

GP Forward View: Workforce

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Why Focus on Primary Care Workforce?

- Circa 6% (3,082 headcount/circa 2,000 FTE) of the BNSSG health and social care workforce work in primary care spread across 85 practices
- Single biggest staff group (by head count) reception and administration (885+365=1,250), followed by GPs (723), and then Nursing and Health Care Assistants combined (459+166=625)
- Skill mix in practice teams below national median
- Patient to clinician ratios and patient to nurse ratios lower than England average
- Lower than national participation rates i.e. higher percentage of part-time working. BNSSG labour market workforce intelligence indicates this is the case across the whole of the BNSSG health and social care workforce.

Continued...

- Turnover of staff within general practice and 'poaching' from other sectors – anecdotal evidence needs quantifying and joined up solutions.
- Significant proportion of workforce over 50 years of age with some hot spots; nurses 53%, admin/non-clinical 56%, 41% direct patient care (includes health care assistants), 34% GPs. NB excludes 14% for whom no data was available
- Circa 50% practices report significant workforce issues following a local practice survey in 2017
- Gaps in workforce reported by 56/85 practices in Community Education Provider Network (CEPN) survey Oct 17– nurses 31%, receptionist 29%, GPs 23%, Admin and IT 11%.

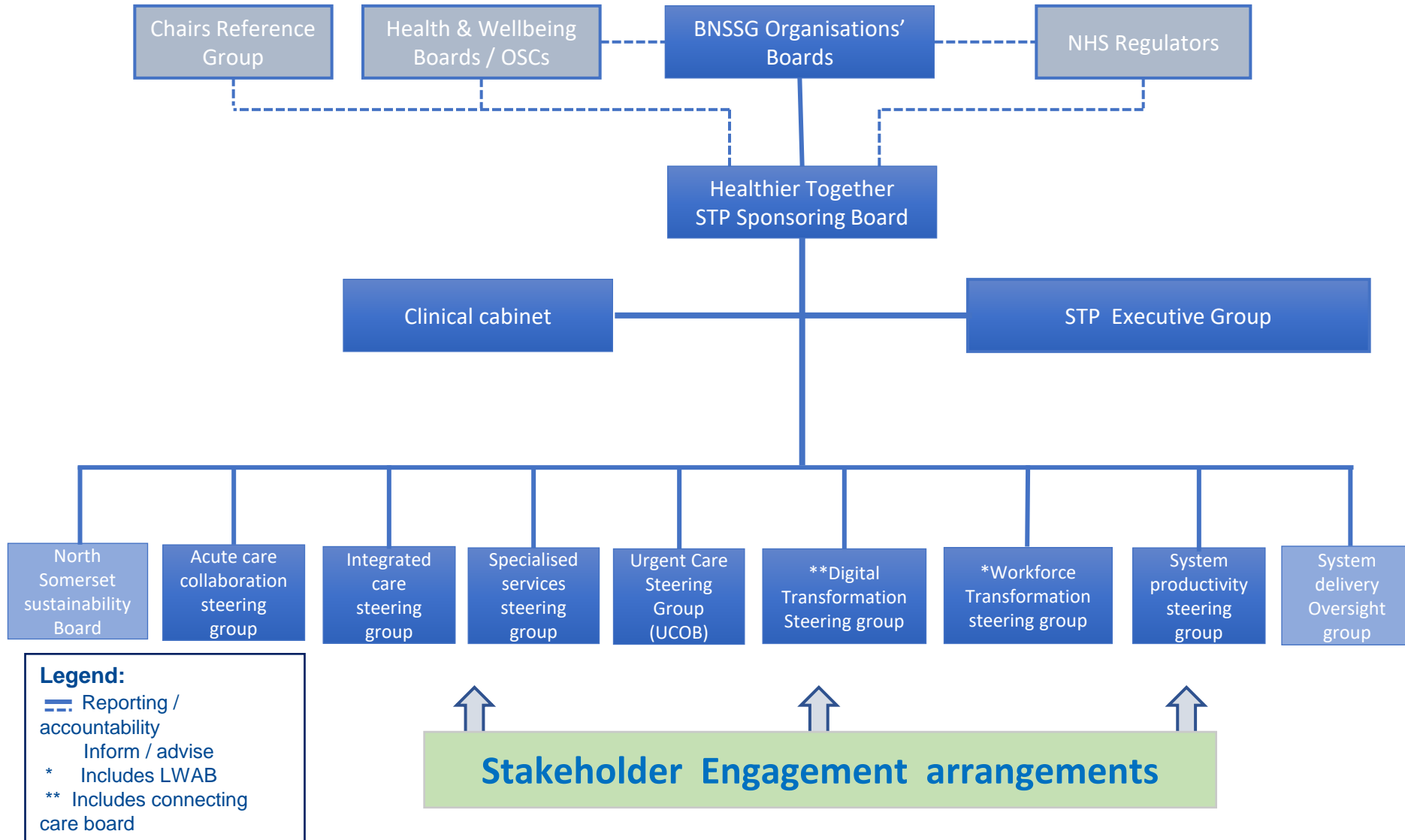
Which left unresolved could result in....

- Reduced access for patients
- Increased dependence on urgent care services
- GP practices unsustainable
- Extreme workload pressures negatively impacting on retention



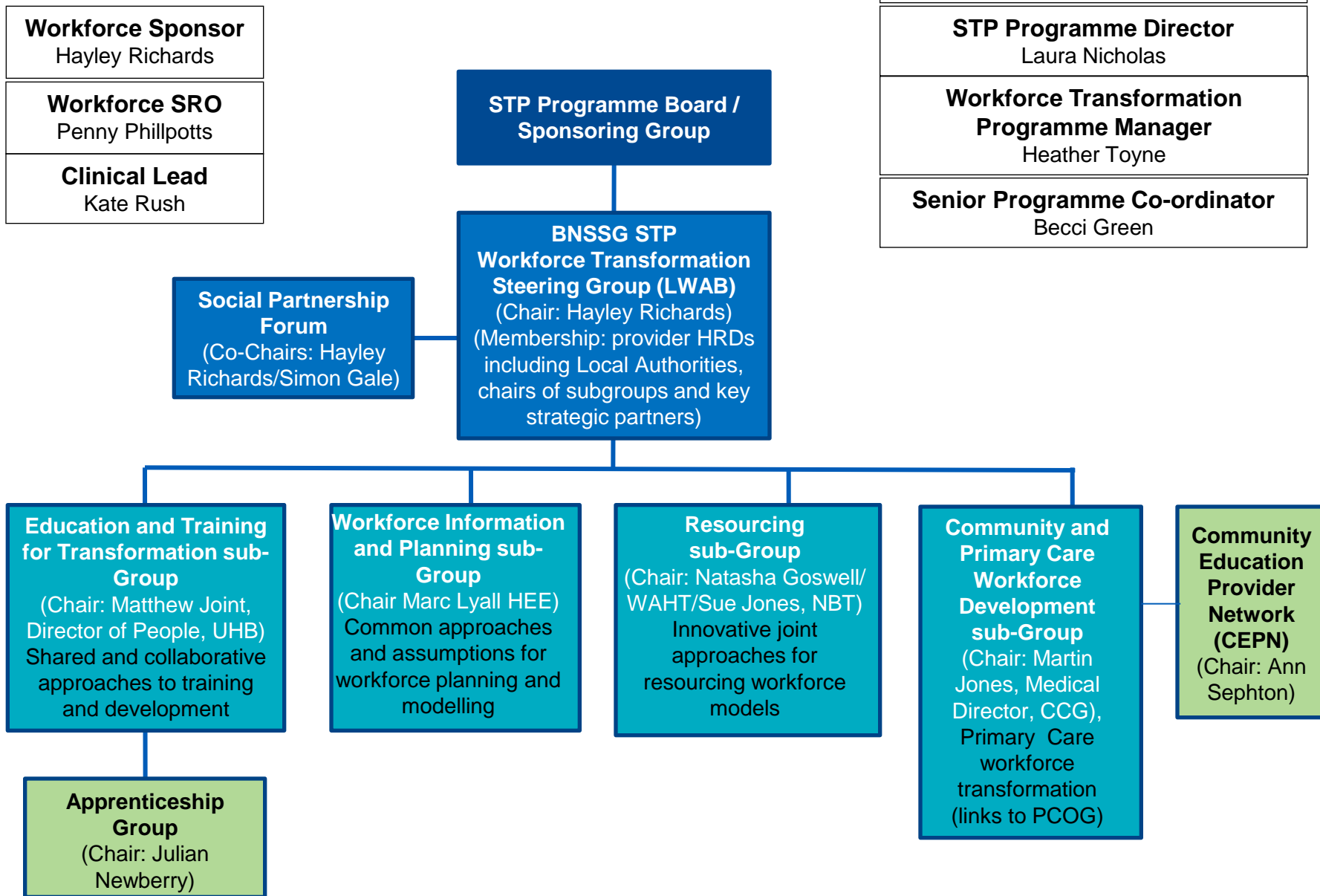
Governance Structure (Sponsoring Board approved 26 March 2018)

The STP-wide governance infrastructure (shown below) will allow partner organisations to work together to extend our collaborative working and decision making across the whole STP footprint.





BNSSG Healthier Together Workforce Governance Structure 6.6.18



BNSG Healthier Together Workforce Vision Statements 2028

We have six vision statements which describe where we aim to be by 2028, covering the following areas:

- **Working together** to maximise the potential benefit for the population, our patients, our staff and the system.
- **Workforce planning** to ensure we have sufficient staff with the right skills delivering care in the right place, both now and in the future.
- **Collaborative training and development** providing consistent, quality training at scale through our Learning Academy.
- **Primary care workforce development** through multi disciplinary team (MDT) working at locality/cluster level to reduce the burden on GPs.
- **Joined up health and social care workforce** improved career pathways, reduced vacancies and more integrated services through joint working.
- **Collaborative temporary staffing, training and support functions** offering flexible, cost-effective staffing options.



BNSSG Healthier Together

Our Workforce Goals 2018-2020/21

CURRENT WORK PACKAGES

Support primary care locality working
Overseas GP recruitment, develop physicians associates and paramedics

Develop workforce models to enable multidisciplinary primary care teams to reduce GP workload with CCG/CEPN/One Care, and upskill practice teams in mental health, stroke, etc

Prevention
Significant numbers trained in Make Every Contact Count/Mental Health First Aid to reduce numbers needing secondary care

Streamlining
Stat and man passport for health care/Skills academy /Recruitment passport

ISSUES AND DRIVERS

Primary care workforce gaps
Registered nurse supply shortfall
Social care vacancies and shortages
Medical staff gaps

STP PRIORITIES

Redesigned service and workforce models for the following:

Prevention & early intervention

Children`s and Maternity

Healthy Weston

Mental Health & LD

Integrated Care

Acute Care Collaboration

Planned Care

Primary Care (GP 5YFV & GPN10PP)

System Productivity

GOALS

GOAL 1
A sustainable pipeline of highly skilled, motivated and flexible entry-level health and social care workers, recruited and developed at scale and across providers

GOAL 2
Considerable/sizeable expansion of the numbers of B5 (band 5) registered clinicians both in post and in the pipeline

GOAL 3
Significant increased capability and capacity in Advanced Practice skills

WORK PACKAGES

- Health and social care apprenticeships across organisations to support unregistered workforce development
- Passporting training across health and social care
- Marketing health and social care careers to increase supply

WORK PACKAGES

- Joint BNSSG nurse degree programmes working with universities and Health Education England.
- Develop joint attraction packages
- Nurse apprenticeship option appraisal and implementation
- Return to Practice

WORK PACKAGES

- Develop spec to commission advanced clinical practice using apprenticeship levy
- Joint delivery, pooling levy, placement capacity and supervision

Integrated care delivered through MDTs at Locality level

ENABLERS

Staff engagement – MoU to underpin joint working - OD to work better together –
Workforce planning - contractual flexibility - collaborative resourcing
All organisations are model employers for retention, recruitment and health & wellbeing

Bristol, North Somerset and South Gloucestershire (BNSSG)



STP : Primary Care Workforce 'plan on a page'

Bristol, North Somerset
and South Gloucestershire
Clinical Commissioning Group

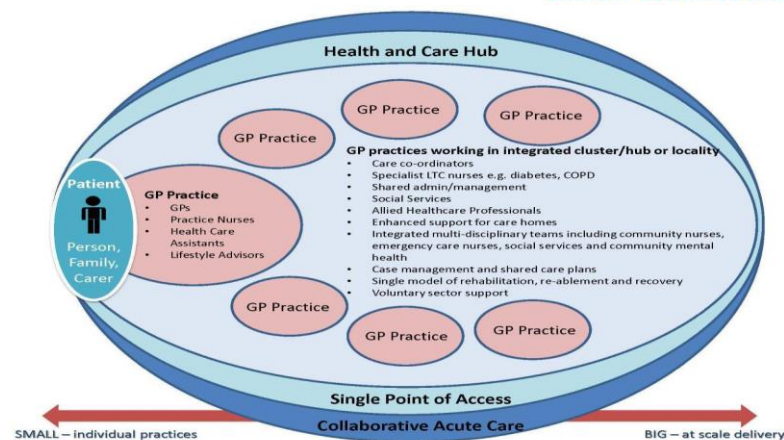
Version 4.4

Vision for Primary Care workforce – a 'right sized and right skilled' workforce that can deliver a resilient and thriving primary care service which is the heart of an integrated health and social care system centred around the patient and carer

- Competent and confident 'at scale' providers (Localities) with strong leadership, delivering workforce economies of scale
- MDT: Highly skilled Multi disciplinary teams (MDT) in primary care
- Integrated Multi-disciplinary teams from a variety of providers organised around clusters/localities to work directly with primary care professionals on a day-to-day basis
- Skill mix, alternative workforce models, and diversification of workforce : New roles to support primary care e.g. Clinical pharmacists, nurse associates, nurse practitioners, paramedics, care navigators, physicians assistants, medical assistants, supported by specialist nurses, mental health workers etc.
- Maximising the clinical expertise in the extended primary care workforce, with clinicians working to the maximum of their licence/competences
- Primary Care as a nursing career choice with accessible career pathways
- Integrated teams confidently working across organisational boundaries
- A strong interface between secondary care clinicians, community care clinicians, primary care clinicians and allied health care professionals
- Expanded recruitment, training and development opportunities for staff through joint working across providers

Current state

- Circa 6% (3,082 headcount/circa 2,000 FTE) of the BNSSG health and social care workforce work in primary care spread across 90 practices
- Single biggest staff group (by head count) reception and administration (885+365=1,250), followed by GPs (723), and then nursing and Health Care Assistants combined (459+166=625)
- Skill mix in practice teams below national median
- Patient to clinician ratios and patient to nurse ratios lower than England
- Lower than national participation rates i.e. higher percentage of part time working. BNSSG labour market workforce intelligence indicates this is the case across the whole of the BNSSG health and social care workforce.
- Circa 50% practices report significant workforce issues. PRAQ survey 2017
- Gaps in workforce reported by 56/85 practices in CEPN survey Oct 17
- – nurses 31%, receptionist 29%, GPs 23%, Admin and IT 11%.
- Churn within general practice and 'poaching' from other sectors – anecdotal evidence needs quantifying and 'joined up' solutions.
- Significant proportion of workforce over 50 years with some hot spots. Nurses 53%, admin/non-clinical 56%, 41% Direct patient Care (includes HCAs), 34% GPs. NB excludes 14% for whom no data was available.



Progress to date

- BNSSG Primary Care Strategy and delivery plan agreed and **development in progress including workforce strategy and plan.**
- General Practice at scale - **Locality Transformation Scheme (LTS).**
- Primary care workforce initiatives and pilots at team, practice, cluster, locality, CCG level with multiple funding streams and incentive schemes. **Stocktake, showcase, spread learning and share good practice.** Maximising the workforce opportunities afforded by the Resilience, Transformation and Improved Access allocations from the GP Forward View (GPFV) funding.
- Workforce data and information. The range and quality of primary care workforce data at scale is improving but still more limited than for other sectors. LTS working is beginning to address this, supported by OneCare Ltd (OCL).
- CEPN established 2017 – delivering CEPN core functions. **Thriving network established - modelling multi-organisational integrated working behaviours.** HEE funded STP initiatives to support integrated care models – including MDT, Organisational Development and Health Care Assistant skills training (Mental Health First Aid, stroke prevention and frailty/Comprehensive Geriatric Assessment (CGA)).
- Alignment with Local Workforce Action Board 5 workforce enablers.
- **Healthy Weston Programme – launched with aim to act as a beacon for BNSSG in the transformation of primary care, integrated working and 'joined up' workforce solutions across organisational boundaries**

Shaping better health

Key Progress 2018-19

- **Integrated Community and Primary Care Initiatives** - leadership, pathway support, upskilling of HCAs and establishment of professional networks sponsored by CEPN
- **GPN 10PP** – Establishment of the Practice Nurse Network and Locality Lead Practice Nurses
- **Paramedics** - Exploring portfolio career development
- **Pharmacists** – Clinical pharmacists & care homes pharmacists
- **Physician Associates** – expansion of placements
- **Nursing Associates**, a new role bridging the gap between Healthcare Assistants and Registered Nurses, and expansion of **apprenticeships**
- **BSSSG Recruitment Portal** – One Care initiative
- **Time for Care launch** – September 2018
- **Productive General Practice Programme** – May - June 2018
- **Calderdale Framework** approach for workforce redesign and skill mix
- **WRaPT**

Medical workforce : Successful Bids and Funding 2018/19

1. Retention

✓ **Intensive Support Site for GP retention linked with implementation of the Releasing Time to Care Programme**

Weston and Worle Locality has been chosen as 1 of 7 national sites. The intensive support sites will bring interventions together at different levels – personal support for GPs, practice support and system support/improvements – to achieve the greatest possible impact on the engagement and retention of local GPs. This programme will be supported by HEE funded workforce modelling to identify and deliver a future sustainable model of general practice, covering the clinical, business and career model to deliver improved outcomes for the BNSSG CCG population health needs.

✓ **Local GP Retention (*Application submitted and awaiting outcome*)**

The GP Retention Scheme is a package of financial and educational support to help doctors, who might otherwise leave the profession, remain in clinical general practice. BNSSG focus on GPs who are newly qualified or in their first five years of practice, and GPs who are considering changing their role of working hours. Leadership and development programme. Establishment of Health Inequalities Fellowship.

2. Recruitment

✓ **International Recruitment of GPs**

The NHS in England is recruiting at least 2,000 suitably qualified overseas doctors into GP practices by 2020. BNSSG is a chosen site to recruit circa 40 - 50 GPs from within the EEA (European Economic Area) whose training is recognised in the UK under European law and who get automatic recognition to join the General Medical Council's (GMC) GP Register. Doctors will need to meet the highest standards of practice and speak good English. Recruitment will be bound by the World Health Organisation (WHO) Global Code of Practice on the International Recruitment of Health Personnel. UK doctors currently working overseas will be attracted back to the UK wherever possible and UK trained doctors will not be disadvantaged as part of this programme

Next Steps

- Produce final draft of the STP workforce planning template, *Delivering an integrated Primary Care workforce* and workforce trajectory, for submission to NHS England by 31st August 2018
- Moving from a transactional to a transformational position which supports primary care at scale planning and implementation
- Developing workforce solutions as an integral part of delivering locality plans

Discussion Points for PCCC

- How do we develop a better understanding of workforce needs at locality level?
- How do we model future primary care workforce needs to meet future STP models of care and pathways?

Glossary

CEPN	Community Education Provider Network
FTE	Full-time equivalent
GP5YFV	General Practice five year forward view
GPN10PP	General Practice Nursing 10 point action plan
HCA	Healthcare Assistant
HEE	Health Education England
HRD	Human resources director
LD	Learning Disability
LWAB	Local Workforce Action Board
MoU	Memorandum of Understanding
NBT	North Bristol Trust
OD	Organisational Development
OSC	Overview scrutiny committee
PRAQ	Practice resilience and quality
STP	Sustainable Transformation Partnership
UHB	University Hospitals Bristol
WAHT	Weston Area Health Trust
WRaPT	Workforce repository and planning tool

References and links

- **NHSE Local GP retention fund**
<https://www.england.nhs.uk/gp/gpfv/workforce/retaining-the-current-medical-workforce/local-gp-retention-fund/>
- **International GP recruitment**
<https://www.england.nhs.uk/gp/gpfv/workforce/building-the-general-practice-workforce/international-gp-recruitment/>
- **General Practice Nursing Ten Point Plan**
<https://www.england.nhs.uk/leadingchange/staff-leadership/general-practice-nursing/>
- **Nursing Associates** <https://www.nmc.org.uk/standards/nursing-associates/>