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

1.0 Background – Policy

The government policy of shifting more health services into primary care outlined in the *Five Year Forward View* (NHS England, 2014), is adding to the intense and growing pressure on general practice and hence the workforce. This is with a backdrop of a projected shortfall of the numbers of practice nurses and GPs with high numbers due to retire within the next 5-10 years. Wolverhampton CCGs will work with local practices to ensure the WCCG primary care strategy and new models of care that are adopted by general practice to be fit for the future are underpinned by a workforce that is fit for the future too.

1.2 The aim of the consultation with general practice was to scope:

1. General Practices/General Practitioners views on the opportunities and challenges for their practice workforce individually and as a practice within their locality
2. Which disciplines were more difficult to recruit and retain locally
3. Examples of innovative practice relating to recruitment and retention of workforce adopted by practices
4. What attracts individuals who do secure employment in local general practices and what makes them stay
5. To review general practice data submitted to the national data base via the primary care web tool for September 2015 and validate this with workforce numbers by practice currently.

1.3 Consultation with CCG members, Locality meetings, Practice Managers Forum and the Local Medical Committee (LMC)

1.3.1 Before contacting practices an informal internal consultation was undertaken with key senior members within the CCG to gather their views on workforce issues they considered as key opportunities/challenges for local general practices and the CCG. The key themes from these informal meetings were as follows and were built into the above scope:

- How to engage the general practice workforce in the delivery the CCG Primary Care Strategy 2015
- Are the local workforce challenges for recruitment and retention to general practice different to the national picture and those detailed in national reports on workforce
- Are there specific areas in Wolverhampton that have more of a challenge than other areas regards recruiting and retaining the workforce
- What attracts individuals who do secure employment in local general practices and what makes them stay

- Are there innovative recruitment/retention strategies employed by practices which could be shared across the CCG
- How to have robust workforce database which identifies gaps and oversupply of the workforce and for future planning to meet service demands and changes
- How does the CCG with other partners within Wolverhampton make Wolverhampton an attractive place to work and stay
- How best can CCG supporting the workforce to network and share skills across practices

1.3.2 Attendance at the three locality meetings, and practice managers forum was undertaken to raise the profile and reason for the consultation and encourage engagement in the process. Practice members that attended were supportive of the process however did raise the following issues and concerns. These were addressed as follows:

- **Time out to participate in this exercise would be an issue as they were already very busy, and would there be backfill funding for practices**: this was acknowledged and assurance given that the meetings would take approximately 45-60 minutes. This was their opportunity for them to engage and inform future opportunities and developments for their practice and locality. No funding was available.
- **Practices already submit data to national primary care web tool and were we duplicating**: in September 2015, 9 out of the 46 practices had not submitted workforce data. This data exercise would be high level and would help the CCG to validate local numbers, and inform a baseline. For the future CCGs and other bodies will be relying on the national database for general practice workforce to inform future policy direction hence the need for all practices to engage.
- **How would this consultation inform future support to practices and their workforce:** members were informed this was the initial process of the wider piece of work that the CCG will be doing on informing and developing a primary care workforce strategy for WCCG. The role of the CCG is changing and the responsibility of commissioning services from general practice will be devolved from NHSE to CCGs. The CCG will need to have a view and a plan for this, however, at present this was not in the scope of this exercise.

1.3.3 The LMC members were also consulted, the groups feedback was positive and encouraged positive working with the CCG to support and enable practices to deliver high quality care. They provided general feedback on the support they saw that practices required to enable positive development of the workforce. Key areas raised were:

- Supportive of CCG role in supporting practice nursing revalidation

- Team W – was positive however the cover provided while GPs attend the sessions was seen as insufficient as GP would have to deal with the calls on return to their practices
- Ideas included:
    - Enabling GPs and PNs to do sessions in Acute settings to build up their skills – some GPs already do this
    - Joint training for Health Care Assistants with Acute provider to support standardization and increase workforce supply
    - Sharing the workload of CQC visits – distracting clinicians from direct patient care
    - Standardisation of training for staff clinical and non clinical and mandatory training too
    - 'Cost Model' for general practice needs reviewing to reduce workload creep into general practice (eg following up of what once was secondary care service provision)
    - Building on the GP with special interest across Wolverhampton

1.4 Consultation with practices and individuals involved

All practices within the CCG were sent a brief detailing the reason and scope of the consultation to raise their awareness. A following email was sent to individually to practice managers and lead GP inviting them to arrange a meeting with the Workforce (WF) Consultant. Representatives from each discipline were encouraged to attend the meeting eg General Practitioner, Practice Manager, Practice Nurse.

Due to challenges faced by practice managers to arrange a meeting with key members of the team within the timescale, practices were given the flexibility that the WF consultant would meet with at least one member as long as they had consulted and got views from their colleagues. In some practices Practice Manager, GP and Practice Nurse were seen separately due to their practice commitments.

21 practices were visited up to 3rd June 2016. Representation at the meetings was as follows:

- 7 meetings with Practice Manager (PM) only
- 4 meetings with GP only
- 2 meetings with Practice Nurse (PN) only
- 5 meetings with PM and GP
- 1 meeting with PM and PN
- 1 meeting with GP and PN
- 5 meetings with GP PM PN Receptionists

All practices participating in the Vertical Integration model, one practice from the Primary Care Model were visited.

1.5 The key challenges so far to participation of practices in the consultation have been:

- Restrictions of availability of WF consultant time (available in general three days a week)
- High workload in practices and unable to get GP PM and PN available at one meeting within timescales (months of April, May and June 2016)
- Practices undergoing CQC visits
- Practices requiring 'backfill' to attend meeting with WF consultant
- Key staff members on holiday
- Practices not forth coming with appointments have all been emailed four times for with no success

1.6 Key themes for each area of scope identified in point 1.2

1. General Practices/General Practitioners views on the opportunities and challenges for their practice workforce individually and as a practice within their locality

Opportunities

The question for this section was posed as key opportunities for the practice. This appeared to challenge practices as the default position members would site the challenges they were facing. On further prompting the two themes that was apparent was that practices saw themselves as:

- providing the fundamentals of general practice for their local populations
- single unit providing care, they had their own values and these did not always match their neighboring practices

Both these themes seemed to restricted thoughts on how they would work in partnership with other practices within the localities or to innovate as they had to still provide the core general practice services.

With further prompting the following thoughts for opportunities were shared:

- Share back office functions/skills – this has been muted by the CCG
- Pool resources – finance and skills for employing staff jointly to cover practices with specialists skills eg Web designers, HR specialists, Managing CQC visits
- Share experience from other practices and ways of working reduce the 'reinventing the wheel'
- Potential working with like-minded practices to deliver new ways of working
- Develop patient skills for 'self limiting illness' so not reliant on GP time
- Use of pharmacist skills in general practice – repeat prescriptions, medicines management etc.,
- Practices to work together to keep their workforce rather than poach good staff of each other
- New models for general practice where business element is removed from GP role
- Opportunity for nurses to extend skills, advanced practice, prescribing, wound management
- Increase/expand HCA skill set – some practices had joint role of part time receptionist and part time HCA

- Use of apprenticeships in practice for all job roles and not just reception roles
- Better use of skill mix within disciplines and across professions
- Opportunities to bring in Mental Health, Podiatry, Physiotherapy, Social workers, Holistic therapies
- Improved IT systems hence increasing capacity of clinicians
- Manage residential and nursing home cover differently – reduce burden on practice

Vertical Integration model practices:

- Opportunity to share resources with Acute provider eg: HR, Training ,Specialists Skills, Workforce cover

Primary Care Model practice:

- Focus on locality workforce capacity and how skills are used more effectively – early stages

Challenges:

This question provoked intense discussion and a level of dissatisfaction on how little practices felt they were supported regards their workforce by the CCG. There was frequent reference to lack of specific courses for their staff. The key challenges were identified as:

- Lack of support to train new practice nurses and their updates
- Lack of updates for HCAs
- Reduced pool of individuals to recruit from with skills of working in general practice
- Practice manager work increasing in workload and complexity
- For those practices that had recruited GP within last 12 months it has been difficult to recruit due to:
    - low level of interest
    - GP not wanting a partnership – Locum option more attractive
    - lack of GP trainees in the system to choose from
- For practices that have recruited a PN within past 12 months experience has varied at practice level
    - generally low level of interest
    - lack of practice working skills
- Workload for GPs viewed as a big issue – some practices having up to 90 appointments on a Monday morning when they have only 60 slots
- Due to reduction in practice funding there is less funding to buy in additional workforce to manage demand
- High demand and expectations from patients
- Newly qualified GPs and some of those in practice
    - not keen on responsibility of a business/partnership
    - want to work set hours with less responsibility
    - locum seen as a more attractive proposition

- Buildings are a challenge - lease options need to be more attractive, need more space if offering more services or training for undergraduate clinicians
- Use of Locums a challenge too as they are dictating terms of contracts eg
    - High fees
    - Length of sessions
    - Not doing follow ups from hospitals
    - Not doing administration work
    - Asking patients to come back and see own GP and not dealing with issue or referring appropriately
- Constant need for nurses to be signed off for specific areas eg Smoking cessation training,
- CQC visits are a big burden in collating policies and paperwork. It is not as easy as taking another practices policies – the practice still needs to understand and apply the policies in practice
- Training of other disciplines – need time to do it properly and space to accommodate additional trainees/students

2. Which disciplines were more difficult to recruit and retain

No specific discipline was identified as difficult to recruit, other than the general medical and nursing disciplines**.**

3. Examples of innovative practice relating to recruitment and retention of workforce

Majority of practices tended to recruit like for like when vacancies came up. Some practice however did take time out to evaluate roles within teams before replacing. Key themes that supported good recruitment and retention of staff were as follows:

- Word of mouth that practice is a good place to work
- Using training and other networks to recruit especially GPs and PNs
- Practice meetings and consultation with staff teams that could be effected with any change
- Taking time out to evaluate roles with the teams before replacing and offering opportunity to staff to try new roles
- Giving teams the option of working differently and letting them come up with ideas
- Rotating roles and sharing skills especially for reception and administration staff as this also support cover when staff are on holiday or off sick
- Having regular conversations with staff to get their views on if they are thinking of leaving/ retiring/ want to work differently
- Practice staff having regular 1:1 to review performance and opportunities for development and not waiting for annual appraisals to do this
- Offering training opportunities for staff to develop

4. What attracts individuals who do secure employment in local general practices and what makes them stay

It was reported that staff stay because:

- there is good team working in practices, staff support each other
- work environment good
- working as a team
- good communication with team members
- good employment relationships (with GPs)
- practice manager gets involved with team and is hands on when needed
- everyone helping each other
- knowing patients by name
- live locally so little travel and work around family commitments
- good career progression options for those that want them

5. To review general practice data submitted to the national data base via the primary care web tool for September 2015 and validate these with workforce numbers by practice currently.

Tables 1- 4: Showing Comparison Workforce Data for each discipline from local scoping (April - June 16) with WCCG Practice MDS returns to HSCIC and NHS Midlands and East (West Midlands) (September 2015)

Table 1 : General Practitioners	**WCCG Practices (17 practices) June 16**	**Total %**	**WCCG HSCIC* (37 practices) Sept 15**	**Total %**	**NHSE M+E (West Midlands) Sept 15**	**Total %**
All GPs of which:			***181***		***3229***	
GP Partners	36	69%	97	64%	1,891	69%
Salaried GPs	16	31%	54	36%	859	31%
All GPs (excluding retainers, registrars and locums)	**52**		**150**	**83%**	**2,740**	**84%**
of which						
Male	29	55%	61	40%	1,179	43%
Female	23	45%	41	27%	1,112	41%
Not Stated gender			48	33%	450	16%
% GPs (excluding retainers, registrars and locums) aged 55 and over *of those recorded		**30%**		***20%**		***22%**

5.1 General Practitioner Workforce Key Messages:

- % of GP partners in comparison to Salaried GPs is similar across WCCG and West Midlands and when locally scoped (June 16)
- % Male / female split for WCCG in comparison to West Midlands shows a lower proportion of females to males ie 27% females(WCCG) to 41% females (WM)

- However, the local scoping (June 16) shows there are high proportion of females (45%) in WCCG
- % of GPs aged 55 and over is at 30% in the local scoping(June16) compared to 20% (WCCG) and 22% (WM) - *note* - WCCG and WM figures are of those recorded only so could be higher/lower

Table 2: Practice Nurses	**WCCG Practices** (17 practices) June 16	**Total %**	**WCCG HSCIC** (37 practices) Sept 15	**Total %**	**NHSE M+E (West Midlands)** Sept 15	**Total %**
Practice Nurse HC	37		108		1778	
Practice FTE	23		68		1185	
Of which:						
Advanced Nurse Practitioner (HC)	10	27%	24	22%	288	16%
Male	0	0	2	2%	17	1%
Female	37	100%	75	69%	1481	83%
Not Stated gender	0		31	29%	280	16%
% aged 55 and over *of those recorded	14	**38%**		***23%**		***30%**

5.2 Practice Nurse Workforce Key Messages:

- There is a higher proportion of ANP reported within the local scoping (June 16) and the WCCG return compared to WM
- Local scoping reports a higher proportion of nurses aged 55 and over compared (38%) to WCCG and WM reports *note* - WCCG and WM figures are of those recorded only so could be higher/lower
- Percentage of male nurses very low but not unusual

Table 3: Direct Patient Care (DPC)	**WCCG Practices** (17 practices) June 16	**Total %**	**WCCG HSCIC** (37 practices) Sept 15	**Total %**	**NHSE M+E (West Midlands)** Sept 15	**Total %**
Total DPC	16		51		1029	
Health Care Assistant HC	16		39		694	
Health Care Assistant FTE	11		28		468	
Dispensers HC	0		3		169	
Dispensers FTE	0		2		122	
Phlebotomists HC	***a***		4		96	
Phlebotomists FTE			1		41	
Pharmacists HC	***b***		1		22	
Pharmacists FTE			0		10	
Of which:						
Male	0		0		25	2%
Female	16	100%	31	61%	814	80%
Not Stated gender	0		20	39%	190	18%

% aged 55 and over *of those recorded	3	**19%**		***21%**		***23%**

5.3 Direct Patient Care Workforce Key Messages:

- Direct Patient Care this grouped is identified as those providing direct care to patients other than General Practitioner or Nurse
- a - local scoping included phlebotomy as part of role of HCA no practice had identified specific individual role
- b - pharmacist not recorded as role not employed by practices

Table 4: All admin and non-clinical roles	**WCCG Practices (17 practices) June 16**	**Total %**	**WCCG HSCIC (37 practices) Sept 15**	**Total %**	**NHSE M+E (West Midlands) Sept 15**	**Total %**
Total Admin and non-clinical roles (HC)	147		457		7186	
Practice Managers HC	19		63		916	
Practice Manager FTE	18.5		52		808	
Receptionist HC	128		308		4785	
Receptionists FTE	82.4		201		3171	
Of which:						
Male	2	**1%**	18	**4%**	297	**4%**
Female	145	**99%**	305	**67%**	5692	**79%**
Not Stated gender	0		134	**29%**	1197	**17%**
% aged 55 and over *of those recorded	37	**25%**		***33.2**		***30.4**

5.4 All admin and non-clinical Workforce Key Messages:

- For the local scoping and collating of this data administration staff includes secretaries and other administration staff

1.7 Conclusion and next steps

It was originally planned that all practices would be visited over a 4-5 month period. However, it has been decided due to the commonality of the messages and themes that were being reported it would be wise to stock take and re-evaluated our approach.

The data validation has proved useful for it shows that there is high proportion of clinicians aged 55 and over than what the regionally figures show. This is important to note for planning now and in the future as 30% GPs and 38%PNs in the practices visited are due to retire in the next ten years.

Following internal discussions it has been decided that:

- Individual consultations have provided valuable insight to the views and thoughts of general practice and their staff. The messages/themes will inform the work primary care undertake as to how they support practices to deliver different ways of working within general practices, localities and across WCCG.
- Scoping skills and workload demand needs to be done either individually with each practice or within a locality, this will then help inform new models of care and service delivery. To do this effectively joint working is needed with primary care, public health and workforce.
- The need to do some quick scoping of skills and training needs for practice nurse and health care assistants can be done more effectively done via emails. This can then support joint working with the Community Education Practice Networks across Black Country.

In conclusion, this has been an interesting and worthwhile exercise. The CCG needs to take the outcomes of this report to support how they work with primary care and inform the development of their Primary Care Workforce Strategy and Implementation plan.