Meeting: Primary Care Commissioning Committee

Meeting Date	23 May 2018	**Action**	Receive
Item No.	7	**Confidential**	No
Title	Primary Care Health & Wellbeing Strategy– Progress Report from the Workforce subgroup		
Presented By	Rachele Schofield, Primary Care Manager		
Author	Rachele Schofield, Primary Care Manager		
Clinical Lead	Dr Jeff Schryer, Chair & Primary Care Lead		

Executive Summary

The Primary Care Health and Wellbeing Strategy 2016-2021 highlights Primary Care's contribution to meeting the Bury vision as being to *'ensure our population is as healthy, happy and independent as possible, living with minimal intervention in their lives. This will be achieved through targeted strategies of self-help, prevention and early intervention, reablement and rehabilitation. When needed, formal care and support will be designed to create a coordinated and seamless health and care system. All services will be person-centred and will build on and develop local community assets.'*

There are a number of active workstreams in operation to support the delivery of this vision as outlined below:

- People Powered Change in Health & Behavior
- Technology
- Estates
- Communications & Engagement
- Workforce Development & Leadership

The following paper has been written to provide Primary Care Commissioning Committee with a progress update against the Workforce Development & Leadership Work Stream

Recommendations

The PCCC is required to:
- approve the approach taken by the Workforce Leadership and Development Group to ensure workforce data is collected and up to date across General Practice and support the pause regarding workforce modelling whilst Tower Practice pilot the Insight Tool with the assurance that links are being made with GM to explore other available viable models that may be running concurrently both for General Practice and wider primary care.

Links to CCG Strategic Objectives	
To empower patients so that they want to, and do, take responsibility for their own healthcare. This includes prevention, self-care and navigation of the system.	☐
To deliver system wide transformation in priority areas through innovation	☒
To develop Primary Care to become excellent and high performing commissioners	☒
To work with the Local Authority to establish a single commissioning organisation	☒
To maintain and further develop robust and effective working relationships with all stakeholders and partners to drive integrated commissioning.	☒
To deliver long term financial sustainability in partnership with all stakeholders through innovative investment which will benefit the whole Bury economy.	☒
To develop the Locality Care Organisation to a level of maturity such that it can consistently deliver high quality services in line with Commissioner's intentions.	☒
Supports NHS Bury CCG Governance arrangements	☐
Does this report seek to address any of the risks included on the Governing Body Assurance Framework? If yes, state which risk below:	
GBAF *[Insert Risk Number and Detail Here]*	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	☐	No	☒	N/A	☐
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	☐	No	☒	N/A	☐
Are there any financial Implications?	Yes	☐	No	☒	N/A	☐
Has a Equality, Privacy or Quality Impact Assessment been completed?	Yes	☐	No	☒	N/A	☐
Is a Equality, Privacy or Quality Impact Assessment required?	Yes	☐	No	☒	N/A	☐
Are there any associated risks?	Yes	☐	No	☒	N/A	☐
Are the risks on the CCG's risk register?	Yes	☐	No	☒	N/A	☐

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If you have ticked yes provide details here. If you are unsure seek advice from Lynne Byers about the risk register.

Governance and Reporting		
Meeting	**Date**	**Outcome**
Primary Care Health & Well Being Strategy Group Meeting (Extraordinary)	24/04/2018	Workforce Leadership & Development Workstream discussed and update for PCCC requested.

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Primary Care Health & Wellbeing Strategy – Progress Report from the Workforce subgroup

1.   Introduction

1.1   The Primary Care Health and Wellbeing Strategy 2016-2021 highlights Primary Care's contribution to meeting the Bury vision as being to *'ensure our population is as healthy, happy and independent as possible, living with minimal intervention in their lives. This will be achieved through targeted strategies of self-help, prevention and early intervention, reablement and rehabilitation. When needed, formal care and support will be designed to create a coordinated and seamless health and care system. All services will be person-centred and will build on and develop local community assets.'*

1.2   These outcomes will be achieved by working towards 5 key themes and enablers. Each of these themes and enablers are supported by detailed action plans which have clear markers of success based around the locality metrics developed by the CCG and the Local Authority. Some measures will be seen in the short term, some will be within the lifetime of the strategy and others may take a generation to materialise. The Themes and Enablers are outlined below:

- Theme One- People powered changes in health and behavior
- Theme Two- Population based social models of care
- Theme Three- Consistently high quality care
- Theme Four- Inter-professional working
- Theme Five- Innovation

- **Enabler One- Workforce**
- Enabler Two- Technology
- Enabler Three- Finance, contracts and incentives
- Enabler Four- Estate
- Enabler Five- Communication and engagement

1.3   The following paper has been written to provide Primary Care Commissioning Committee with a progress update against the Workforce Development & Leadership enabling Work Stream.

2.   Background

2.1   Our vision of a happy and healthy population extends to our workforce. The health and wellbeing of those providing primary care in Bury must be one of our main priorities, the Bury brand of having a positive deviance approach,

which builds on our strengths, is not limited to the population. Primary care professionals should be ambassadors to the population leading by example and Bury CCG along with all other organisations in the Bury system should be enabling people to achieve this vision. The CCG will continue to have strong links with our memberships and recognises that stress often occurs at times of change. Though the structure of our relationship may change, the CCG remains committed to supporting its membership.

2.2   To achieve our vision we need to develop and nurture our workforce to create strong leaders across all organisations, working with a clear Bury identity- the Bury brand. Clinical leadership across the whole of primary care is vital. We will support the development of our leaders. Support will be given to our workforce to prepare them for the changes ahead. Our commitment to education and training remains and opportunities to share knowledge across the whole of the primary care workforce will be developed. This will be articulated in a clear workforce, education and training strategy for Bury. Proactive, united team working that recognises and understands the importance of diversity will enable us to create a caring and efficient NHS for our population, continuity of patient care will be the norm not just an aspiration.

2.3   We need to consider the skill mix held across primary care. The GP Five Year Forward View states a commitment from NHS England to increase the number of GPs by 5,000, but this will not be enough by itself. Bury will need to maximise the skill set of all health professionals and support staff delivering primary care. A Training Needs Analysis (TNA) took place to identify our strengths, opportunities to work together and any skills gap that exist. By working together to meet the Bury vision we will create a locality where talent is attracted and retained.

2.4   The workforce strategy will include how we will support our member practices both in terms of education but also with resilience, including support on how to attract and retain the best. We have already started to demonstrate our commitment to this with the successful delivery of the Productive General Practice Programme, the introduction of care navigators and a bespoke General Practice Resilience Programme, underpinned by investment to create headroom to allow practices to engage in development either at Bury-wide engagement events or in practice based Learning Time Initiative sessions (LTIs). It is the intention that the strategy will be wider reaching than the General Practice workforce and next steps in the process will involve working closely with GM colleagues to establish workforce data across the wider Primary Care Team.

3   Bury Approach to Workforce Development & Leadership

3.1   Given the strategic drive for delivering more, high quality care closer to home, there is a need to have a detailed understanding of the 'out of hospital'

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workforce, so as to best plan and deploy workforce and education investment. Historically, workforce planning processes have focused on acute services, resulting in little understanding or evidence of the workforce in primary and community based care services.

3.2   Since September 2017, the Primary Care Team (PCT) has been working to resolve this and to improve the quality of General Practice workforce data collection. Historically, the only workforce data repository and data source for General Practice has been collected and housed by Health Education England however, Practice response rates and completeness of data was not sufficient to form a baseline on which to build.

3.2   Working across the borough, the PCT developed a simple workforce data collection tool and asked that all Practice Managers complete it as fully and completely as possible, detailing all staff in post at each Practice. We asked for job roles, staffing grades, age range and whole time equivalent information (WTE) as well as capturing those posts that were vacant.

3.3   This was coupled with a targeted TNA allowing us to develop a comprehensive education plan ensuring our General Practice workforce remains up to date and, by working together, creating a locality where talent is attracted and retained. Our workforce is working in a transformational environment that will see a greater focus on prevention, care closer to home and this will lead to new and changing roles which may require new knowledge and skill sets. This has implications both for our existing workforce and the upcoming workforce.

3.4   From this, we were able to establish an accurate, up to date position statement giving us baseline staffing information for Bury. The main points identified through the analysis were:

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Pressure on an ageing workforce: The age profile of the general practice workforce across NHS Bury CCG is older than that of the region and North West. Furthermore, an important consideration is that **26%** of the total workforces are aged over 55, with **23%** aged between 56 and 65, which gives a strong indication as to the proportion and number of staff who will be retiring in the next 5-10 years. The figures also emphasis the disproportionate age of general practice staff compared to the population. An older profile is observed across GPs, as well as nursing and non-clinical staff within NHS Bury CCG.

Profile of staff: Non- Clinical staff form the largest staff group, accounting for **55%** of all staff across the practices. The next largest staff group are GPs, who account for **24%** of all staff, which is slightly lower than average (**c25%**). Nurses, pharmacists, phlebotomists & health care assistants make up the remaining percentage.

Staff rates per 100,000 people: When considered per head of population, NHS Bury CCG has a fairly average number of GPs compared to the geographic averages. Practices across the CCG have a rate of **62 GPs per 100,000 people**, which is higher than the regional average of **48 GPs per 100,000 people**, and also higher than the North West average of **56 per 100,000** and 2 higher than the England average rate of **60 per 100,000**. When registrars and retainer (R&R) are excluded the averages move closer together, suggesting a lower use of registrars and retainers across the CCG and Greater Manchester.

The rate for nursing staff is similar to averages for the region, North West and England **(29 vs. 27 per 100,000**). There is a significantly higher than average volume of non-clinical staff (**141 vs. 110 per 100,000**) working in General Practices in Bury. As expectations increase about more care being delivered in Primary Care, maintaining or increasing the rates of GPs and other general practice staff will be important to remain in line with peers and to meet increasing demand.

When participation is considered alongside age, a strong pattern emerges. Across all roles, the proportion of staff working part-time typically increases with age. Across the North West the degree of part-time working increased from **55%** for those aged over 45, to **61%** for those aged over 55 and to **79%** for those aged over 65. At NHS Bury CCG, across all General Practice roles, the degree of part-time working increases from **76%** for those aged 44 and over, to **80%** for those aged 56 and over, to **100%** for those aged 66 and over.

Staff retention: Data clearly shows that retirement is not the only reason why people are leaving roles in general practice, with registration being the most frequent reason. The profile of reasons for leaving across NHS Bury CCG is similar to that observed across the region and North West, although a lower than average rate of leavers is observed overall.

Clinical skills: NHS Bury CCG has similar levels of reporting nursing clinical skills compared to geographic averages. The profile of reporting DPC staff skills across NHS Bury CCG is also close to the geographic averages. As expectations increase about more care being delivered in Primary Care, maintaining the correct level of staff with the right degree of clinical skills will be a challenge faced by all general practices. Although a wider range of clinical skills are evident, typical rates of 30% or less

across the region suggests potential to invest in the up-skilling of the existing nursing and DPC workforce at scale, to ensure a minimum core competency and minimise the risk of increasing variation in the next 5-10 years.

4   Training Needs Analysis

4.1   In order to complement the workforce data collected, we also asked Practice Managers to canvas all staff within their Practice to establish any training gaps that needed focus. The TNA asked Practice Managers, Administrative Staff, Practice Nurses and Health Care Assistants to provide details of any areas of education that they felt were lacking and equally would be of benefit to them and therefore to Bury CCG as, by listening to the needs of staff and creating an education strategy around those needs, we are fostering a culture where staff are valued and where we are not only attracting new talent into Bury but retaining and growing the talent pool we already own.

4.2   The results of the TNA showed that Bury CCG already had a pro-active education plan in place but that those messages were not reaching Practice staff as many staff within each group were asking for training on areas that had either already been delivered or that were upcoming events on the training calendar, highlighting to us that the communications strategy for education needed to be revised.

4.3   The Education Group immediately addressed this by removing training notices from enews and placing them in a brand new Training Bulletin, dedicated only to education, courses and events of interest to General Practice. This immediately increased the perception amongst General Practice staff that education was a priority for the CCG and impressing on them that the CCG value the talent we house.

4.4   The TNA also fulfilled its remit by highlighting gaps in our training plan that we could work to address. The main findings in this area were:

Staff Group	TNA Gaps
Practice Managers	Social Media Pensions Medical Terminology
Administrative Staff	Medical Terminology Referrals IT Systems
Practice Nurses & HCAs	Men's Health Sexual Health Behavioral Issues

4.5   The Workforce Development & Leadership group (formally the Education Group) now meets to discuss all education requirements on a bi-monthly basis, reporting their findings and decisions to the Primary Care Work Stream Group. As a result of the TNA and wider engagement with General Practice, the group has secured funding to train Health Care Assistants, launch the care navigation programme, and work towards delivery of the GP Excellence Programme and International GP programme. The multi-disciplinary group incorporates the CCG, GP Federation, Local Authority and General Practice and actively links in across GM, with wider providers and LCO

to deliver a comprehensive education strategy to attract and retain talent into Bury.

4.6 The Group will continue to refer to the TNA across 2018 / 2019 to ensure the gaps in training are met whilst also working across wider initiatives and CCG contracts to ensure a comprehensive and organic training schedule is in place to meet the needs of all staff at all levels across the organisation.

5 Insight Tool

5.1 Bury CCG have achieved a full baseline picture of General Practice workforce which is a fantastic achievement and one we believe to have not been replicated elsewhere in GM. We now face the challenge of how to manipulate this data so that we can model different workforce structures across general practice to answer the question of how we continue to provide a high quality service to our patients whilst the number of GPs available across the region (and the country) continues to decrease.

5.2 The Primary Care Manager and Deputy Chief Officer of the GP Federation met with PA Consulting in December 2017 to view a demonstration of their workforce modelling tool "Insight". This was a tool created for Health Education England for the express purpose of workforce modelling. As a general practice staffing model, the Insight Tool supports general practice (either on an individual, neighborhood or CCG wide basis) to consider different ways of modelling their workforce to provide services to the communities they serve.

5.3 The tool requires each practice to input their appointment / clinic data and their current staffing information and, by using the two, practices can develop a deeper understanding of their workload and clinical case mix whilst exploring the benefits of adopting new types of workforce and skills mixes.

5.4 HEE states that the tool provides a number of immediate benefits:

- At a practice level, it provides individual practices with the right tools to make realistic assessments of the impact and opportunities that introducing new ways of working and new staffing groups may present
- At a neighborhood/CCG level, it enables groups of practices to consider the broader impact of introducing new ways of working together, proving another perspective with which to inform decisions on the shape/scale of Primary Care required and the staffing model to underpin this
- It enables the CCG (and wider LCO) to build a bottom up view of the specific roles and skills needed to inform long term workforce development strategies
- It provides granular data to inform workforce planning and transformation at practice, neighborhood and CCG levels
- It gives the CCG the ability to engage with general practice in a much more targeted way to explore the opportunities for employing different skills groups in primary care for the greater benefit of patients

6   Associated Risks

6.1   Bury CCG holds the appointment / clinic data for each Practice and, as a result of the workforce data collection exercise, we also hold a baseline staffing picture for each practice. This should allow us to feed both data sets into the Insight Tool to give each Practice s platform to use to model their workforce to explore the best fit and new paths for their workforce and allow them to plan for their business and make changes accordingly as they move to recruit a robust workforce for the future.

6.2   This has currently not been possible as the internal Business Intelligence Team at the CCG do not have the resource to feed the tool which has halted workforce modeling moving forward. The last Workforce Leadership and Development Group discussed this and a number of options to move forward were discussed as follows:

- Wait for BI resource to become available
- Ask Practices to populate the Insight Tool themselves
- Ask for funding for PA Consulting to do this for each Practice
- Create a new tool
- Wait for GM to roll out WRapT and use that as a modelling tool

6.3   The Group agreed that none of the above options were viable however, we are aware that Tower Practice has adopted the Insight Tool to model their newly integrated practice model to model their existing workforce to explore what different models would look and work like in practice. Tower Practice are being supported through this by PA Consulting and, as a result, there will be strong tangible outcomes and learning to be shared at the end of the process.

6.4   The group felt that this would option would really test the viability of the Tool in a live situation, would allow learning to be shared, will possibly allow for Practice Manager support with the roll out of the tool amongst wider practices and this will give the tool greater gravitas as it will have been tried, tested and acted upon by a peer practice.

6.5   The risk here is that this information will not be available for some time; meanwhile the workforce data we have collected will be outdated. It is felt however, that the data can be refreshed quickly and the benefits of waiting and using the Insight Tool to its full capability far outweigh pursing another, perhaps less comprehensive, path.

6.6   To mitigate against a complete stop within this workstream, the Primary Care Manager is to meet with the GM Primary Care Workforce Lead on 22 May 2018 to discuss Burys workforce data collection against the GM direction of travel in this area to establish where links and progress can be made.

6.7   During this meeting, the Primary Care Manager will also pick up progress across GM with regards to wider primary care workforce planning and data collection as data collection in these areas has not yet commenced in Bury, but is being led on a GM wide basis therefore the meeting will establish progress and any actions Bury CCG needs to take the lead on in this area.

7   Next steps

7.1   The Workforce Development & Leadership Group will:

- Establish timescales for Tower Practice Insight data production and lesson sharing
- Establish a timescale for General Practice Workforce Data refresh
- Meet with GM Primary Care Workforce Lead to understand GM Plans for Primary Care workforce data collection and modelling (including use of WRapT Tool)
- Establish which GM Practices have already trialed Insight Tool and secure outcomes from that trial
- Continue to dovetail into system wide Workforce and Organisation Development Group
- Continue to research education and training needs and formulate Training Schedule accordingly

8   Actions Required

8.1   The PCCC is required to:
- Note the approach taken by the Workforce Leadership and Development Group to ensure workforce data is collected and up to date across General Practice
- Support the pause regarding workforce modelling whilst Tower Practice pilot the Insight Tool with the assurance that links are being made with GM to explore other available viable models that may be running concurrently both for General Practice and wider primary care.

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