

Meeting of Primary Care Commissioning Committee

Date: Tuesday 25th January 2022

Time: 09:30 – 11.45

Location: MSTeams

Agenda Number :	11
Title:	BNSSG Primary Care Strategy: PCN and Workforce Update
Purpose: For information	
Key Points for Discussion:	<p>This paper provides an update on the work to date as part of the Primary Care Strategy with Primary Care Networks (PCNs) and Workforce with particular focus on:</p> <ul style="list-style-type: none"> - PCN contract and work prioritisation - Additional roles reimbursement scheme (ARRS) and underspend process - Workforce plans and reporting - Training Hub Update - Health and well being offer for Primary Care - Data quality - Future work
Recommendations:	For update only.
Previously Considered By and feedback :	For update only.
Management of Declared Interest:	None known.
Risk and Assurance:	<p>The risks for ongoing work in this area are:</p> <ul style="list-style-type: none"> - Increasing the health inequalities gap and poorer patient outcomes due to work prioritisation requirements - Lack of availability of appropriate workforce for the additional roles - Data quality and the ability to share data across organisations.

Financial / Resource Implications:	ARRS underspend process in place.
Legal, Policy and Regulatory Requirements:	None identified
How does this reduce Health Inequalities:	Reducing Health Inequalities is an integral part of the PCS. Significant work has taken place to reduce health inequalities as part of workload prioritisation. Specifically in relation to PCNs, we are supporting contract requirements to identify a population to focus on with an associated action plan. This work is being aligned with the system CORE20PLUS5 programme.
How does this impact on Equality & diversity	The PCSB work closely with the PHM team in order to focus work to ensure there is a positive impact on equality and diversity e.g., ethnicity monitoring. The Training Hub also have an Equality, Diversity and Inclusion (EDI) workstream as part of their workforce planning programme to influence making a positive impact.
Patient and Public Involvement:	The BNSSG Primary Care Strategy Communication and Engagement Plan includes ongoing proactive positive public communication, continued use of the Citizens Panel and close working with Healthwatch.
Communications and Engagement:	BNSSG Primary Care Strategy Communication and Engagement Plan. Twice weekly joint CCG and OneCare GP Bulletin communications continue along with OneCare TeamNet updates for practices. A monthly PCN Manager Forum has been established with regular attendance from the CCG and OneCare colleagues to provide updates and guidance in relevant areas.
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Sponsoring Director / Clinical Lead / Lay Member:	David Jarrett Area Director, South Gloucestershire & Bristol

Agenda item: 11

Report title: BNSSG Primary Care Strategy: PCN and Workforce Update

1. Background

The BNSSG Primary Care Strategy (PCS) was developed in 2019, pre-Covid. The Primary Care Strategy Board continues to meet monthly and has built on the strong relationships with public health, population health management, the voluntary sector, wider Primary Care and the integrated care system.

The priorities and delivery plan have continued to be relevant and appropriate during the response to Covid, with some areas of transformation work moving forward at pace.

The four priority areas in the Primary Care Strategy are:

- Models of Care (including Primary Care Networks (PCNs), improving access and addressing health inequalities)
- Quality and Resilience
- Developing the Workforce
- Infrastructure: Digital, Business Intelligence and Estates

This paper provides an update on PCN aspect of Models of Care and Workforce focussing on:

- PCN contract and work prioritisation
- Additional roles and underspend process
- Workforce plans and reporting
- Training Hub Update
- Health and well being
- Data quality
- Future work

2. Models of Care: Primary Care Networks

In addition to our BNSSG PCS it is important to acknowledge that our PCNs continue in their immense and successful ongoing effort in delivering Phase 3 of the vaccination programme along with responding to NHSE requirements.

In October, NHS England set out their plan for improving access and supporting general practice. It was important that as a system we responded to the plans in the right way, recognising how difficult this was for general practice. Following the publication of the NHSE document, collaborative work has been ongoing with representatives from the GP Collaborative Board (GPCB), One Care, the CCG, Avon LMC, Avon LPC, Severnside and Vita Health to develop a response. This collaborative approach was welcomed, and the Winter Access proposals were

developed to strengthen general practice resilience and to support the urgent care needs of our population.

On 3rd December, NHSE wrote to practices to ask them to prioritise the vaccination programme and highlighted changes in QoF and Investment and Impact Funding (IIF) for the remainder of 21/22 to support this. Our PCNs have worked very hard this year to recover from the effects of the pandemic. The letter required practices to agree a plan with commissioners in order to access the full QOF funding for 21/22, therefore the following activity was proposed to continue as a priority:

- SMI health checks
- Learning disability health checks
- 'Best efforts' long term condition reviews focussed especially on people with diabetes or multiple long-term conditions
- 'Best efforts' approach to a longer-term preventative medicine domain, focussed on your local population, e.g., smoking cessation, optimising hypertension, non-diabetic hyperglycaemia, or obesity management
- Winter Access Fund schemes
- Measures to support urgent care capacity in BNSSG
- Any activity that supports your particular population e.g., contraceptive services, joint injections

On 20th December, the latest Network Contract Directed Enhanced Service (DES) Contract and IIF guidance was published which confirms the continued focus on vaccination and immunisation along with access.

There are some shifts in timelines including a move from December 2021 to February 2022 for PCNs to identify a population experiencing inequality in health provision and/or outcomes, agree with the commissioner an approach to engagement and tackling the unmet needs of the population, and from 1 March 2022 begin ongoing delivery of its planned intervention. Work to progress this is currently being linked in with the system CORE20PLUS5 programme.

The last 18 months have cemented relationships and established trust within PCNs. Working together, PCNs can analyse the data from their individual practices, identify areas for improvement, support each other, and importantly contact the CCG, GPCB, One Care and Avon LMC for further targeted support if needed.

3. Developing the Workforce

Our workforce has and continues to face significant challenges during Covid including implementing and adapting to the changes in day to day working with a move to a total triage model, increasing use of digital technology, remote working, staff shortages and absences.

A few highlights of the work to support are outlined below:

- Developing staff sharing agreements to support mutual aid across the system including general practice
- Increasing use of system staff bank to support the vaccination programme and expand its application beyond the Covid vaccination programme
- Expediting work to develop a Community, Primary Care and Social care workforce bank with an initial focus in primary care
- Continue to support Primary Care Networks to recruit to additional roles to support the expansion of the wider primary care team

3.1 Training Hub Update

The Training Hub continue to deliver a wide-ranging programme to support primary care:



Training Hub
Update PCCC Open

3.2 Workforce plans

Our PCNs have submitted two workforce plans. In August, providing details of the additional roles they have had in place from 2020/21 and Q1 with an indication of recruitment for the rest of 21/22. A further submission by the 31st of October provided an opportunity to sense check this and look at 22/23 and 23/24 plans. Ongoing support is being developed to manage the current shortage of workforce in this area, led by the Training Hub, along with work to understand the impact of the additional roles in conjunction with the West of England Academic Health Science Network (WEAHSN).

The next step in this area is to analyse PCN workforce plans and work with PCNs to ensure plans are captured accurately in the operational plan and Long-Term Plan (LTP) refresh. In addition, work is underway to ensure this forms part of the system 3–5-year workforce plan.

3.3 Additional Roles Underspend

PCNs have been invited to bid against the unclaimed funding pot for the purpose of recruiting or engaging further Additional Roles in line with the Network Contract DES Specification. Any payment claimed is in addition to a PCNs original allocated sum and must be affordable from 22/23 budgets. The unclaimed funding cannot carry forward into subsequent years.

Bids are invited from all PCNs against the following priorities:

- Additional workforce capacity to support mass vaccinations (taken from the ARRS role groups)
- PCN roles that are able to support Mental Health, for example recovery navigators and Social Prescribers, Health and Wellbeing Coaches with a special interest
- PCNs in an area of high deprivation
- PCNs who have ARRS staff on paid leave e.g., parental leave or sickness leave

Where a PCN submits a bid, they must acknowledge that

- They have a process in place to recruit to the roles for which the funding relates
- Evidence that they have the capability to recruit to these roles

In order to bid against the unclaimed funding PCNs have been provided a template to complete by the end of January.

In the event of further allocation remaining, we will conduct a subsequent round of bids.

3.4 Health and Wellbeing

BNSSG were successful in two bids across the system one for an Enhanced Health and Wellbeing Offer for community and social care staff and one for a Health and Wellbeing Support Offer for staff working across Primary Care in Bristol, North Somerset & South Gloucestershire. The two projects are building on the success of the Mental Health and Wellbeing Hub now known as the Healthier Together Support Network (HTSN).

In the first stage General Practices completed a scoping exercise to identify gaps in health and wellbeing support as a baseline and to inform interventions.

3.4.1 Digital Platform

The HTSN website includes guidance on non-mental health topics (smoking cessation, menopause, healthy weight, physical activity, money advice). HTSN are exploring opportunities to increase functionality/alternative platform options – this forms part of a wider communications and engagement strategy underway. Printed materials are available to practices. Link to HTSN and NHSEI wellbeing pages on TeamNet. Avon LMC is promoting HTSN on their website.

3.4.2 Wellbeing Champion

Lunch and Learn hosted by One Care to General Practice delivered 16th December to provide overview of wellbeing offers and introduce role of wellbeing champion from January 2022.

3.4.3 Coaching

Collated offers/activity of CCG OD team, BNSSG Training Hub, NHS Leadership Academy, NHSE/I and Coaching through Covid.

3.4.4 TRiM (Trauma Risk Management)

Training quotes received from March on Stress. Trauma needs analysis to be undertaken across Primary Care to identify requirement for TRiM/alternative programme based on occupational exposure to traumatic events v distressing situations e.g., REACTMH. HTSN plan to deliver a trauma programme in the longer term, subject to funding. Plan in train for HTSN to offer a trauma consultation service across BNSSG including support to TRiM, REACTMH, etc. trained individuals.

3.4.5 Schwartz Rounds

(Schwartz Rounds are group reflective practice forums giving staff from all disciplines an opportunity to reflect on the emotional and social aspects of working in healthcare).

Project plan in train. HTSN aim to deliver a Primary Care taster session in Feb/March to seek interest in forming a Steering Group to include role of x3 'Clinical Leads'. Training provided via Point of Care Foundation who are very supportive of this approach.

4. Data Quality

4.1 Appointment data

The CSU has been commissioned to support with our Data Quality work with PCNs. All practices in our PCNs mapped all active appointment slot types to the new set of national appointment categories by the 31st July deadline. Work is continuing to support PCNs to improve data quality in line with the August 2020 guidance on recording of appointments. NHSEI use reports from the appointment book to track our activity. This continues to be a challenge in terms of accuracy and capturing all practice activity, in particular online consultations and we are working closely with NHSEI to rectify this and provide more real time reporting,

4.2 Workforce data/ National Workforce Reporting Service (NWRS)

Timely and accurate workforce data also continues to be a challenge. We are continuing to work with PCNs to ensure they are completing the monthly returns as required contractually on NWRS and are doing so accurately. Our Outcomes and Activity Group have mapped workforce data sources and, alongside the CSU, have identified gaps and inaccuracies and are working with NHSEI to provide feedback e.g., absence rates along with the two-month lag in access to data.

5. Financial resource implications

The ARRS underspend process is outlined above.

6. Legal implications

None identified.

7. Risk implications

Risk Title	Mitigation
Increasing the health inequalities gap and poorer patient outcomes due to work prioritisation requirements	Workload prioritisation guidance to support practices. CORE20PLUS5 programme. PHM dashboard, ongoing PHM analysis and data packs for practices. Identification and management of vulnerable patients' guidance including EMIS reporting.
Lack of availability of appropriate workforce for the additional roles	Training Hub developing resource to support PCNs in workforce planning. Training hub working in collaboration with local higher education institutions to support workforce pipeline and growing student placements in primary care. LMC is developing a support package for PCNs in recruiting nurse associate and trainee nurse associate roles. System workforce summit in development.
A risk for ongoing work in this area is the ability to share data across organisations.	PHM group and BI team currently working on data sharing agreements Support will be required for ongoing challenges with organisational barriers to data sharing.

8. How does this reduce Health Inequalities?

Reducing Health Inequalities is an integral part of the PCS. Significant work has taken place to reduce health inequalities as part of workload prioritisation. Specifically in relation to PCNs, we are supporting contract requirements to identify a population to focus on with an associated action plan. This work is being aligned with the system CORE20PLUS5 programme.

9. How does this impact on Equality and Diversity?

The PCSB work closely with the PHM team in order to focus work to ensure there is a positive impact on equality and diversity e.g., ethnicity monitoring.

The Training Hub also have an Equality, Diversity and Inclusion (EDI) workstream as part of their workforce planning programme to influence making a positive impact.

10. Communication and Engagement

The BNSSG Primary Care Strategy Communication and Engagement Plan includes ongoing proactive positive public communication, continued use of the Citizens Panel and close working with Healthwatch.

Twice weekly joint CCG and OneCare GP Bulletin communications continue along with OneCare TeamNet updates for practices.

A monthly PCN Manager Forum has been established with regular attendance from the CCG and OneCare colleagues to provide updates and guidance in relevant areas.

11. Next Steps

The Primary Care Strategy Board will continue work to support our population, general practice, and wider Primary Care with managing workloads, patient access, addressing the workforce challenges, decreasing the health inequalities gap and achieving better health outcomes.

There are two key areas to highlight as a focus in the next period as we move towards an Integrated Care System:

- 1) Progressing PCN organisation development (OD) plans and progress against the PCN maturity matrix: Our PCNs submitted OD plans for 20/21 in the early stages of their development. Work is required to understand where PCNs are against these plans and to support embedding work, aligning with ICP OD, refreshing plans for the rest of 21/22 and 22/23.
- 2) Understanding the impact of the additional roles: We have been successful in a bid to carry out work in this area led by WEAHSN. A project group and governance arrangements are currently being established by WEAHSN with Primary Care Development and the Training Hub playing active roles.

In addition to supporting PCNs to:

- Analyse PCN workforce plans and develop any actions to support recruitment to additional roles, aligning with system operational planning, LTP refresh and 1,3- and 5-year workforce plan
- Revisit approach to support quality improvement and the development of PCN Health Inequality/ Quality Champions.
- Evaluate the use of online consultations
- Work as part of an Integrated Care Partnership (ICP) and ICS

Appendices

Glossary of terms and abbreviations

ARRS	Additional Roles Reimbursement Scheme
BAME	Black, Asian and Ethnic Minority
BHCDG	Building Healthier Communities Delivery Group
CSU	Commissioning Support Unit
DES	Directed Enhanced Service
EDI	Equality, Diversity and Inclusion
GPCB	General Practice Collaborative Board
HTSN	Healthier Together Support Network
ICP	Integrated Care Partnership
ICS	Inhaled corticosteroid
IIF	Investment and Impact Fund
LMC	Local Medical Committee
LPC	Local Pharmaceutical Committee
LTP	Long Term Plan
NHSEI	NHS England and Improvement
NWRS	National Workforce Reporting Tool
OD	Organisational Development
PCN	Primary Care Network
PCS	Primary Care Strategy

PHM	Population Health Management
QoF	Quality and Outcomes Framework
TRiM	Trauma Risk Management
WEAHSN	West of England Academic Health Science Network

NHS



BNSSG Training Hub

BNSSG PCCC Meeting

Tuesday 25th January 2022

bnssg.training.hub@nhs.net
www.bnssgtraininghub.com



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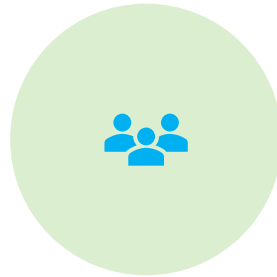




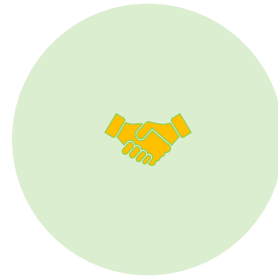
What are Training Hubs?



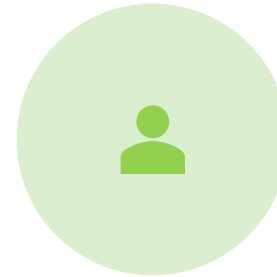
Training Hubs (THs) help to support the primary, community, and social care workforce of today and tomorrow by teaching the skills, values, and behaviours necessary for the NHS.



**WORKFORCE
PLANNING & REDESIGN**



**EDUCATION AND
TRAINING**



**DEVELOPMENT OF
SYSTEMS**



**PLACEMENT
EXPANSION**



**COMMUNICATION &
STAKEHOLDER
ENGAGEMENT**



**SUPPORT EQUALITY, DIVERSITY
& INCLUSION (EDI)**



SUSTAINABILITY

Link to HEE website:
[“How do Training Hubs work?”](#)



Who is in the team?



Business Management

Roger Harrison
Business Manager

Ruth Povey
Project Manager
General Practice
Forward View (GPFV)

Zach Barber
Marketing & Events
Officer

Jessie Saul
Administrator



**Education, Development,
& Personalised Care**

Holly Hardy
Clinical Lead

Steve Locke
Programme Manager



**Clinical &
Programme Leads**

Sarah Ballisat
Education &
Development Lead

Alice Blackwell
Pam Curtis
Trina Leskiw
HEE Training Hub Fellows

VACANT
PCN Support &
Development Manager

Post under discussion
Project Manager
Personalised Care

Personalised Care Leads:

Jeannie Morris
Social Prescribing
Link Workers

VACANT
Care Navigators

VACANT
Health Coaches

VACANT
Project Manager
Workforce Planning

Kerri Magnus
Advanced Practice
Lead

Kim Ball
Rachel Butt
General Practice
Nurse Educators
(GPNEs)

Profession Leads:

VACANT
Mental Health
Support Worker
(MHSW)

Lily Dixon
Paramedic Lead

Jo Clarke
Pharmacy Lead

Lizzie Bradshaw
Physiotherapy

VACANT
Physician Associate
(PA)

VACANT
Social Care

VACANT
Therapies (Dietician,
OT, & Podiatry)

VACANT
Widening Participation
Lead (Schools &
Colleges)

Placement Expansion
Leads:

Kim Ball
GP Nursing

Wendie Smith
Social Care



**Participation &
Placement Expansion**



**Nurses, AHPs, &
Pharmacists**



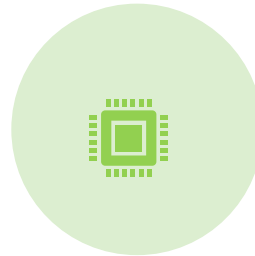
Future TH Roles



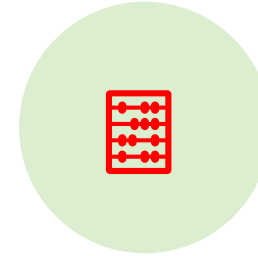
**PHYSICIAN
ASSOCIATE LEAD
(MARCH 22)**



**SOCIAL CARE
NURSING
AMBASSADOR
(FEB 22)**



**GP SIMULATION
FELLOW
(COMMENCED
DEC 21)**



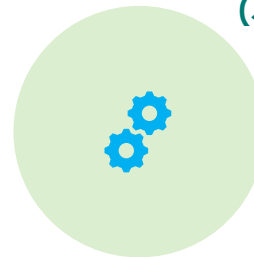
**PRIMARY CARE
ROADMAP
SUPERVISOR
FELLOW
(JAN 2022)**



**MENTAL HEALTH
NURSE LEAD**



PLACEMENT LEAD



**OT, DIETITIAN,
PODIATRIST LEADS**



How can BNSSG Training Hub support you?



Across the emerging Integrated Care System (ICS), the Training Hub's mission is to be an exemplar in delivering, co-ordinating, and leading education and training within Bristol, North Somerset, and South Gloucestershire.

Examples of workforce development programmes & projects:



APPRENTICESHIPS



EDUCATION AND
TRAINING
EVENTS



EMBEDDING NEW
ROLES (ARRS)



PLACEMENT
EXPANSION



PERSONALISED
CARE LEADS



TARGETED CPD



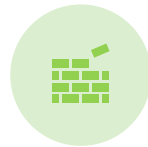
PROFESSIONAL
LEAD SUPPORT



GP FELLOWS



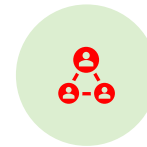
WIDENING
NETWORKS



EMBED
EDUCATIONAL
FRAMEWORKS



IDENTIFYING
FUNDING
SOURCES



SUPPORTING
RECRUITMENT
& RETENTION



WELL-BEING
SUPPORT



FCP & Advanced Practice

HEE Education coordinators for Paramedics – FCP and PiPC pilots

Communities of practice for all roles – monthly forums, WhatsApp, Twitter profile

Providing examples of Job plans/descriptions and profiles for each role

Supporting practice management with recruitment and induction into Primary Care

Networking with regional and national teams to identify best practice and offer solutions for change

Linking with key partners to improve working processes to be more effective, productive and reduce latent errors– coding, templates, ICD.

Perform individual learning needs analysis and identify funding streams for CPD that are agreed by the learner and employer.

Surveys on all staff to identify key objectives to enable them to achieve success

Produce supportive documents for all key stake holders.

Promote the four pillars of Advanced Practice and facilitate how these can realistically be achieved.

NHSE/I BNSSG GP & GPN Fellowship Programme

1 Nationally funded, locally delivered 2-year programme

2 Open to all newly qualified GPs and GPNs taking up substantive roles

3 Aims to support transition from training to independent practice

4 Our programme started in October 2020

5 We have supported 68 newly qualified GPs and 5 newly qualified GPNs in BNSSG to date

Fellowship Programme Overview



Funded CPD time

Fellows benefit from 1 session (4 hours) per week pro rata paid protected time for continuing professional development.



Induction

The employing practice provides an induction to the practice and primary care network. The Training Hub provides an induction to the fellowship programme and the local health & care system.



Clinical Supervision

The employing practice provides a named clinical supervisor. Fellows meet with their clinical supervisor for 1 hour/month.



Peer support

Fellows are offered the opportunity to join a peer support group.



Coaching & mentoring

Every fellow is matched with an experienced GP/GPN mentor, with whom they will meet for 1 hour/month. They will also have access to career coaching.



Career development

The Training Hub provides learning & development opportunities, with an emphasis on portfolio working.

NHSE/I BNSSG Supporting Mentors Scheme

1 Nationally funded, locally delivered scheme

2 Aims to retain experienced GPs & support newly qualified GPs

3 We have 20 GP mentors in BNSSG and are currently recruiting more

4 Mentors receive accredited mentoring training, peer support & supervision

5 Mentoring has been taken up by all newly qualified GP fellows and will now be offered more widely



Support for Non-clinical Roles

- Training Hub (TH) is aware that far less training & support is currently available for non-clinical roles. (We work closely with partners eg Avon LMC who provide a range of support)
- TH working to address this including for example:
 - Induction Pack for General Practice Staff
 - Addendum to pack for Practice Management
 - Primary Care Induction Day sessions being planned for Spring 2022
 - Exploring digital/IT systems training
- Developing TH offer and identifying needs of PCNs eg PHG, Connexus & FOSS & some individual practices
- TH welcomes your suggestions as to needs & priorities for clinical and non-clinical staff
- Contact: Roger Harrison roger.harrison@nhs.net or Kerri Magnus kerri.magnus2@nhs.net

NHS



BNSSG Training Hub

BNSSG PCCC Meeting

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bnssg.training.hub@nhs.net
www.bnssgtraininghub.com



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