



The Scottish Parliament
Pàrlamaid na h-Alba

**Public Audit and Post-legislative
Scrutiny Committee**

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Dear Lewis,

NHS workforce planning – part 2: The clinical workforce in general practice

The Public Audit and Post-legislative Scrutiny Committee recently considered the Auditor General's report entitled [NHS workforce planning – part 2: The clinical workforce in general practice](#) ("the report"). The Committee is aware that the Health and Sport Committee (HSC) has recently started Part 2 of its inquiry into the [future of Primary Care](#). Therefore, following the evidence session with the Auditor General, the Committee agreed to write to the HSC to highlight the key issues arising from its scrutiny as a contribution to the HSC's ongoing work in this area.

The HSC may also be interested in a report that the Committee recently published on the key themes arising from its audit scrutiny since the beginning of this session. Pages 13-15 of the Committee's [Key audit themes report](#) includes a discussion of NHS workforce challenges. The report also comments on the lack of data to inform future planning, which has been a common theme in the Committee's audit scrutiny.

General

In her evidence to the Committee, the Auditor General indicated that the Scottish Government's ambition to change the way in which primary care services are delivered, with a focus on increasing the workforce and expanding multidisciplinary teams (MDTs) who work with general practitioners, was clear.¹ However, her report

¹ <http://www.parliament.scot/parliamentarybusiness/report.aspx?r=12254&mode=pdf>

noted that, while the Scottish Government was developing its approach to workforce planning, progress had been slow.²

The Auditor General's report and the Committee's subsequent scrutiny highlighted a number of factors that are impeding the Government's progress in delivering its ambition and which require to be addressed.

Lack of analysis on additional 800 GPs

As you know, the Government has committed to having an additional 800 general practitioners in the workforce by 2027. During the oral evidence session, the Committee sought to clarify how this figure had been reached and whether it would be sufficient to meet future demand. Dharshi Santhakumaran from Audit Scotland advised that: "We have not seen any clear analysis of how the Scottish Government reached the 800 GP target".³

The Auditor General expanded on this point. She said—

"It is not clear how the Government has calculated that that number will meet the demand in the long term, or how it relates to plans to increase the wider workforce to take pressure off GPs. The Government has put a range of measures in place to try to improve the recruitment and retention of GPs, but it is difficult to see how the target will be achieved, given trends in GP numbers and UK-wide workforce pressures."⁴

In particular, the report notes that—

"The increase in the proportion of GPs who are salaried rather than partners, and the pattern of younger GPs increasingly working part-time, is likely to mean that for every GP that retires more than one will need to be trained and recruited to replace them."⁵

The Committee further noted that there were other developments and impacts that needed to be taken into account in assessing the number of general practitioners that would be required to meet future demand. These included the potential impact of withdrawal from the European Union, retirement rates, current pension arrangements and the high numbers of doctors who are being trained in Scotland and then leaving the country.

The Auditor General summed up the position as follows—

"What we have not seen is something that connects the commitments that were made to the number of staff who were expected to be needed."⁶

² https://www.audit-scotland.gov.uk/uploads/docs/report/2019/nr_190829_nhs_workforce.pdf

³ <http://www.parliament.scot/parliamentarybusiness/report.aspx?r=12254&mode=pdf>

⁴ <http://www.parliament.scot/parliamentarybusiness/report.aspx?r=12254&mode=pdf>

⁵ https://www.audit-scotland.gov.uk/uploads/docs/report/2019/nr_190829_nhs_workforce.pdf

⁶ <http://www.parliament.scot/parliamentarybusiness/report.aspx?r=12254&mode=pdf>

The Committee also understood that, while the Scottish Government's ambition was to shift to the use of MDTs, there was a lack of clear information about the number of other health professionals that would be required to meet this ambition, such as nurses, physiotherapists and allied healthcare professionals or whether recruitment of such professionals was achievable.⁷

Finally, the Committee noted that there was little evidence about the broader impacts of these developments and what this might mean for current primary care infrastructure and for the secondary care workforce.⁸

It is clearly important that there is proper analysis of the demand for future primary care services and that this information is used to inform the numbers of MDT professionals that will need to be recruited (and retained) and the consequential impact on the wider health and social care workforce and NHS infrastructure.

Lack of data

As noted above, a common theme arising in connection with the Committee's audit scrutiny has been a lack of or underdeveloped data. In her opening remarks to the Committee on this report, the Auditor General stated that—

“The Government's ability to plan the workforce effectively has been hampered by a lack of data on primary care.”⁹

The report states that, since 2012, the Scottish Government has been working with NHS National Services Scotland to improve the extraction of data from GP practice records by developing the Scottish Primary Care Information Resource (SPIRE). However, the report notes that as SPIRE has not yet been fully deployed, there is no up-to-date information at a national level on what activity is being moved to other MDT members and the impact that this is having on GP workload.¹⁰

Dharshi Santhakumaran from Audit Scotland explained that data had not been collected from GP practices since 2013 in the expectation that SPIRE would have been fully deployed by then. The delay in deployment had therefore resulted in a six-year data gap.¹¹

The Auditor General articulated the impact of this delay, stating that—

“Without good baseline data, the Government will not be able to assess whether changes to primary care are having the desired impact.”¹²

⁷ <http://www.parliament.scot/parliamentarybusiness/report.aspx?r=12254&mode=pdf>

⁸ <http://www.parliament.scot/parliamentarybusiness/report.aspx?r=12254&mode=pdf>

⁹ <http://www.parliament.scot/parliamentarybusiness/report.aspx?r=12254&mode=pdf>

¹⁰ https://www.audit-scotland.gov.uk/uploads/docs/report/2019/nr_190829_nhs_workforce.pdf

¹¹ <http://www.parliament.scot/parliamentarybusiness/report.aspx?r=12254&mode=pdf>

¹² <http://www.parliament.scot/parliamentarybusiness/report.aspx?r=12254&mode=pdf>

While the Auditor General recognised that securing agreement that practices will submit data as part of the new general medical services contract was a positive step, she noted that the details of what will be collected had not yet been finalised.¹³

The Committee has previously expressed concern that a lack of data has meant that the Committee could not be reassured that public funds were being spent wisely or whether such policies were making a difference to service users. It is therefore essential that the Government's plans for data collection in this area are implemented timeously in order that the anticipated outcomes of its ambition for primary care services can be measured.

Engagement with the public

The Auditor General's report stressed the importance of public engagement if the way in which primary care services are to be delivered in the future is to be fundamentally changed. The report states that—

“Various professional groups believe a national campaign is needed to ensure that members of the public understand why they may be asked more questions than before when they want to make an appointment, and why they will not necessarily see a GP.”¹⁴

Claire Sweeney from Audit Scotland considered that responsibility for improving engagement sits in various places, but that there was something to be said about national engagement on some issues. She told the Committee—

“We know that three quarters of people who were surveyed were likely to accept an appointment with somebody who was not a GP if they understood more about their role.”¹⁵

The report indicates that the Scottish Government is “currently developing its approach to public engagement on this issue”.¹⁶ The Committee recognises that such engagement will be an essential part of the effective implementation of the Government's ambition and considers that its plans in this area should be viewed as a priority.

Workforce planning roles and responsibilities

Finally, the report suggested that primary workforce planning had been hindered as a result of responsibility lying across different parts of the Scottish Government. The Committee learned that health and social care workforce planning sit in one division of the Scottish Government and responsibility for primary care in another. The report indicates that the Scottish Government intends to create a revised structure to move

¹³ <http://www.parliament.scot/parliamentarybusiness/report.aspx?r=12254&mode=pdf>

¹⁴ https://www.audit-scotland.gov.uk/uploads/docs/report/2019/nr_190829_nhs_workforce.pdf

¹⁵ <http://www.parliament.scot/parliamentarybusiness/report.aspx?r=12254&mode=pdf>

¹⁶ https://www.audit-scotland.gov.uk/uploads/docs/report/2019/nr_190829_nhs_workforce.pdf

towards a more strategic approach and that this is due to be in place by November 2019.¹⁷ The Committee welcomes this development.

I hope this summary is helpful to the HSC in its ongoing work in this area.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Jenny Marra', followed by a long horizontal line extending to the right.

Jenny Marra MSP
Convener of the Committee

¹⁷ https://www.audit-scotland.gov.uk/uploads/docs/report/2019/nr_190829_nhs_workforce.pdf