NHS
Wolverhampton
Clinical Commissioning Group

Draft – Wolverhampton CCG

Primary Care Workforce Strategy

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REVIEWERS

This document has been reviewed by:

NAME	TITLE/RESPONSIBILITY	DATE	VERSION
Workforce Task and Finish Group Leads		21.11.17	1
Governing Body		04.12.17	2
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APPROVALS

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Governing Body via enclosure with Primary Care members monthly report	11.12.17	V2
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Governing Body	13.2.18	V3

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RELATED DOCUMENTS

These documents will provide additional information:

REF NUMBER	DOCUMENT REFERENCE NUMBER	TITLE	VERSION
		STP Workforce Strategy	
		Programme of Work	

Contents

Introduction

The General Practice five year forward view (DH 2016) sets out a programme of work on how general practices can aspire, change and develop to deliver a new model of care. It outlines actions to support and develop the evolving workforce. The plan aims to achieve a net increase of 5000 WTE GP within the 5 year plan. Further development to fund new roles that include mental health therapists and clinical pharmacists in general practice. Development monies for practice nurses, physician assistants, receptionists and practice managers will be made available. The vision for Primary Care in Wolverhampton is to deliver universally accessible high quality out of hospital service that promotes health and wellbeing of our local community ensure that our population receive the right treatment at the right time and in the right place reduce early death and improve the quality of life of those living with long term conditions: and reduce health inequalities. (Primary Health Care Strategy 2016-2020)To have a workforce that is sufficient, responsive and adaptable and puts the patients at the centre of their care is the key to our success as a CCG. The right and sufficient workforce is an enabler for delivery of all new solutions for health care provision, paying particular attention to meeting patient expectations of access and care closer to home, with increased integration of service and greater provision of service over weekends and out of hours.

The workforce strategy provides a clear vision and objectives for the CCG which will align with the Strategic Transformation Plan.

Our focus is on the training and education of new and existing staff, recruitment to existing and new roles, retaining the skilled people that we have, coupled with managing demand and embracing a culture fit for the future we will change service delivery and meet the demand.

National Context

Over 90% of all contacts with the NHS occur within general practice, with the average member of the public seeing a GP six times a year, double the number of visits of a decade ago. Increasing demands have been placed on general practice, in part due to the growth in our population who are living longer, with more complex multiple health conditions. This has been compounded by a reduction in the proportion of funding for primary care and a lack of growth in the primary care workforce relative to the increase in demand.

By 2021, in excess of one million people are predicted to be living with dementia and by 2030; 3 million people will be living with or beyond cancer. By 2035 it is predicted that there will be an additional 550,000 cases of diabetes, 400,000 additional cases of heart disease and the number of people with multiple long term conditions will increase from 1.9 million in 2008 to 2.9 million by 2018. 18 million patients are estimated to suffer from a chronic condition, with the majority of these individuals being managed by GPs. Approximately 53% of patients in England report having long term health problems, many of which will have been treated by GPs as part of their care.

Within this context, the pressures on general practice will not reduce in the foreseeable future and therefore an immediate renewed focus on general practice has been required.

Five Year Forward View

Published by NHS England in 2016 the Five Year Forward View sets out a plan to stabilise and transform general practice through additional investment and support in relation to workload, workforce infrastructure and care navigation.

The Forward View acknowledges the need for a suitably skilled workforce to deliver these new models of care.

NHS England is investing £500 million in a national sustainability and transformation package to support GP practices, which includes additional funds from local clinical commissioning groups (CCGs).

It includes help for struggling practices, plans to reduce workload, expansion of a wider workforce, investment in technology and estates and a national development program to speed up transformation of services. They will be committing to an increase in investment to support general practice over the next five years.

The plan was developed with the Royal College of General Practitioners (RCGP) and Health Education England (HEE) and contains over 80 specific, practical and funded steps to:

- channel investment
- grow and develop the workforce
- streamline the workload
- improve infrastructure
- and support practices to redesign their services to patients

Our local implementation plan has been developed and approved by NHS England and is well underway.

Local Context

Wolverhampton has a model based on practices working in groups. The types of primary care groups currently operating are as follows:-

Both primary and secondary care and senior managers are committed to the following principles to pursue a Wolverhampton approach to Accountable Care.

Our proposals for an Accountable Care Alliance are set out in a Draft Prospectus and negotiations among stakeholders continue to take place. The vision for Primary Care is that it will be delivered at scale, across multidisciplinary integrated teams, 7 days per week offering prevention and treatment services.

Our strategy must be clinically led. The clinical workforce must be deployed effectively across the health system, removing artificial distinctions between "primary" and "secondary" clinicians. We will support the professional development of all existing staff. There is strong clinical support across the health system to work in this way

- We will create shared governance across the parties which will provide system leadership

- We will provide a clear vision for our system that will be our joint public commitment and hold ourselves mutually accountable for delivering this

- The alliance partnerships work will be patient-centred. We will focus services around the patient, developing innovative unified pathways that provide a more consistent quality of care across Wolverhampton

- We will shift resources from hospital to out of hospital services so that more patients are supported proactively in their home and communities

- We will focus on health, developing our approach to health promotion and disease prevention to support the wellbeing of our communities alongside the care that we already provide

- We must be financially sustainable, making the best use of the resources that we have collectively. This will mean amending the current payment methods as they do not always incentivise best practice

Vertically Integrated (VI) Practices

VI Practices are aligned to Royal Wolverhampton Hospital Trust. The model is one where a sub-contracting arrangement is in place between the named GP on the contract and the Trust. The principle behind this model is that care between the acute trust and primary care is better integrated, with patient pathways improved through being one organisation. There are currently 8 practices within Wolverhampton tied into this model.

Primary Care Home (PCH) Groups

The structure of the Primary Care Home Group model is based on National Association of Primary Care (NAPC) guidance. PCH groups work towards an integrated workforce, with a strong focus on:

1. Partnerships spanning primary, secondary and social care:

2. A combined focus on personalised care with improved population health outcomes.

3. Aligned clinical and financial drivers through a unified, capitated budget (a budget calculated per person) with appropriate shared risks and rewards.

4. Provision of care to a defined and registered population of between 30,000 and 50,000.

Medical Chambers

Medical Chambers follows this guidance, but operates under a MOU (Memorandum of Understanding) rather than forming a company limited by guarantee, as the home groups have done.

Wolverhampton currently has two primary care homes operating as Limited Companies. This constitutes 17 member practices aligned to the two PCH groups who work in line with NAPC Guidance to actively implement the Primary Care Home model. There are a further 18 practices also following NAPC Guidance who have chosen to form 2 Medical Chambers, each group is functioning in line with an agreed memorandum of understanding. A further 8 practices are aligned to the Vertical Integration Model; one of the contracts is an APMS that is held by the trust in a caretaking capacity. The remaining 7 practices have chosen to sub contract their GMS Contract(s) to the trust and operate in line with an integration agreement.

By following this model, primary care groups are better positioned to be working at scale, sharing workforce, and better positioned to develop teams within the group.

The CCG are committed to investing in Primary Care and General Practice to deliver the national benchmark to ensure that we have a sustainable PC.

Black Country STP

General Practice is the foundation of the NHS, but services are under significant pressure both locally and nationally. In order to address this issue, NHS England through the General Practice Forward View (GPFV) has set out an ambitious Strategy for General Practice focusing on 5 key areas - care redesign, workforce, workload, investment and infrastructure to increase the sustainability.

Black Country STP is made up of five places across four CCGs, with a population of 1.4 million and 236 GP practices providing care to our patients. The STP is one system, with one single strategy having 4 strong identities within it. Our Vision for Primary Care is that it will be delivered at scale, across multidisciplinary integrated teams, 7 days per week offering prevention and treatment services to reduce demand, integrated with partners and out Local Authorities.

The STP Primary Care Workforce Strategy sets out our vision for the workforce in General Practice and describes in detail how the STP and the LWAB will support and equip member practices with the necessary skills, workforce and infrastructure to deliver an efficient, resilient and sustainable service for our local population: Recruit – Retrain and Transform.

Across the Black Country, 236 practices support over 1.4 million patients. Detail regarding disposition of age profiles for GPs as shown below.

Number of GPs and practices across Black Country STP

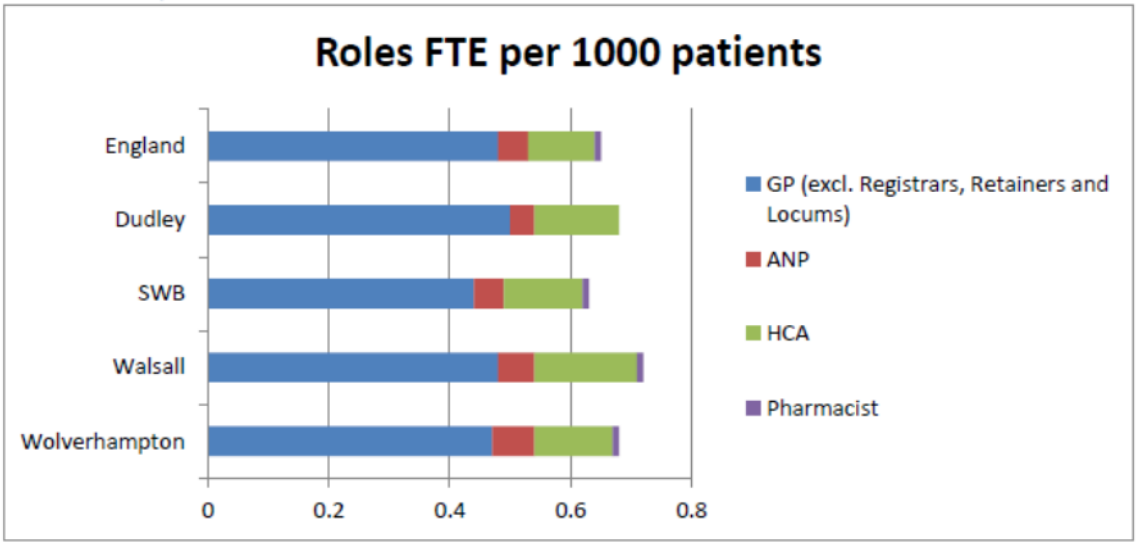
	Practices	Patients	GP Headcount	GP Headcount aged 55 or over	GP Headcount aged 60 or over	GP FTE
NHS Dudley CCG	45	318335	192	45	18	155.4
NHS Sandwell and West Birmingham CCG	88	563794	339	91	68	245.5
NHS Walsall CCG	59	283267	194	49	33	147.3
NHS Wolverhampton CCG	44	277006	157	31	17	133.3
Black Country STP	**236**	**1442402**	**882**	**216**	**136**	**681.6**

Further comparable data highlights the position of Wolverhampton within the local STP.

Patients per role FTE – taken from NHS Digital practice level indicators data

	GP (excl. Registrars, Retainers and Locums)	Nurse (incl. ANP)	ANP	HCA	Pharmacist
England	2,074	3,753	20,578	8,904	111,248
Dudley	1,984	3,659	23,039	7,286	504,915
SWB	2,282	3,884	20,128	7,887	85,409
Walsall	2,099	3,271	16,541	5,907	118,313
Wolverhampton	2,143	3,680	13,619	7,758	142,489

Clinical role profiles across the STP



Clinical roles FTE per 1000 pts

	GP (excl. Registrars, Retainers and Locums)	Nurse (incl. ANP)	ANP	HCA	Pharmacist
England	0.48	0.27	0.05	0.11	0.01
Dudley	0.50	0.27	0.04	0.14	0.00
SWB	0.44	0.26	0.05	0.13	0.01
Walsall	0.48	0.31	0.06	0.17	0.01
Wolverhampton	0.47	0.27	0.07	0.13	0.01

The Accountable Care System (ACS) involves leadership from all 18 STP partners focusing on delivering both strategic and operations transformation of the health and care system. Working together will ensure the future sustainability of the system through the local integration of health care.

Initiatives for Workforce Development

Practices coming together to form larger partnerships that, in turn, afford greater resilience to deliver through developing a shared workforce, underpinned by the range of new roles practices are being encouraged to adopt.

The Resilience Programme that has been used as a means to prevent practices falling over and planning for perceived shortfalls in delivery of their contract. Access to national allocations for this programme is helping practices to plan to prevent failure & alert CCGs to the need for help sooner. Learning from these events should also factor so that across the STP we are helping practices to identify what can go wrong, how to avoid it and to recognise how such problems can be mitigated

HEE Modelling suggests a gap of 222 GPs, 26% of anticipated demand by 2020. This modelling is based on assumptions of retirement of all GPS aged 55 and over within the next four years. A caveat to this is that there is a difference of 27.1 FTE GPs between the HEE baseline modelling and the June 2017 NHS digital experimental data. The local CCG Workforce data analysis suggests that no all GPs will retire within 4 years if aged 55 or over. The Black Country STP share is 127 GPs.

The HEE forecast supply modelling suggests 196 cumulative retirements by 2020 identified from a baseline assumption of 100% of GPs over 55 retiring. The HEE modelling allows for 80% of the over 55s retiring -157 retirements. The 80% assumption is more strongly supported than the 100% assumption based on previous analysis by the CCGs.

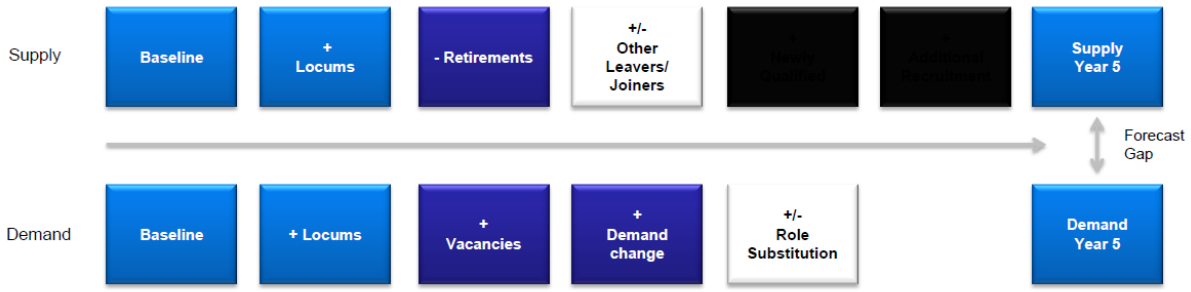
Our workforce dashboard will capture a clear picture of turnover of GPs and Practice Nurses to ensure that we are proactive in replacing and sustaining capacity within the general practice team.

Workforce Supply and Demand

NHS Digital workforce returns at practice level indicators together with HEE Midlands GP Supply forecast (September 2017) provided the workforce picture for the STP. However, there are reservations around accuracy of the workforce picture that this presents, including the age profile and assumptions based thereon.

Wolverhampton CCG have developed a workforce dashboard to capture the true workforce picture and have sight of the changes on a month by month basis to enable accurate planning and delivery of service to include clinical and non-clinical roles.

The dashboard will be monitored by the Group Manager(s) to ensure accuracy of data and continued compliance. This is a priority for group level meetings/board meetings and that where vacancies are foreseen that the respective group consider how they are replaced and the practice remains resilient.



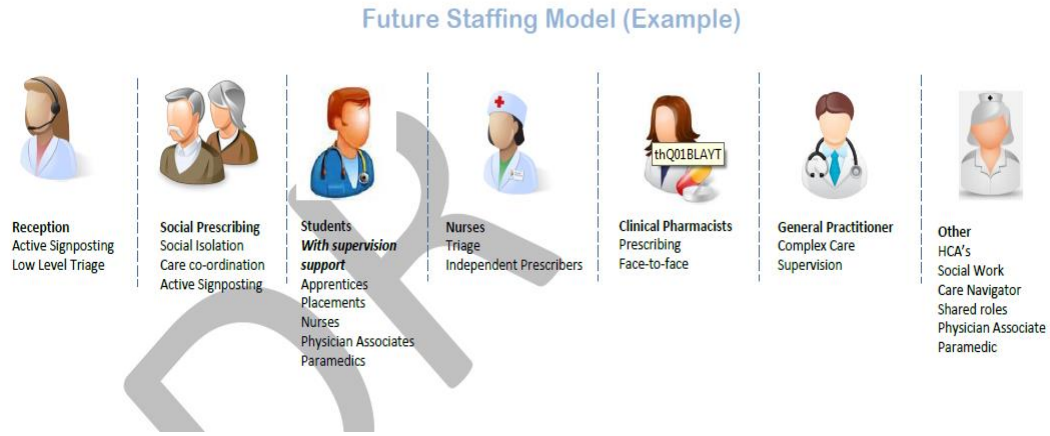
This must be owned at Group level through the upkeep of the workforce dashboard.

Our Vision

Our shared vision with recommendations from the GPFV is to develop and sustain a workforce built around the needs of our population, which has the skills, knowledge and values to transform at scale and delivery high quality care within Wolverhampton

Our program of work sets out our robust plan to introduce the new roles that will lead to delivering our strategy.

As practice groups mature and the wider accountable care model develop the employment of personnel may not necessarily be by individual practices. A variety of employment opportunities can be explored including a nominated practice within a practice group or a joint venture organisation will provide expertise and may be a more cost effective solution to share the risk of employment as workforce structures develop across health and social care.



Our vision will be achieved through delivery of the Workforce programme over the coming years. (workforce delivery plan appendix 3)

Workforce Cost Impact

Consistent and sustainable funding is required from Health Education England (HEE) and NHS England over the next 3-5 years and is essential to the planning for the Black Country STP and for the continued investment in primary care. HEE have already made significant cuts in relation to a number of training schemes and has reduced the CEPN budget by 30%. If we are to achieve the ambitions of the GPFV and the new models of care, investment in other primary care roles and training must be continued to ensure sustainability for the future. Significant investment is required across the range of new roles and retaining current workforce including, but not limited to:

- Fundamentals of General Practice Nursing courses
- Advanced Clinical Practice MSc courses
- Mental health therapists
- Physicians Associates, including creation of PA Ambassadors
- Primary care fellowships

The STP intends to focus on the local refugee scheme in the first instance with a view to reviewing an application for International Recruitment by phase 3. If the STP is successful in its local scheme it would need financial support from the national GPFV fund to continue to support the local refugees into education, regulation and eventually back into practice. If the STP could tap into the international recruitment money for our local scheme, it is anticipated that this cost over five years would be £4.2 million (based on estimated costs of £25,000 per candidate).

Development of Current Workforce

In addition to the development of new roles and new ways of the working, workforce transformation can also occur through the investment and development of current staff. Investing in the current workforce will not only provide a positive working environment but is known to support the retention of the workforce. The below initiatives are currently being developed for roll out across the Black Country STP member practices, supported and led by the CCGs and CEPNs. It will be a priority of the CCG to make available training and re-training opportunities for existing GPs.

Care Navigation Training: pilot phase summer 2017, full rollout from year two, engagement with patient groups.

Effective Telephony Training: secured funding through NHS England's Practice Resilience programme for training for clinical and non-clinical staff.

Practice Manager Development Programme: transformation funds received from NHS England in March 2017, commissioned across the Black Country STP footprint, coordinated by Sandwell & West Birmingham CEPN, 22 modules June 2017-March 2018 with further continued investment in this training up to 2020.

Multi-disciplinary Team (MDT): support for practice groups to develop and run MDTs within multiple practices.

Nurse Mentorship: to increase nurse mentors, and thereby increase student nurse placements, by funding training and backfill.

Community Education Provider Networks (CEPNS)/Training Hubs

Local Community Education Provider Networks (CEPNs) are commissioned by Health Education West Midlands (HEWM) as a new way of developing the primary care workforce in response to the current health agenda. CEPNs work to enable primary care transformation through programmes of ongoing training and development for practice staff. The CEPN contract is held by Walsall Alliance in Wolverhampton. Partnership with the CEPNs is essential to the delivery of some of the proposals for role and workforce development in the GPFV. Re-procurement of the existing contract is anticipated early 2018 and likely to be on STP footprint.

Apprentices

Apprentices are becoming an increasingly important part of the workforce in many industries. The government sees apprenticeships as a key part of upskilling and developing the workforce to meet future needs. Some General Practices have, in the past, employed business and admin apprentices but until recently, clinical apprenticeships had not been available. However, apprenticeships now encompass both clinical and non-clinical roles. Local Higher Education Institutions (HEIs) have

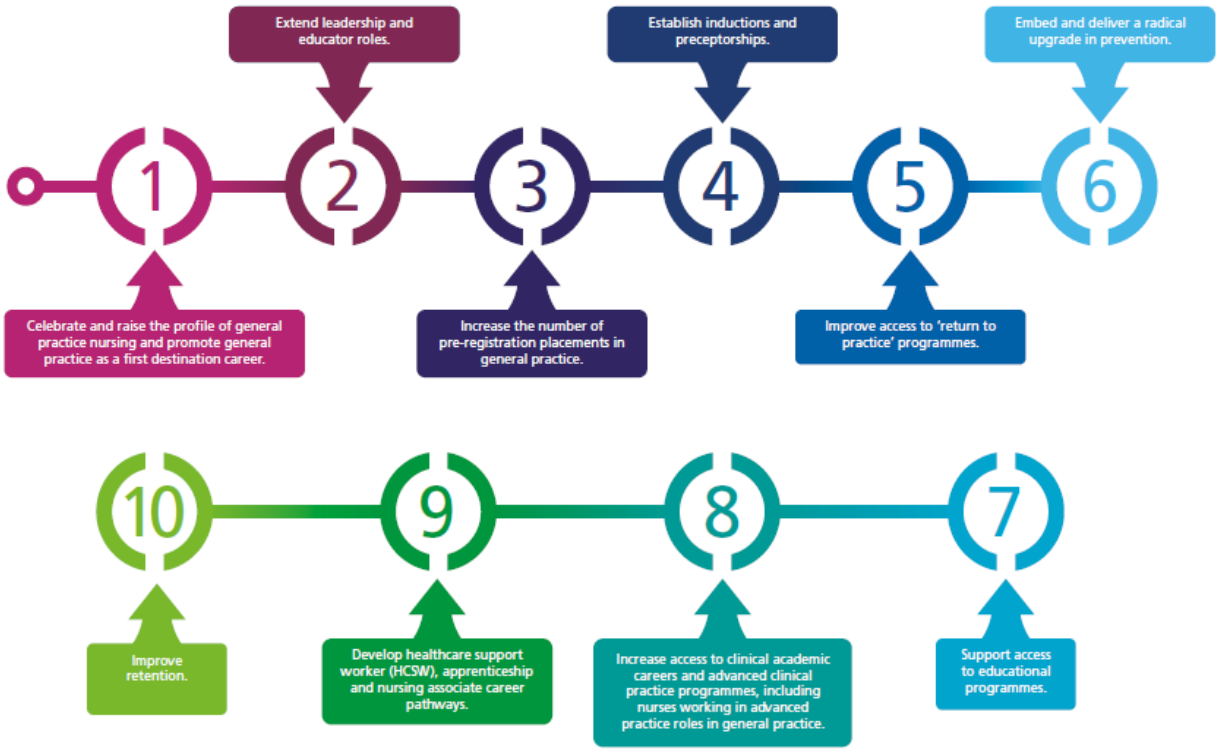
Developed Nurse Apprenticeship programmes and the recently introduced Nurse Assistant role is set to become an apprenticeship. Other clinical apprenticeships due to be introduced include pharmacy technicians, Occupational Therapy and Physiotherapy assistants, paramedics and physician associates.
One of the key areas of work in Primary Care is around workforce planning to mitigate the number of practice staff who are due to retire within the next 20 years and also to broaden the range of staff within General Practice, needed to meet the challenges in Primary Care. The Queens Nursing Institute, in their report of 2015, General Practice Nursing in the 21st Century: A Time of Opportunity stated that nationally 33.4% of General Practice Nurses are due to retire by 2020. At the moment there are insufficient numbers of Newly Qualified nurses choosing to work within Primary Care. Steps are underway to rectify this situation, such as the introduction of the Fundamentals of General Practice Nursing programme, designed to support and skill up newly qualified nurses in Primary Care. The CCG and local HEIs have worked hard to encourage pre-registration students to undertake a placement in Primary Care. Anecdotal evidence collected from such students suggest that up to a third of students will seriously consider a career in General Practice following a successful placement.
An option available to General Practice is to consider apprenticeships as a means of recruiting new staff and upskilling current staff to move into either different or expanded roles.

When the CEPNs (Community Education Provider Networks) were established in 2014, one of their KPIs was to increase the number of apprenticeships in Primary Care, as a means of supporting General Practices to improve resilience in order to meet future demand.

General Practice Nursing Ten Point Action

Health Education England published the Practice Nursing ten point action plans in July 2017. Promoting the importance of general practice nursing the report provides details of potential use, risk and recommendations to develop and support the workforce. Upskilling existing nurses, ensuring availability of student nursing mentors and placements are areas of importance so too are measures to retain existing staff remains a high priority. This implementation can ensure general practice nursing remains a vital component of the primary care workforce for the future (Appendix 3).

Ten point action plan



Introducing New Roles

The principles of the workforce development for primary care include:

1. Identifying and developing new roles

2. Review and redefine current ways of working

3. Expand opportunities for portfolio careers and flexible working options

4. Enabling digital technology innovations to better manage workload

New Roles

The workforce initiatives consider the total workforce in primary care that will support the management of the supply and demand of GP numbers as already identified.

Healthcare assistants (HCA)
Provide clinical support for GPs to enable them to allocate more time for patients with complex problems.

***Health and wellbeing co-ordinators*:**
Enable patients to maintain their health and wellbeing and improve self-management of their condition.

Physician associates:
Work to the medical model in the diagnosis and management of conditions in general practice and hospital settings, with the supervision of medical practitioners.

***Care coordinators/navigators*:**
Provide a central co-ordination role on behalf of the patient, working with their wider care team covering health, social care, voluntary and other local services.

***Medical Assistants*:**
This role will support doctors in the smooth running of their surgery. They will handle routine administration and some basic clinical duties, enabling the GP to focus on more complex patients.

***Clinical pharmacists*:**
Work as part of the general practice team to resolve day-to-day medicine issues and consult with and treat patients directly. This includes providing extra help to manage long-term conditions, advice for those on multiple medications and better access to health checks. The role is pivotal to improving the quality of care and ensuring

***Practice based Physiotherapists*:**
Using direct access to physiotherapy as an alternative to seeing a GP, patients would be given the option to book themselves an assessment directly with the MSK practitioner. This could take place either face to face or over the phone. During the assessment the practitioner, where appropriate, could provide: advice and exercises along with a self-management plan; referral for further physiotherapy; referral to an appropriate service e.g. podiatry. These roles could demonstrate cost savings to local health economies in terms of prescribing and placing patients on the correct pathway of care, investigations and secondary care referral, as well as easing the burden on the general practitioner workforce.

***Nurse mentors*:**
Increasing the number of qualified mentors in the existing GPN workforce is anticipated to support an increase in the number of student placement learning opportunities for student nurses who express an interest in pursuing a career in primary care, strengthening the likelihood of those students considering a career in general practice.

Social Prescribing:
Recognised for the benefits it can bring for patients, including better quality of life, improved mental and emotional wellbeing, and lower levels of depression and anxiety. It also has the potential to reduce patients' reliance on NHS services, easing pressure on accident and emergency wards and hard-pressed GPs.

***Mental Health Therapists*:**
The GPFV outlines that there will be 3,000 new fully funded mental health therapists nationally to work in general practice by 2021. This should help individuals to seek help at an early stage, noting that general practice staff has a role to play in recognising when early referral or treatment may be indicated for someone at risk of falling out of work.

***Nurse Associates*:**
The Nursing Associate role is a new support role that will sit alongside existing healthcare support workers and fully-qualified registered nurses to deliver hands-on care for patients. ... Its introduction has the potential to transform the nursing and care workforce - with clear entry and career progression points.

Implementation of Strategy

Wolverhampton CCG will continue to support and enable primary care workforce development through new ways of working. Access to innovation funding, commission new roles, pilot new roles and building relationships with other partners to ensure workforce development is a key enabler for transformation. A detailed delivery plan with a focus on cultural change will assist us achieve the goals within the plan.

Group Managers will maintain the dashboard, monitor the delivery plan and share with the appropriate task and finish groups to ensure completion of the project. Group meetings will have sight of the plan and focus on any updates or actions at practice level that are required to ensure our information is accurate.

The CCG will encourage practices to invest in line with commissioned services to ensure sufficient capacity to serve patient population as recommended by the global sum, currently 0.58 WTE per 1000 patients.

Delivery Plan	Key Deliverables	Baseline Position	Action / Milestone	Action Owner (Organisation)	Milestone Delivery Date	Success Measure	KPIs / Plan Trajectory
Workforce							
Local Workforce Dashboard	Validate accuracy of Local Workforce Dashboard	First draft of local Workforce Dashboard	Meeting with WCCG November 2017	CCG Group Leads	March 2018	Understanding the gaps in local Workforce Dashboard to inform further development	All CCG understand gaps and agree plan to address
	Use the local Workforce Dashboard within Practices to model the gaps in existing and future Workforce and then develop an action	March 2018 and regular updates	Ongoing development of the primary care workforce plan at group level	Group Leads and Group Meetings	April 2018	Primary Care Workforce Implementation Plan in place	1st Draft to be developed by March 2018 and implemented thereafter
NHSE National Initiative; GP Retainer Scheme, GP Induction and Refresher and International Recruitment	Engagement with practices to promote awareness of availability of national schemes	Practices currently participating in the GP Retainer Scheme	Practice engagement International recruitment etc	CCG Primary Care Leads	On-Going	All practices aware of support available	100% of practices aware of national support offers through NHSE
Back Office functions and clinical leadership - please refer to Workload Delivery Plan		Workforce Task group meetings (monthly)	Monthly review	Director of Nursing	January 2018 onwards	Dashboard, Audit program of work	Dashboard
Workforce Task and Finish Group Programme of work	Primary Strategy and GPFV						

Delivery plan

The Workforce Task and Finish Group will be responsible for delivering the agreed program of work. (Appendix 1) They will establish and maintain strong links with stakeholder educational establishments for medical, nursing and non-clinical staff groups. Complete the clinical pharmacist model in line with national direction and monitor performance through the workforce dashboard. The Workforce Task and Finish Group will complete the reshape through the communications plan and sub groups that include the roles of practices and GP Managers. The CCG commissioned prescribing and advice and QIPP delivery. Further collaborative working with STP and GPFV will complete the plan.

Risks

The financial constraints and workload pressures now faced in general practice are acute. Release of staff for training is an issue for most practices as this often results in an impact on service provision or additional costs if the person goes out during working hours. Some practices still view training their workforce as a risk, that is, where they invest in skills development for individuals, neighbouring practices will 'poach' experienced and trained staff. The opportunity cost of staff development therefore needs to be recognised and supported for all practices. Evidence and experience shows where these obstacles have been overcome practices have seen the benefits of investing in training their workforces.

A further risk of assuming the point that GPs will retire is mitigated by the information provided within the workforce dashboard.

Improvement will be over a period of time in line with a national programme that is delivered locally/STP footprint and will also need to ensure that the introduction & implementation of new measures needs to be monitored to ensure benefits are realised and sustained.

WCCG recognises that workforce development is a responsibility that requires engagement, testing and evaluation. Recruitment to new roles remains the responsibility of our Contractors supported by their respective Group Manager(s).

Conclusion

It's important at this point to make the correlation with strategy implementation plan as well as the GP5YFV projects that have begun to be launched such as GP Resilience Programme / Vulnerable Practice Programme, Training for Admin & Reception staff, Time for Care and Practice Manager Development training. The extensity of both the GPFV and Primary Care Programme of Work will enable realisation of this Strategy.

Access to these will be overseen by the Primary Care Team within the CCG to ensure that all practices/groups are appropriately represented & the benefits realisation from taking part in these programmes is recognised and learning shared across the groups.

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GP five year forward view, Department of Health 2016
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Workforce Planning in the NHS: Kings Fund 2015
http://www.kingsfund.org.uk/publications/workforce-planning-nhs
Primary Care Health Care Strategy: WCCG 2016-2020

Enclosures

Local Workforce Dashboard
Programme of Work
Workforce Delivery Plan