

Freedom of Information Request	FOI 21-392	12 th October 2021
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1. How many full time fully qualified GPs per 1000 patients are employed across the listed practises below?

Please refer to the attached spreadsheet – This data has been extracted from the National Workforce Reporting System.

There are 612 GPs included on the Medical Performers List

2. How many part time fully qualified GP's per 1000 are employed across the listed practices below?

Please refer to the attached spreadsheet – This data has been extracted from the National Workforce Reporting System

3. How many full time qualified nursing practitioners per 1000 are employed across the listed practices below?

- **Gwent (accumulative)**
- **Monmouthshire (accumulative)**
- **Chepstow**
- **Caldicot**
- **Mayor/Undy**
- **Abergavenny**
- **Monmouth**
- **Usk**
- **Raglan**
- **Portskewett**
- **Rogiet**

Please refer to the attached spreadsheet – This data has been extracted from the National Workforce Reporting System

4. Please can you provide me with details of a full-time salary for GP's and the details of a salary for a full-time time Nurse Practitioner in each practise across Chepstow. (Please be clear, I am not asking for personal information.)

The Health Board does not hold this information.

5. Please can you provide me with the details of a part time salary for GP's and also the details of the salary for part time Nurse

Practitioner in each practise across Chepstow. (Please be clear, I am not asking for personal information.)

The Health Board does not hold this information.

6. Please can provide me with details practices across Gwent that have already merged or plan to enter into mergers and surgeries that have closed for other reasons.

Please refer to the attached spreadsheet. There are no planned mergers or expected practice closures at this time.

7. Please can you provide evidence of a decline in recruitment?

As GP Practices are independent contractors, they will manage their own recruitment. The Health Board acknowledges that GP recruitment, in general, has experienced difficulties in recent times and GP Practices are doing their utmost to attract new GPs and other healthcare professionals to work with them. However, we are finding that this is increasingly difficult in smaller, single-handed practices and those that work over multi sites. Recruitment also remains a challenge in the Gwent Valleys area and where practices operate in more deprived areas.

The Health Board recognises the enduring value of the independent contractor model and fully embraces the need to reinvigorate the GP contract to support the sustainability of practices; we do not believe that this alone is sufficient to address this enduring challenge. This is because the root causation of practice instability and failure is complex and associated with a number of factors most significantly the availability of the medical workforce. Many younger doctors do not wish to be GP partners and are choosing to work as locum GPs. This reflects a societal change that is not specific to the NHS or General Practice.

One factor that supports sustainability of practices is working at larger scale, which provides the security of working as part of a larger team. This also provides the opportunity for larger practices to consider a wider skill mix of staff in GP surgeries that enables patients to be seen by the most appropriate health care professional for their needs, including advanced nurse practitioners, pharmacists and health care support workers. Again, this can be challenge as many of these roles are unable to work autonomously, without interaction with a GP.

It is acknowledged that continuity of care is paramount, especially when dealing with ongoing chronic health conditions. Where there is a regular workforce this can be achieved, however it can be challenging to ensure this, especially where practices are reliant on locums.

The face of general practice is changing. This is largely due to the GP workforce issues in recent years, but also reflects the changing needs of the population.

In recent times, general practice is evolving from small local GP practices to larger Health and Well Being centres with average list sizes in excess of 10,000 patients. It is on this scale that a wider skill mix can be explored, and prudent health care embraced. With a larger critical mass of patients economies of scale can be achieved.

Many GP practices will have a multi-disciplinary practice team, which includes extended roles such as Advanced Nurse Practitioners, Pharmacists, Physiotherapist, Paramedics, Mental Health Practitioners and Occupational Therapists. Patients do not always need to see a GP and the practice will have systems in place to navigate patients to the appropriate health care professional or service best placed to treat them.

It is also important to recognise the role of the public in making the right choice when seeking help and advice. A cultural shift is also required to recognise that a GP, or the GP surgery, is not always the most appropriate professional or location for every issue that doesn't require hospital attendance

8. Has there been a drop in GP recruitment, which presents risk to running GP Practises. Please provide information.

Please refer to the attached spreadsheet. There are no planned mergers or expected practice closures at this time.

9. Has there been any discussion about the viability of GP practices on the above list. Does this impact of future partner practitioner retirements threaten the viability of any of practices mentioned the above list. If so, please state which will be impacted and when.

The Welsh Government and BMA Cymru Wales published the GP Sustainability Assessment Framework in 2015. This programme is designed to identify practices at risk of collapse within 12 months and/or sudden service reduction. Practices can submit an application form, which is then considered by a Panel to determine if support is required. Recognising the limited availability of direct staff support the Health Board is able to provide, a sustainability financial calculator has been developed, in conjunction with Gwent Local Medical Committee.

The Health Board is working closely with all GP Practices and other relevant stakeholders to monitor the stability of individual practices and to design and implement changes to how Primary Care is delivered, so that services provided are of high quality and stable.

None of the practices on the list provided has submitted a sustainability application.

10. Is there a recommend minimum amount of GP's per 1000 patients?

There is not a national position on this. The Health Board has adopted a local benchmark of 1 clinical session per 200 patients. This is subject to variation and includes the wider multi-disciplinary team.

11. Has there been any evidence of difficulties recruiting GP's and Nurse Practitioners since the UK's withdrawal from the EU.

Not able to demonstrate this.