

NHS Rotherham Clinical Commissioning Group

Primary care sub-group – 30 August 2017

Primary care committee – 13 September 2017

Strategic Clinical Executive – 30 August 2017

Operational Executive – 18 August 2017

Primary care workforce update

Lead Executive:	Chris Edwards
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Purpose:

The purpose of this paper is to update the Primary Care Committee in relation to the workforce plan originally approved by the primary care committee in August 2015. An original update was provided in May however concerns were expressed that the plan was not achievable within general practice and therefore further consideration by the Strategic Clinical Executive was requested to ensure the plan was fit for purpose.

Background:

A key concern of the primary care committee when delegation was authorised, related to the workforce concerns in relation to an ageing workforce within the practices and insufficient numbers in training to replace this key workforce. A primary care workforce plan was developed to aid practices in considering how they responded to the recruitment and retention issues. Workforce is also a significant element within the GP Forward View.

At the time of writing the workforce plan, Rotherham had 36 practices, following mergers and a procurement exercise, the number of practices is now 31 with a high likelihood that it will reduce further over the next year.

Not all practices are submitting data to Health Education England therefore the following data is known to not be fully comprehensive. We have also explored obtaining information via the performers list for GPs however this does not collect wte. The submissions from the practices shows previous and current workforce as follows:

	GP wte	GP wte per 1k	Pts per GP wte	Nurse wte	Nurse wte per 1k	ANP wte	ANP wte per 1k	HCA wte	HCA wte per 1k	Clinical Pharmacist wte	Total clinical	Total clinical per 1k	Admin staff wte	Admin staff per 1k
Current	4.9	0.59	1,807	2.29	0.26	0.68	0.06	1.43	0.17	2.00	9.39	1.09	10.59	1.28
Previous	4.94	0.69	1,453	2.37	0.33			1.09	0.15				8.26	1.15

This shows the expected reduction in GPs starting but not a corresponding increase in nursing or allied professional roles and therefore indicates increasing pressure on the primary care workforce. It does identify a small increase in unqualified and administrative staff to start to achieve the evolutionary model for primary care identified with the workforce plan but not at the rates required.

To improve knowledge and understanding of the new workforce models a primary care PLTC was held in 2016 which involved workshops to increase practice knowledge of different roles in primary care, particularly practice pharmacists and associate physicians as the GP and nursing resource pool

is dwindling.

The Head of Co-commissioning has been out to practices with the ATP provider to increase uptake of healthcare apprenticeships, student nurses and preceptorship for newly qualified nurses.

The CCG provided technical support to a bid to NHS England in 2016 and 2017 for funding for practice pharmacists. To date, both bids have been unsuccessful however it is anticipated that a further bid being submitted later this year should be successful.

The CCG and NHSE have been working with Woodstock Bower practice as it has a more radical staffing profile and was provided with additional support centrally for recruitment as part of a national pilot.

The primary care team have regularly provided information to the Practice Managers and Provider forums and via GP Bulletin regarding adopting new workforce arrangements. Practice Managers Forum has now changed and is on an invitation basis therefore attendance from the primary care team has reduced.

All practices have undertaken Productive General Practice with the majority choosing to undertake the module which reviews capacity and demand and enables practice to review the skills required for tasks to enable a reallocation to alternative roles.

An SYB workforce session was provided in May 2017 with free attendance and GP backfill available to practices to attend to work through the issues with implementing the new workforce models and encourage practices to utilise the new roles. Three practices attended from Rotherham with good feedback from the event.

Following receipt of funding to provide medical documentation training, a package was put in place for practices and 29/31 practices chose to attend the training. The training was very well received and is nationally indicated to save approximately 45 minutes per day of GP time. Feedback from practices is to upskill to the next level of medical documentation which releases more GP time and this training will be provided in 17/18.

Following receipt of funding to provide care navigation training, the CCG has commissioned West Wakefield CCG (who are the vanguard for Care Navigation) to support implementation across Rotherham. To date, an awareness session has been held and attended by all practices, a task and finish group is now in place to build up the services to navigate to and 10 practices have agreed to act as early implementers and went live in August 2017. 10% of requests for appointments are being navigated away from GP practices via these roles within West Wakefield. The 10 early implementer practices have really engaged with the process.

The CCG has tried to encourage the LMC, LLP and now the Federation to employ a locum bank on behalf of the practices. It would not be feasible for the CCG to provide this role directly for the practices. The CCG has calculated that by working across providers, this could benefit providers with collective savings of over £500k once administrative costs are accounted for. Administrative funding has been provided to the Federation to facilitate the set up of a locum bank.

At the point of writing the workforce plan, to achieve the evolutionary model, it was identified that Rotherham required the following:

260,000 patients – 130wte GPs, 130wte Advanced Nurse Practitioners/Associate Physicians/Pharmacist/AHPs, 87wte Healthcare/support assistants/phlebotomists, 286wte administrative support, 26wte Practice Managers, 13wte deputy practice/business managers.

From current data, Rotherham has the following:

260,000 patients – 153wte GPs, 17.6wte Advanced Nurse Practitioners/Associate Physicians/Pharmacists/AHPs, 44.2wte Healthcare support assistants/phlebotomists, 333wte administrative support, 28wte Practice Managers, 13wte deputy practice/business managers

Progress is being made with practices in relation to discussing their individual practice workforce plans which will then further inform the workforce plan. In these discussions there has been recognition of the need to consider alternative workforce structures and examples of practices working together to jointly employ posts and build confidence in the new roles.

Analysis of key issues and of risks

As can be seen above, the number of GPs is diminishing without a corresponding workforce being brought into place. Whilst this is also happening in the larger practices, this is having more impact on smaller practices who are not able to recruit a partner and showing signs that they are struggling with the additional pressure. More practices are starting to indicate they are attempting to discuss merger.

Sustainable primary care is key within the healthcare system, we are likely to see increased attendance at secondary care at a time when there is an expectation that more vulnerable patients are managed within primary care.

Health Education England (HEE) funding is being reduced and requests have been received again for CCGs to support primary care training in particular Associate Physicians and Apprenticeships. A meeting took place with NHS England on 11 May regarding this as there is insufficient funding within allocations to support education in this way and also concern as secondary care is supporting these roles and therefore the resource will be lost from primary care. The outcome of this meeting was to identify this within the Accountable Care System workforce requirements for primary care.

It is evident that not all practices have yet fully skill mixed to ensure that roles traditionally undertaken by qualified staff are now being undertaken by Healthcare Assistants. Some practices are fully utilising these roles, providing varied and interesting roles to also retain staff however in some practices they are very restricted undertaking little more than phlebotomy. Following discussion with the Federation it is recommended that a Rotherham programme for Healthcare Assistant should be put in place utilising the 'at scale' funding as this will encourage practices to work more closely together to deliver services. A HEE Healthcare Apprenticeship scheme is already in place with 16 places for South Yorkshire however this gets minimal uptake from practices, this year only St Anns and Market have requested. 50% salary funding is provided along with structured learning for 18 months. The majority of apprentices which have been recruited via this route go on to be retained by the practice at the end of their apprenticeship. It is recommended that this is enhanced to provide full salary costs including for the practices embarking on the HEE programme. The programme will also provide structured support for existing Healthcare Assistants to ensure they receive the required development to support the new structures within practices.

In addition to this, there is also a significant commitment required from qualified nurses to support the development of roles within practices. Practice nurses are juggling provision of direct clinical care with education and mentorship for newly qualified nurses, student nurses, return to nursing candidates and Healthcare Assistants. Whilst it is essential that practices retain ownership of staff development it is recommended that some additional input is provided to reduce the 'burden' currently being felt by nursing teams in relation to skill-mix change, education and mentorship.

There also continues to be myths that newly qualified and secondary care nurses are unable to apply for primary care posts. It is accurate that a training programme is required to upskill and HEE provide a preceptorship programme for newly qualified nurses in primary care for practices to apply

for. We would like to encourage recruitment from different sectors by piloting a development programme for qualified nurses to establish if this can aid practice recruitment. It is proposed to create 2, development posts at Band 5.

There is approximately £619k available until March 2019 to support at scale working and following discussion with the Federation it is recommended that this is invested as follows:

2wte Practice Nurse Trainers
15wte Healthcare Apprenticeships
Development support for existing Healthcare Assistants
2wte Development Practice Nurses

The Federation Lead Development Nurse has agreed to develop the programme and discuss delivery with Rotherham college and other providers. The Lead Development Nurse would also be responsible for the Practice Nurse Trainers.

Financial Implications:

Other CCGs (Bassetlaw, Sheffield and Barnsley) have financially enabled roles to be piloted and this has had mixed success with some embedding long term but others ceasing to employ once the funding has ended.

The recommendation is to utilise the 'at scale' funding within the CCG allocation to support, short-term the development of Healthcare Assistants within the practices to support achievement of the unqualified component of the workforce plan and improve collaboration between practices to use these roles.

Human Resource Implications:

The primary care team will spend more time dealing with difficulties in practices if staffing issues are not addressed

Procurement:

The NHS England requirement for this funding is to deliver 'at scale' provision

Recommendations:

To support the recommendations to enable the Federation to utilise the 'at scale' funding for the following:

2wte Practice Nurse Trainers
15wte Healthcare Apprenticeships
Development support for existing Healthcare Assistants
2wte Development Practice Nurses