NHS
Wolverhampton
Clinical Commissioning Group

WOLVERHAMPTON CCG

PRIMARY CARE JOINT COMMISSIONING COMMITTEE

4th October 2016

Title of Report:	**Update- Primary Care Workforce analysis**
Report of:	Manjeet Garcha Chair PCPB
Contact:	Manjeet Garcha
Primary Care Joint Commissioning Committee Action Required:	☐ **Decision** ☒ **Information**
Purpose of Report:	To update the PCJCC on primary care workforce analysis undertaken by Navinder Dhillon
Public or Private:	Public
Relevance to CCG Priority:	1,2a,2b,3,4 &5
Relevance to Board Assurance Framework (BAF):	Outline which Domain(s) the report is relevant to and why – See Notes for further information
• **Domain 5:** Delegated Functions	**Domain 5: Delegated functions**: When approved this will include primary care and may, in time, include other services. This is in addition to the assurances needed for out-of-hours Primary Medical Services, given this is a directed rather than delegated function.

1. BACKGROUND AND CURRENT SITUATION

1.1. The PCJCC requested an update on the Primary Care Workforce analysis undertaken by Navinder Dhillon during the period March 2016 and September 2016.

2. MAIN BODY OF REPORT

2.1 Progress of the work undertaken to date is evidenced in the following documents:

Report: Draft Workforce Strategy, this is being presented to the Primary Care Workforce Task and Finish Group on 29th September. A verbal update will be given re progress.

Appendix 1. Primary Care Workforce and Consultation and Scoping Report.

Appendix 2. GP workforce data (from national data submitted 2015. 2016 data to be submitted in October.

Appendix 3. Workforce numbers mapped with General Practice Models of Care

Appendix 4.Workforce Implementation Plan 2016

2.2 CLINICAL VIEW

The Primary Care Workforce Analysis was undertaken with clinicians and non-clinicians in general practice.

3. PATIENT AND PUBLIC VIEW

3.1 RISKS AND IMPLICATIONS

Key Risks

4.1 The data and intelligence is vital to the planning and delivery of the Primary Care Strategy.

5.0 Financial and Resource Implications

5.1 Funding streams have not yet been identified therefore, whilst some work can start, most cannot progress until there is known funding for the delivery of the courses.

6.0 Quality and Safety Implications

6.1 Quality and Risk Teams are fully sighted.

Equality Implications

7.1 A robust system has been put in place whereby all schemes have a full EIA undertaken at the scoping stage.

7.0 Medicines Management Implications

There are implications for primary care clinical pharmacists. This is being managed by another task and finish group, however, there is recognition of the overlap of work and resources.

8.0 Legal and Policy Implications

8.1 There are no legal implications.

9.0 RECOMMENDATIONS

9.1 To **RECEIVE** and **Note** the actions being taken.

Name: Manjeet Garcha
Job Title: Director of Nursing and Quality
Date: 28th September 2016