Evaluation of the Rediscover the Joy of Holistic General Practice - General Practices Survey 2021 Supplementary Report

Scottish Rural Medicine Collaborative/ NHS Highland study on behalf of;

Scottish Government Primary Care Division

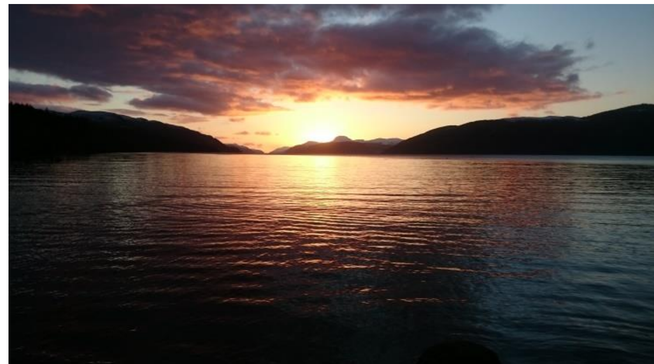
NHS Highland

NHS Orkney

NHS Shetland

NHS Western Isles

NHS Tayside



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Contents

1. Introduction (page 2)
2. Objectives of the survey (page 3)
3. Executive Summary - report of key findings (page 4)
4. Survey methodology (page 7)
5. Summary of themes (page 9)
6. Evidence data base (page 30)
7. Appendix (page 82)
    A. Questionnaire Template v3 with comments (page 83)

1. Introduction

Survey Description

This is a survey of General Practice opinion on the Rediscover the Joy of Holistic General Practice Scheme (RTJ) which has been operating since July 2019. It is supplementary to the main Evaluation Report of Rediscover the Joy released in March 2021 which is available on the SRMC Website at https://www.srmc.scot.nhs.uk/resources/rediscover-the-joy-evaluation-report/

RTJ is a programme to support primary care in the Highlands and Islands by providing GP cover using flexible GP work placements, to practices where the continuity of cover has been difficult to achieve due to a shortage of available GPs. The programme was created by collaboration between the 4 northern Scottish Health Boards to provide support to rural and remote areas. It was also a test of change about how effective this new scheme could be in supporting general practice in the Highlands & Islands region – a predominantly rural and remote area.

How to read this report

The key section to read is – **Summary of report findings – Executive summary** (page 4)

These are the key points raised by practices.

A **Summary of Themes** (page 9) describes all the points (95) raised by practices and is organised into theme areas with quotes and interpretation by the PIO.

The **Evidence data base** (page 30) is a reference section showing verbatim, what responses the practices gave with interpretive notes by the PIO and a link to relevant section in the main evaluation report for clarifications.

Scottish Rural Medicine Collaborative

This survey report has been prepared by the Scottish Rural Medicine Collaborative (SRMC), for organisations involved in the operation of the Rediscover the Joy programme. SRMC are funded by the Scottish Government to develop ways to improve recruitment and retention to rural primary care in Scotland. This report is subject to creative commons licensing[1], and has been prepared on behalf of;

Scottish Government Primary Care Division
NHS Highland
NHS Orkney
NHS Shetland
NHS Western Isles
NHS Tayside
Rediscover the Joy GP Support Team

[1] See guidance on front page.

2. Objectives of the Survey

The survey objective was to create a summary of opinion on RTJ from a cross section of General Practices who had either used the scheme or were aware of it.

The survey sought to understand the positives, the challenges and specific aspects of using the scheme including views on the schemes effectiveness and the support provided by the administrative GP Hub[2] and the Joy GPs, from a practices point of view.

The target responders were;

- Practices who had been/or were users or, those who are aware of the scheme.
- GPs/Practice Managers/ Health Board Primary Care Leads
- A cross section of practices on the spectrums of ;
    - Independent or salaried practice
    - Island/ Mainland
    - Remote/ Town practice
    - Practice outside the H&I area

3 additional areas were also to be surveyed if possible;

- What were practice opinions on the RTJ model and did they have any suggestions for alternative models? What would make RTJ more attractive for them?
- What did practices feel were their longer term concerns?
- What impact would Covid have on their future operation?

The report was also expected to identify themes and update any learning points or recommendations from the main report as well as being used as a resource in its own right.

The survey would be completed as an additional report to the main RTJ Evaluation Report and released, as deemed appropriate, through the SRMC programme board.

[2] The small team were originally referred to as the HrHub and you will see this referenced in the responses from the practices, in late 2021 the title was changed to the GPHub.

3. Executive Summary - report of key findings

This summary highlights 40 key observations made from the 95 significant points identified from responses made to the General Practice survey. They are grouped into themes and, the logic for their choice and evidence supporting that is discussed in the following sections. Where possible the original quoted text has been used, amendments have been made by the Principal Investigation Officer (PIO) to make them clearer and the original text and practice identification numbers are in the Evidence section.

The success of RTJ for practices

(11) *RTJ has provided cover, 116 weeks of Rural GP time (2019/20) and 149 weeks (2020/21).The scheme is continuing to successfully operate*[1].

(12) Joy GPs – provide a positive attitude and have shown commitment to the practices.

(15) Joy GPs – Generally, have a great level of experience, the scheme is providing access to very experienced GPs with rural understanding. They are dependable, sound and experienced and are not fazed with difficult situations and are willing to undertake development work with the practices.

(16) The 2 way feedback process (between the GP and the practice) provides really useful feedback to the practices. An honest outside view.

(17) The simpler recruitment process through RTJ provides Practice Manager (PM) Joy. Stress is taken away from PMs.

(23) Support from the HrHub –Recruitment is a straightforward process, the Hr Hub are very supportive with good quality advice, and are accessible and interactive (see view of the GPHub section).

The Challenges and limitations of RTJ for practices

(24) The VAT charge is seen as a disincentive by larger independent (non NHS Shetland) practices. We could only afford Joy GPs because of funding assistance from the health board.

(25) Availability of Joy GPs – Sometimes the HrHub doesn't have GPs to offer. Retirements of GPs during lockdown and getting cover has been and is, currently a challenge.

(29) Sometimes you don't hear about vacancies and what the recruitment situation is, at what point do you give up and go back to the locum agencies?

(32) Not getting many Joy GP returners as the practice workload is very high (single GP practice).The practice is very busy and working GPs cannot always get time off.

(34) The Practice has some deprivation and town issues, heavy workload/ very busy and the GP has to work hard, – an expectation problem for Joy GPs as there is nice scenery but – perhaps they don't want to return. Doctors are not getting the Joy.

(35) Not sure the Joy can supply the volume of GPs required to cover this practice - a lot of GP time needs to be covered. Prefer to remain with locum agencies.

(39) The RTJ scheme must keep recruitment up as the Joy GPs are very good, but really are only in a one or two year role as many are close to retirement. The age is not particularly a problem - as the Joy GPs usually have great experience - but, the challenge is more the rate of turnover.

(41) Geography here is a challenge in attracting GPs, it's a nice rural (not remote) area but there aren't too many facilities and big towns are a long way away.

Models, Long Term Issues

(22) There is an opportunity here to come to arrangements for multiple Joy GPs / ANPs to cover one location etc.

(36) Short nature of RTJ placements, we would rather have a GP for longer periods (less recruiting/better patient continuity).

(42) There is anxiety over future retirements and resignations.

(43) Joy GPs on longer Term contracts – this is not really happening so far.

(59) Substantive posts – Would really like to see if we can fill our substantive posts but will probably always be dependent on locums to some extent

(60) There is long term role for ANPs supporting GPs. Could RTJ embrace nurses or paramedics?

(63) Model will depend what mode the practice is in – don't need to much support at the moment but have had periods where we have needed a lot of cover in the past.

(64) Prefer the HrHub to arrange GPs, trust that they know our requirements. Current model provides a good service, happy with the current model.

(65) There are no good solutions to this problem, 2c practices get a better service using locum agencies as they respond very quickly and the cost is not a problem (to the practice). They would prefer to stick with regular locum agencies and regular locums where the response time is often very quick.

(68) We have thought about collaborating with adjacent practices who are mostly single handed.

(69) Not sure RTJ have the number of Joy GPs to cover the massive need for GP cover that exists in the remote Highlands.

(71)Practices creating their own pool of locums – a variation that RTJ could encourage.

(72) The traditional model is falling by the wayside, problems are;

i. *GPs are in the wrong places*
ii. *GPs are attracted to independent practices as they are less busy and receive higher incomes (eg dispensary income).*

(74) Many GPs may now wish to;

i. Retire early and/or

ii. Reduce their hours (not just the older GPs)

(75) It is getting hard to recruit for full time posts and little attraction for single handed posts. Practices really need help on long term substantive post recruitment.

(76) Over 50s GPs are willing to work and so are younger doctors but there is no long term commitment. There is a GP gap in the 30/40 age range.

(78) Younger GPs have a different work ethic – their training is more prescriptive and they are stricter at working defined hours. This may mean that the practice loses flexibility in the way that it operates.

(80) There is scope to collaborate with other practices over employment of doctors, cover etc. It would be a big change in the way independent practices operated.

(81) To retain GPs there is a need to improve work/life balance, help them to be part of the community.

The Effect of Covid19

(26) Organising GP cover during lockdown – A problem raised by Island practices. Transport is much more difficult with far fewer flights and much less accommodation available. Organising cover has been a challenge. Also, for Joy GPs working, there is not a lot of social life or things to do in lockdown.

(85) Remote support by telephone to patients has accelerated under Covid

(86) Many patients are now willing to use the phone

(89) There are concerns of not being able to catch up with Chronic Disease Management (CDM).

(90) There have been demands on infrastructure some of which may not be adequate for demands of the new ways of working (eg buildings and phones).

(92) There is some evidence that staff are fatigued now that Covid vaccine programmes have been under way for a few months. GPs are probably not burnt out by dealing with Covid but they are very tired and fed up with telephone consultations where there is a lot less job satisfaction

(95) Possibly longer term health problems for health professionals themselves?

4. Survey methodology

1. Initial preparation

This stage included - appointment of a Principal Investigation Officer (PIO), creation and agreement of practice questionnaire and survey approach, identification of the practices and individuals to interview. The decision was made early, to use the PIO from the main report to ensure consistency. A draft questionnaire was prepared explaining the logic, introduction and questioning approach (see Appendix A). A target list of practices was identified with the help of the RTJ GP Hub. It was agreed to interview staff/GPs online where possible, as no-one would have much time to complete survey forms or respond to complex e-mails. Primary care staff were expected to be busy and this survey, to them, may not be a priority.

2. Interviewing GPs and practice staff

The target responders were GPs but it was accepted that this may be difficult and in most cases, the interview of practice manager or primary care lead - on behalf of practices- was considered acceptable. In smaller practices GPs may not actually have been in the practice when the Joy GP came or they may not have good knowledge of the scheme so, usually, the practice manager was better placed to respond and had good knowledge of the issues. The PIO interviewed 13 representatives with responsibilities for 18 practices of different sizes (approximately 6 larger type, 12 smaller[3]) sampling all the required cross sections.

3. Collating transcriptions and identifying themes

Interviews, normally around 30 minutes long, were transcribed and the transcription text agreed with the interviewee by e-mail afterwards. In the report, names and precise locations have been obscured using a coded numbering system - taken from the main report - to protect privacy.

4. Providing commentary and learning points

The PIO has written the commentary to emphasise learning points, clarifications and links to the main evaluation report. The summary of points section has been drawn from the evidence base. The PIO has linked the commentary to the main evaluation report using the same referencing system.

5. Completing the report and release

The survey has been reviewed by the SRMC GP Clinical Lead and some adjustments made. A further amendment was made following GP comments on the first draft report introduced at the SRMC Programme Board meeting in November 2021. Release and distribution of the final report are at the discretion of the SRMC Programme Board.

[3] Taken as Small (Below 5,000 Patient list size), Larger (above 5,000 patients).

6. Limitations to the methodology

A number of limitations have been identified;

a. The H&I Health Board areas include 26 practices that had used RTJ up to April 2021[4] and the sample survey had included the views of representatives covering 15 of those practices that had used the scheme and another 3 who hadn't. Beyond this, it is not certain how many of the 113 general practices in the H&I area are aware of RTJ and how effective the RTJ marketing and promotion effort has been.

b. The PIO only interviewed one representative for each practice or cluster, either a GP or a practice manager. It would have been more representative to try and interview one of each for each practice. This would have taken a lot more time though.

c. The islands are disproportionately represented as they tend to use RTJ more, probably because they tend to have smaller single handed practices with greater vulnerability to difficulties in recruitment. Many independent Highland practices have well established locum arrangements and do not therefore need to utilise RTJ.

d. This survey does not cover practices that are unfamiliar with RTJ.

e. The survey does not involve the 10 Inverness independent practices who are considered to be urban[5] and therefore excluded from the initial remit of RTJ.

f. The open questions around section 5. - Could the RTJ model work in different ways? Did not really elicit the expected responses and respondents were not sure, mostly, what was being asked. The question was designed to suggest how much practices were prepared pay for Joy GPs and whether they would consider other service variations such as only using the GP Hub as an information service. Of the independent practices interviewed, some already found RTJ too expensive and, in normal circumstances, were using their own locums instead.

g. Responses to the questions on longer term concerns (6) and the impact of Covid (7) came back more as random observations and it was more difficult to identify themes.

[4] And one, in Tayside, who had also used the scheme.
[5] Representing a practice population of c72, 000, approximately 22% of the Highland area population.

5. Summary of Themes

This section brings together themes raised in discussion the Evidence Section below into an organised summary, highlighting points that are thought to be significant by the PIO. These significant points have been taken forward to the Summary Report of Findings Section.

1. Observations on use of the RTJ Scheme		
	Data for this section was supplied by the GP Hub on fulfilled vacancies for the periods 2019/20, 2020/21. Practice sizes – Practices included vary in population size between small c 2,000 patients to larger practices of around 7,000 population size. Practices termed as small have a practice population below 3000, Medium 3000 – 5000, Larger above 5,000.	Comment Section PIO interpretation of Significant Issues, Further Recommendations or Links to the Main Evaluation Survey
1.	*Predominantly the scheme is used by smaller, salaried (2c) practices in remoter areas in the Highlands or on islands. Some use - by larger practices outside of Shetland- has stopped (see challenges section 24) but some other practices outside the Highlands & Islands area are now making use of the scheme.*	From GP Hub data.
2.	*(Relatively)*[6] *Larger practices don't tend to use the scheme so much.* *- Only one of the sample has used it a lot.* *- There are 3 examples of island larger town practices that did not use the scheme much. One had only used Joy GPs provided by the health board.* *- One larger mainland town practice had used Joy GPs for smaller island practices within the group only.*	
3.	*It is much more likely that larger practices are able to cover themselves organising their own*	

[6] See definition of approximate practice size.

	locums they are generally not heavy users (see Observation Evidence Section on heavier users).	
4.	*Smaller practices tend to use RTJ to cover substantive posts gaps.* *3 examples are given, (see Observations Evidence Section on heavier users).*	
5.	*In some areas (eg Shetland) salaried practices are expected to approach RTJ first before recruiting locums themselves.*	
6.	*Larger practices have used the scheme to provide a remote service (where the GP is not based in the locality but provides a telephone consultations service) (see discussion at 85).*	
7.	*Several smaller practices are concerned about the availability of Joy GPs during 2021 and the level of unfilled vacancies (see challenges section 25).*	
8.	*A small practice, claiming to be representative, says that small salaried practices will always prefer to organise their own locums as locum agencies are more responsive, can provide individual doctors requested and cover more service gaps. As a salaried practice, they are not so concerned about the financial cost (see discussion at 65).*	Treat this point with caution - This has been said by only one small salaried practice in a remote area.
9.	*Use of RTJ phases in and out for many practices, small and large. Quite often this revolves around recruitment to a substantive post which can take away the need to use the Joy.*	Several practices - who have used RTJ heavily in the past - no longer use it but there are other new users whose take up is high. We don't always know why, one larger practice had managed to find solutions to its manning problem in 2019 and no longer used the Joy.
10.	*In many places there is a seasonal aspect and a tourism effect on demand for GP cover for those practices in tourist areas (typically west coast mainland Highland and Skye) (see discussion at section 40 & 84).*	

11.	*RTJ has provided cover, 116 weeks of Rural GP time (2019/20) and 149 weeks (2020/21). The scheme is continuing to successfully operate. However see point (25) on unfulfilled vacancies.*	See Quantative analysis section of main evaluation report for earlier analysis. Additional 20/21 figures were provided by the GPHub.
2. Positive reported aspects of using the RTJ Scheme		
12.	*Joy GPs – provide a <u>positive attitude</u> and have shown commitment to the practices.*	
13.	*(Usually) <u>Joy GPs fit in well</u> and get on with the practice.*	
14.	*The RTJ scheme <u>can recruit GP cover</u>/provide GPs / provide much more stable cover/<u>cover for substantive post vacancies.</u>*	
15.	*Joy GPs – Generally, have a <u>great level of experience</u>, the scheme is providing access to very experienced GPs with rural understanding. They are dependable, sound and experienced and are not fazed by difficult situations and willing to undertake development work with the practices.*	
16.	*The 2 way <u>feedback process</u> between the GP and the practice provides really useful feedback to the practices. An honest, outside view.*	<u>Significant Point</u> See Evidence Section discussion at (16), there is evidence of Joy GPs giving useful critical feedback to practices and it being valued.
17.	*The <u>simpler recruitment process</u> through RTJ provides Practice Manager (PM) Joy. Stress is taken away from PMs.*	
18.	*Joy GPs bring <u>updated ideas</u> from their own practice and are willing to do development work with practices*	Only one specific example has been provided but the sentiment is echoed by 2 other respondents.

19.	*Joy GPs have been good for staff morale, providing re assurance that things can be done and the situation is ` not that bad'.*	Observations at one practice.
20.	*Practices are Reassured with RTJ screening of GPs being recruited – there are systematic checks and the GPs want to be here. Not just here for the money.*	
21.	*There has been a trial aspect to using RTJ by some practices. Perhaps a low expectation early on but several have been pleasantly surprised.*	There were 2 examples of practices in the sample trialling RTJ, both with different results but several other practices had been impressed with RTJ generally compared to their original expectations.
22.	*The opportunity to come to arrangements for multiple Joy GPs and/or ANPs to cover one location etc. (also see discussion at 79).*	Significant Point Several practices are aware of the potential of RTJ GPs to be part of a multidisciplinary team approach to cover and could be seen as part of a new model of care. There were two examples of multiple combinations of staff to cover practices that appear to have been successful though one has finished for the moment. In one case a group of three Joy GPs came to an agreement looking after a remote practice and arranged cover themselves, in another, a husband and wife Joy GP team together with ANP support, covered a busy practice by using flexible hours to give themselves time off. May be worth further work to analyse the outcomes.
23.	*Support from the HrHub –Recruitment is a straightforward process, the HrHub are very*	

	supportive with good quality advice, and are accessible and interactive (see view of the HrHub section).(We) Prefer the HrHub to arrange GPs, and trust that they know our requirements (see section 64 on different models).	
3. The Challenges in Using the RTJ Scheme		
24.	*The VAT charge is seen as a disincentive by independent (non NHS Shetland) practices. We could only afford Joy GPs because of funding assistance from the health board.*	Significant Point Brought forward by 2 practices however, pointed out by (1034) that this should not be a disincentive as both of these practices are able to claim back VAT. *Was discussed heavily in the main evaluation report under issue 52 leading to recommendation R39.*
25.	*Availability of Joy GPs – Sometimes the HrHub doesn't have GPs to offer (see GPHub section). Retirements of GPs during lockdown and getting cover has been and is currently a challenge. RTJ are not able to provide surety on ongoing supply of GPs and are sometimes perceived to be not very responsive to vacancy requests. Unfulfilled vacancies were - 99 (85.3%) (2019/20) 95 (63.7%) (2020/21).* *13*	Significant Point Figures provided by GPHub and general agreement that currently (Summer 2021), Joy GPs are not taking up work, this is a worry particularly to those practices with seasonal summer vacancies to fill. Though there may be up to 60 or so Joy GPs recruited, the GPHub is never sure, at any one time, who is active and looking for work. It could be a side effect of Covid (or post Covid) that Joy GPs are taking a rest, but would have to undertake a survey of Joy GP opinions to establish why.
26.	*Organising GP cover during lockdown – A problem raised by Island practices (also see Covid*	Transport is much more difficult with far

	Impact section 94).	fewer flights and much less accommodation available. Organising cover has been a challenge. Also, for Joy GPs working, there is not a lot of social life or things to do in lockdown. This is particularly difficult for GPs with their family on the mainland.
27.	*You don't know what GP you are going to get - lack of control over how GPs are allocated. This point needs to be taken with caution, (see discussion at 27 & 33).*	(Also see point 28 & 33) This point was raised by one practice. PIO Observation - a perception problem, the practice feel that the RTJ Hub is more of a locum agency and that they are able to pick and choose locums and have greater control. In reality the Joy GPs have the choice of where they want to work, though, sometimes can be persuaded by the GPHub.
28.	*Lack of consistency in GP behaviours – some Joy GPs are more applied than others. This point needs to be taken with caution, see discussion at (28).*	An issue raised by one practice and per the GPHub, is not typical. Occasionally placements though, do not work as well as they could between the GP and the practice.
29.	*Sometimes you don't hear about vacancies and what the recruitment situation is, at what point do you give up and go back to the locum agencies?*	Significant Point See comment from (1034) in the Evidence Section discussion, it is not always a satisfactory situation on knowing when to give up. Keeping close dialog between the practice and the HrHub helps. GPHub are always willing to help.
30.	*It is a lot of paperwork to register on the scheme, heavy on the admin.*	Only one respondent (a GP) says this.

31.	*There are <u>delays on Joy GP recruiting</u> – eg cover for summer. Eg for summer cover we need good advanced notice.*	Also see (29).
32.	*<u>Not getting many Joy GP returners as the practice workload is very high</u> (single GP practice).Practice is very busy and working GPs cannot always get time off (see discussion at 34 & 32).*	<u>Significant Point</u> Practice workload often puts Joy GPs off and they do not wish to return. The GPs are not getting the Joy and worse, word spreads and the practice gets a poor reputation. A limitation of the RTJ Model, noted already see main evaluation report at LP028 and Recommendation R19.
33.	*<u>Getting a good Joy GP back</u>. The decision process is not clear, who chooses?* *This point needs to be taken with caution, see discussions under point (27).*	See above at 27. RTJ management need to think about how we create a system where if both GP and Practice want continuity, it should be made easy – continuity is a significant factor in quality of care (1031).
34.	*The <u>Practice has some deprivation and town issues</u>, heavy workload/ very busy and the GP has to work hard, – expectation problem for Joy GPs as there is nice scenery but – perhaps they don't want to return. Doctors not getting the Joy (also see discussion at 32).*	<u>Significant Point</u> A variation on the theme that practices with high workloads become unattractive to Joy GPs. Within that are subsets of small town practices in the H&I who have to deal with urban type workloads – even though they are in rural areas. The outcome is the same and they can be hard to recruit to. (1031) brings in an additional point that `Joy GPs

		don't mind working hard, but they don't want to be working increased hours over what they are paid or feel that they are working in an unsafe system `, the challenge is how do we address this?
35.	*Not sure the Joy can supply the <u>volume of GPs required</u> to cover this practice - a lot of GP time needs to be covered. Prefer to remain with locum agencies. A lot of similar remote and rural practices have the same issue.*	<u>Significant Point</u> A limitation of the RTJ. The scheme cannot cover all GP cover vacancies in the H&I in its present form, it has functioned in providing GPs for 62% of engaged practices who are themselves about 16% of the total for the H&I area with around 40 GPs ,say, available. A rough calculation would suggest that to cover all vacancies in the rural H&I the scheme would need to recruit probably 200 GPs and would need to compete with the locum agencies in terms of pay. The latest recruitment drive in Oct 2021 is seeking to recruit more Joy GPs.
36.	*<u>Short nature of RTJ placements</u>, (practice) would rather have a GP for longer periods (less recruiting/better patient continuity)(see discussion at 57 & 58).*	<u>Significant Point</u> There is clearly a preference for longer GP placements from practices but see discussion at (58).
37.	*<u>The name of the scheme,</u> trying to explain to people what it is.*	A known problem but this can be covered when we explain the scheme.
38.	*You couldn't really use the scheme quickly, there are often delays getting GPs into place. Very <u>short notice requests are problematic.</u>*	

39.	*The RTJ scheme must keep recruitment up as the Joy GPs are very good, but really are only in a one or two year role as many are close to retirement. The age is not particularly a problem - as the Joy GPs usually have great experience - but, the challenge is more the rate of turnover.*	See recruiting discussion at (39) in the evidence section.
40.	*The challenge of the tourist season cover and different types of cover needed in different places (see discussion at 84).*	See (10 & 84) Tourist season demand is significant for some practices.
41.	*Geography here is a challenge in attracting GPs, it's a nice rural (not remote) area but there aren't too many facilities and big towns are a long way away (see discussion at 34 & 32).*	See discussions at (34). This example from one practice is another nuance whereby, a seemingly attractive rural practice, not particularly remote but not near big cities or `rugged scenery' struggles to recruit. See also (82). Also mentioned in main evaluation report (GE30) and a potential problem identified in a preliminary report in 2019 (see main evaluation report Appendix A). This may be a significant issue if RTJ expands to other Health Board areas outside the H&I with less of the scenery attractant.
42.	*There is anxiety over future retirements and resignations (See Long term challenges for rural practices Section 72).*	Significant Point (See long term challenges for rural practices section 72).
43.	*Joy GPs on longer Term contracts – this is not really happening so far (see discussion at 36, 57, 58).*	
44.	*Big picture of what Joy GPs are actually available is not known to the practices (see discussion*	

	at 27, 33 & 61).	
4. Views on Joy GPs		
45.	*Positive Attitude - They were liked because they were non mercenary and contributed positive attitude and to developing quality where they worked. Bit more willing to get involved (see positive responses section12, 13).*	Key success factor for the RTJ scheme.. Responses in this section support the following sections of the Main RTJ Evaluation Report (2021) Success Factors - S02, SO7, S012, Learning Points –LP25, LP33, and LP35.
46.	*Quality of Joy locums are fantastic, really good because of the level of experience that they brought. They were very quick to roll up their sleeves and ask staff `what do you want me to do?' Quality of Joy GPs good. Very dependable, sound and experienced (see positive aspects section 13, 15, 19).*	Key success factor for the RTJ scheme. (See 45).
47.	*Feedback - They gave us good input and joined in meetings working with the rest of the primary care team, played their part (see positive aspects section16).*	
48.	*Objective –They have given practice team an honest outside view and constructive criticism. One Joy GP in particular was really good and pointed out problems that he could see and helped with quality and what things should be in place (see also 16).*	Significant Point Joy GPs potential role in Clinical Governance. Quote is from one particular practice.
49.	*Experience and professionalism – Joy GPs have set a great example and are used to busy practices and will work hard .Yes, (good) generally, do accept that Joy GPs are vetted and would be better than a health board created bank of GPs.*	One particular practice was concerned about the potential quality of a health board run bank of locums (not RTJ).
5. Views on the HrHub (GPHub)		
50.	*Straightforward process.*	
51.	*HrHub very supportive. Goes out of her way to help. HrHub makes life so much easier and slicker*	Similar comments from 5 different practices.

	than an agency.	
52.	*Good quality advice and a more personal service for HR type problems.*	
53.	*Very accessible can call on the phone..*	
54.	*Sometimes HrHub doesn't have GPs to offer. There are delays in recruiting sometimes, we (the practice) don't have the big picture on locums available or how the decision is made (see discussion challenges section 25, 27 & 33).*	
55.	*Big pauses with no information (see challenges section 31). There are no problems only that they (HrHub) do not respond much when you put in vacancy requests.*	The practice was challenged on this and they were passive and hadn't followed up by phone to check.
56.	*There has been a very late request to validate an invoice; it was very hard to remember the details.*	Comment from just one practice, not sure if this is a significant problem.
6. Could the RTJ model work in different ways?		
57.	*Zero hours contracts don't work, they need to have fixed hours agreed.*	PIO - Follows a discussion with a lead for a small practice and the idea of using zero hours contracts for Joy GPs. Some confusion on this point anyway.
58.	*RTJ to provide GPs for longer periods (also see discussion at 36 and 43).*	Significant Point There have been one or two examples of successful longer term placements but by and large Joy GPs do not really want to work more than about 3 weeks at a time. A reappraisal of Joy GP recruitment would be

		needed to attract GPs for longer period placements. This is something that many practices would really want though.
59.	*Substantive posts – Would ideally like to see if we can fill our substantive posts but will probably always be dependent on locums to some extent. At least the Joy helps with continuity.*	Significant Point Point expressed by different practices one of whom was very worried by the local substantive recruitment situation. This may be another area for further work by the SRMC rather than RTJ. If the situation is too challenging then it may be beneficial for the practices, the relevant health board and even SRMC to discuss solutions.
60.	*Long term role for ANPs supporting GPs. Could RTJ embrace nurses or paramedics?*	Significant Point (Related to 22, 59 & 77) this point is being actively considered. Also see (70) on the changing the nature of primary care.
61.	*Would like to know in advance what Joy GPs are on the roster and available for a given time so that we could select. Would like to know what skills Joy GPs have in advance so we could arrange clinics around those skills (eg CDM or Minor Surgery) (see discussion at 27).*	See discussion at (27). Working on this with the Oct 2021 recruitment campaign, likely that Joy GPs will be allocated to certain health board areas.
62.	*Current model is good at recruiting retirement age GP, other variations (of the scheme) may not be so successful in recruiting.*	Point at (62) proven but a wider discussion held in the main evaluation report (GE1, GE5, GE7, GE43, Issue 051) which led to several recommendations on recruitment (R1a)(R3a)(R20). (R1a) suggested a more inclusive approach than targeting retiring GPs. See discussion at Issue #51 in the main evaluation report.

63.	*Model will depend what mode the practice is in – (we) don't need to much support at the moment but have had periods where we have needed a lot of cover in the past.*	Main point probably that practices will have variations in the need for locums or Joy GPs on short term contracts (see comment at 9).
64.	*Prefer the HrHub to arrange GPs, (we) trust that they know our requirements. Current model provides a good service, happy with the current model (see also 17).*	This point is coming from practice managers , see point (17), RTJ is very convenient for PMs as the GPHub takes away a lot of hassle. PMs might be reluctant for the model to change.
65.	*There are no good solutions to this problem, 2c practices get a better service using locum agencies as they respond very quickly and the cost is not a problem (to the practice). They would prefer to stick with regular locum agencies and regular locums where the response time is often very quick. Also, in their experience, RTJ can't compete on request times – particularly a few days or couple of weeks in advance.*	Significant Point This is a view from a 2c practice and explains why they will tend to hold on to locum arrangement rather than use RTJ. It was not really discussed in the main evaluation report as a finding. There is not much incentive for them to change behaviour as the health board take the cost burden. But it is a complex issue.
66.	*Health board locum pools will use cheaper GPs and be possibly lower quality.*	(See 65) The same GP was also against health board run locum pools though others have suggested it for small areas (see also 71).
67.	*There is a move to recruit Joy GPs onto longer contract arrangements. Useful, but the challenges are that these are older GPs, great, but how long will they be willing to do those weeks?*	Significant Point How long will older GPs stay (even if they have given longer term commitments)? - see discussion at (62) and links to the main evaluation report. There are some concerns

		that RTJ is very dependent on GPs approaching retirement who change their minds when they start on placement and do not stick with commitments.
68.	*We have thought about <u>collaborating with adjacent practices</u> who are mostly single handed.*	Two practices brought this point up and a third is also involved in an arrangement linking up 4 different practices. This could be a theme emerging, that practices are now thinking more of changing their own local model in way not seen before (see also comments at point 71).
69.	*Not sure RTJ have the number of Joy GPs to cover the <u>massive need for GP cover</u> that exists in the remote Highlands (see discussion at 35).*	Beyond the scope of this paper but a key point to consider if RTJ is expanded.
70.	*Western Isles could run as a `super practice'.*	Also see comment at (60) Could RTJ embrace nurses or paramedics? <u>Significant Point</u> These comments bring in a much bigger question of ; a) Should primary care start to be restructured? And b) Should RTJ scheme be widened to include other professions? (see 60). Beyond the scope of this paper but significant points.
71.	*Practices creating their own pool of locums? – a variation that RTJ could encourage.*	<u>Significant Point</u> Several practices refer to using or developing their own pool of locums and this is probably

		the way that many ndependent practices organise their own locum cover. By inference, this is a variation that RTJ could develop by helping establish pools of GPs willing to work at certain locations and it has already worked at 2 practices in this survey.
7. Long term challenge for GP rural practices		
72.	*Traditional model falling by the wayside, problems are ;* i. *GPs are in the wrong places* ii. *GPs attached to independent practices as less busy and receive higher incomes (eg dispensary income).*	One respondent makes a far reaching point and develops on the theme at (68) that it is possible that changes to the model are being considered particularly where problems in recruitment and retention are at the most acute. Perhaps some validation that traditional ways of doing things is being reconsidered.
73.	*A real problem is for the busy town practices – they are not really rural and have high workloads related to social problems (also see Challenges section32, 34).*	Significant Point (See discussions at 32,34) There are long term challenges anyway in the H&I , but a symptom is the difficulties of recruiting to these practices.
74.	*Many GPs may now wish to ;* i. *Retire early and/or* ii. *Reduce their hours (not just the older GPs)*	Significant Point It can be taken from a number of comments made by practices though, that GPs are looking to reduce their hours and (possibly) retire early. How seriously or what the root cause is has not been examined and this

		survey <u>does not</u> offer evidence that Covid is a reason behind this. However, taken on face value this could indicate a sustainability risk to health boards, particularly if there is a quick exodus or significant reduction in GP hours available (see discussion in the Evidence Section at 74).
75.	*It is getting hard to recruit for full time posts and little attraction for single handed posts. <u>Practices really need help on long term substantial post recruitment</u>.*	<u>Significant Point</u> This may be another alternative for RTJ (or SRMC) get more directly involved - in helping practices recruit. However, if the world has changed, should we now be looking at new models in primary care? Perhaps what recruiting means needs to be widened to include building networks, part time work, flexible cover arrangements, and establishing new types of teams?
76.	*Over 50s GPs are willing to work and so are younger doctors but there is <u>no long term commitment</u>. There is a GP gap in 30/40 age range.*	This may also be a consequence of offering short term placements; it may only be attractive to those parts of the age spectrum where typically, GPs have more freedom on how and where they work.
77.	*GP practices have to offer flexibility and try and make themselves good places to work to be competitive.*	Suggested by some practices. It should help, but there may also be a limit to what can be achieved within the current models.

78.	*Younger GPs have a different work ethic – their training is more prescriptive and they are stricter at working defined hours. This may mean that the practice loses flexibility in the way that it operates.*	Significant Point This challenge was put forward by only one practice but, as a significant issue – if younger GPs are stricter about working contracted hours accompanied by a narrower clinical experience, then this will put pressure on in busy or single handed practices and again, threatens the existing model.
79.	*Practices can come to arrangements for multiple Joy GPs / ANPs to cover locations etc. There are opportunities for alternative ways to organise cover (see discussion under Positive Aspects at 22).*	See discussion under 22.
80.	*There is scope to collaborate with other practices over employment of doctors, cover etc. It would be a big change in the way independent practices operated.*	Raised by two practices.
81.	*To retain GPs there is a need to improve work/life balance, and help them to be part of the community.*	One practice, who had managed to overcome a period of substantive post vacancies, felt that it was very important to think about the need to improve work/life balance of GPs, and help them to be part of the community.
82.	*There is a geographical challenge for some practices as they are remote and rural and not too many facilities around (see also 41).*	Significant Point (Also discussed at 41) This anxiety is mentioned by several practices, a concern

		that they are just not attractive to GPs (substantive or Joy) because of rural ness (not remote ness) the area neither has the facilities of big cities or the natural attractiveness of many remote areas. These practices will be harder to recruit to.
83.	*RTJ has been less able to supply GPs in 2021 (see Challenges section 25, 31)).*	There could be many factors, not examined but it is something the RTJ team should want to consider.
84.	*Ongoing challenges of tourist season cover (see point at 40).*	To some extent tourism impacts on all the areas of the Highlands and Islands but in some remote and rural locations it can be a serious factor in demand for GPs and when the local GPs can take time off. Several practices reported anxiety over what GP cover RTJ could provide for summer 2021. Also, with tourist pressure on accommodation, there is sometimes difficulty in finding accommodation for GPs
8. Has Covid 19 changed anything?		
85.	*Remote support by telephone to patients has accelerated under Covid. This has often meant using GPs who are based elsewhere.*	This appears to be relatively successful where it has been used and potentially leads to new models of care but, there are also concerns that there is much less job satisfaction for GPs doing the telephone consultations and may not be so sustainable

		in the long run.
86.	*Many patients now willing to use the phone.*	(Per one practice) Things probably won't go back to being the same as pre Covid though and now they have adjusted, patients are mostly accepting of using the phone to consult.
87.	*Practices have adjusted to using more telephone consultations.*	
88.	*Some practices have allowed longer consulting time (15 mins) which GPs like.*	From one practice, but they also raised the counter point - `Telephone consultations …might seem to be faster but are they really? There are a lot of hidden delays getting hold of the patient etc.'
89.	*There are concerns of being able to catch up with Chronic Disease Management (CDM).*	Significant Point Two practices expressed concerns about the practices falling behind on CDM work while they concentrated on vaccines.
90.	*There have been demands on infrastructure some of which may not be adequate for demands of the new ways of working (buildings and phones).*	
91.	*There is some use of online consultation (eg E-Consult and Nearer Me).*	Only one practice seemed to be using E-Consult and found it very useful. Another felt that it would look at this if the Health Board found money to support.
92.	*Some evidence that staff are fatigued now that Covid vaccine programmes have been under*	The quote is directly from a practice.

	way for a few months. *`GPs are probably not burnt out by dealing with Covid but they are very tired and fed up with telephone consultations where there is a lot less job satisfaction'.*	Anecdotally several practices mentioned it, and more along the lines of `tired' rather than `burnt out'.
93.	*Evidence that the experience has improved teamwork and support.*	One practice was enthusiastic about this aspect and felt that they were a lot more consultative, internally, on how they worked themselves. There was a lot more healthy open consultative discussion, led by the GPs, about how to work things out and adjust processes during Covid restrictions.
94.	*Covid lockdown has been hard work for GPs coming to work in the islands;* *i. Travel has been restricted and fewer flights and administration to sort out to get onto flights etc.* *ii. There has not been much social life on.* *(see discussion at 26)*	(See discussion at 26).
95.	*Possibly longer term health problems for health professionals themselves?*	One practice lead mentioned this. It cannot be ruled out but there is no obvious evidence provided by the practices yet. Problems may surface after the emergency is over and it may not be just GPs. There is much anecdotal evidence to suggest that many health professionals though tired or fed up, will carry on until the current Covid campaign is stood down and then will be reviewing their personal situation.

6. Evidence Data Base Section

6. Evidence Data Base Section

The following grid indicates the responses to interview questions grouping them into the themes areas . The PIO discusses the comments made in the light of practicalities and context in the column on the right. The summarised points are brought forward to the Summary of Themes Section; the summaries are also referenced to the relevant sections in the main Evaluation report. In sections 2 (Positive Aspects) and 3 (Challenges) responses to the comments, from a member of the GPHub are included to substantiate the point made or provide an explanation of the circumstances and wider considerations not perhaps available to the respondent.

(As explained at the beginning of the report) Respondent identification numbers are used to provide some privacy and anonymity. Practice names are only provided where absolutely necessary. This section is intended as a repository of the basic data collected from the survey and used for reference.

1. Observations on use of the RTJ Scheme

In this section practice usage was discussed with the practices in an attempt to understand how different types of practice in different areas use the scheme (or not).Usage data for the period 7/2019 -3/2021 was also made available by the HrHub.

3 spectrums of practice characteristics were identified;

Small/ Medium/ Larger sized practices – this is only for relative comparison within rural Scotland, smaller practices might only have a patient list size of 600/700, larger, perhaps 4 - 6 thousand.
Independent/ Salaried (2c)
Island/ mainland, rural and or remote, town or rural

There is far from enough data to make this conclusive but the following themed observations were made.
These observations are judged to be significant enough - in a wider rural context - to perhaps be important.

Questions Asked in the Survey	Response from the practices		Discussion on Themes Arising	Link to relevant section of main RTJ Evaluation Report
Have you heard of RTJ scheme? *Your usage of the scheme Used/ have used it?* *No/ no longer use it?*	*Arranged as per below to see if there is a trend in usage between size of practice*			
	Larger Practices	**Smaller Practices**		
Heavier Users	*(1041) Don't use at the moment.*	*(1054) Yes, have used it a fair amount from last year.*	*Higher Use Practices* *(Summary Point)* *(1) Used more by smaller,*	
2 Larger Practices	*(1057) First heard of the scheme at*	*(1033) Heavy users of the scheme*		

6 Smaller Practices	*a 2c practice conference from Charlie Siderfin (CS) which sparked interest. Original expectations were low, thought we would get a day here, a day there etc..of GP cover and there was some scepticism*	*since inception (Island , larger town practice - not so much), an early decision made to route requests for locum GPs through to the RTJ scheme first before going to locum agencies.*	*salaried 2c practices.* *(2) Larger practices don't tend to use the scheme so much; only 1057 used it a lot.* *(Island location) – The only larger practice, don't use the scheme much* *(Mainland location with responsibility for smaller practices) – Only used for smaller island practices, not the larger practice in Oban.* *Western Isles – the larger Stornoway practices – have only used when health board have funded.* *(3) Travel during Covid was a problem. Not able to get Joy GP this April/May (Island practicepractice).* *(10) Tourism effect on demand (2 mainland west coast practices).*	
	(1057) Original expectations were low, thought we would get a day here, a day there etc..of GP cover and there was some scepticism. In practice, turned out to be a lot better and really good, question then became `How do we keep this going?'.	*(1049) Fairly heavy users of the scheme for a while now (smaller island practice). Supply of Joy GPs has dried up a bit lately and sometimes they have to use a locum agency. Not been able to get a Joy GP this April or May. Travel during Covid may have been a problem.*		
	(1057) One male GP for a 6 month placement, another (female) GP for 4 months and four others for shorter placements with some consistency as GPs became regulars to some extent.	*(1055) Yes, have used it for GP cover for practices in (island location). Practice took over 3 smaller single handed practices on Mull in 2020 which they now run as one practice. They currently use GPs on rotation to cover (island location) clinics and OOH arrangements. There is a lot of tourist traffic and temporary residents in the summer – differs between (island) and (mainland town). This is sometimes a difficult time to get GP cover. Feel it is also hard to get locums as they are a long way outside the central belt.*		

	(1050) Yes, have used it over the 18 months to provide cover for 1.5 GP substantive posts that are empty.	*(1053) Yes, have used the scheme a lot last 18 months, we have had a longer term substantive post vacancy that we have not been able to fill.*	*(4) Smaller practices - Can cover substantive gaps with it* *(Island) smaller practices fairly heavy users.*	
	Larger Practices	**Smaller Practices**		
Moderate Occasional Use/New	*(1051) Practice uses the service in 2 ways;* *1) Straightforward replacement of locums.* *2) To provide a remote support service, not necessarily with the GP being based on the Isles. GPs provide a telephone service but also use E-Consult system which has been quite successful.**	*(1055) (Island practice) used a lot of cover in summer 2020 and (small island practice) and (small island practice) a few times since. (Mainland town practice) hasn't needed RTJ cover though.* *(1055) Trying to use the scheme again for Summer 2021.*	*<u>Moderate / Occasional User Practices</u>* *Larger Practice – Used the scheme to provide a remote service(1051)* *Larger Practice – used it a lot when we had a substantive vacancy (1056).* *Larger Practice – RTJ now less able to supply Joy GPs (1055)*	
2 Larger Practices 1 Smaller Practice	*(1056) Less usage now as they have managed to recruit to their substantive GP posts also RTJ less able to supply Joy GPs more recently.* *(1056) Still occasional need to use the scheme and will probably do so.*			
	(1056) Probably depends on the mode of the practice at any given			

	time. Light touch now because they have a mostly full complement of GPs and only need to have recourse to RTJ occasionally but, last year they needed more support with Joy GP cover and perhaps recruitment etc.			
	Larger Practices	**Smaller Practices**		
No current use/ past user	*(1041) Not really used it in at least the last 12 months.*	*(1058) 2 GPs in 2019 & 20, there have been other unfulfilled requests, the last was Nov 2020.*	*<u>Practices who have not Used RTJ recently</u>* *Larger Practice – VAT Issue, too expensive* *Larger Practice – Can cover ourselves with own locum arrangements, tested the scheme only (1052)* *Larger Practice – Only using because HB paying for as an initiative(1051)* *Larger Practice – For a substantive post gap Temp use (1056).* *Smaller Practice – Prefer locums (Health Board pays, locum agencies more*	
	(1052) Not really.	*(1051) Yes, been using it recently.*		
4 Larger Practices 1 Smaller Practice	*(1052) Tried to use it, really, as a tester in April 2020. Practice uses a pool of regular locums that they manage and look after. Hard to find GPs that are happy to work with all the things that they would have to do here - OOH, police doctor, remote services etc.*	*(1056) Well aware of the scheme, used it fairly heavily at one point.*		
Actual Use of the Scheme	*Per data supplied by HrHub;* *RTJ has provided cover, 116 weeks of Rural GP time (19/20) and 149 weeks (20/21).The scheme is continuing to successfully operate. Unfulfilled vacancies were - 99 (85.3%) (2019/20) 95 (63.7%).*			

				responsive, fewer gaps) *See summary point (11).*	
2. Positive Aspects of using the RTJ Scheme					
Questions Asked in the Survey	Response from the practices		HrHub Response	Discussion on Themes Arising	Link to relevant section of main RTJ Evaluation Report
What were the good points? Was RTJ a success? *What were the benefits to you?*	*(1041) The GPs that were used (18 months ago) made a valuable contribution. They were liked because they were non mercenary and contributed positive attitude and to developing quality where they worked*	*(1049) Happy with the scheme really good and has helped cover a longer term substantive vacancy that they have had. Has made life much easier – when they can get one.*	*(1034) 1034 had sight of previous comments made.* *(12) Agree, Joy GPs have a positive attitude.* *(13) Agree, Joy GPs fit in and get on well with the practices mostly.* *(14) Agree, RTJ can recruit GPs and can provide cover stability to practices and cover substantive posts.* *(15) Agree – Joy GPs, great level of experience.*	Positive Aspects -Themes Arising *(12) Joy GPs – positive attitude and shown some commitment to the practice (1041).* *(13) (Usually) Joy GPs fit in well and get on with the practice (1053).* *(14) RTJ can recruit GPs /fulfil placements/ provide much more stable cover and cover substantive post vacancies for periods. (1049)(1056).* *(15) Joy GPs – Generally*	*(PIO) Responses in this section support the following sections of the Main RTJ Evaluation Report (2021)* *Success Factors* *S02 - Without interested Joy GPs being recruited to be available on time, in sufficient numbers, but not too many at one time, with an acceptable level of employment due diligence, then the Joy scheme could*
	(1033) Scheme successful, Joy GPs are happy to be here and they bring a wealth of experience of remote and rural. Benefits – Access to very experienced GPs with good rural understanding and	*(1049) Been really good having Joy GPs, just want more.*			

	salaried so no locum agency costs. Some have agreed to take longer contracts (one currently 18 weeks) which really helps with continuity.		*(16) Feedback - Generally we get feedback in but not always promptly – am working on this – Revamped the feedback form in 2020 as we realised its limitations (eg the scoring system), better now but not perfect as not so detailed.* *(21) Trial Aspect – Can come to arrangements for multiple Joy GPs / ANPs to cover one location etc. Opportunity for alternative ways to organise cover. Worked well at 2 Highland mainland practices with a bespoke arrangement at one.*	*have a great level of experience, access to very experienced GPs with rural understanding. Dependable, sound and experienced. They are not phased with difficult situations (1033) (1055) (1057).* *(16) The 2 way feedback process between the GP and the practice provides really useful feedback to the practices. An honest, outside view (1054) (1056).* *(17) The simpler recruitment process through RTJ providing Practice Manager (PM) Joy. Stress is taken away from PMs (1050).* *(18) Joy GPs bring updated ideas from their own practice and willing to do*	*not operate properly.* *S07 - The Hrhub now have a lot of knowledge on the nuances of dealing with both Joy GPs and practice arrangements, this is a key success factor and the expertise needs to be retained.* *S012 - A psychological uplift from recruiting GPs where many felt that this would not be possible. Hope perhaps?* *Learning Points* *LP025 – (Generally) RTJ has provided cover, 116 weeks of*

			(Small mainland practice) – a very busy single handed practice was a lot for one GP but they worked an RTJ job share arrangement that worked really well. Good for providing OOH emergency cover as well.	*development work with practices (1050)(1057)* *(19) Good for staff Morale, things can be done and the situation `not that bad' (1057).* *(20) Re assured with RTJ screening GPs for recruitment – systematic checks and GPs want to be here. Not just here for £ (1056).* *(21) There has been a trial aspect to using RTJ by some practices. Perhaps a low expectations early on but have been pleasantly surprised. (1052)(1057)* *(22) The opportunity to come to arrangements for multiple Joy GPs / ANPs to cover one location etc. Organising Alternative ways to organise cover.*	*Rural GP time (19/20) and 149 weeks (20/21). LP033 - A great strength of the programme is the support it can give to local practices and health boards in improving clinical governance. LP035 - GPs are interested in rural and remote work and the rotational model has merit.*
	(1054) Current model does take work and stress away from practice managers as well (ie no having to source GPs or dealing with invoices).Practice also use ANP support for 3 days per week which helps a lot with triage, repeat	*(1050) Simple recruitment process, easier than using locum agencies. Don't have to think of pay rates or price points etc.. Can provide `Practice Manager Joy' as not having to think about organising the locum mechanics!. Appreciate*			*PIO Comments* *Generally there are a range of positive comments from different aspects – eg Getting Joy GPs/ Operational aspects- eg recruitment. For these practices the*

	prescriptions etc.	*not having to make 15 phone calls to get one locum into place.* *GPs are already part of the team when they come, (small island practice) took the first Joy GP at Xmas (2020) and they were out with the community very quickly and worked hard. Big advantage was that they brought updated ideas from their own practice adding/ making a bigger contribution than a regular locum.*		*Can work well in combinations with ANPs to support areas such as induction, shared workload etc. (1053).* *(23) Support from HrHub – Straightforward process, very supportive with good quality advice, accessible and interactive (see view of the HrHub section 50, 51, 52).*	*Joy GPs have been pretty effective and well liked. Two further points are worth emphasising;* *a) Some of the practices have learned from the experience and there is confirmation that Joy GPs can and do take part in clinical governance activity and feedback., see in particular evidence from (1056) on the value of this feedback to a practice.* *b) Small trials of different cover arrangements say, using 2 part time Joy GPs or more complex rotational*
	(1051) Yes, it has been a success; the scheme has provided good quality experienced doctors, which really helps. Travel etc has all been arranged by the HrHub.	*1055) Quality of Joy GPs good. Very dependable, sound and experienced. They have had continuing relations with 2 of them. They haven't so far, had to go out to a locum agency. GPs just got on with it and not phased over*			

		OOH or accommodation issues etc.			*arrangements show promise and opportunity (see point 79).*
	(1057) Original expectations were low, thought we would get a day here, a day there etc..of GP cover and there was some scepticism. *In practice, turned out to be a lot better and really good, question then became `How do we keep this going?'.* *Scheme has been a life saver and we weren't aware of it before.*	*(1057) Stability – has provided much more stable cover.*			
	(1057) Experience and professionalism – Joy GPs have set a great example and are used to busy practices and will work hard. *(1057) Joy GPs will just get on with it.*	*(1057) Objective –They have given practice team an honest outside view and perhaps very constructive criticism.*			
	(1058) one GP very good	*(1057)It was also good for morale as he would also say that `look,*			

		things here are not that bad.'			
	(1056) Successful. Main benefit was as an alternative option to securing GP cover. They were encouraged to use as the first port of call before going out to locum agencies. Reassured that GPs had been through a systematic recruitment process, checks had been carried out and that they were GPs who understood the practices and wanted to be here They had shown some commitment and weren't just here for the cash.	*(1056) A useful area of learning for the practice as the practice had been previously not so stable, they gave us feedback on our performance which was really useful – some areas we were good, but some areas we did need to improve. This was a big difference between Joy and locum GPs.*			
	(1053) Scheme has been useful and from January 2021 we have	*(1054) Useful, good scheme, pleased with and easy to deal with.*			

	been using 2 Joy GPs on a rotational basis, we originally asked for 3 but actually 2 works well with support from an ANP. Using Joy GPs has been absolutely successful. They work really well, fit in and get involved with the practice; the patients have got to know them and will fit in with their availability.	*Feedback process is good with us being able to feed back on the GPs and them being able to feed back on us. Joy GP coming soon who will do some work looking at improvements to practice systems etc., this will be useful.*			
3. The Challenges in Using the RTJ Scheme					
Questions Asked in the Survey	Response from the practices		GPHub/RTJ Management Team Response	Discussion on Themes Arising	Link to relevant section of main RTJ Evaluation Report
What were the challenges?	*(1041) The only reason we are no longer using the scheme is the VAT issue, it puts 20% on the rate for Joy GPs so a very expensive option*	*(1049) Travel to (island group) during lockdown, delays getting GPs into post as fewer flights.*	*(1034) 1034 had sight of previous comments made.* *(24) VAT - Agree, but it shouldn't be a dis incentive for independent practices with a dispensary as*	*Challenges – Themes Arising* *(24) VAT charge seen as a disincentive. We could only afford Joy GPs because of spare funding from the health board (1041) (1051)..discussed in main*	*(24) VAT Charge Was discussed heavily in the main report under issue 52 leading to recommendation R39. PIO understands that NHS Shetland have*

			they should be able to re-claim VAT. (Another) Health board has used the scheme to provide RTJ GP support to a group of practices but there is some financial risk of having to pay the extra VAT. *(25) Availability of Joy GPs -Yes, not too much take up of vacancies offered from the latest cohort of GPs and there is too much demand at the moment. In theory RTJ has the capacity in terms of numbers of GPs, but some GPs only want to do a few weeks here and there. Could recruit more and we already have a collection of enquiries to join the scheme. A lot of uncertainty at the moment and there has*	*evaluation report at issue 52 and Recommendation R39.* *(25) Availability of Joy GPs – (1054)(1055)(1058). Sometimes, the HrHub doesn't have GPs to offer (see HrHub section). Retirements of GPs during lockdown and getting cover has been and is currently a challenge. RTJ are not able to provide surety on ongoing supply of GPs and are sometimes perceived to be not very responsive to vacancy requests. Overall for the whole scheme, unfulfilled vacancies were - 99 (85.3%) (2019/20) 95 (63.7%)* *PIO Comment* *See comment by (1034), this is also an indicator that needs to be*	*also taken up the issue with HMRC.* *(25) (31) Lack of availability of Joy GPs* *Not anticipated at the time of the main evaluation report when recruitment was going well.* *(26) Organising GP cover during lockdown-* *Lockdown not anticipated by the main evaluation report.*

			been a Covid effect. Discussed annual recruitment campaign. Ongoing recruitment? - It has a heavy demand on the capacity of the HrHub (and GP Clinical Lead) so is best done as a campaign (eg as for the 2019 & 2020 events) . *(25) RTJ sometimes not very responsive to vacancy requests- Yes, I don't sometimes and I do apologise, but sometimes it just takes a long time to get a response to vacancy notices. Looking to improve here.* *(27) (33) Don't Know what sort of GP a practice is going to get/ getting a good GP –*	*monitored. Anecdotal evidence suggests that some Joy GPs are taking a break for the summer after a busy winter of Covid related activity. Noted in the main valuation report that though there may be 60 or so Joy GPs recruited never sure at any one time who is active and looking for work. Take up of vacancies improved in 2020/1 but there is also the problem noted in the main report of particular practices who, for a variety of reasons, may be difficult to recruit to (main report Issue 005 & LP028 and Recommendation R19).* *(26) Organising GP cover during lockdown – A problem raised by Island practices. Transport is much more difficult with*	

			Difficult for practices to choose the GPs as it is, ultimately, the GPs choice about where they work. Some GPs want to try lots (or a few) of practices so don't often want to go back to the same place. Some GPs decide particular practices are not for them. RTJ is a different set up to locum agencies. *(28) Some GPs more applied than others - Yes, just one or two instances but not typical. Occasionally practices didn't want particular GPs back. Sometimes a mismatch but this seems to have improved recently.* *(29) (32) Sometimes you don't hear about some*	*far fewer flights and much less accommodation available. Organising cover has been a challenge. Also, for Joy GPs working, there not a lot of social life or things to do in lockdown. This is particularly difficult for GPs with their family on the mainland (1033)(1049).* *(27) (33) You don't know what you are going to get, would like to keep same Joy GP but who chooses?– lack of control over how GPs are allocated (1033) (1050)* *PIO Comment* *See comment from (1034), the GPHub is more a marriage arrangements agency and not fully a locum agency. GPs have the right to choose where they work and they don't*	

			vacancies - Yes, difficult position for practices but for some vacancies this is true, there is no interest for some reason. (I) Do consciously bear in mind practices who are coming to time and try and help. *Tricky trying to gauge how long a vacancy will be on the list. Sometimes no takers and GPs don't want to go.* *Difference with RTJ and a locum agency is that we can't just put the fees up to make a vacancy more attractive. (PIO) Can you trade off with GPs for time in a place they like if they do time in another? (1034) No, but*	*sometimes make their intentions explicit to the practices this may always cause a little bit of frustration.* *(28) Lack of consistency in GP behaviours – some GPs more applied than others (1050).* *See response from (1034) there have been occasional issues but not a major concern.* *(29) Sometimes you don't hear about vacancies, at what point do you give up and go back to the locum agencies? (1050).* *PIO Comment –This is a serious point, see comment from 1034 but it is not always a satisfactory situation. Keeping close dialog between the practice and the HrHub*	

			can be persuasive about vacancies they hadn't thought of before, have had some successes like that and very satisfying - sort of `light sales' role..	*helps.* *(30) It is a lot of paperwork to register on the scheme, heavy on the admin (1052).* *(31) Delays on Joy GP recruiting – eg cover for summer. Eg for summer cover we need good notice (1055).* *See response to (29).*	
	(1050) Lack of consistency with Joy GPs, no big issue but did have to have words about GP availability to one GP and remind them that the job was not a vacation option and that they had to be available when required..	*(1050) Delay in recruiting – Advertised for cover on one vacancy from August 2020 but not filled, at what point should the practice go to locum agencies when the Joy can't provide? Sometimes there are big pauses with no information. Would always be able to ring Sue but miss out in a*	*(32) Not getting many GP returners as GP workload heavy – Yes, a problem, GPs do often know where workload is higher and this will result in a lower interest.* *(34) Practice deals with deprivation and town issues -Yes, this is an issue in some places and the GPs know it, so will*	*(32) Not getting many Joy GP returners as practice workload is very high (single GP practice).Practice is very busy and GPs cannot always get time off (1054).* *Also see point (34) has been noted in the main report as a limitation of the Joy model.* *See also (1034) comments.*	*(32) (34) Limitation of the RTJ Model, noted already see main report at LP028 and Recommendation R19.*

		way because they don't have the big picture of what locums are actually available at any given time. Eg We know some GPs like us and said that they would be happy to return – it would be good for the patients to try and get consistency – but don't know how choice of locum for a practice is decided and what the arrangements are with that particular GP. On other occasions you might want something different as well.	*self-select out of those assignments – no joy to them (the GPs)? (see 32).* *(34) My impression is that Joy GPs don't mind working hard, but they don't want to be working increased hours over what they are paid or feel that they are working in an unsafe system. How do we address this, so that practices offer a realistic workload?* *(37) Name of the scheme, trying to explain –* *Yes, understand this point. Tend to call it the GP support group term to practices.* *(39) Recruitment must be kept up -Yes agree, depends on*	*(33) Getting a good Joy GP back. Decision process not clear, who chooses?(1050) PIO – See discussion at (27).* *(34) Practice has some deprivation and town issues, heavy workload/ very busy and GP has to work hard,– expectation problem for Joy GPs as nice scenery but – perhaps non returners. Drs not getting the Joy (1054)(1056).* *See discussion at (32) and (1034) comments.* *(35) Not sure the Joy can supply volume of GPs required to cover this practice – prefer to remain with locum agencies. A lot of similar remote and rural practices have the same issue (1058).*	
	(1051) None really but the service would be expensive if we had to recruit from the practices own budget and we would probably continue to use our existing arrangements in that case (VAT issue).	*(1051) Recent use of Joy GPs was funded by an underspend on our remote support funding, it has been very successful but not sure that as an independent practice we could afford to keep using the*			

		service.	*continuation of funding from SG to some extent if we can keep recruiting, agree that some of the Joy GPs O50s have a finite life span and we have to keep recruiting.* *<u>Recruiting Discussion</u>* *Best done as a campaign, Once per year?* *Covid disrupted the 2020 planned event and this is a shame as the 2nd cohort of Joy GPs (recruited 2020) have been a little bit less of an engaged group. 2019 workshop at Strathpeffer was very good for this. Chance to rebuild this again in 2021 with Basics course and workshops planned for July 2021.*	*<u>PIO Comment</u>* *Could be a significant point in expanding RTJ.Is RTJ going to try to solve every practice cover issue?(see also recruiting discussion at 39).* *(36) <u>Short nature of RTJ placements</u>, would rather have a GP for longer periods (less recruiting/better patient continuity) (1058) (also 43 & 57).* *(37) <u>The name of the scheme,</u> trying to explain to people what it is (1057).* *(38) Couldn't really use the scheme quickly. Delays getting GPs into place (1056).* *(39) The Joy scheme <u>must keep recruitment</u> up as Joy*	
	(1054) No real challenges but would like more notice of Joy GP cover well in advance, particularly in the summer as challenging to plan when you don't know who's coming or when.	*(1054) Challenge is that the practice is very busy and GPs- when they are working- can't get any time off and that is why some don't want to come back. For this practice it would work better if there were two GPs on a job share, a pool of ¾ regular GPs might be good as well.*			
	(1057) Trying to explain to people what the scheme was. Perhaps the name put people off a bit and created a misconception. Being able to keep Joy GPs when they have finished their placement!.	*(1056) Some of their challenges come from the type of practice that Riverbank is. They are rural but not remote and actually, though there is beautiful scenery, Thurso has some deprivation and is a town practice with town issues. This may create an expectation problem for Joy (or Locum) GPs. The*			

<table>
<tr><td></td><td></td><td>practice solution has been to make the practice a good place to work and give a good experience to GPs that do come here. As a consequence they have still managed to get GPs and returners.</td><td rowspan="2"></td><td rowspan="3">GPs are very good, but really are only in a one or two year role as many close to retirement. The age is not particularly a problem - as the Joy GPs usually have great experience but, more the rate of turnover (1053)

See comments by (1034) and discussion on recruiting campaign.

(40) Challenge of the tourist season cover and different types of cover needed in different places (1055)((1058)

(41) Geography here is a challenge in attracting GPs, it's a nice rural (not remote) area but there aren't too many facilities and big towns are a long way away (1057).</td><td rowspan="2"></td></tr>
<tr><td></td><td>(1056) Not really once the process was understood and you ordered Joy GPs in good time, couldn't really use the scheme if you needed a GP quickly.</td><td>(1058) Scheme not really adequate for the practice</td></tr>
<tr><td></td><td>(1058) RTJ were not able to give them surety on the ongoing supply of locums and were not always responsive enough to vacancy requests and often didn't reply.</td><td>(1033) During Covid – a lot of Joy GPs were not wanting to come to Shetland and a low uptake as there were travel restrictions (normal flights down to one per day only to Aberdeen). Difficult for GPs to get up from England (8 hour +</td><td>(40) - Challenge of Summer cover – Yes am concerned about this but can't guarantee take up (see25 discussion).

(41) Geographical Challenge in attracting GPs - Yes, has been discussed before, some</td><td>(41) (82) Geography here is a challenge in attracting GPs, Mentioned in main evaluation report (GE30) and a potential problem identified in a preliminary report in 2019 (see main evaluation report</td></tr>
</table>

		drive).Some problems with Joy GPs wanted to be recruited through locum agencies only rather than the Joy scheme (higher pay). Challenging time as some GPs – with families based on the mainland- found it difficult being unable to care for relatives during Covid lock downs and there have also been retirements. This required more RTJ cover which was proving difficult during lockdown and they had often to resort to using locum agencies at a high cost.	*practices are just not interesting to Joy GPs – might be rural but cannot compete with the attraction/scenery/ interesting ness of West Coast of Highlands or Northern Isles. Gave an example of one vacancy on for a long time for which there was absolutely no interest.* *(43) Joy GPs Longer Term Contracts - Not really happening, longer term placements are being requested but single GPs are generally not wanting long term arrangements so longer term (cover) are made up piecemeal with shorter placements and not necessarily constant cover. A separate unique ongoing arrangement at (small*	*<u>PIO Comment</u> – See (1034) comment, also mentioned in main evaluation report (GE30) and a potential problem identified in a preliminary report in 2019 (see main evaluation report Appendix A). (see also at 82).* *(43) Joy GPs Longer Term Contracts - Not really happening (1034).* *See discussion at 36.* *(44) Don't have the big picture of what locums are actually available at any given time Not sure if some GPs are available (1033)(1050), see discussion at (27) (33) & (61).* *Discussed by (1034) at (27).*	*Appendix A).*
	(1053) No hassle, I have only been at the practice for the last 18 months so don't know what the situation was like before. Only	*(1052) Lot of paperwork to register for the scheme and then to match for GPs. Not really sure then, how much we would have*			

	challenge is that if you have to take a new Joy GP you don't know what you are going to get, but these two are very good and looking to support us for the next 12 months. *(1053) Discussed age of the Joy GPs and proviso that the Joy scheme must keep recruitment up as Joy GPs are very good, but really are only in a one or two year role as many close to retirement. The age is not particularly a problem as the Joy GPs usually have great experience but more the rate of turnover.*	*used the scheme. Joy is heavy on the admin, not quite clear, when we were applying, that we had completed all the admin steps. We were disappointed when our first booked Joy GP pulled out of her commitment to us, after a lot of delay with her completing the documentation. We managed to arrange cover ourselves. Eventually we were put off as lockdown and the first Covid disruptions were underway. Independent practice with a dispensary, so VAT not an issue.*	*mainland practice. Generally GPs often want to move on and just do a few weeks in one place though some may be willing to come back after a gap.*		
	(1054) Not getting so many non-returners through the Joy (practice has a high workload for GPs so some locums do not	*(1055) Recruiting GPs around the Covid lockdowns. Organising Accommodation and travel during Covid lockdowns.*			

	really want to come back though they like the practice).There is a daunting volume of work here for GPs with daily telephone calls and results, they do not often get break, heavy for one GP.				
	(1055) Cover for the summer, challenging for the remaining GPs if they cannot get locums or Joy GPs into place for this summer.	*(1058) Problem was the short nature of the contracts and the difficulty in organising them. (Small remote mainland practice) practice is set up for 2 GPs but they have not been able to recruit to one substantive post for a very long time and have to use locums for that one post permanently. Not sure that RTJ can supply that level of cover (c 51 weeks pa and could be 2 x that when AB retires*			

		this year)			
4. Views on Joy GPs					
Questions Asked in the Survey	Response from the practices			Discussion on Themes Arising	Link to relevant section of main RTJ Evaluation Report
If the practice has used Joy GPs, Have you been happy with the professionalism and performance of the GP?	*(1041) The GPs that were used (18 months ago) made a valuable contribution. They were liked because they were non mercenary and contributed positive attitude and to developing quality where they worked. One made useful suggestions on scheduling of appointments and test results reporting- which were later adopted. Discussed with the then AMD. Another came back and did remote support work with consultations by telephone, though effective, this was less*	*(1049) Yes, Joy GPs have been great, not had a bad one. They are a bit more willing to get involved and attentive than regular locums. Willing to get involved with the team.*	*(1053) Only that one Joy GP had a bit of a challenge over induction really, but to be fair, the practice were found wanting as well.*	*Views on Joy GPs – Themes Arising* *(1057) Joy GPs will just get on with it.* *(45) Positive Attitude - They were liked because they were non mercenary and contributed positive attitude and to developing quality where they worked. Bit more willing to get involved. (1054) Good, no problems (See positive responses12 & 13).* *(46) Quality- (1051) Quality of Joy locums fantastic, really good because of the level of experience that they brought. They were very*	

	satisfactory.			*quick to roll up their sleeves and ask staff `what do you want me to do?' (1055) Quality of Joy GPs good. Very dependable, sound and experienced (see positive aspects 13, 15, 19).* *(47) Feedback - They gave us good input and joined in meetings working with the rest of the primary care team, played their part (1057) (see positive aspects 16).* *(48) Objective –They have given practice team an honest outside view and perhaps very constructive criticism. One Joy GP in particular was really good and pointed out problems that he could see and helped with quality and what things should be in place (1057) (see also 16).*	
If not , why? *Did they get on well with the Primary Care Team? The local community?* *Was induction successful?*	*(1033) Performance – no real issues.*	*(1052) One GP was independently engaged using health board funding in the Western Isles - shared between 4 practices. This was really helpful as during Covid, you could take leave, go to meetings and delegate work etc.*	*(1054) Good, no problems*		
	(1050) As above, GPs professional, usually work hard and put extra effort in with the patients/ community.	*(1051) Quality of Joy locums fantastic, really good because of the level of experience that they brought. They were very quick to roll up their sleeves and ask staff `what do you want me to do?'*	*(1055) Quality of Joy GPs good. Very dependable, sound and experienced. They have had continuing relations with 2 of them. They haven't so far, had to go out to a locum agency. GPs just got on with it and not phased over OOH or accommodation issues etc.*		
	(1056) Reassured that GPs had been through a systematic recruitment process,	*(1056) Generally happy, only one, over the piece, they were not so keen on but would be happy*	*(1055) Quality of Joy GPs very good, one didn't quiet gel with the staff in one practice but*		

	checks had been carried out and that they were GPs who understood the practices and wanted to be here They had shown some commitment and weren't just here for the cash.	*to have most of them back. They gave us good input and joined in meetings working with the rest of the primary care team, played their part.*	*no major problems. They were used to single handed practices and the small community hospital, great level of competency.*	*(49) (1057) Experience and professionalism – Joy GPs have set a great example and are used to busy practices and will work hard. (1058) Yes, (good) generally, though problems with one Joy GP (see above (1050)), do accept that Joy GPs are vetted and would be better than a health board created bank of GPs (1058).*	
	(1057) Experience and professionalism – Joy GPs have set a great example and are used to busy practices and will work hard.	*(1057) Objective –They have given the practice team an honest outside view and perhaps very constructive criticism. One Joy GP in particular was really good and pointed out problems that he could see and helped with quality and what things should be in place. Staff respected these suggestions because of his obvious experience.*	*(1057) Experience and professionalism – Joy GPs have set a great example and are used to busy practices and will work hard.*		
	(1057)It was also good for morale as he would	*(1057) Joy GPs will just get on with it.*	*(1058) Yes, (good) generally, though*		

	also say that `look, things here are not that bad.'		*problems with one Joy GP (see above), do accept that Joy GPs are vetted and would be better than a health board created bank of GPs.*		
5. Views on the HrHub					
Questions Asked in the Survey	Response from the practices			Discussion on Themes Arising	Link to relevant section of main RTJ Evaluation Report
If you have used the HrHub, has the practice been happy with the service they have provided?	*(1041)No problem with the HrHub.*			*Themes arising;* *(Also see positive aspects section 23).* *(50) Straightforward Process (1049).* *(51) (HrHub) Very supportive Goes out of her way to help. HrHub makes life so much easier and more slick than an agency (1049, 1050, 1053, 1054).* *(52) Good quality advice* *d) Interactive feedback*	
If yes/ no, why? *If you raised an issue, how was it dealt with? Satisfactorily?*	*(1033) Good, very hands on. Does everything they could do to help.*				
	(1049) HrHub – really good. Straightforward process so easy to organise and Hub very supportive.				
	(1050) Well supported by the HrHub, (Hub manager) is amazing. Can always call and ask	*(1050) Delay in recruiting – Advertised for cover on one vacancy from August 2020 but not filled, at what point should the practice go to locum agencies when the Joy can't provide? Sometimes*			

	and she is very good on advice for HR type problems.	*there are big pauses with no information. Would always be able to ring Sue but miss out in a way because they don't have the big picture of what locums are actually available*	*and a more personal service relationship. Very good on HR type problems (1050)(1053)* *(53) Very accessible can call on the phone(1050) (1056)* *(54) Sometimes HrHub doesn't have GPs to offer (1055) (see challenges section 25).* *(31) Delays in recruiting sometime, we don't have the big picture on locums available or how decision is made (1050) (1033). Summer cover (1055)(1058) (see challenges section discussion at 27, 33 & 61.).* *(55) Big pauses with no information (1050) (1058) There are no problems only, that they do not*	
	(1051) (Hub manager) is fantastic, organised all the GPs and the travel etc.			
	(1052) No problems with the HrHub.			
	(1053) Very good, (hub manager) goes out of her way to help. HrHub makes life so much easier and more slick than an agency. Feel that if you use a locum agency, reps/contacts can be very good but looking for % cut all the time. With (Hub manager) there is interactive feedback and she is looking to match you with GPs that are appropriate for the practice and knows what fits, a bit more than just `bums on seats'.			
	(1054) Happy, good and quick to get back to you, very friendly and supportive.			
	(1055) Ld Partner… deals with the HrHub. No problems and they are helpful but sometimes they don't have GPs to offer.			
	(1056) Brilliant, great at dealing with queries quickly, very efficient and easy to chat to on the phone.			
	(1057) (Hub manager) is great. Easy just to pick up the phone and she is very efficient with a good human side so very approachable. You can have an honest conversation about what you need.			

	(1058) In terms of practical relationship, HrHub is fine and there are no problems only, that they do not respond much when you put in vacancy requests.	*(1058) One problem has been the late requests to verify locum invoices; a recent example was 18 months after the event which was a challenge to remember.*	*respond much when you put in vacancy requests (see challenges section 25 and (1034) response).* *PIO Comment – The practice was challenged on this and they were passive and hadn't followed up by phone.* *(56) Late processing of invoices (1058).* *PIO – Not sure how much of a problem this is?*	
5. Could the RTJ model work in different ways?				
Questions Asked in the Survey	Response from the practices		Discussion on Themes Arising	Link to relevant section of main RTJ Evaluation Report
The RTJ programme could work in different ways; *Eg – Recruitment Agency Model or Simple List of GPs or Collaboration with HrHub/ Health Board*	*(1033) Could think about other models, but current one is a good service. Need to be explicit about how long the GPs work. Zero hours contract don't work, needs to have fixed hours agreed. Also*	*(1049) Ideally they would like to see if they can fill their substantive post by a one year fixed term post if they can't get a permanent GP. They realise now that they will probably always be dependent on*	*Views on the RTJ Model - Themes arising* *(57) Zero hours contracts don't work needs to have fixed hours agreed(1033)* *PIO - Follows a discussion with a lead for a small practice and the idea of using zero hours contracts for Joy GPs.*	*Methodology Problem – Asked what service they would like, but most interviewed practices 2c who have no opinion, independent practices*

	not sure if some GPs are still available and what they are prepared to work, particularly since Covid.	*locums to some extent, at least the Joy helps with continuity. Having a small pool of (island group) Joy GPs on station in (the islands) would help.*	*(58) RTJ to provide GPs for longer periods (1051)* *PIO Comment - There have been one or two examples of longer term placement but by and large Joy GPs do not really want to work more than about 3 weeks at a time. A reappraisal of Joy GP recruitment would be needed to attract GPs for longer period placements. This is probably something that many practices would really want though it is clear that currently, there would be an expectations mismatch between practices (who want longer commitments) and Joy GPs (who might only want to do a few weeks and perhaps move around a lot) (See also 36 & 43). Significant Point.* *(59) Substantive posts – Would really like to see if we can fill our substantive posts but will probably always be dependent on locums to some extent. At least the Joy helps with continuity. Ideally want to be able to recruit to substantive posts(1049).* *(59) Difficult situation locally as there are 5 substantive posts empty in a remote and rural place(1053).* *PIO Comment - Significant point discussion – Point expressed by different practices one of whom was very worried by the local substantive recruitment situation. This may be another area for further work*	*interviewed have a low tolerance for RTJ extra fees and charges (see VAT issue)*
What would practices prefer? *Do they have their own ideas on initiatives?* *Would practices be willing to contribute for that service?*	*(1050) Happy with the current model, would like to know what GPs (& how many) are available for a given time. Could the roster information be shared with them?* *Important to know what skills individual Joy GPs have in advance as they could match them up and set up patient clinics where the GPs have good knowledge (eg for Minor Surgery or CDM). Don't want to have the model so simple that we go back to organising the locums*	*(1051) Placements are short and get the impression that Joy GPs only want to do shorter placements (eg a few weeks). It might be good if RTJ could provide GPs for longer periods (eg we have a maternity leave that requires cover soon).*		

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<tr><td></td><td>again though. The Hub service is worth it.</td><td></td><td rowspan="3">by the SRMC rather than RTJ. If the situation is too challenging then it may be beneficial for the practices, the relevant health board and even SRMC to discuss solutions. Could also relate to point 60.

(60 Long term role for ANPs supporting GPs.

<u>PIO Comment</u> – This has been considered by the RTJ management team and variations happen in a few places. Needs development in co-operation where the local health board management will lead. Significant discussion point (also see 59).

(61) Would like to know in advance what Joy GPs are on the roster and available for a given time so that we could select (1050)

(61) Would like to know what skills Joy GPs have in advance so we could arrange clinics around those skills (eg CDM or Minor Surgery) (1050). Discussed already at (27).

(62) Current model good at recruiting retirement age GPs other variations may not be so successful in recruiting (1034).

<u>PIO Comment</u>
Point at (62) proven but a wider discussion held in the</td><td></td></tr>
<tr><td></td><td>(1054) Challenge is that the practice is very busy and GPs- when they are working- can’t get any time off and that is why some don’t want to come back. For this practice it would work better if there were two GPs on a job share, a pool of ¾ regular GPs might be good as well.</td><td>(1055) Grateful to the Joy for the doctors they do provide but what they are looking for is a good supply of reliable experienced locum GPs. Ideally they would like to be able to recruit permanent doctors to all their vacant posts.</td><td></td></tr>
<tr><td></td><td>(1056) Other variations to the service would be welcome and they would consider. Probably depends on the mode of the practice at any given time. Light touch now because they have a mostly full complement of GPs and only need to have recourse to RTJ occasionally but, last</td><td>(1057) Like the way the scheme has been set up, works for us as we can normally provide accommodation using the travel bureau arrangement whereby we book and pay for all accommodation rather than the Joy GPs pay and claim back and get subject to more income tax. They appreciate the</td><td>(62) Facets of recruitment activity discussed in the Main evaluation report (GE1, GE5, GE7, GE43, Iss 051) See discussion at issue #51 - lost opportunities if RTJ marketing and recruitment activity is too narrowly focused on making</td></tr>
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<td>year they needed more support with Joy GP cover and perhaps recruitment etc.</td>
<td>choice of accommodation that can be provided that way (Hotel or self-catering etc).</td>
<td rowspan="3">main evaluation report (GE1, GE5, GE7, GE43, Issue 051) which led to several recommendations on recruitment (R1a) (R3a)(R20).
(R1a) suggested a more inclusive approach than targeting retiring GPs. See discussion at Issue #51 in the main evaluation report.

(63) Model will depend on what mode the practice is in – don't need to much support at the moment but have had periods where we have needed a lot of cover (1056).

Main point probably that practices will have variations in the need for locums or Joy GPs on short term contracts.

(64) Prefer HrHub to arrange GPs, trust that they know our requirements.(1050) (1054) (1057). Note though that these 3 practices are all 2c

(64) With this model practice managers have less stress(see section 17).(1050)(1054)

(65) They would prefer to stick with regular locum agencies and regular locums where the response time is often very quick. In their experience RTJ can't compete on request times – particularly a few days or couple of weeks in advance (1058).</td>
<td>the scheme attractive to just one sector of the GP market (ie retiring GPs).</td>
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<td></td>
<td>(1058) do accept that Joy GPs are vetted and would be better than a health board created bank of GPs.
NHSH are discussing the setting up of compulsory use of a bank arrangement to save on locum bills but in her experience this is inherently unstable – caps don't last - as the better GPs will only be available through agencies (more £) and a lower paying NHS GP bank will get lower quality GPs.</td>
<td>(1058) Discussed options, basically. AB was honest and felt that though she had been sceptical of the RTJ model, there were actually no good solutions (perhaps least worst only). From a (2c) practice point of view, the cost is less of an issue when using agencies, they primarily need flexibility and quick response times in supplying locums</td>
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<td></td>
<td>(1053) This is a salaried practice so can't really comment as this is a</td>
<td>(1054) Probably the Joy couldn't work with a different model. Get the</td>
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	health board responsibility. We are asking NHS Highland to advertise the substantive post for us again. Difficult situation though as locally there are currently 5 substantive vacancies in a remote and rural area and how can you fill all of those posts? Health boards should be discussing this problem higher up about what system could fit long term. Long term use of ANPs could be considered as their arrangements (including ANPs for OOH cover etc) work well. If they could keep a stable arrangement of regular Joy GPs and regular ANPs this would be good. It will be about trying to find a	*idea of the scheme, the clue is in the name and it is a good attractant for GPs and some bring their families and have a sort of working holiday.*	*(65) There are no good solutions to this problem, 2c practices get a better service using locum agencies, as they respond very quickly and the cost is not a problem (to the practice)(1058).* *PIO Comment* *This is also a view from a 2c practice and explains why they will tend to hold on to locum arrangement rather than use RTJ. Not really discussed in the main evaluation report as a finding. Significant point.* *(66) Health board locum pools will use cheaper GPs and possibly lower quality (1058).* *PIO Comment – (1058) GP was also against health board run locum pools though others have suggested it for small areas (see also 71).* *(67) There is a move to recruit Joy GPs onto longer contract arrangements eg , one Joy GP has offered a fixed 12 weeks per year another likely for 6-8 weeks. Useful, but challenges are that these are older GPs Great, but how long will they be willing to do those weeks?(1050)* *PIO comment – How long will older GPs stay (even if they have given longer term commitments) See discussion at (62) and link to main evaluation report.*	

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<td></td>
<td>sustainable model in remote and rural areas.</td>
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<td rowspan="3">There are some concerns if RTJ is very dependent on GPs approaching retirement. Significant point.

(68) We have thought about collaborating with adjacent practices (3) who are mostly single handed. (1050) (1052).

<u>PIO Comment</u> – Two practices brought this point up and a third is also involved in an arrangement linking up 4 different practices. This could be a theme emerging that practices are now thinking more of changing their own local model in way not seen before (see also 1041at Point 71).

(69) Not sure RTJ have the number of Joy GPs to cover the massive need for GP cover that exists in the remote Highlands (1058).

<u>PIO</u> – probably beyond the scope of this paper but a key point to consider if RTJ is expanded

(70) Western Isles could run as a `super practice' (1041) also see comment at (60) Could RTJ embrace nurses or paramedics? (1055)

<u>PIO Comment</u>
These comments bring in a much bigger question of ;
a) Should primary care start to be restructured? And</td>
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<td>(1055) They have built up a small pool of locum GPs that they can call on, the Joy can also supply locums but they sometimes, also do well out of `word of mouth' contact and asking around. Have less to do now with the Glasgow Locum Group. It is a lot of effort for practice managers to do the recruiting and soul destroying sometimes. The Joy takes away that problem but, do they always have GPs available?</td>
<td>(1057) List of available Joy GPs? – May be difficult for us to work with and prefer to use Sue (HrHub) who act as an intermediary for us and the Joy GPs which helps with our preferences and matching up expectations.</td>
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<td>(1041) Longer term solution might be in developing a Western Isles super practice.</td>
<td></td>
<td><u>Significant Point</u>
Several practices refer to using or developing their own pool of locums and this is likely to</td>
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			b) Should RTJ scheme be widened to include other professions? (see 60). Beyond the scope of this paper but significant points. *(71) Creating a local pool of locums? (1050) (1049) (1052) (1055)*		*be the main way that independent practices organise their own locum cover. By inference, this is a variation that RTJ could develop by helping establish pools of GPs willing to work at certain locations and has already worked at (1053) and (1054).*
6. Long term challenge for GP rural practices					
	This question was an additional area added to the survey to look at future challenges providing intelligence in considering the future application of RTJ.				
Questions Asked	Response from the practices			Discussion on Themes Arising	Link to relevant section of main RTJ Evaluation Report
(Longer Term) Is the practice (s) worried about longer term recruitment to substantive GP posts?	*(1041)Yes, this is a concern; the traditional model is falling by the way now. Their problem is that they (Island group) have the GPs, but in the wrong*	*(1033) Workload has increased and Covid has been very challenging for front line staff and to keep the system working. Several GPs retired, several GPs in*	*(1051) There is a little bit of anxiety, we are doing ok at the moment but longer term it may be an issue. Realise we will have to be flexible in what we offer.*	*Long Term Situation - Themes Arising* *(42) Anxiety on recruiting (substantive GPs)? (See section on Challenges).*	

	places. GPs are attracted to independent practices in rural areas where it's not too busy and they can get a good dispensary practice income. The real problem is with the busy town practices who, though in a rural area, are not really rural and are busy and dealing with many consequences of social problems. These practices are often `flat out' and very busy, not a relaxing lifestyle and the GPs here also don't benefit from dispensary income. Sometimes it's hard to compete as recently, an independent practice offered a salary of £105k for a replacement	*the over 50s want to reduce hours now. It is harder to recruit to full time posts now but part time much easier. The problem in Shetland is with recruitment for the single handed and part time posts where there is little attraction for GPs to move up from the mainland. Still a number of GPs over 50 are interested in working and also a number of younger newly qualified GPs in their 30s who are happy to work but not interested in committing to single handed or longer term posts. There is a gap in the middle of GPs late 30s – 40s.Demographics of Joy GP recruitment bear this out.*	*Doctors out of medical school not looking at long term careers in general practice and it may be very hard to recruit for full time partners now.*	*Validated here by (1033) (1041) (1049) (1050) (1052) (1051)(1057) (72) (1041) Traditional model falling by the wayside, problems are ; - GPs are in the wrong places - GPs attached to independent practices as less busy and greater dispensary income. <u>PIO Comment</u> (1041) makes a far reaching point and develops on the theme at (68) that it is possible that changes to the model are being considered particularly where problems in recruitment and retention are at the most acute. (73) (1041) Real problem is for the busy town practices*	

	substantive GP post, but at the town practices, they can't match that.			*– not really rural and have high workloads related to social problems (also see comment in Challenges section 32 and 34).* *There are long term challenges anyway in the H&I, but a symptom is the difficulties of recruiting to these practices. (Significant point).* *(74) Workload has increased under Covid (see point below - there is not consensus on this point), many GPs now wish to ;* *- Retire early and/or* *-Reduce their hours(not just in older age groups)(1033)(1049)(1055)* *<u>PIO Comment</u>* *The statements are not fully correlated and this study is not an assessment of how the volume or*	
How many posts? *Do you feel you will need help with recruitment and what sort?*	*(1041)The other problem is that younger GPs are much less likely to commit. Though they often like working in the Western Isles they don't want to make a long term commitment and want to be free to move on. Worrying as many of the regular GPs are older and more likely to retire*	*(1049) It's a worry longer term. Not an age problem, but many GPs now just want to work part time. Might help if they could get GPs to work in groups to fill shifts for each other(?)*	*(1052) Some apprehension but, the practice has a mixed bag of aspirations. 2 GP partners are in the 55-60 age range and looking to step down as full partners (but still willing to do some sessions) so they will have to think about recruiting soon. Need younger doctors to replace them really. Have been good at holding onto people but when we change, what happens? And also, how can we continue to cover the local community hospital? Will be a lot of change in the next five years and we need to recruit.*		*(32) (34) Limitation of the RTJ Model, noted already see main report at LP028 and Recommendation R19.*

			We have a plan and people in mind, but there isn’t a plan B if it goes wrong at the moment.	*stress of work has changed during Covid but, but there does seem to be an assumption, or perhaps, an assertion, by practice managers, that they have been busier since Covid.* **(74) This point was discussed at an SRMC meeting in November 2021 reviewing the draft report. Several GPs thought that it wasn’t the volume of work that had increased but the acuity or complexity of the presentations. This point needs to be taken with care.* *It can be taken from a number of comments made by practices though, that GPs are looking to reduce their hours and (possibly) retire early. How seriously is not known and this could present a*	
	(1033) To help, the practice has tried to improve resilience in making it a nice place for the GPs to work. This takes the whole involvement of the primary health care team – including practice nurses, reception staff etc. Having an ANP to help with complicated induction is also very useful.	*(1050) Always have a longer term anxiety about GP recruitment. There is a move to recruit Joy GPs onto longer contract arrangements eg , one Joy GP has offered a fixed 12 weeks per year another likely for 6-8 weeks. Useful, but challenges are that these are older GPs, very good, but not sure how long that commitment will last. Great, but how long will they be willing to do those weeks? They are not really able to recruit GPs who were willing to live in Shetland for say 5*	*(1052) We have thought about collaborating with adjacent practices (3) who are mostly single handed. The involvement of the board was really helpful here and ensured that all practices benefitted. I don't think the four practices would have agreed independently within the same timescale. The 4 principals had discussions on what would `Fantasy General Practice’ look like, a blue skies creation for the area. Under that arrangement they could employ GPs. This would*		

		years - which is what they would want ideally.. Flexible arrangements are a model that we can support but, they need consistency as well as GP time and GP changes are difficult for the patients.	*be perhaps the biggest change in organising the local practices in 25 years. They realise that they need to be pro-active. Very important to use positive language for FGP after all, like the Joy, it provides hope and may be a model for use in other places.*	*sustainability risk to health boards, particularly if there is a quick exodus. . Significant point.* *(75) Hard to recruit for full time posts and little attraction for single handed posts. Practices really need help on long term substantial post recruitment.(1053) (1057)* *PIO Comment – This may be another alternative for RTJ (or SRMC) get more directly involved - in helping practices recruit. However, if the world has changed, should we now be looking at new models in primary care? Perhaps what recruiting means needs to be widened to include building networks, part time work, flexible cover arrangements, and establishing new types of*	
	(1055) Am worried. Younger GPs coming in have a different work ethic. Their training is much more prescriptive, they have stricter attitudes to defined hours, required ongoing training, leave etc. Very different to doctors who came through the system 20 years ago. A problem coming home to roost. Not convinced by government policy of	*(1056) Practice not worried at the moment longer term – though this could always change. With their improvement in situation they have managed to recruit a Scotgem trainee, hopefully part of succession planning.*	*(1056) The GPs have a lot of flexibility in the way they work, there are 4 salaried GPs all working slightly differently. There are various models of contract, one GP works a 4 day week, another runs a restaurant in the Summer so only works a lighter shift pattern but more in the Winter. These sorts of measures improve their work-life balance making it as*		

	moving to a salaried service in the new contract, things will probably be worse as they lose the flexibility in practices with GPs wanting to work only to stricter hours etc. The role of other health professionals not thought out , but some would be suitable for some things (eg ANP's, nurses, paramedics, etc.).Could RTJ embrace nurses or paramedics? Longer term, one partner is leaving in July and 2 are coming back from maternity leave but don't know what hours they will be available for. They have had to cover 2 retirements in the last two years and some recruitment but can only get interest in the		*good as it can be for them and it follows that this is good for the practice as a whole. Makes them more settled and part of the community.*	*teams. Significant point.* *(76) Over 50s are willing to work and so are younger doctors but no long term commitment (1033/1051/1041). (1033) There is a GP gap in 30/40 age range (1033).* *This may also be a consequence of offering short term placements, it may only be attractive to those parts of the age spectrum where GPs have more freedom on how they work.* *(77) GP practices have to offer flexibility and try and make themselves good places to work.(1033)(1041)* *<u>PIO</u> - Suggested by some practices. It should help, but there may also be a*	

	Oban posts.			*limit to what can be achieved within the current models.* *(78) Younger GPs have a different work ethic – training is more prescriptive and they are stricter at working defined hours (1055). This may mean that the practice loses flexibility in the way that it operates.* *<u>PIO Comment</u> - This challenge was put forward by only one practice but, as a significant issue – if younger GPs are stricter about working contracted hours accompanied by a narrower clinical experience then this will put pressure on in busy or single handed practices and again, threatens the existing model. Significant point.*	
	(1057) The real area we need help with is effective marketing for our substantive posts as we are really struggling to recruit. We have been trying to recruit to 4 posts using (4) agencies over the last 2 years and its very challenging. Any RTJ scheme arrangement would be a lot cheaper than agencies. We need help with things like promotion through website, networks etc.	*(1057) Geography here is a challenge in attracting GPs, it's a nice rural (not remote) area but there aren't too many facilities and Dundee or Aberdeen are both 40 minutes away.*	*(1058) This is a 2c practice so they would prefer to stick with regular locum agencies and regular locums where the response time is often very quick. In her experience RTJ can't compete on request times – particularly a few days or couple of weeks in advance, not sure they have the number of Joy GPs to cover the massive need for GP cover that exists in the remote Highlands. A lot of similar remote and rural practices have the same issue and that is why they prefer to stay using regular tested locum agencies.*		
	(1058) NHSH are discussing the setting up of compulsory use of	*(1058) Discussed options, basically. AB was honest and felt that*	*(1058) Yes, she retires in July 2021and this will leave 2 GP posts to fill.*		*(82) (41)* *<u>Geography here is a challenge in</u>*

	a bank arrangement to save on locum bills but in her experience this is inherently unstable – caps don't last - as the better GPs will only be available through agencies (more £) and a lower paying NHS GP bank will get lower quality GPs.	though she had been sceptical of the RTJ model, there were actually no good solutions (perhaps least worst only). From a (2c) practice point of view, the cost is less of an issue when using agencies, they primarily need flexibility and quick response times in supplying locums	Discussed the challenges; Remote and rural location meant that experienced R&R GP cover was the best solution. Practice area is 55 miles (N to S) 35 (E to W) (area covering 1925 miles^2) with 3 surgeries. It needs a lot of confidence, experience and the right skill set to be able to cope with emergencies, emergency services (eg the helicopter) and some of the byzantine ways they have to work admin. IT and telephone access is challenging along with miles on single track roads. There are limitations on using Rural Support Teams/ANPs particularly in cases of deaths, mental health	(79) Practices can come to arrangements for multiple Joy GPs / ANPs to cover one location etc. There are opportunities for alternative ways to organise cover (see Positive Aspects section 22) . Current roles of ANPs not thought out. (1055) Joy could recruit nurses and paramedics?(see 60). Significant Issue. (80) (1052) Scope to collaborate with other practices over employment of doctors, cover. Would be a big change in the way independent practices operate. (81) (1056) One practice, who had managed to overcome a period of substantive post vacancies, felt that it was	attracting GPs, Mentioned in main evaluation report (GE30) and a potential problem identified in a preliminary report in 2019 (see main evaluation report Appendix A).

			crisis and dealing with Under two's and also legal challenges for ANPs with death certificates and ordering controlled drugs.	*very important to think about the need to improve work/life balance of GPs, and help them to be part of the community.*	
	(1053) Discussed age of the Joy GPs and proviso that the Joy scheme must keep recruitment up as Joy GPs are very good, but really are only in a one or two year role as many close to retirement. The age is not particularly a problem as the Joy GPs usually have great experience but more the rate of turnover.	*(1054) There is anxiety for the long term, pleased with the idea of longer term (Joy) regular GP contracts. Practice has just been advertising again hopefully might get a (substantive) salaried GP. Prefer it if the GP had been here before.*	*(1055) They have built up a small pool of locum GPs that they can call on, the Joy can also supply locums but they sometimes, also do well out of `word of mouth' contact and asking around. Have less to do now with the Glasgow Locum Group. It is a lot of effort for practice managers to do the recruiting and soul destroying sometimes. The Joy takes away that problem but, do they always have GPs available?*	*(82) (1057) Geographical challenge for some practices as remote and rural and not too many facilities around.* *<u>PIO Comment</u> – This anxiety is mentioned by several practices, a concern that they are just not attractive to GPs (substantive or Joy) because of rural ness (not remote ness) the area neither has the facilities of big cities or the natural attractiveness of many remote areas. These practices will be hard to recruit to. Significant point.*	

				(83) RTJ less able to supply GPs (2021) (see challenges Section 25, 31)(1055) *(84) Ongoing challenge of tourist season cover (see challenges section)(1055)(1058)(also see 40, 31).*	
7. Has Covid 19 changed anything?					
	This question was an additional area added to the survey to look at what the effect has Covid had on the practices with a view to how this would or could influence the RTJ scheme.				
Questions Asked	Response from the practices			Discussion on Themes Arising	Link to relevant section of main RTJ Evaluation Report
Has Covid changed anything?	*(1041) Covid has accelerated things that were happening already. Remote support, by telephone, to patients has accelerated under Covid but it is not a long term solution. It is*	*(1033) Yes, and probably permanently. Technology is changing and is good. The other problem is attracting full time GPs (or other professionals), when Shetland is fully closed in lockdown, in winter,*	*(1051) Yes, will probably be a permanent change as well. Good now that many patients are willing to be dealt with by phone or E-Consult (they haven't used Near Me). Doctors prefer it as well because they can*	*<u>Covid 19 Impact – Themes Arising</u>* *(85) Remote support by telephone to patients has accelerated under Covid (1041/ 1052/1054).* *This has meant using GPs*	

	efficient- and he can see why Scottish Government like this kind of solution – but not sustainable long term. GPs are probably not burnt out by dealing with Covid but they are very tired and fed up with telephone consultations where there is a lot less job satisfaction, many are now asking why they can't bring patients in to the surgery. In a recent complaint, the GP felt that if they had been able to see the patient face to face, there may not have been a problem. You need to make the personal connection.	*there is not the usual entertainment and socialisation and it would be a difficult place to come alone. Expecting a large mental health fall out from the Covid year and it might not have materialised fully yet, this will affect all staff groups and particularly those who have families on the mainland and can't visit.*	*have longer appointments (all appointments have been adjusted to be longer to allow for putting on PPE- so if no PPE, more time). Patients seem happy and fortunately the surgery has never had to shut its doors.*	*who are based elsewhere. This appears to be relatively successful where it has been used and potentially leads to new models of care but, there are also concerns that there is much less job satisfaction for GPs doing the telephone consultations (see 1055 comments).* *(86) Many patients now willing to use the phone (1051/ 1052/ 1055).* *The flip side for patients; (1051) Good now that many patients are willing to be dealt with by phone or E-Consult (1054) More recently there has been a return to some face 2 face consultations. Things probably won't go back to being the same as pre Covid though and now*	
	(1050) (Island practice) fortunately in a good position with Covid as 2 regular GPs were in	*(1049) Has caused problems and delays in GPs travelling to (island group) (though they*	*(1052) Used a useful grid of what the practice could see and couldn't face to face*		

	place when it started and, fortunately, (local island) population has not had Covid yet. Practice have moved to standard Covid working – use of Attend Anywhere, telephone consultations, patients have to wait outside etc. *No expectation of a long term GP gap but they could do with an extra 0.5 WTE at the moment.*	*were able to get some cover). Just worried that the supply of Joy GPs dries up after Covid restrictions ease.*	*and important in remobilising after Covid. We are used to telephone consultations now, and encourage video appointments but some distrust from patients. However, those further away more likely to use the telephone now. We also introduced 15 minute appointments which worked a lot better. Getting busier now as some patients, who have held off throughout lockdown, are now coming in and may have to change appointment arrangements again. For lockdown they also stripped out and decluttered the practice. Facebook page has been very active and popular with the*	*they have adjusted, patients are mostly accepting of using the phone to consult. (1055) Balance of face to face/telephone patient consultations has reversed from 70/30 to 30/70. Telephone consultations good in certain circumstances..* *(87) Practices have adjusted to using more telephone consultations. (1052) We are used to telephone consultations now, and encourage video appointments but some distrust from patients. However, those further away more likely to use the telephone now.* *(88) Some practices have allowed longer consulting time (15 mins) but per (1055) Telephone*	

			community and they now have the Patients Participation Group (PPG) up and running again as a result. Challenge now is over referrals to SHC clinics and admin staff very busy. They also have remote telephone service provided by GP on the mainland for some sessions.. Do not yet use E-consult as would require support from the health board to implement.	*consultations …might seem to be faster but are they really? There are a lot of hidden delays getting hold of the patient etc.* *(89) There are concerns of catching up with Chronic Disease Management (CDM).* *(1055) Telephone works for younger people who just need a quick antibiotic prescribing and can pick the script up but much less well for those with chronic diseases. This is a worry as 2/3 thousand of their 11,000 patients fall into this category. Significant point.* *(90) There may have been demands on infrastructure some of which may not be adequate for demands of the new ways of working*	
	(1053) Sorry, wasn't here before Covid so cannot compare how things are different now though, we now use a lot of telephone appointments and try and reduce the foot fall in the practice.	*(1054) More telephone calls initially, we never went to using Nearer to Me scheme. More recently there has been a return to some face 2 face consultations. Things probably won't go back to being the same as pre Covid though and now they*	*(1055) Balance of face to face/telephone patient consultations has reversed from 70/30 to 30/70. Telephone consultations good in certain circumstances and they might seem to be faster but are they really? There are a lot of*		

		have adjusted, patients are mostly accepting of using the phone to consult.	*hidden delays getting hold of the patient etc. Organising prescriptions is a headache. GPs find them more tiring and there are no clues if you can't see the body language. Telephone works for younger people who just need a quick antibiotic prescribing and can pick the script up but much less well for those with chronic diseases. This is a worry as 2/3 thousand of their 11,000 patients fall into this category. IT and phones are not robust enough for the extra demand generated; they are trying to get more phone lines in. Their waiting room is now too small (Covid guidelines) – it can only take 8 patients whereas it used*	*(1055).* *(1055) IT and phones are not robust enough for the extra demand generated; they are trying to get more phone lines in. Their waiting room is now too small (Covid guidelines) – it can only take 8 patients whereas it used to take up to 40 which is problematic for their late morning unbooked appointments clinic.* *(91) There is Some use of online consultation (eg E-Consult and Nearer Me).(1051).* *<u>PIO Comment</u> – This is only borne out by a few practices but, generally practices do a lot more phone consultations, some using a remote GP, some use Nearer me or E-*	

			to take up to 40 which is problematic for their late morning unbooked appointments clinic. They have tried Telemedicine but it is not what people, who it might help, really want.. We should be a well-being service. Things will not go back to what they were before.	*consult.* *(92) Some evidence that staff are fatigued now that Covid Vaccine programmes have been under way for a few months - (1056) Burn out? – They are 4 months into the big vaccination programme and staff are getting a bit fatigued now.(1041) GPs are probably not burnt out by dealing with Covid but they are very tired and fed up with telephone consultations where there is a lot less job satisfaction, many are now asking why they can't bring patients in to the surgery* *(93) Evidence that the experience has improved teamwork and support (1056) .The experience has*	
	(1056) Burn out? – They are 4 months into the big vaccination programme and staff are getting a bit fatigued now. Early focus was on who will do the vacs? Challenging as you need to get the vaccine, the vaccinator, the equipment and the patient into the same place at the same time and not always easy logistically. Sometimes	*(1056) The experience has facilitated better teamwork and the staff have supported each other a lot. The practice is a lot more consultative about patient consultation policy and they agreed that they did not want to shut patients out of face to face consultations but they would be more creative and make use of Nearer to Me scheme. This was*	*(1057) Difficult situation already (see above) so Covid has not made things any worse or better. Most consultations currently by telephone so it has been quieter in the practice but the vaccine programme has made them very busy as well.*		

	felt like they have been flying by the seat of their pant – though good to learn - and the back office staff really feel the responsibility. Trying to keep people motivated and invested and we do that by consent. Challenging as we get to he end of the main campaign but also thinking about booster campaign later in the year.	*a more safe and sensible approach and meant that they could keep up with their Chronic Disease Management (CDM) programme.*		*facilitated better teamwork and the staff have supported each other a lot. The practice is a lot more consultative about patient consultation policy* *(94) (& 26) Covid lockdown has been hard work for GPs coming to work in the islands;* *- Travel has been restricted and fewer flights and administration to sort out to get onto flights etc.* *- There has not been much social life on.* *(1033) The other problem is attracting full time GPs (or other professionals), when Shetland is fully closed in lockdown, in winter, there is not the usual entertainment and socialisation and it would be a difficult place to come alone.*	
	(1058) Yes, as with other practices, a lot more telephone consultations now and shows that many things can be done on the phone. Has changed patient expectations a little bit as many are quite happy to phone now.	*(1058) Now expecting an enormous number of temp residents as the tourist season begins again, their practice covers 55 miles of the NC 500 tourist route. This can be challenging as (temporary resident) expectations are very varied and sometimes demanding.*			

				(95) Possibly longer term health problems for health professionals themselves? (1033) Expecting a large mental health fall out from the Covid year and it might not have materialised fully yet, this will affect all staff groups. Significant point. There is much anecdotal evidence to suggest that many health professionals, though tired or fed up, will carry on until the current Covid campaign is stood down and then will be reviewing their personal situation.	

7. Appendices

Appendix A. Structured questions for further RTJ Evaluation - Practices using RTJ 2019 – 2021 (v3.0)

Primary Question	Follow Up Question	Response	Rationale
Have you heard of RTJ scheme?			*To reference – To make sure we are talking about the same thing*
Your usage of the scheme			*To reference - Get an idea of practice usage of the scheme and why that level of usage.*
Used/ have used it?	Why?		*Closed question which leads to optional open questions.*
No/ no longer use it?			*Possible scenario, several practices have only used RTJ intermittently or no longer. Open question to solicit evidence.*
If yes,	What were the good points? Was it a success? What were the benefits to you?		*Open question to solicit evidence, looking to find positive answers in the form of benefits to the practice and whether they felt the scheme was a success.*
	What were the challenges?		*Open question to solicit evidence on challenges or problems using the scheme.*
If no longer,	Why?		*Open question on a certain scenario (practice has stopped using the scheme) to find out why and if it relates to challenges or other factors.*
If the practice has used Joy GPs, Have you been happy with the professionalism and performance of the	If not , why? Did they get on well with the Primary Care Team?		*Open question to solicit evidence, secondary open questions to expose more information about specific issues but would close with closed questions on the exact nature of challenges/specifics.*

GP?	The local community? Was induction successful?		
If you have used the HrHub, has the practice been happy with the service they have provided?	If yes/ no, why? If you raised an issue, how was it dealt with? Satisfactorily?		*Open question to solicit evidence, secondary open questions to expose more information about specific issues but would close with closed questions on the exact nature of challenges/specifics.*
The RTJ programme could work in different ways; Eg – Recruitment Agency Model or Simple List of GPs or Collaboration with HrHub/ Health Board	What would practices prefer? Do they have their own ideas on initiatives? Would practices be willing to contribute for that service?		*Open question to solicit evidence of opinions and preferences. Line of questioning will be different for Salaried or independent practices.* *Would practices prefer a different model?* *Would practices be prepared to commit for a different/better service?*
(Longer Term) Is the practice (s) worried about longer term recruitment to substantive GP posts?	How many posts? Do you feel you will need help with recruitment and what sort?		*Open question to solicit evidence, secondary question more closed to collect more specific information.*
Has Covid changed anything?			*Open question designed to capture a wide range of responses on what a post Covid situation is anticipated but also help a reflection on the journey that has happened.*
Anything else you would			*Open question to capture any unknowns and clarify any issues*

like to mention?			
Thank you for taking part in this evaluation	Explain what will happen to feedback? Final report?		*This is sometimes done at the beginning to give context, explained as Practice voices a missing part of RTJ 2021 evaluation*
Other resources we have;	HrHub Service SRMC Website Recruitment help, practice or online support.		*Plug for SRMC*
	RTJ Evaluation Report		*https://www.srmc.scot.nhs.uk/resources/rediscover-the-joy-evaluation-report/*

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