracy in general practice in 2022/23 needs to continue and ensure that reporting and investment for CCLIP, QOF, and Enhanced Access is realistic and manageable whilst building on the target of reducing bureaucracy by 30%.

³⁹ Bureaucracy busting concordat: principles to reduce unnecessary bureaucracy and administrative burdens on general practice - GOV.UK (www.gov.uk)



2. NHS Dorset needs to continue to lobby NHSE with the LMC on behalf of the system to reduce administrative bureaucracy, micromanagement and top down directives with fewer central targets to allow Dorset to use resources based on local priorities and our population (Hewitt, 2023)⁴⁰ demonstrating trust in general practice.
3. All health service providers take accountability for their commissioned services and avoid passing back activity and admin onto general practice. Ensure improved sharing of patient information between all providers to reduce unnecessary workload or duplication (Royal College of General Practitioners, n.d.)⁴¹.
4. Develop a Dorset approach to CQC that provides support to practices to meet CQC requirements.

Actions

1. Implement the recommendations on bureaucracy from the Phase 1 interim report (Appendix IV).
2. NHS Dorset and Wessex LMC to lobby NHSE in order to reduce bureaucracy on behalf of general practice.
3. Implement when agreed the NHS Dorset Principles about how to work together.
4. NHS Dorset to continue to invest digital workload management tools and robotic process automation in Dorset aims to support a reduction in bureaucracy.

⁴⁰ The Hewitt Review: an independent review of integrated care systems, April 2023.

⁴¹ Fit for the Future: a new plan for GPs and their patients, RCGP, 2023.



9. Communication

General practice does not get the same level of public messaging on levels of demands and waiting times as other healthcare services, and this is a national issue as much as a local one. The messaging that if anyone has any concerns to 'contact your GP' is a constant theme and this has raised unrealistic levels of public expectation that general practice has the capacity to see everyone immediately.

Practices asked for a more streamlined and consistent approach to communications in the Alliance surveys and engagement workshops⁴² in order to ensure that general practice is supported effectively throughout the local system.

If action is not taken soon, the following consequences may occur:

- Limited public messaging on the current situation within general practice is leading to unrealistic public expectations, which in turn contributes to a more difficult interface between the public and general practice staff and GPs.
- Public support for GPs and general practice is reducing due to ill-informed information and messaging being more predominant than the actual reality.
- If the negative perception of general practice continues to be left unchallenged, general practice will continue to be criticised harshly by certain sections of the public and the media, causing a damaging impact on the workforce.
- Time spent by GPs and other practice staff is wasted fulfilling tasks and actions that add little value to the patients' care or experience. This is frustrating and demotivational for staff and contributes to an unsustainable workload in general practice.
- When facing such demand and pressure, the local system needs to respond quickly and to provide the same level of support and on par with an NHS Trust response.

Recommendations

1. Establish a general practice communications plan that aligns with the NHS Dorset comms strategy so that the entire system is aware of capacity issues in general practice when it is overstretched (Appendix VII).
2. Develop targeted messaging to advise patients when and how to access the range of appointments in a general practice setting and how to self-manage illnesses.

⁴² Results of Phase 1 report, survey and engagement with practices November to April 2023.



3. NHS Dorset to support general practice by challenging public and system expectation of what general practice can provide.
4. Provide supportive messaging across the healthcare system that is equal to the attention other parts of the system receive with informing and highlighting pressure as well as celebrating success.
5. Ensure regular messaging and lobbying to local politicians about the pressure in general practice.

Actions

1. Agree an updated communications plan that focuses on supporting general practice with patient engagement.
2. Provide ready-made communication resources for practices to use that are used with all communication and media channels.
3. Education and messaging for the local population to understand that general practice is about the team not just a GP.
4. Improve patient relationships as users of the service by thanking them for choosing well and highlighting good news as well as explaining when there are pressures in the system.
5. Include general practice in system alerts when under pressure so it becomes a system response.
6. Establish communications and key messages from the system in a proactive way and not a reaction to negative media stories and feedback.
7. NHS Dorset to develop a communication plan that includes a 'no tolerance' of abuse media campaign; positive news stories; and others which detail the pressures and workload for general practice. Include digital resources that practices can use to manage patient communications.
8. Ensure the systems' communication teams are aware of general practice system pressures and a similar scale of communication enacted so that the public and media are informed of the pressures within general practice.
9. Implement an NHS Dorset local media campaign as part of the communications plan to highlight the roles of other team members in general practice, both clinical and non-clinical that patients can access for appointments rather than a GP.
10. Communication support provided to directly educate patients on how to access: health resources; Dorset websites and apps regarding self-care; right place; and appointments in other parts of the system⁴³.

⁴³ [Waiting lists – Our Dorset](#)



10. IT systems

Investment in IT is essential and all practices in Dorset use the SystmOne technology. The investment in Dorset Intelligence and Insight Service (DiiS) has provided Dorset with a ground-breaking population health management data analytic and risk stratification tool that supports the system in knowing how to deliver better outcomes for local people. In addition, the Dorset Care Record brings patients' health details together in one place for health and social care to access and joins up different information systems to create a more comprehensive and up-to-date record about patients.

A shared patient record, interoperability and system-level data analysis capabilities are essential to planning and delivering services in a coherent way⁴⁴.

There are issues however with the interface and capabilities between the secondary care systems that causes inefficiencies and increased workload in general practice.

If action is not taken soon, the following consequences may occur:

- A lack of system integration within an acute trust often leads to a patient being needlessly passed back to the GP only to make an onward referral back into the same Trust.
- A lack of integrated systems and missing up-to-date information regarding the patient results in the patient repeating their medical history and lived experience multiple times which in turns increases workload and duplication for all involved.
- Clinicians also do not get to see the full picture of the patient to help inform their decisions.
- The lack of knowledge about a patient's medical history may lead to patient harm.

Recommendations

1. Align all IT healthcare systems to allow data sharing and cross system IT infrastructure so it is easier for medical staff to share information and request investigations, which they need to do to improve patient care ⁴⁴.
2. Ensure IT infrastructure investment in Dorset supports general practice with funding.
3. System integration as outlined within the Fuller report is dependent on access to joined up IT. NHS Dorset should review commissioning of services so that all organisations are driven to achieve shared outcomes instead of organisational specific KPIs.
4. Improve the NHS Dorset IT systems to support requests between system partners.
5. Ensure IT clinical safety and digital transformation is system led and is part of Dorset's local implementation plans with accountability and clearly defined expectations set out.

⁴⁴ The Hewitt Review 2023.



Actions

1. All system providers to take accountability for system functionality to ensure that it supports clinical activity.
2. Ensure investment in IT continues.
3. Integrate patient mental health records within the Dorset Care Record.
4. Make all healthcare patient records and IT processes interoperable with SystmOne.
5. Enable electronic prescribing in hospitals.
6. Enable broader access to ordering pathology and radiology.
7. Reduce system dependence upon sending letters by entering into a shared/single patient record.



Section 3

Approach

The Alliance was asked to lead and facilitate the development of a report that would make recommendations on the Future Model for Sustainable General Practice in Dorset.

The project scope sets out how the Alliance led this piece of work (Appendix I).

The Alliance Board has ensured that the findings and recommendations in this report have been established as a result of thorough system and general practice stakeholder engagement through focus sessions, workshops, review of local and national analytical data and reports, creation of two surveys and detailed analysis of outcomes from these, and engagement with system leaders across NHS Dorset (see Appendix II). Whilst the patient experience remains of paramount importance, the report recommendations are primarily aimed at assessing the requirements needed to improve the operational delivery and sustainability of services from a general practice provider perspective and patient feedback was not part of the overall approach.

A full list of the Alliance Board membership can be found in Appendix III.

Phase 1– November 2022 to January 2023

The project was launched on the 9th November 2022 at the first Dorset General Practice Alliance Summit. The summit was attended by 90 delegates from across the system and Patricia Miller, Chief Executive of NHS Dorset, confirmed the necessity of providing and supporting a *‘sustainable and thriving general practice service’* and set an ambitious target to reduce bureaucracy in general practice over the winter of 2022/2023 by 30%.

Following on from the November Summit, the Alliance asked all general practices and PCNs in Dorset to contribute their ideas about what they would like to see change in order to make general practice work more achievable, and what/how bureaucracy could be reduced in the immediate short to long term.

In total, over 400 ideas⁴⁶ were collated and these were reviewed by the Alliance Board, NHS Dorset and Clinical Directors from the PCNs to agree priorities.

The main themes highlighted from the summit and the survey included:

⁴⁶ 90 delegates attended the GP Summit and 66 people responded to the survey. All PCNs views were represented and includes contributions from a range of general practice staff.



1. The need to address the reporting burden facing general practice.
2. The need to reduce workload created via the Primary/Secondary Care interface
3. The need to establish a public messaging communication plan to support general practice.

The outputs from this phase were collated into a Phase 1 interim report that set out the highest priority and immediate challenges facing general practice with recommendations and actions. See Appendix IV.

Phase 2 – January 2023 to April 2023

The second phase focused on exploring in more detail the issues and concerns facing general practice in Dorset, with additional insights and recommendations on the themes that were highlighted during Phase 1 and analysis of the staff survey.

These themes are explored in Section 2 and set out the main findings, recommendations, actions and the consequences if no action is taken.

The ten themes are:

1. Workforce
2. Funding
3. Premises
4. Staff experience and wellbeing
5. Patient need
6. General practice operating model
7. System interface
8. Bureaucracy
9. Communication
10. IT Systems



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Appendix

- I. Future Model for Sustainable General Practice in Dorset Project Scope
- II. Engagement
- III. Alliance Board Membership
- IV. Alliance Phase 1 Interim Report
- V. Alliance Staff Experience and Wellbeing Survey Results
- VI. System Integration – MOU Dorset Principles and practice letters regarding results and referrals
- VII. Alliance Communications Plan