

Wolverhampton CCG Primary Care Workforce Draft Strategy

‘Our Workforce Matters’

September 2016



Forward

Dr Helen Hibbs – Chief Officer

‘Our vision for Primary Health Care in Wolverhampton to deliver universally accessible high quality out of hospital services that: promote the 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).

For WCCG, commissioning is about getting the best possible health outcomes for our local population, by assessing local needs, deciding priorities and strategies, and then buying services on behalf of the population from local and regional health care providers. It is an on-going process, and WCCG must constantly respond and adapt to changing local circumstances.

We are responsible for the health of our respective populations and measured by how much we improves health outcomes along with improving quality of services that are commissioned locally. The populations for WCCG include those people registered with a GP in the CCG area and those people that do not have a GP but access health services.

To have a workforce that is sufficient, responsive and adaptable and puts the patients at the centre of their care is key to our success as a CCG.

Executive Nurse Director for Nursing and Quality – Manjeet Garcha

The publication of the NHS Five Year Forward View (2016), makes it clear that the NHS needs to be fit for the future, detailing a range of opportunities for primary care and acute providers to model and test out new health care delivery models to meet the increasing demand on the service and the requirement from the public to have a 21st century health care that is integrated and available seven days a week. A key enabler for this vision will be a workforce that is sufficient, competent, confident and fit for the future.

WORKFORCE, the right and sufficient WORKFORCE is one of the major enablers 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 services and greater provision of services at weekends and out of hours.

To enable this to happen in a systematic way, we will have in place an achievable primary care workforce strategy with a clear vision and objectives for the CCG, which in time will also align with the broader Birmingham and Country Strategic Transformation Plan’s workforce strategy.

1. Introduction

For Wolverhampton Clinical Commissioning Group (WCCG) to meet the national and local drivers to move health services and care out of secondary care, into general practice/primary and community care settings and adopt new general practice models that are of high quality and sustainable; will need strategies that build capacity and infrastructure that better aligns general practice with community service and social care providers and the **development of roles** that have competencies and skills to carry out more proactive and routine patient care, freeing our other clinicians to carry out more complex specialised and/or targeted care.

The General Practice five year forward view (DH 2016), also sets out a programme of work on how general practices can aspire, change and develop to deliver new models of health care provision. But more importantly it outlines what action is planned to support the growth and development of the workforce. There is a need to double the growth for GPs with an aim to achieve a net increase of 5000 full time equivalent GPs within the next five years. There are also plans to develop and fund other practitioners such as mental health therapists and clinical pharmacists in general practice and development monies for practice nurses, physician assistants, practice managers and receptionists.

Therefore, locally, as health and care providers and commissioners, we all need to have a clear vision on how the **current and future workforce** is attracted, developed, supported and retained in the system to meet the ambitions of a new fit for the future NHS within Wolverhampton.

2. Key Workforce Challenges - Wolverhampton

Primary care is largely still commissioned through the independent contractor model (one contract with one practice), which can limit getting a true representative of views of general practice as a whole. WCCG have been proactive in engaging with general practice and commissioned a consultation exercise with local general practices and their workforce, Local Medical Committee and key CCG senior management during the months of March – July 2016, to understand locally the key issues and opportunities for the local general practice workforce. This report and its outcomes are available in Appendix 1.

The challenges reported in the report have been grouped into the following high level statements which also reflect the national picture and link to other challenges general practice faces in light of new care delivery models, developments and investments in Information Technology (IT) and estates:

- Recruitment to GP posts – despite the national decision to increase the numbers of GP training opportunities available from August 2014 to meet the Government target to expand GP training, applications to GP training nationally dropped by 15%. The impact of this shortfall has been felt most acutely in under doctored GP workforce communities. This is also the case for Wolverhampton, though only one practice in the group consulted reported that they had not been able to recruit to a vacant post for past 12 months. Additional consultations with practices with primary care lead on practices vision on local clinical networking has highlighted several practices are in this situation.

- Increased workload for GPs - The rising service demands from patients, health policy changes and additional responsibilities such as taking up roles with clinical commissioning is increasing the pressure on general practitioners and general practice.
- There has been a lack of focus on workforce development in general practice due to the current commissioning model. A lack of personal development, career progression, increased workloads, and lack of succession planning have all led to a decrease in morale and job satisfaction within general practice over the recent years.
- General practice is often not seen as a desirable career for newly qualified doctors and nurses.
- Lack of integrated records and outdated IT systems increasing inefficiencies in care delivery across primary and community care providers.
- The estate for care outside hospital in Wolverhampton is often less than optimum following years of lack of investment; this contrasts markedly with investments which have been made in the local acute hospital.
- Whilst all Wolverhampton practices are exploring new models of care as Multispecialty Community Providers (MCP) sites, there remain issues linked to them operating as independent contractors and lack of exploration in ways to maximise efficiencies and share resources. E.g. shared business/practice management, workforce, and back office functions.
- Primary care workforce data collection has been poor in the past and lack of comprehensive primary care workforce data in Wolverhampton hinders the ability for effective workforce planning. The recent general practice workforce data publications by HSCIC does now provide some evidence which demonstrates the retirement age profile in traditional general practice roles which will continue over the next 5 years. This includes GPs, practice nurses and administrative staff. Please see appendix 2 for Wolverhampton general practice high level data as published in September 2015. (NB: there are gaps in the data as not all practices submitted data and the data submitted has not all been validated by HSCIC).

3. Vision for our General Practice Workforce

Our vision is to achieve a multi-disciplinary workforce in primary care which understands and is committed to delivering high quality care, is innovative, creative, diverse and sufficient. We will work with our workforce and other partners to ensure there are solutions and infrastructure in place attract and recruit, train and develop and retain the workforce in Wolverhampton that is proactive, adaptable, confident and competent, underpinned by systems that support workforce planning and modelling for future workforce requirements.

It is important to recognise there is no single workforce solution. We will need to adopt a multifaceted approach. An approach that looks at the skill sharing in the workforce and skills development would appear to be the most sensible approach. Clearly defined roles and standards of training for all working in primary care are essential to high quality and safe care. Further to this is how roles and skill sets are integrated to supported integrated health and social care service delivery with confident and robust workforce planning underpinned with clear financial trajectories.

With a clear vision and having a step by step approach the vision will be achievable with the following outcomes:

- Leadership culture enabling clinicians and non-clinicians drive service change and adopt new innovative models of care
- Sufficient integrated workforce that is competent and confident and not restricted by disciplines delivering high quality outcomes
- Wolverhampton general practices will be a place of choice to work and a career option for GPs and other clinical and non- clinical workforce.
- Practices able to share resources and reduce duplication in commissioning back office tasks
- Confidence in workforce data collection enabling future modelling and planning.

4. Current General Practice Service Models in Wolverhampton

The national view that England is too diverse for a 'one size fits all' care model has meant a small number of radical new care delivery models are being supported across England supported by the NHS national leadership team. For primary care in Wolverhampton as well as the standard general practice (GMS) model we have the following new primary care models emerging:

- 4.1** Adoption of a Multispecialty Community Provider Model – Primary Care Home. Wolverhampton Total Health Care is taking forward the first phase of this primary care model. This group comprises 26 General Practitioners providing Primary and Extended Primary Care to 47,000 patients through 8 Practices. Currently the teams are exploring:
- New ways of working with the extended primary care community care teams, local authority and voluntary sector.
 - Adopting new roles within general practice to reduce the burden on GPs and increase access for patients
- 4.2** Integrated hospital and primary care provider (Accountable Care Organisation) – Vertical Integration model. Royal Wolverhampton NHS Trust and three local practices are piloting this model. This model has not been road tested in England before however, there is good evidence it works in North America and other countries. The rationale for this model is that it will allow for:
- Better utilisation of resources and providing flexibility on budgets, back office functions
 - Improve ability to invest in staff, sharing of skill sets, extending roles and career options
 - Stream line care pathways for patients and act at scale for defined patient populations
- 4.3** The Better Care Fund (BCF) is a programme that has pooled funds between the NHS and local authorities in every area throughout England - none of which is new money. 'Wolverhampton Better Care Fund' programme is working with all local service providers within three locality foot prints, which are not necessarily coterminous with the new Primary Care Home models or other clinical networks. However, it has brought together health, social care and voluntary sector providers and commissioners to redesign services putting patient's service users and carers at the centre. It has endeavoured to ensure that care is co-ordinated around the individual patient, that funding flows to where it is required and that care is provided by the most appropriate person in the most appropriate setting. The aim being to:
- reduce emergency admissions into hospital,
 - reduce pressures across nursing and residential home placements,
 - promoting independence and re enablement,

- ease pressures across social care
- work in a more integrated way of providing care - in turn saving money for both the NHS and local authority services.

4.4 'Intra health': a private provider of general practices services. Intra health currently has contracts with two practices in Wolverhampton. This provider is also offering a range of options of back office and clinical support to general practice especially single handed or those not keen to adopt any of the MCP models. They are currently also supporting networks of phase 3 for 'Primary Care Home' models.

4.5 Appendix 3 outlines potential network groups of practices following consultation with general practice colleagues and the CCG primary care team. The additional columns detail the workforce numbers per practice as submitted to HSCIC last year and published in September 2015. NB: there is a caveat that this data has not been validated so there are anomalies.

5. Key strategic workforce objectives:

The following are enablers that will support a sufficient, competent and confident workforce for Wolverhampton. The PC WF strategy group will work to build a workforce implementation plan with clear tasks to deliver on our vision.

5.1 Developing a leadership and succession planning

- Work towards developing a distributed model of leadership linking in with the HEWM leadership framework to support the delivery of the WCCG PC strategy vision at general practice level
- Facilitate a network of champions in primary care to influence change and promote new ways of working within general practice and wider primary care

5.2 Integrated, flexible and responsive workforce including new roles

- Enable general practice staff to effectively operate within multiagency, multi-disciplinary environments with focus on people, place and outcomes.
- Develop and enable new ways of working with clarity regarding future new models of delivery and requirement for new roles to support the new models.
- There is the potential to use even greater skill mix in delivering primary care services through a range of roles and professions. For example: advanced clinical practitioners, physicians' associates, clinical pharmacists, nursing associates etc.

5.3 Education and training

- Partnership working with Health Education WM and CEPNS, to influence education and training opportunities and outcomes for Wolverhampton and support increased clinical placements within primary care
- Partnership working with Health Education WM for GP training and offering innovative options to recruit and retain GP trainees within Wolverhampton
- Working in partnership with universities and other educational providers to influence curriculum where possible and identify courses that meet local education and skills requirements

- Explore with local hospital opportunities for practice staff to skill up in specialist areas and offer similar opportunities for hospital staff

5.4 Better informed workforce planning

- Partnership working with HEWM and the wider health community, along with the practices so that long term workforce data, including productivity data can be extracted and the anonymised data for workforce planning purposes. This data can be used to model workforce needs for the future, identify risks and opportunities and provide evidence to demonstrate resource requirements, including additional financial investment.
- There is national workforce planning tools being developed which are not being spread with across the patch, Wolverhampton needs to explore with HEWM and our local partners how these are shared across the patch at pace.

5.5 Promoting Retention and Enabling Return

- Explore options for - Returner schemes, investment in skilled clinicians for e.g. GPSIs,
- Maximising opportunities such as NHS England's retainer scheme to ensure it meets the needs of modern GPs and practices locally.
- Encourage experienced GPs to remain in practice through mentorship schemes, providing opportunities to develop a portfolio of career towards the end to working life,
- Clearer range of career pathways as well as access to NHS England's investment to attract GPs and other clinical professionals back into practice, targeting areas with the greatest needs.
- Exploring options across employers to increase workforce retention and participation following completion of training and early retirement.

5.6 Promoting General Practice as a career choice for all clinicians and non-clinicians

- Work with local employers for joint career fairs and raising profile of Wolverhampton as a place to work
- Partnership working with HEWM and local partners raising profile of career choices across partner employers and across disciplines

5.7 Infrastructure and better use of technology

- Explore clinician's skills to communicate with patients using a range of new technologies and media. This will include telephone, email and various forms of consultation, for young people the use of social media for interpersonal communication

6. On-going challenges and 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 workforce.

The emerging new MCP models of care delivery, and national directives for new roles e.g.: Nursing and Physicians Associates could be seen as a challenge as they challenge traditional professional roles and ways

of working. However, in Wolverhampton these are viewed as opportunities to increase capacity in general practices and offering new career opportunities for our staff, and not to mention better quality and appropriate care services for our local population.

6. Conclusion and next steps

In conclusion, this strategy and the attached implementation plan (appendix 4) is the initial road map for WCCG to develop and secure a workforce that is fit for purpose, able to adapt to changing demographics and the new models of care. A flexible workforce across disciplines with a breadth of skills and knowledge allows for greater adaptability and innovation and meet the scale of change in health services across Wolverhampton.

The attached Primary Care Workforce task and finish groups implementation plan outlines the tasks and actions that will need to be taken forward to meet the ambitions of the Primary Care Workforce strategy and hence the CCG Primary Health Care strategy.

References and Bibliography

Five year forward view: Department of Health 2016

<https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

GP five year forward view, Department of Health 2016

<https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

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

Road Map 2016/17 – 2019/20: WCCG 2016

Attachments:

Appendix 1: Report: Outcomes of the Consultation with General Practice on Workforce Planning and Development March – June 2016

Appendix 2: General Practice Data – results from data to HSCIC published September 2015

Appendix 3: General Practice – new Primary Care Models – Workforce data mapped (HSCIC Sept 2016)

Appendix 4: WCCG Primary Care Workforce Implementation Plan September 2016