

# Primary Care Commissioning Committee

Date: 30<sup>th</sup> July 2019

Time: 9.00am – 11.20am

Location: Vassall Centre, Gill Avenue, Bristol, BS16 2QQ

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## Agenda number: 7

### Report title: Community and Primary Care Training Hubs

Report Author: Gillian Cook

Report Sponsor: Martin Jones

#### 1. Purpose

The purpose of this paper is to update PCCC on the formation of training hubs (previously the Community Education Provider Network (CEPN)).

#### 2. Recommendations

This report is for information. PCCC is asked to note the changes to Training Hubs and the new guidance. PCCC is also asked to note that a report will come back to PCCC in October 2019 setting out proposals for how we develop the full functions of the training hub.

#### 3. Executive Summary

Training Hubs are developing to support the delivery of the NHS Long Term Plan. Historically, CEPN has been a network of education providers funded by HEE. BNSSG CCG became host employer to the CEPN in November 2018 to assist with financial governance.

#### 4. Financial resource implications

The Training Hub is funded by Health Education England and the funds are awarded on population size. BNSSG CCG is the host employer of the Training Hub. BNSSG Training hub's total budget to cover all core functions for 2019/20 is £380,324.

#### 5. Legal implications

Training Hubs are required to receive and manage both HEE funds to deliver a variety of transformational activities and funding from NHSE/I and other such initiatives as may arise.

In delegating these responsibilities, HEE and NHSE/I need to ensure such financial operations are both lawful and adhere to the respective organisations' policies and procedures.



## **6. Risk implications**

The CEPN has historically been funded on a year by year basis and therefore there has been no certainty around staffing. The Training Hub staff are currently on 1 year fixed term contracts. The review of the future of the Training Hub will need to consider ongoing staffing requirements and how these can be secured.

## **7. Implications for health inequalities**

The training hub has been supporting work to improve health inequalities through The Health Inequalities Fellowships as part of the Local GP Retention Programme led by the Training Hub. This aims to reduce health inequalities across BNSSG.

## **8. Implications for equalities (Black and Other Minority Ethnic/Disability/Age Issues)**

Each project delivered by the Training Hub will be reported on Healthier Together's project management system 'Verto'. In order to pass the gateways and equality impact assessment must be completed for each project, highlighting any impact on any of the protected characteristics.

## **9. Implications for Public Involvement**

The Training Hub will develop work plans with the Community and Primary Care Workforce Development Sub-Group to ensure that they meet the priorities of Healthier Together and NHS England. There will be patient representation on the Training Hub Working Group to ensure patient voice is integral to future plans.

## **Agenda item: 7**

### **Report title: Community and Primary Care Training Hubs**

#### **1. Background**

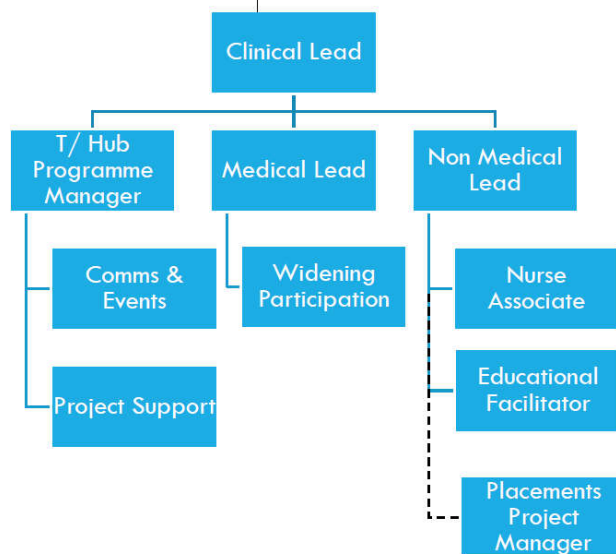
The Training Hub has been delivering training and education to the community and primary care workforce. The Training Hub was previously named the Community Education Provider Network (CEPN). The CEPN changed its name in early 2019, as a result of Health Education England (HEE) developing the training offer in conjunction with the introduction of Primary Care Networks. Health Education England (HEE) funds and oversees the delivery of the projects delivered by the Training Hub.

Through the development of the STP (Healthier Together), it was recognised that there needed to be formal governance and a reporting system for all projects to ensure transparency of public funds. The Community and Primary Care Workforce Development Sub Group (CPCW Group) was set up, with the first meeting held in July 2018. The group includes representation from BNSSG Providers, the CCG, the Training Hub, Healthier Together, OneCare, Local Authority, Avon LMC and Health Education England. One of the functions of the CPCW group is to govern all Healthier Together community and primary care workforce projects. The group provides monthly reports via a chair's report to The Healthier Together Workforce Steering Group (or Local Workforce Action Board (LWAB)) and to the Primary Care Operational Group (PCOG).

The CCG became the host employer of the Training Hub in November 2019 to enable the Training Hub funds to be held by BNSSG CCG, with clear financial governance and reporting mechanisms in place. Training Hubs are in place nationally, although BNSSG is fortunate to have one training hub, one CCG, delivering in one STP footprint.

#### **BNSSG Training Hub Structure 2019**

# TRAINING HUB DELIVERY STRUCTURE



## 2. Development of Training Hubs

The Common Operating Guidance for the Primary and Community Care Training Hub Programme, released in May 2019 (Appendix 1) describes the existing core functions of Training Hubs:

### Current Core Functions

1. The development and expansion of capacity of high-quality learning placements at undergraduate and postgraduate levels, including provision, training and development of faculty of multi-professional educators.
2. Supporting better understanding of workforce planning needs and their realisation across the STP/ICS and at primary care network level, across health and social care.
3. Supporting the development and realisation of educational programmes to develop the primary/ community care workforce at scale to address identified population health needs or support service re-design and delivery of integrated care.

### The Ambition of Training Hubs by March 2020

Since 2016 the CEPN have delivered training and education to health and social care service providers working in community and primary care settings. The development of Training Hubs, particularly in responding to local future workforce needs through the expansion of training placements, has been acknowledged. They are now included in the Long Term Plan and referenced in the new GP contract. HEE and NHSE are developing a shared understanding of how these functions are delivered and what level of support is required.

The Maturity Matrix (Appendix 1 of Appendix 1) describes the steps to becoming a fully functioning Training Hub. Training Hubs will provide a consistent England wide offer to include:

1. Further development and expansion of placement capacity to create innovative and high-quality clinical placements for all learners to meet the workforce needs of “the place” in line with the Long Term Plan, maximising the effective use of educational resources across the network.
2. In addition to the continuation of the role in supporting understanding of workforce planning, assisting in the co-ordination and realisation of the health and social care workforce across the STP/ ICS system.
3. Support recruitment of the primary care workforce through:
  - Developing, expanding and enhancing recruitment of multi-professional educators together with developing their capabilities to support the delivery of high-quality clinical learning placements and high-quality teaching and learning environments.
  - Supporting the development and realisation of educational programmes to develop the primary/ community care workforce at scale to address identified population health needs, support service re-design and the delivery of integrated care (through, for example, rotational placements and integrated educational programmes of learning).
4. Enable, support and embed “new roles” within primary care.
5. Supporting the retention of the primary care workforce across all key transitions including promoting primary care as an employment destination to students, through schools and higher education institutions.
6. Enable both workforce planning intentions and placement co-ordination through the active management of clinical placement tariffs – moving towards “place-based tariffs”.

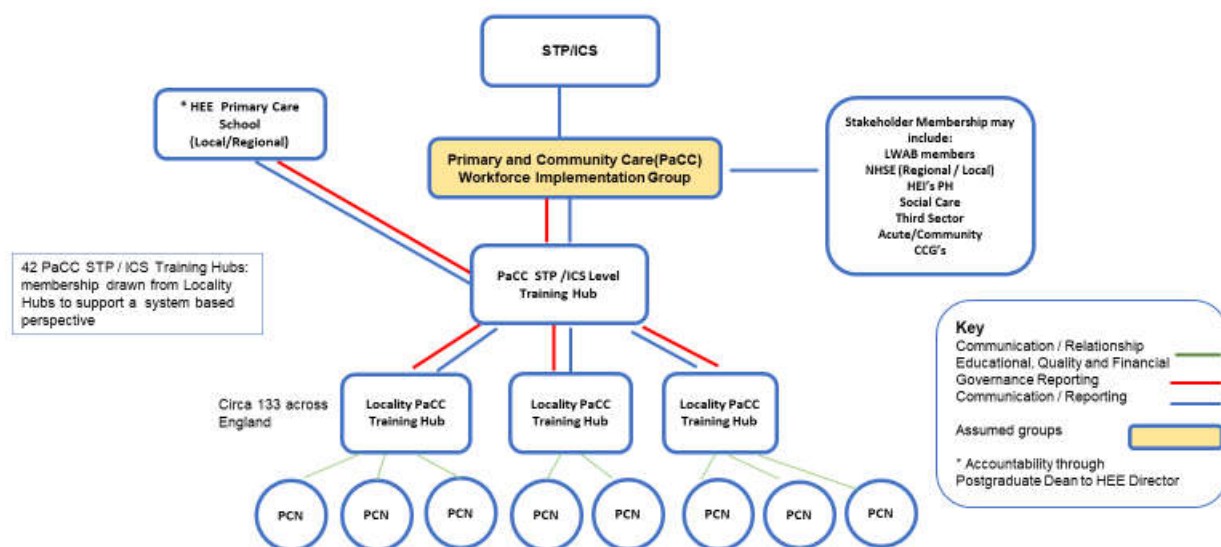
### **Training Hubs and Primary Care Networks**

By March 2020, all Primary Care Networks will have access to the resources of a Training Hub and they will be supported through the Training Hub programme to develop and maximise their teaching and learning environment to improving overall capacity.

Recognising the variation that exists across Training Hubs in order to fully realise delivery of the described core activities by March 2020, an accurate assessment of “readiness” has been undertaken through a self assessment maturity matrix.

The overarching offer that Training Hubs are expected to provide is detailed in the Maturity Matrix (Appendix 1, Appendix 1) which includes expectations across the varying Training Hub workstreams.

Training Hubs Organisation and Governance –



### 3. Financial resource implications

The Training Hub is funded by Health Education England and the funds are awarded on population size. The funds are released annually, and are not recurrent, resulting in Training Hubs having to operate from year to year with staff on 1 year fixed term contracts. Although the financial year is from April to April, Training Hub finances have historically not been released by Health Education England until August, hence the plans do not align to the ‘financial calendar’. The finances are managed by BNSSG CCG as the ‘host’ employer and the spend is governed through Healthier Together Workforce Transformation Steering Group. BNSSG Training Hub’s total budget to cover all core functions for 2019/20 is £380,324.

### 4. Legal implications

Training Hubs are required to receive and manage both HEE funds to deliver a variety of transformational activities and funding from NHSE/I and other such initiatives as may arise.

In delegating those responsibilities, HEE and NHSE/I need to ensure such financial operations are both lawful and adhere to the respective organisations’ policies and procedures.

### 5. Risk implications

The CEPN has historically been funded on a year by year basis and therefore there has been no certainty around staffing. The Training Hub staff are currently on 1 year fixed term contracts. The review of the future of the Training Hub will need to consider ongoing staffing requirements and how these can be secured.

### 6. Implications for health inequalities

The training hub has been supporting work to improve health inequalities through The Health Inequalities Fellowships as part of the Local GP Retention Programme led by the Training Hub. This aims to reduce health inequalities across BNSSG.

## **7. Implications for equalities (Black and Other Minority Ethnic/Disability/Age Issues)**

Each project delivered by the Training Hub will be reported on Healthier Together's project management system 'Verto'. In order to pass the gateways and equality impact assessment must be completed for each project, highlighting any impact on any of the protected characteristics.

## **8. Consultation and Communication including Public Involvement**

The Training Hub will develop work plans with the Community and Primary Care Workforce Development Sub-Group to ensure that they meet the priorities of Healthier Together and NHS England. There will be patient representation on the Training Hub Working Group to ensure patient voice is integral to future plans.

## **9. Next Steps**

- HEE is currently working with the Training Hub to update the maturity matrix as the Training Hub develops
- The CCG, HEE and the Training Hub are working together to develop the maturity matrix and to develop how the Training Hub could be established longer term. This will take place between August and September.
- There will be a report to the Executive Team in September 2019 with the consideration of the hosting arrangement. There will be a report to PCCC thereafter updating the Committee on proposals to develop the Training Hub to fulfil its new functions

## **10. Recommendations**

This report is for information. PCCC is asked to note the changes to Training Hubs and the new guidance. PCCC is also asked to note that a report will come back to PCCC in October 2019 setting out proposals for how we develop the full functions of the training hub.

**Report Author: Gillian Cook, Primary Care Workforce Development Lead, BNSSG CCG**

**Report Sponsor: Martin Jones, Medical Director, Primary Care and Commissioning, BNSSG CCG**

## **Appendices**

### **Appendix 1**



# Primary and Community Care Training Hub programme

## Common Operating Guidance

Audience: Local Office, Training Hubs

**May 2019**

**Version 8.1 Release**



*Health Education England*

### Overview

Training Hubs are integral to Health Education England's core purpose of supporting the delivery of excellent healthcare and health improvement to patients and the public through ensuring the primary care workforce of today and tomorrow are trained in the right numbers, have the necessary skills, NHS values and behaviours at the right time and in the right place as described.

Through their activities, they support the delivery of HEE objectives and priorities as described in the Mandate and the HEE workforce plan: "Framework 15". In addition, they are ideally placed to work within the NHS's newly emerging system architecture, and support delivery of the NHS Long Term Plan.

HEE conceived the development of Training Hubs with a national implementation programme starting in 2015. Their effectiveness at delivering key educational and workforce programmes to support primary care was acknowledged in an external audit of effectiveness commissioned by HEE. However, there was noted variation in priorities, activities and maturity of the organisations. Consequently, the consistency of activities and the roll out of effective/ innovative programmes has been challenging. It was also noted that a lack of consistent funding was threatening the sustainability of the Training Hubs and exacerbating the noted variation.

In seeking to address the recommendations of the audit of effectiveness Training Hubs together with the HEE Primary Care Team reviewed the core functions and contributed to the development of a common operating framework: designed to enhance and provide assurance with respect to their functions, governance structure, stakeholder relationships and operating model. In doing this piece of work we have worked in close collaboration with our primary care colleagues in NHSE.



## Core Principles

At the inception of Training Hubs, a set of guiding national principles was supported by HEE, NHSE, the RCGP and the BMA GP Committee. These have continued to be reviewed in light of the development of HEE and NHS priorities, and underpin the programme going forward.

- Training Hubs are accountable to HEE through Primary Care Schools and the Postgraduate Dean with respect to educational governance and quality management of the clinical learning environment, and the organisation of clinical placements for work undertaken under HEE's direction. Through HEE they are also accountable to the HEE led National Training Hub Oversight Board with respect to educational governance and quality management of the clinical learning environment, and the organisation of clinical placements for work undertaken under HEE's direction.
- Training Hubs are jointly accountable for workstreams developed in collaboration between HEE and NHSE nationally and to Sustainability and Transformation Partnerships (STPs)/ Integrated Care Systems (ICSs) for workstreams developed locally to address identified local workforce priorities.

However, the potential for Training Hubs to develop further is considerable: they are ideally positioned to enable "place-based" delivery of education, training and workforce development of the wider NHS primary care workforce at undergraduate and postgraduate levels and at all stages of a NHS professional's career in primary care. Through a "place-based" approach and the management of educational tariff, Training Hubs can positively influence workforce "investment decisions" and the delivery of population healthcare needs to help tackle observed healthcare inequalities.

**Nomenclature:** *Training Hubs, as described by both HEE and in the NHS Long Term Plan, replaces the previous plethora of names describing primary care education networks including: Advanced Training Practices (ATPs), Enhanced Training Practices (ETPs) and Community Education Provider Networks (CEPNs).*

## Existing Core Functions of Training Hubs

4. The development and expansion of capacity of high-quality learning placements at undergraduate and postgraduate levels, including provision, training and development of faculty of multi-professional educators.
5. Supporting better understanding of workforce planning needs and their realisation across the STP/ICS and at primary care network level, across health and social care.
6. Supporting the development and realisation of educational programmes to develop the primary/ community care workforce at scale to address identified population health needs or support service re-design and delivery of integrated care.

## Core Functions by March 2020

The contribution Training Hubs have made, particularly in responding to local future workforce needs through the expansion of training placements, has been acknowledged: such that they are now included in the Long Term Plan and referenced in the new GP contract. HEE and NHSE will be working in collaboration to develop shared understanding of how these functions are delivered and what level of support is required.

It has been noted that there has been variation in both their levels of maturity and adoption of workstreams. The significant investment from HEE requires the appropriate governance and accountability and evidence of delivery.

With a significant investment in Training Hubs, their existing functions will be built on to provide a consistent England wide offer to include:

4. Further development and expansion of placement capacity to create innovative and high-quality clinical placements for all learners to meet the workforce needs of “the place” in line with the Long Term Plan: thus, maximising the effective use of educational resources across the network.
5. In addition to the continuation of the role in supporting understanding of workforce planning, assisting in the co-ordination and realisation of the health and social care workforce across the STP/ ICS system.
6. Support recruitment of the primary care workforce through:
  - Developing, expanding and enhancing recruitment of multi-professional educators together with developing their capabilities to support the delivery of high-quality clinical learning placements and high-quality teaching and learning environments.
  - Supporting the development and realisation of educational programmes to develop the primary/ community care workforce at scale to address identified population health needs, support service re-design and the delivery of integrated care (through, for example, rotational placements and integrated educational programmes of learning).
5. Enable, support and embed “new roles” within primary care.
7. Supporting the retention of the primary care workforce across all key transitions including promoting primary care as an employment destination to students, through schools and higher education institutions.
8. Enable both workforce planning intentions and placement co-ordination through the active management of clinical placement tariffs – moving towards “place-based tariffs”.

## Training Hubs – The Offer

By March 2020, all Primary Care Networks will have access to the resources of a Training Hub.

By March 2020, all Primary Care Networks will be supported through the Training Hub programme to develop and maximise their teaching and learning environment: improving overall capacity.

Recognising the variation that exists across Training Hubs in order to fully realise delivery of the described core activities by March 2020, an accurate assessment of “readiness” has been undertaken through a self assessment maturity matrix.

The overarching offer that Training Hubs are expected to provide is detailed in the Maturity Matrix (Appendix 1) which includes expectations across the varying Training Hub workstreams.

Whilst the Maturity Matrix document describes the core expected functions, this does not limit a Training Hub, both now and in the future, to expand their functions and adapt to support changes in both Postgraduate Medical and Dental training, the delivery of integrated care across existing organisational boundaries, or support new as yet un-envisaged roles.

## Organisational Framework

To maximise potential, the Training Hub programme within HEE needs to work collaboratively with NHSE at a national, regional and local level.

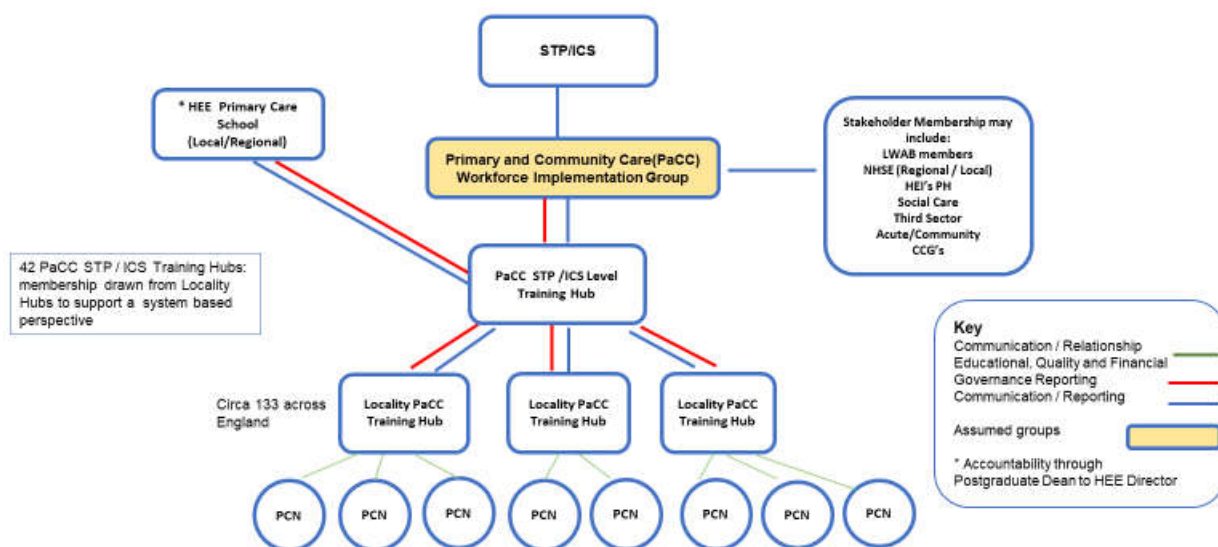
Training Hubs will need to work closely with STPs/ ICSs and locally with Primary Care Networks as well as, but not limited to:

- |   |  |
|---|--|
| Community Trusts                              | Universities                                   |
| Acute Trusts                                  | Medical Schools                                |
| Social Care                                   | CCGs   |
| Voluntary Sector                              | Local Medical Committees                       |
| Community Pharmacies                          | Professional support groups, eg RCGP Faculties |
| Patient groups                                | Public Health                                  |
| Other Postgraduate Medical and Dental Schools |  |

## Structure and Governance

The relationships between the various organisations are described in the following schematic (Diagram 2):

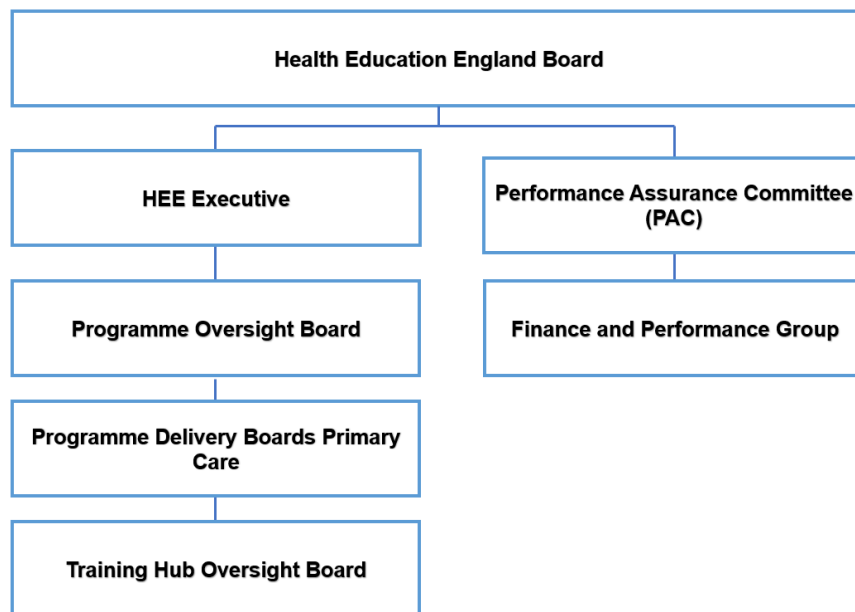
Training Hubs Organisation and Governance –



## Training Hub Oversight Group

The Training Hub Oversight Group is part of the HEE Governance structure (see Diagram 2) reporting to the Primary Care Oversight Board with terms of reference that are designed to oversee decision-making processes exist, and are applied in accordance with the requirements of HEE to Manage Public Money and adhere to the Code of Good Practice as this relates to public bodies.

The Training Hub Oversight Group will chaired by the Senior Responsible Officer of the HEE Primary Care Programme, or a nominated Deputy. (Diagram 2)



Given the importance and emphasis of collaboration, as articulated in the NHS Long Term Plan, the Oversight Group will work in partnership with NHSE/I through representation of national primary care programme leads (see Diagram 1).

The Training Hub Oversight group will:

- Provide assurance to the Primary Care Oversight Group of HEE with regard to the delivery of the Training Hub programme with respect to HEE deliverables.
- Ensure that the Training Hub programme supports the delivery of the joint HEE/ NHSE programmes as described in the Long Term Plan and as jointly agreed.
- Provide strategic direction to guide the business of the Training Hub programme, including where appropriate HEE or joint HEE/ NHSE planning, goal setting (ideally articulating medium to longer term aspirations to promote both consistency and stability), objective setting and delivery of programmes.
- Review reports regarding the performance of Training Hubs with respect to HEE or joint HEE/ NHSE programmes
  - Inputs (financial and other resources)
  - Agreed outputs
  - Performance against agreed timelines
  - Where appropriate progress against specific targets or against “success criteria” which might include the quantity, quality and the impact of workstreams
- Review potential risks to delivery where variations in performance exists and investigate, identify and ensure effective mechanisms to address such variations are actioned. Learning from such occurrences to be disseminated to mitigate against future instances within HEE and, as appropriate, for joint HEE/ NHSE programmes.
- Review workstream priorities and where necessary re-prioritise and direct Training Hubs, thus enabling them to adapt to changing workforce requirements.

- As appropriate, agree the allocation of resources for joint HEE/ NHSE programmes of work.
- Input into and review documents prior to publication and/ or submission to governance stakeholders, including the HEE Board and NHSE, when required.

## HEE Primary Care School

The Primary Care School is an instrument of the educational and quality governance function of HEE, sitting wholly within HEE. Within HEE, Primary Care Schools may sit within the local or regional architecture.

\*The School is managed by the Head of Primary and Community Care Education through a Primary Care School Board in accordance with HEE's Operating Model and quality framework. In this, it is accountable to the Multi-Professional Postgraduate Dean, and through the Deans to the Regional Directors.

Membership of the Board will reflect the need to work across the spectrum of primary and community care health and, where relevant, social care, so that the provision of education reflects changing service models in order to ensure delivery of the HEE mandate and appropriate aspects of the Long Term Plan.

The responsibilities of the Primary Care School Board include:

- To provide strategic oversight, leadership innovation and improvement of all activities related to the education and training of the primary care workforce.
- To provide educational governance with respect to the quality of clinical learning placements through the Postgraduate Dean:
  - For non-medical: providing quality assurance bringing together the varying professional and educational frameworks (including QAA processes for HEI led educational programmes and any professional regulatory requirements) into a single assurance framework, quality assurance for clinical learning environments in primary and community care in accordance with the HEE Quality Framework
  - For non-medical placements: quality managing clinical learning environments
  - For medical placements: quality managing clinical learning environments
- To assure the quality of supervision of learners provided by multi-professional supervisors and the quality assurance of their training.
- To ensure all learners across primary and community care achieve the levels of excellence required for a successful career as an NHS professional.
- To provide oversight of the management of nationally coordinated HEE programmes and, as appropriate, joint HEE and NHSE/I programmes
- To ensure robust financial management of HEE programmes/ workstreams pertinent to primary care workforce, education and training.

## Workforce Implementation Group

It is envisaged that there will be a Workforce Implementation Group at STP/ ICS level. This will bring together key stakeholders including HEE, NHSE, STP/ICS representation, along with other such stakeholders as are agreed. The Workforce Implementation Group should have a multi-professional focus

with agreed terms of reference and co-chaired by the Head of Primary Care, or nominated Deputy, a representative from NHSE Local Office and a representative from the STP/ ICS.

The functions of the Workforce Implementation Group are envisaged to include:

- Support the development of a baseline position with respect to the primary care workforce.
- Identify and prioritise workstreams to address STP workforce needs, including workforce transformation plans focused on what is needed to deliver the service ambitions set out in the STP strategies and Long Term Plan.
- Develop, where appropriate, local programmes to address locally identified needs, including the setting of workstream objectives and outputs.
- Ensure roll out of NHSE national/ regional programmes and HEE programmes to Locality Training Hubs.
- For both locally developed programmes, and NHSE and HEE programmes to hold: Locality Training Hubs to account for the implementation of programmes, including monitoring of performance against agreed programme objectives and outputs.
- Oversee effective investment of funding in programmes and ensure the financial governance of Locality Training Hubs.

## **STP/ ICS facing Training Hubs**

The Training Hub landscape has developed organically with footprints that reflect the locality in which they originated. Key to their functionality has been the relationships with stakeholders such that they are sensitive to local workforce and educational needs. However, on occasion, this has not provided the “at scale” perspective on what could be done once across a system leading to duplication of effort and potential inefficiencies.

Going forward, the Training Hub programme envisages that these existing “Locality Training Hubs” will come together at STP / ICS level to provide this larger perspective and consider where a unified approach to workstreams may be more beneficial or are required.

Whilst it is recognised that there may need to be levels of flexibility to account for differing relationships and alignment of functions within a geography and between a geography and other stakeholders including HEE and NHSE STP / ICS, Training Hubs should have a multi-professional Board, with agreed terms of references and be chaired by HEE: Head of Primary Care or nominated Deputy. Membership will be drawn from the existing Locality Training Hubs rather than the creation of a separate organisation.

The terms of reference should be aligned with those of the Workforce Implementation Group and the Primary Care School of HEE. These should include internal governance processes (including conflict of interest policy), and educational, quality and financial governance processes in accordance with HEE’s Operating Model, financial processes and Quality Framework.

There should be a communications strategy and an articulated plan to ensure stakeholder engagement.

The Training Hub is accountable to the Workforce Implementation Group for joint / collaborative workstreams devolved to the Training Hub.

It is also accountable to the HEE Local Office Primary Care School with respect to:



- The quality control of clinical placements in primary (and community) care
- The quality of supervision of learners provided by trained multi-professional supervisors
- Financial management for programmes under the sole auspices of HEE

Placement agreements should be in place for work undertaken with respect to HEI activities managed through Training Hubs.

## Locality Training Hubs

The Locality Training Hub is accountable to the STP/ ICS Training Hub and through this to the Workforce Implementation Group for joint/ collaborative workstreams agreed through the Workforce Implementation Group.

It is also accountable through the STP/ ICS Training Hubs to the HEE Local Office Primary Care School and Postgraduate Dean with respect to HEE workstreams.

Locality Training Hubs should be sited within local primary and community organisations such that they are composed of and reflect the natural health economies that they are working across.

Every Primary Care Network (representing 30-50,000 population) is aligned to a Locality Training Hub: of which there are currently 133 across England.

To ensure robust governance, Locality Training Hubs should have:

- A multi-professional executive structure chaired by a locally elected lead.
- Terms of reference that align to and are subservient to the STP/ ICS Training Hub
- Internal governance processes including a conflict of interest policy
- Educational, quality and finance governance processes in accordance with those of HEE

## Training Hubs – Hosting

Training Hubs are currently not “NHS organisations” but hosted. Whilst such hosting arrangements may vary, to reflect local partnerships, geographies and contexts these may include CCGs, community providers or primary care organisations.

Whilst Acute Trusts may be a “host”: the Training Hub MUST be enabled and supported to deliver its core functions with respect to primary and community care.

Training Hubs may be hosted by existing Community Interest Companies (CICs), including those holding PMS or APMS contracts or established community providers. It is not the intention that Training Hubs develop themselves into a CIC for the purpose of delivering the Training Hub agenda or its workstreams.

Hosting arrangements will be underpinned by a contractual agreement between HEE Local Offices and the Training Hubs/ Training Hub hosts which will need to include sound financial governance.

## Infrastructure

The Training Hub programme to date has resulted in Training Hubs of various sizes with varying provision of human resources. To achieve a sustainable yet consistent delivery model going forward, the following infrastructure will be:





- Funding based on weighted capitation
- Modelling based on an indicative population size of 300,000 to provide:
  - Senior programme manager support
  - Project support offices
  - 4-5 sessions per week of clinical leadership including education facilitation time

The exact configuration of personnel across the STP/ ICS and Locality Training Hubs will be subject to local negotiation and agreement with oversight through the Primary Care School.

## Financial Governance

Training Hubs are required to receive and manage both HEE funds to deliver a variety of transformational activities and funding from NHSE/I and other such initiatives as may arise.

In delegating those responsibilities, HEE and NHSE/I need to ensure such financial operations are both lawful and adhere to the respective organisations' policies and procedures. Financial management will be enacted through formal contractual processes.

The following requirements are to be met:

- Training Hubs are to operate on a not-for-profit basis
- Conflict of interest policies are to be in place
- HEE and the STP/ ICS Training Hubs to maintain a contractual relationship setting out the output description, activity levels, and monitoring processes for all workstreams related to HEE core business and activities managed through Training Hubs
- STP/ ICS Training Hubs to have a contractual relationship with NHSE/I and HEE for any jointly agreed workstreams
- Financial management to include agreed invoicing/ payment schedules, agreed reporting schedules relating to the annual spending plan, open book accounting and separate ledger codes or bank accounts
- Any procurement processes to adhere to NHS guidance
- Annual contract review

It is anticipated that as Training Hubs develop and move towards a "place-based" system, direct funding arrangements through such mechanisms as an LDA will emerge.

## Appendix 1

### Maturity Matrix

| Core Functions  | Advanced<br><i>multidisciplinary learning and training environment and strategic planning for the future</i>  | Mature<br><i>fully developed</i><br><br>All TH to be at this stage by March 2021   | Developing<br><i>growing to maturity</i><br><br>All TH to be at this stage by March 2020   | Early Stages<br><i>growing towards a developing model</i>   |
|---|---|--|--|---|
| <p><b>Workforce Planning</b></p> <p><b>The ambition by March 2020:</b> for every TH to have a workforce planning element to support Primary Care Networks</p> <p>TH will support workforce planning and development to respond to local and national needs and relevant strategies to enable the redesign of services within primary care and the community to better support general practice.</p> | <ul style="list-style-type: none"> <li>• Has contributed to a comprehensive primary care workforce plan for ICS/ STP linked to service redesign</li> <li>• Has supported the development and implementation of a workforce plan with every network and CCG</li> <li>• Has a workforce planning process and has supported integrated care organisations</li> </ul> | <ul style="list-style-type: none"> <li>• Has contributed to a system (ICS) workforce analysis and plan, and continuing to contribute as this develops</li> <li>• Supports practices, networks and CCGs in workforce planning using one or more workforce tools</li> <li>• Has had discussions with all networks and CCGs regarding local workforce planning</li> <li>• Has linked to all HEIs placing learners on the patch matching capacity with demand</li> <li>• Has a workforce plan for development of the educator/ supervisor workforce linked to the system plan and requirements of local training and HEI programmes</li> </ul> | <ul style="list-style-type: none"> <li>• Has conducted some ad hoc workforce planning for individual practices or networks.</li> <li>• Has developed training in use of a workforce tool to support practices and networks</li> <li>• Has provided workforce planning advice to practices, networks or CCGs</li> <li>• Attends primary care workforce groups (or equivalent) and contributes to planning</li> <li>• Has conducted a workforce planning process for its own organisation.</li> <li>• Has a provisional workforce plan for educators/ supervisors in the patch</li> <li>• Has linked to local HEIs to scope capacity requirements</li> </ul> | <ul style="list-style-type: none"> <li>• Has had informal workforce planning conversations at practice, network or CCG level</li> <li>• Attends primary care workforce groups at CCG and STP level</li> </ul> |

| <b>Workforce Planning, Example Evidence:</b>   |   |   |  |  |
|--|---|---|--|--|
| <ul style="list-style-type: none"> <li>• Workforce Planning, modelling - WRaPT tool, Workforce Repository and Planning Tool to support workforce remodelling</li> <li>• Workforce Planning Strategy in place</li> <li>• Number of key stakeholders who have workforce plans in place that have been contributed to by the TH</li> </ul>                                |   |   |  |  |
| <b>Core Functions</b>  | <b>Advanced multidisciplinary learning and training environment and strategic planning for the future</b>   | <b>Mature fully developed</b>   | <b>Developing growing to maturity</b>  | <b>Early Stages growing towards a developing model</b>   |
|  | <b>All TH to be at this stage by 2022</b>   | <b>All TH to be at this stage by 2020</b>   |  |  |
| <p><b>GP Network and System Coverage</b></p> <p><b>The ambition by March 2022:</b> to have 100% coverage of an ICS/ STP area.</p> <p>Coverage for this assessment purpose is to identify what the possible coverage area is, for example: there may be 100 practices in your area that you communicate with but only 50% access your services by placing learners.</p> | <ul style="list-style-type: none"> <li>• All (100%) of GP networks are engaged, i.e. understand the benefits of Training Hubs as a network and can use TH</li> <li>• All GP networks are approved learning environments and actively accept placements from TH for multi-disciplinary learners</li> <li>• Places learners/trainees from all disciplines and at all stages of training</li> <li>• Placement plan for each network links to network and CCG workforce plan and educator development plan</li> </ul> | <ul style="list-style-type: none"> <li>• 90%+ of GP are engaged i.e. understand the benefits of Training Hubs as a network and can use THs</li> <li>• Has a map of all networks and practices on the patch with details current status with learning environment approval and approved supervisors</li> <li>• A majority of GP networks are approved learning environments and actively accept placements from TH for multidisciplinary learners</li> <li>• Facilitates learners/trainees on several non-medical programmes involving different disciplines.</li> <li>• Has a plan for development of all networks to teaching and</li> </ul> | <ul style="list-style-type: none"> <li>• At least 50 of GP networks are engaged i.e. understand the benefits of Training Hubs as a network and can use TH</li> <li>• &lt;50% of GP networks are approved learning environments and actively accept placements from TH for multidisciplinary learners</li> <li>• Places learners from some disciplines but not all</li> </ul> | <ul style="list-style-type: none"> <li>• Some GP providers are engaged</li> <li>• &lt;50% of GP practices understand the benefits of Training Hubs as a network</li> <li>• &lt;50% of GP practices actively use TH to place multi-disciplinary learners</li> <li>• Has made contact/ sent offer with all practices in patch</li> </ul> |

|   |   |  |   |  |
|---|---|--|---|--|
|   |   | learning environments  |   |  |
| <p><b>GP Network and System Coverage, Example Evidence:</b></p> <ul style="list-style-type: none"> <li>• Placements circuit covers the geography served</li> <li>• Active engagement with geography patch, various communication channels</li> <li>• Placements in primary and community care accessed</li> </ul> |   |  |   |  |
| <b>Core Functions</b>   | <b>Advanced multidisciplinary learning and training environment and strategic planning for the future</b>   | <b>Mature fully developed</b><br><br><b>All TH to be at this stage by March 2021</b>   | <b>Developing growing to maturity</b><br><br><b>All TH to be at this stage by March 2020</b>  | <b>Early Stages growing towards a developing model</b>   |
| <p><b>Education and Training Programme Development</b></p> <p><b>The ambition by March 2021 – TH</b> to be the co-ordinator for education and training programmes throughout the careers of all disciplines</p>   | <ul style="list-style-type: none"> <li>• Has a comprehensive array of coordinated multi-disciplinary programmes for all disciplines and at all career stages</li> <li>• Training programmes are responsive to workforce plans and needs at ICS, CCG and network levels</li> <li>• Programmes are co-ordinated through Primary Care School</li> <li>• Has comprehensive approach to career support and development in all disciplines at all levels</li> </ul> | <ul style="list-style-type: none"> <li>• Is facilitating delivery of all key programmes developed, including undergraduate, fellowship / postgraduate, CPD and retention.</li> <li>• Is facilitating both medical and non-medical programmes</li> <li>• Delivering throughout on numbers on programmes required by key stakeholders (Primary Care Schools and System)</li> <li>• Delivers non-clinical apprenticeship programmes available</li> <li>• Offers career support at key points</li> </ul> | <ul style="list-style-type: none"> <li>• Offers a variety of placements for a variety of undergraduate programmes in Nursing and other Allied Health Professions</li> <li>• Facilitates preceptorship programmes</li> <li>• Has some CPD, leadership and retention programmes</li> <li>• Offers some apprenticeship programmes</li> <li>• Ad hoc and reactive career support</li> </ul> | <ul style="list-style-type: none"> <li>• No formal programmes or contributes to programmes from others (e.g. HEIs)</li> <li>• Reactive plans for programme development</li> <li>• Has standard programmes only for a few disciplines</li> <li>• Not facilitating medical undergraduate or postgraduate placements</li> </ul> |

| <b>Education and Training Programme Development, Example Evidence:</b>   |   |  |  |  |
|--|---|--|--|--|
| <ul style="list-style-type: none"> <li>• Existence and quality reviews of training programmes</li> <li>• Analysis of programmes against breadth and depth required.</li> <li>• Assessment against workforce plans</li> </ul> |   |  |  |  |
| <b>Core Functions</b>  | <b>Advanced multidisciplinary learning and training environment and strategic planning for the future</b>   | <b>Mature fully developed</b>  | <b>Developing growing to maturity</b>  | <b>Early Stages growing towards a developing model</b>   |
|  |   | All TH to be at this stage by March 2020   |  |  |
| <b>Education Faculty</b><br><br><b>The ambition by March 2020:</b> all TH to be fully resourced to meet the requirements of a core offer to support PCN  | <ul style="list-style-type: none"> <li>• Has a comprehensive workforce plan for all supervisors and education facilitators with evidence of effective outcomes</li> </ul> | <ul style="list-style-type: none"> <li>• Has sufficient education facilitators to ensure delivery of all planned programmes</li> <li>• Has the required numbers of supervisors to deliver capacity of placements required</li> <li>• Educator development programmes are linked to an organisation development strategy</li> </ul> | <ul style="list-style-type: none"> <li>• Has plan for recruitment of educators required to deliver full operational plan</li> <li>• Has commenced supervisor development and has plan to meet future needs</li> <li>• Has education facilitators to deliver some educational programmes</li> </ul> | <ul style="list-style-type: none"> <li>• Insufficient numbers of educators to deliver full requirements</li> <li>• Ad hoc educator/ supervisor development programmes available</li> </ul> |
| <b>Education Faculty, Example Evidence:</b>  |   |  |  |  |
| <ul style="list-style-type: none"> <li>• Fully functioning TH team</li> <li>• OD plan</li> <li>• Fully resourced OD offer</li> <li>• Low staff turnover</li> </ul>   |   |  |  |  |
| <b>Core Functions</b>  | <b>Advanced multidisciplinary learning and training environment and strategic planning for the future</b>   | <b>Mature fully developed</b>  | <b>Developing growing to maturity</b>  | <b>Early Stages growing towards a developing model</b>   |
|  | All TH to be at this stage by March 2021  | All TH to be at this stage by March 2020   |  |  |

|  |   |  |  |  |
|--|---|--|--|--|
| <p><b>Leadership / Culture</b></p> <p><b>The ambition by March 2020:</b> for all TH to have the right leadership to transform education, training and retention in TH to meet the needs of the population served.</p> <p>The leadership within a future TH will transform the offer to ensure TH are the central focal point for trainees to gain access, experience and exposure into PaCC. A TH will be accountable to Primary Care Schools and link in with ICS/STP within a PCN.</p> | <ul style="list-style-type: none"> <li>• Has a TH strategy signed off by a Senior Responsible Officer at Local Office</li> <li>• TH has a clear shared vision and a credible strategy that links to Primary Care School and System strategies</li> <li>• There are clear processes in place for effective collective decision-making</li> <li>• Active contribution to and integration with strategies of Primary Care School and ICS Workforce Implementation Group</li> </ul> | <ul style="list-style-type: none"> <li>• Has a TH strategy signed off by a Senior Responsible Officer At Local Office</li> <li>• TH has a clear shared vision and a credible strategy</li> <li>• There are clear processes in place for effective collective decision-making</li> <li>• Has an “Implementation Board” established, with key stakeholders, or a similar action group with members from key stakeholders such as local teams and HEIs</li> <li>• Integrates effectively with Primary Care School with robust reporting arrangements</li> <li>• TH strategy links to ICS/ STP workforce strategy</li> </ul> | <ul style="list-style-type: none"> <li>• Has a basic governance structure</li> <li>• Is developing relationships with the STP, CCGs and networks</li> <li>• There is a clear vision that is shared with stakeholders</li> <li>• Has required level of clinical leadership</li> <li>• Has systematic reporting arrangements to the Primary Care School</li> </ul> | <ul style="list-style-type: none"> <li>• Has a basic organisational structure</li> <li>• Governance arrangements are based on other stakeholders (e.g. HEE or HEIs)</li> <li>• Reactively responds to objectives set by Primary Care School</li> <li>• Relationship between the TH and the host organisation is not clearly defined</li> </ul> |
| <p><b>Leadership / Culture, Example Evidence:</b></p> <ul style="list-style-type: none"> <li>• Description of TH organisation including leadership functions, responsibilities and lines of management</li> <li>• Description of governance arrangement</li> <li>• Reports produced e.g. governance</li> <li>• Strategy documents with evidence of sign-off</li> </ul>   |   |  |  |  |
| <p><b>Core Functions</b></p>   | <p><b>Advanced multidisciplinary learning and training environment and strategic planning for the future</b></p> <p>All TH to be at this stage by March 2021</p>  | <p><b>Mature fully developed</b></p> <p>All TH to be at this stage by March 2020</p>   | <p><b>Developing growing to maturity</b></p>   | <p><b>Early Stages growing towards a developing model</b></p>  |



|   |  |  |  |   |
|---|--|--|--|---|
| <p><b>Stakeholder and Engagement</b></p> <p><b>The ambition by March 2020:</b> TH will need to work across boundaries with key stakeholders to ensure they educate and train a multidisciplinary workforce to serve population need. Close working relationships with NHSE/STPs/ICS' s and PCN are critical in the success of a TH</p>                      | <ul style="list-style-type: none"> <li>• Full stakeholder engagement with representation on boards</li> <li>• All planning and activity is integrated within Primary Care School, ICS/STP and NHSE local and regional teams</li> <li>• Engages and works with all HEIs in patch to place all learners</li> <li>• Comprehensively engages with schools and colleges in providing careers advice</li> <li>• Is an active member of the LWAB</li> </ul> | <ul style="list-style-type: none"> <li>• Active Stakeholder engagement with representation on boards.</li> <li>• Co-ordinates work with Primary Care School</li> <li>• Works effectively with NHSE at regional and CCG level</li> <li>• Engages and works with HEIs to place all learners</li> <li>• Engages with all GP networks</li> <li>• Is an active member of the LWAB/ Primary Care Workforce Group</li> <li>• Is an active member of the STP/ ICS with co-ordinated TH activity across the whole footprint</li> <li>• Co-ordinates activity with the GP school</li> <li>• Supports local schools and colleges in career advice and events</li> </ul> | <ul style="list-style-type: none"> <li>• Engagement with most stakeholder groups but some not engaged or informal arrangements</li> <li>• Works reactively with Primary Care School and HEE local teams</li> <li>• Transactional engagement with learners</li> <li>• Regular communication with NHSE</li> <li>• Engaging and works with some HEI's to place some learners</li> <li>• Regular communication with LWAB but limited communication with STP/ICS</li> </ul> | <ul style="list-style-type: none"> <li>• Ad hoc stakeholder engagement with some key stakeholders not engaged</li> <li>• Limited interaction with Primary Care School and local HEE teams</li> <li>• Limited engagement with NHSE</li> <li>• Ad hoc engagement with HEIs to place learners</li> <li>• Engages with some GP practices or networks on a reactive basis</li> <li>• Minimal engagement with LWAB minimal engagement with STP/ICS</li> <li>• Links with other TH as part of a regional TH network</li> </ul> |
| <p><b>Stakeholder and Engagement, Example Evidence:</b></p> <ul style="list-style-type: none"> <li>• List of stakeholders</li> <li>• Participation and lead various group</li> <li>• Joint plans produced with key stakeholders</li> <li>• Minutes of board meetings or equivalent</li> <li>• Details of contribution to other groups e.g. LWABs</li> </ul> |  |  |  |   |
| <p><b>Core Functions</b></p>  | <p><b>Advanced multidisciplinary learning and training environment and strategic planning for the future</b></p>   | <p><b>Mature fully developed</b></p>   | <p><b>Developing growing to maturity</b></p>   | <p><b>Early Stages growing towards a developing model</b></p>   |



|   | All TH to be at this stage by March 2022  | All TH to be at this stage by March 2020   |  |  |
|---|---|--|--|--|
| <p><b>Quality Assurance</b></p> <p><b>The ambition by March 2021:</b><br/>There will be one standardised core quality assurance process, monitored through the HEE quality framework.</p> <p>Robust and good quality assurance processes will be used by all TH to ensure quality educational experiences for learners entering PaCC.</p> | <ul style="list-style-type: none"> <li>• Has a comprehensive educational governance strategy that ensures learning environments that normally exceed requirements of regulators on an ongoing basis</li> <li>• Effectively co-ordinates quality assurance work with other stakeholders including HEE, CQC, NHSE, Council of Deans</li> <li>• Has robust documentation and processes for quality assurance</li> <li>• Facilitates quality assurance of learners' experiences and delivery of curricula and works in co-ordination with HEIs in quality improvement</li> <li>• Has developed a quality improvement plan for all primary care education across the system</li> </ul> | <ul style="list-style-type: none"> <li>• Has a comprehensive educational governance strategy that ensures learning environments that meet the requirements of regulators on an ongoing basis</li> <li>• Educational governance is co-ordinated with Primary Care School and other TH</li> <li>• Uses HEE quality framework and common documentation for quality assurance</li> <li>• Has accurate register of approved environments and supervisors</li> <li>• Effectively links with HEIs on quality assurance</li> </ul> | <ul style="list-style-type: none"> <li>• Has a basic educational governance plan that covers essential elements required</li> <li>• Undertakes some learning environment audit/ approval</li> <li>• Ensures all supervisors are appropriately trained</li> <li>• Ensures all learners are placed in approved learning environments</li> <li>• Supports HEIs in some elements of monitoring delivery of curricula</li> <li>• Basic governance reports produced for Primary Care School</li> </ul> | <ul style="list-style-type: none"> <li>• When needed, learning environment approval is conducted by other agencies (e.g. GP School, HEIs)</li> <li>• Learners sometimes placed into non-approved environments or non-approved supervisors</li> <li>• No systematic approach to quality assurance</li> <li>• Uses ad hoc documentation and processes</li> </ul> |
| <p><b>Quality Assurance Example Evidence:</b></p> <ul style="list-style-type: none"> <li>• Example of a full quality cycle</li> <li>• HEE quality monitoring visit report and positive NETS survey results</li> <li>• HEI/QAA quality reports</li> <li>• Learner feedback surveys</li> </ul>  |   |  |  |  |

|   |   |   |  |   |
|---|---|---|--|---|
| <p><b>Core Functions</b></p>  | <p><b>Advanced multidisciplinary learning and training environment and strategic planning for the future</b></p> <p><b>All TH to be at this stage by March 2021</b></p>   | <p><b>Mature fully developed</b></p> <p><b>All TH to be at this stage by March 2020</b></p>   | <p><b>Developing growing to maturity</b></p>   | <p><b>Early Stages growing towards a developing model</b></p>   |
| <p><b>Finance model</b></p> <p><b>The ambition by March 2020:</b><br/>To have a dedicated sustainable funding model that is used to support PaCC in education and training of future workforce.</p>   | <ul style="list-style-type: none"> <li>• Has sustainable funding streams (HEE/ Tariff)</li> <li>• Dedicated finance leadership and risk management</li> <li>• Shared set of principles to manage finances</li> <li>• Comprehensive “placed-based” tariff processes dependent on system maturity</li> <li>• Comprehensive financial management and reporting to Primary Care School</li> <li>• Awareness of array of potential funding streams both within and outside the NHS engaging with bidding and allocation processes</li> </ul> | <ul style="list-style-type: none"> <li>• Has sustainable long-term funding streams</li> <li>• Sets appropriate budget to deliver operational plan</li> <li>• Regular finance reports to primary care school</li> <li>• Some elements of place-based tariff delivered</li> <li>• Has robust financial engagement with all commissioners</li> </ul> | <ul style="list-style-type: none"> <li>• Medium-term financial security</li> <li>• Appropriate budget setting and financial reports</li> <li>• Processing tariff payments to practices and networks</li> <li>• Able to accept some ad hoc commissions from different stakeholders</li> </ul> | <ul style="list-style-type: none"> <li>• No /recurrent sustainable funding stream</li> <li>• Funding dependent on successful bids to multiple bodies with no clear co-ordination</li> <li>• Unable to process tariff payments for placements</li> <li>• Ad hoc financial reports</li> <li>• Basic financial management processes</li> </ul> |
| <p><b>Finance Example Evidence:</b></p> <ul style="list-style-type: none"> <li>• Finance plans and reports including tariff payments and specific funding streams</li> <li>• Finance governance policies and processes</li> <li>• Additional funding bids submitted and outcomes</li> </ul> |   |   |  |   |

## Glossary of terms and abbreviations

|                    |   |
|--------------------|---|
| STP                | Sustainable Transformation Partnership is a partnership that is system wide across health and social care working together to transform health services   |
| Healthier Together | BNSSG STP is known as 'Healthier Together'  |
| Training Hub       | Networks of education and service providers (NHS and non NHS) based in the community whose aim is to meet the educational needs of the multi-disciplinary Primary Care team, bringing together NHS organisations, community, local authorities and educational establishments |
| CEPN               | Community Education Provider Network was the previous name of the Training Hub  |

# Primary Care Workforce Update

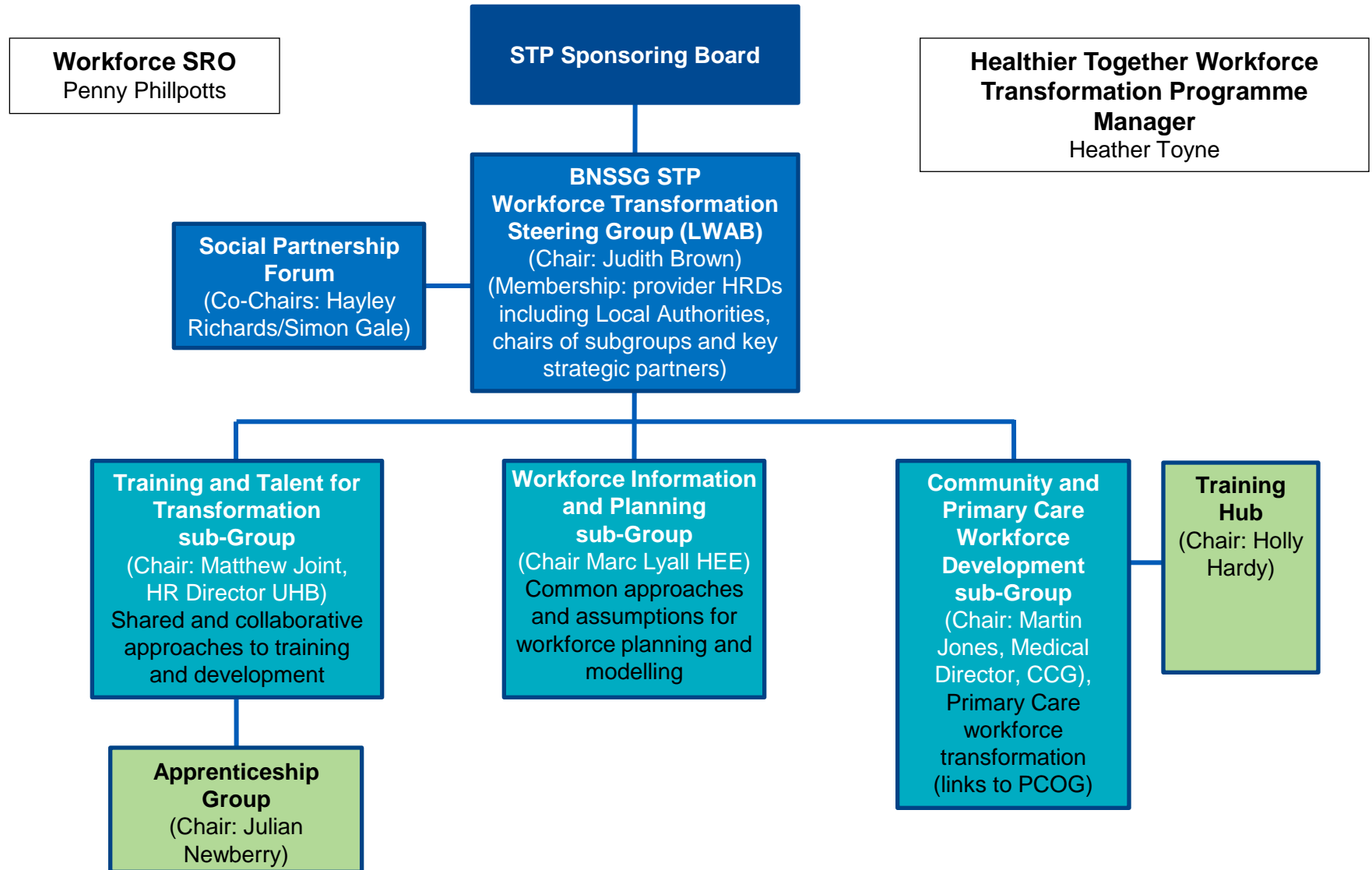
Agenda Item No 7, Primary Care Commissioning  
Committee 30<sup>th</sup> July 2019

# Governance

All Primary Care Workforce projects report into the Community and Primary Care Workforce Development Sub-Group which reports to both the CCG's Primary Care Operational Group and to the STP's Workforce Transformation Steering Group.

All projects reporting into the Community and Primary Care Workforce Development Sub-Group are reported on the STP's project management system 'Verto' to enable a clear oversight of the delivery of the work.

# BNSSG Healthier Together Workforce Governance Structure



# Current Projects Supporting Workforce in Primary Care



# NHS England and Health Education England International GP Recruitment Programme

- Programme that links Doctors currently working as GPs in the European Economic Area to GP practices in England
- A Bristol, North Somerset and South Gloucestershire (BNSSG) prospectus has been produced in conjunction with NHSE for potential International GP Recruits
- First recruitment event was held in June 2019 for Bristol, North Somerset and South Gloucestershire (BNSSG), Bath, Swindon, and Wiltshire (BSW) and Gloucestershire (Glos)
- BNSSG has GPs already working through the scheme that were identified during recruitment events in other areas

# Local GP Retention Programme and Health Inequalities Fellowships

Original project bid was for:

- a leadership course for GPs in their first 5 years of their career
- Peer support for GPs
- Opportunity for 3 GPs working in areas of BNSSG where there are health inequalities to complete a Post Graduate Certificate in Public Health and link in with the Training Hub to share learning across BNSSG, with a focus on Mental Health and Prevention. This work was led by the CCG and the Training Hub.

NHS England were able to support BNSSG in making the Health Inequality Fellows multidisciplinary. Additional funding for the project was accessed through GP Forward View and GP Nursing 10 Point Plan funds

# Nurse and Allied Health Professional Health Inequalities Fellows

- 3 GP Nurses and 3 Allied Health Professionals (AHPs) (Paramedic, Pharmacist and Dietitian) were recruited into the programme
- 3 GPs, 3 GP Nurses and 3 AHPs will be starting the Postgraduate Certificate in Public Health at University of West of England in September 2019
- They will be linking closely with the Clinical Lead in Mental Health and Prevention Group of Healthier Together
- This initiative reduces health inequalities in BNSSG and helps to deliver an element of the Long Term Plan and GP Nursing 10 Point Plan

# GP Nursing 10 Point Plan (GPN10PP)

- Three Locality Lead Practice Nurses(LLGPN) are now part of BNSSG CCG structure and the Workforce Lead Nurse is in post until March 31<sup>st</sup> 2020
- Attendance at UWE careers events for nursing students by GPN nurse ambassadors and locality lead GPNs
- A promotional video for GP Nurses has been produced for BNSSG and this will be used to promote GP Nursing to new nursing students in a digital flyer. It is also being used by the national team
- Following a successful bid from RCN Leadership Programme, BNSSG CCG Locality Lead Practice Nurse is developing a local retention toolkit for nurses which links with national resources and aids appraisal, revalidation and continuing professional development.

# GP Nursing 10 Point Plan continued

- LLGPN leads are working with the Training Hub to develop mentorship across primary care providers. Academics in practice to have regular contribution at Locality Practice Nurse Forums to provide mentor support to increase placement numbers.
- 'New into practice' module has been produced and will be delivered by UWE
- GPN ambassadors have worked with UWE to ensure undergraduate programme has more primary care focus i.e. in simulation suites and addition of primary care placements in year 1. Other projects are in progress with the aim of promoting GPN as a first choice career destination.

# GP Nursing 10 Point Plan continued

- Developing career pathways for General Practice Nurses: Apprenticeships are being promoted in primary care by the Avon LMC and the Locality Lead Practice Nurses; The Training Hub has developed a New into Practice Course currently being validated by UWE.
- Developing hub and spoke mentor pilot model at new PCN level
- BNSSG has been a chosen pilot site for the Health Education England Place Based Placement Pilot. This will allow more placements in Primary Care as placements will be competency led rather than profession led
- Regular links with other CCGs in South West North region to share best practice in developing the GPN10PP

# South Bristol Workforce Modelling Project

Bespoke piece of workforce modelling carried out in General Practice, but linking in to the McKinsey programme of work

- Phase 1 complete

Baseline of current terms and conditions, roles and competencies of staff working in general practice

- Phase 2 (aiming completion by August 2019)

To use the knowledge learned in Phase 1 to inform new models of care in the priority areas of the Locality Transformation Scheme



# Intensive Support Site

- Weston, Worle and Villages Locality is one of seven sites chosen nationally
- Improving back office functions, efficiency and effectiveness in Weston, Worle and Villages practices
- Includes the introduction of 'Ask my GP', an electronic consultation package
- A full report will follow to PCCC in September 2019

# Training Hub

Training continues to be delivered in primary care by the Training Hub across Health and Social Care through the Healthier Together priority areas including:

- A sustainable pipeline of highly skilled, motivated and flexible entry-level health and social care workers, recruited and developed at scale and across providers
- Considerable/sizeable expansion of the numbers of B5 registered clinicians both in post and in the pipeline
- Significant increased capability and capacity in Advanced Practice skills and training that links to Primary Care Workforce needs of the NHS England GP Five Year Forward View and the NHS England GP Long Term Plan

# Training Hub Delivered 2018/19

## Leadership, Development and Retention Programme

- Clinical Leadership Programme for Nurses and AHPs
- Putting Leadership into Practice: Quality Improvement Programme
- System Leadership at the Frontline
- Lead. Manage. Thrive.
- Next Generation GP: Energise, Engage and Empower
- Survive and Thrive: Resilience Training
- Mentoring
- Leadership Development for Practice Managers

# Training Hub Training continued

## Skills Based Education:

- Spotting a Sick Child Masterclass
- End of life Care Masterclass
- 2019 Nurse Conference
- AHP Conference
- Human Factors for HCA's

## Developing Practice Management through

- Localities Organisational Development
- MDT Working
- Hot Topics including HR in Primary Care, Workforce Planning and Apprenticeships

## Practice Managers Development through

- System leadership, Influencing and Negotiating, Coaching Skills, Team Development and Personal Effectiveness

# Training Hub and Future Workforce

The Training Hub is securing the future workforce through sustained engagement in schools and colleges by

- Improving perceptions, knowledge and understanding of potential opportunities in health and care
- Encouraging young people to recognise their potential, including specific efforts to inspire disadvantaged and under-represented groups of young people
- Expanding access to work-related experiences and opportunities that support the progression of young people to further education and training
- Supporting young people to increase their academic attainment

# Access to Learning Task and Finish Group

In collaboration with the Training Hub, LMC, OneCare, Skills for Care, and Health Education England, a task and finish group was set up to produce a resource:

- Courses available in BNSSG for Community and Primary Care Workforce including cost, aims and objectives of training, and evaluation
- The next phase is to link this information to career pathways for Healthcare Professionals and be made available externally to potential new recruits to Health and Social Care

# Impact of Workforce Training Evaluation Plan

Evaluation and Evidence Team as part of the Community and Primary Care Workforce Development Sub-Group are developing an evaluation that can be used in training beyond the LMC and the Training Hub

Looking at how practice has changed after 6 months:

- Has the course changed practice?
- Has it increased confidence levels?
- Is the attendee able to apply it in their role?
- If not, why not?

# Future Workforce Plans 2019/20

- Happy App roll out in Primary Care (aiming to start in Primary Care in September 2019)
- GP Nurse Bank scoping
- Develop portfolio career opportunities
- Work with the Health and Social Care system to ensure additional roles in Primary Care ensure maximum system-wide benefit
- Develop additional roles in Primary Care
- Develop MDT working in PCNs through PCN development



# Primary Care Networks and Workforce

# PCN Baseline

The baseline numbers have been collected from all PCNs across BNSSG, with Clinical Director sign off from each PCN and submitted to NHS England with regards to the number of full time equivalents of the following staff as of 31<sup>st</sup> March 2019:

- Pharmacists
- Pharmacy Technicians
- Paramedics
- Physicians Associates
- Physiotherapists
- Social Prescribing Link Workers

# Additional Roles Timeline

2019/20 Pharmacists and Social Prescribing Link Workers

2020/21 Physiotherapists and Physicians Associates

2021/22 Paramedics

It is likely that Pharmacy Technicians will also be included in the additional roles, as baseline information for these roles was requested, but awaiting further information from NHS England

# Additional Role Reimbursement

- Contracts Team and Primary Care Development Team are developing a process to ensure PCNs can be reimbursed for the additional roles
- This will include information about evidencing the 'additionality' these roles will deliver
- If all PCNs employ 1 Social Prescribing Link Worker and 1 Pharmacist in 2019/20, there will be an extra 26 SPLWs and 26 Pharmacists in Primary Care (1 extra full time equivalent per 30,000 PCN population)
- It is not yet known how much the PCNs will receive for additional roles in year 2. It will be calculated on weighted population, and PCNs will be able to choose which additional roles they employ as long as it is within the timeline on previous slide e.g. in 2022 the PCNs can choose from any of the five roles stated

# Social Prescribing Link Workers (reimbursable from 2019/20)

- Role description has been published by NHSE
- A working group is being set up to future-proof the role that will include representation from the Local Authority, 3<sup>rd</sup> sector organisations, patients and locality leads
- It is the aim that Social Prescribing Link Workers will be employed through Local Authority and 3<sup>rd</sup> sector organisations who currently employ similar roles
- A BNSSG shared local plan for Social Prescribing Link Workers has been drafted, with the aim of it being signed off by September 2019
- A PCN Social Prescribing Information Pack has been produced
- PCN Clinical Directors, Local Authority, Voluntary and 3<sup>rd</sup> Sector Organisations will meet in the Autumn to review progress

# Pharmacists (reimbursable from 2019/20)

- Initial meetings have been held with CCG and providers across BNSSG, including Health Education England, the acute trusts, community interest companies, Local Pharmacy Committee representing Community Pharmacists, and BNSSG CCG Medicine Optimisations Lead
- The working group will plan to ensure maximum system-wide benefit by the increased numbers of Pharmacists being employed by PCNs
- A 1 year and 5 year plan will be developed, with opportunities such as portfolio careers and rotational posts to ensure expertise is shared across the system

# Paramedics (reimbursable from 2021/22)

- Proof of concept pilot being funded by HEE to offer a funded masters programme to 10 students (with agreement to increase to 15) in Bristol, North Somerset and South Gloucestershire
- Sustainability will be achieved through self-funding through advanced learner loan, or apprenticeship (Advanced Clinical Practitioner aligned)
- Intake at UWE has increased annually in the last 3 years from 35 to 60 to 90 Paramedic students.
- Despite a drop in numbers applying to Nursing, Midwifery and AHP programmes, demand for Paramedic undergraduate places exceeds availability of places by 9 applications to every available place.
- Original concept of this came from SWASFT

# SWASFT Paramedics

*Opportunity for Paramedics working in SWASFT to extend role as an Advanced Paramedic Practitioner to ensure they have the skills to work in primary care*

- Paramedics employed by SWASFT have an opportunity to extend their practice to become 'primary care ready' (on the job training), enabling Paramedics to partake in a portfolio career.
- This opportunity will enable SWASFT to benefit from portfolio careers and advanced Non-Medical Prescriber skills
- It is acknowledged across the system that staff development is a positive outcome and will improve recruitment and retention. It is preferable for Paramedics to remain 'in the system'



# SWASFT Paramedics Continued

- An ambulance based Paramedic who processes patients in a primary care manner has an enhanced clinical reasoning time. This improves overall performance and benefits the whole system
- Paramedics with system knowledge can refer more appropriately and effectively
- SWASFT attrition is 8%-predicting being at full workforce capacity in September 2019 meaning that they are now in a position to be able to offer extended role training
- Cross sector roles will reduce attrition and extend the lifespan of a typical Paramedic by increasing interest and opportunity
- There will be a Paramedic working group meeting in October that will include senior representation from HEE and CEO from SWASFT to continue to develop strategy

# Other NHS England Reimbursable Roles

- Physiotherapists (reimbursable from 2020/21)
- Physicians Associates (reimbursable from 2020/21)

Plans will be developed with the Primary Care Networks regarding the new reimbursable Physiotherapist and Physicians Associate roles

# Links into System Wide Workforce Development

- McKinsey workforce modelling
- Learning Academy Scoping
- Apprenticeships
- Career Pathways Development
- Social Care Workforce Development
- BNSSG Frailty Pathways Work

# The End