

**Report to:** STRATEGIC COMMISSIONING BOARD

**Date:** 18 December 2019

**Executive Member:** Executive Member Eleanor Wills – Executive Member (Adult Social Care and Population Health)

**Clinical Lead:** Dr Alison Lea and Dr Kate Hebden

**Reporting Officer:** Jessica Williams – Director of Commissioning

**Subject:** PRIMARY CARE WORKFORCE STRATEGY

**Report Summary:** This is the Tameside and Glossop Primary Care Workforce Plan 2020-2025. It provides a comprehensive overview of the key priorities across Tameside and Glossop in terms of our Primary Care Workforce, in the context of our current position and our ambitions to make Tameside and Glossop a place that people come and stay to work.

This strategy has been developed using a collaborative integrated system approach. The respective detailed Delivery Plan will be formulated in the same way to ensure we have a consistent and effective programme of workstreams that are done once for the workforce that we are concerned with in terms of this particular strategy. This also ensures that this Primary Care Workforce Strategy aligns to the Locality Workforce Plan that is already in place and which encompasses the wider workforce, including that to deliver the Care Together transformation programme.

- Recommendations:**
1. Approve this as the Tameside and Glossop Primary Care Workforce Strategy 2020-2025, including the key principles and priorities that have been set out.
  2. Approve the Academy construct as the accountable vehicle for coordination and management of the Delivery Plan.
  3. Agree to regular progress updates and assurance to be received by Primary Care Committee.

**Financial Implications:**  
(Authorised by the statutory Section 151 Officer & Chief Finance Officer)

**Budget Allocation (if Investment Decision)** N/A

**CCG or TMBC Budget Allocation** N/A

**Integrated Commissioning Fund Section – s75, Aligned, In-Collaboration** N/A

**Decision Body – SCB Executive Cabinet, CCG Governing Body** N/A

**Value For money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark** No direct financial implications for the Integrated Commissioning Fund. The paper looks at a workforce employed by GP practices across T&G.

While this is indirectly funded through co-commissioned Primary Care budgets, there is no impact on CCG budgets at this time.

### **Additional Comments**

**Legal Implications:  
(Authorised by the Borough  
Solicitor)**

The LGA and the Social Care Institute for Excellence have joined up to produce an accessible and practical resource that supports local systems in fulfilling their ambition of integration.

<https://www.local.gov.uk/achieving-integrated-care-15-best-practice-actions-0>

A system-wide workforce strategy will ensure there is appropriate capacity and capability across all local settings to meet the ambition and goals of the local integrated care system.

System leaders should undertake workforce planning in partnership - and not in isolation - working with local provider organisations across health and care. Local workforce strategies should be cross-sectoral in nature; including public, independent and voluntary sectors. They should address:

- existing and future recruitment needs and retention challenges
- the state of the local labour market
- the skills and training required to work in new settings and in new ways
- the advent and roll-out of new roles, such as link workers or care navigators
- the availability of local resources for workforce development and training.

Using a whole-system approach to workforce planning will ensure local providers and commissioners are working in partnership to address workforce shortages. This would include developing innovative and shared opportunities for recruitment and retention – and avoiding competition for staff. Including the independent sector in social care is of particular importance to the growth of homebased and community care and reablement. The strategy should reflect the need to develop an integrated workforce by creating opportunities for professionals from multiple settings and agencies to learn from each other, and plan solutions and interventions together. This is likely to produce integrated training programmes and rotational placements in different sectors. Involvement of local education providers in the development of the workforce strategy recognises that they too play an important part in building local workforce capacity and capability.

**How do proposals align with  
Health & Wellbeing Strategy?**

Improving access to primary care services for the whole population.

**How do proposals align with  
Locality Plan?**

An integrated system approach to planning a resilient workforce within primary care, delivering more care in an 'out of hospital' setting.

**How do proposals align with the Commissioning Strategy?** Integrated system strategy for primary care workforce development.

**Recommendations / views of the Health and Care Advisory Group:** N/A

**Public and Patient Implications:** Improving access to primary care services through a wider skill mix of workforce and an enhanced offer using digital technology.

**Quality Implications:** Increased resilience in the workforce, improving access to services.

**How do the proposals help to reduce health inequalities?** Increased range of access options for patients into primary care services for all including advice on self-management of conditions and symptoms.  
Consideration for the wellbeing and resilience of the workforce.

**What are the Equality and Diversity implications?** Consideration for a range of more flexible working options to enable people to come to work, return to work and stay in work.

**What are the safeguarding implications?** Risk assessment for patient safety, lone worker and data sharing to be carried out for all work programmes as part of the plan delivery.

**What are the Information Governance implications? Has a privacy impact assessment been conducted?** All digital solutions will be implemented in line with Information Governance requirements.  
N/A

**Risk Management:** Risk assessment for patient safety, lone worker and data sharing to be carried out for all work programmes as part of the plan delivery.

**Access to Information:** The background papers relating to this report can be inspected by contacting Janna Rigby:

 Telephone: 07810 500757

 e-mail: [janna.rigby@nhs.net](mailto:janna.rigby@nhs.net)



# Tameside and Glossop Primary Care Workforce Plan 2020-2025

(V2)

## 1. INTRODUCTION/ SETTING THE SCENE

This is the Tameside and Glossop Primary Care Workforce Plan 2020-2025. It provides a comprehensive overview of the key priorities across Tameside and Glossop in terms of our Primary Care Workforce, in the context of our current position and our ambitions to make Tameside and Glossop a place that people come and stay to work.

This strategy has been developed using a collaborative integrated system approach. The respective detailed Delivery Plan will be formulated in the same way to ensure we have a consistent and effective programme of workstreams that are done once for the workforce that we are concerned with in terms of this particular strategy. This also ensures that this Primary Care Workforce Strategy aligns to the Locality Workforce Plan that is already in place and which encompasses the wider workforce, including that to deliver the Care Together transformation programme.

### 1.1 National Context

The **NHS Long Term Plan** sets out to 'boost' out of hospital care, reduce pressure on emergency hospital services and digitally-enable primary and outpatient care. Each of these aims will require primary and community care providers to have the capacity and capabilities in order for them to be deliverable.

Similarly, the **Interim NHS People Plan** focuses on:

- Making the NHS the best place to work
- Improving the leadership culture
- Tackling the nursing challenge
- Delivering 21<sup>st</sup> Century Care
- A new operating model for workforce

Chapters 2 (Workforce) and 3 (Workload) of the **GP Forward View** acknowledge the need to expand and support GP and wider primary care staffing, and to reduce practice burdens and help release time.

In December 2017, **Health Education England (HEE)** published a draft health and care workforce strategy for England.<sup>1</sup>

The strategy is underpinned by six key overarching principles:

- securing the supply of staff that we need to deliver high quality care;
- training, educating and investing in the workforce to give new and current staff the professional flexibility and adaptability to meet the needs of patients;
- providing career pathways for all staff rather than just 'jobs';
- ensuring that people from all backgrounds have the opportunity to contribute to, and benefit from, healthcare;
- ensuring that NHS in its entirety is a modern model employer with flexible working patterns, career structures, and reward mechanisms; and
- ensuring that in the future service, financial and workforce planning are intertwined.

In 2017, HEE also launched the Star Tool (figure 1) which provides a framework to guide workforce transformation within local teams. This online tool provides tools, training materials and case

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<sup>1</sup> Health Education England (2017). Facing the Facts Shaping the Future: A draft health and care workforce strategy to 2027.

studies within five areas; supply, up-skilling, new roles, new ways of working and leadership. Each of these areas are also reflective of the national workforce priorities and programmes.



Figure 1: Health Education England Star Tool

Each of these national documents reinforce and support the key priorities for a resilient workforce in Tameside and Glossop where we are taking an integrated system-wide approach to supporting our primary care workforce.

## 1.2 Regional Context

The **Greater Manchester Primary Care Workforce Strategy** has a clear ambition to ensure that everyone has the opportunity to proactively manage their own physical health and wellbeing. To do this, they will have access to high quality integrated care, underpinned by the best possible technology, a sustainable workforce and an estate that is fit for purpose. The GM PC workforce strategy recognises the primary care workforce as one of the key enablers to achieving the ambition for improving the physical and mental health outcomes of people across the population, while reducing health inequalities.

We know that the current primary care workforce model is no longer sustainable. We need to explore new models of care that utilise the breadth of skills across primary care with patients at the centre. The national and local direction of travel will see a shift of activity from secondary care into the community and this is likely to put increased pressure on primary care. This will also present opportunities for new roles and career pathways.

Primary care must transform to meet the current demand as well as future challenges, to reduce unwarranted variation in quality of care, be financially sustainable and offer attractive career options.

As experts in continuity of care, primary care professionals are in a unique position to lead and champion population health and to deliver a health and care system that focuses on prevention, early intervention and self-care.

We will expand the traditional concept of primary care, going beyond general practice to create a much wider system that will help us achieve our broader, long-term vision for Greater Manchester. We know economic prosperity is strongly linked to the health and wellbeing of our population and primary care will play a key role in ensuring GM residents benefit from the positive health impact from robust and co-ordinated primary care.

**Health Education England North West (HEENW)** provide regional level support to Primary Care providers which includes:

- Continuing Professional Development (CPD) cash allocation to support non-medical staff development in general practice
- Applications to Advanced Practitioner Programmes
- Places on the General Practice Nurse Leadership for Quality Programme
- Funding to support the developing role of the Physician Associate
- Non-medical prescribing places for primary care
- Funding to support the role of the Nurse Associate, utilising apprenticeship routes

### **1.3 Local Context**

Primary Care in Tameside and Glossop is made up of 37 General Practices, 65 Community Pharmacies, 38 Dental Practices and 28 Optometrists.

The primary focus of this plan will be to meet the workforce challenges within general practices, however longer term planning will also include wider primary care.

The **Care Together** transformation programme set the scene for integration across the locality, with evidence showing the true system benefits of this way of working since 2015. Transformation programmes which received funding through the Care Together programme, and with additional transformation funding through GM, included the Patient Centred Care programme and the introduction of Clinical Pharmacists working within general practice.

**Primary Care Networks (PCNs)** in Tameside and Glossop have been established since 1<sup>st</sup> July 2019, in line with the PCN Directed Enhanced Service (DES) specification. The five PCNs have been developed to align with the existing geographical footprints of the already existing Integrated Neighbourhoods. Our PCNs will play a central role to enabling this workforce plan to be realised both in terms of the roles that are specifically funded through the DES to provide additionality of workforce across the networks, and in terms of providing the benefit of scale and economies for existing and new staffing roles to deliver the new operating model.

#### **Skill mix**

Through the investment provided by the GPFV, we have supported a number of practices to expand the remit of their administrative staff with Medical Assistants and Care Navigator roles. The PCN DES in 2019/20 directed investment into Networks for Clinical Pharmacists and Social Prescribing Link Workers. We took a system response to protecting the existing workforce delivering these roles, securing employment through a series of hosting arrangements between PCNs and the employing organisations.

In 2020/21, the PCN DES specification will require Primary Care Networks to further expand the additionality of their workforce and will include Physician Associates and First Contact Practitioners. 2021/22 will see this extend to Paramedics.

Key system leaders to drive the delivery of this plan will therefore be the PCN Clinical Directors, PCN managers and of course Practice Managers.

Connecting to GM programmes and opportunities to bring funding and resources into T&G will support and enhance delivery of the programmes of work that will deliver this plan.

## **2. WHAT IS OUR PRIMARY CARE WORKFORCE CURRENTLY?**

The GMC Workforce Report published 24<sup>th</sup> October 2019, tells us that UK healthcare is more reliant than ever on overseas doctors. In 2019, for the first time, more non-UK graduates joined the medical register than British-trained doctors.

However, retention of all doctors remains a challenge. Workload pressures and workplace cultures that don't always offer enough support are among the factors that cause significant numbers of doctors – from the UK as well as overseas – to leave the medical register.

### **Tameside and Glossop**

Given the strategic drive for delivering more, high quality care closer to home, we need to have detailed understanding of primary care workforce and the possibility to support increasing 'out of hospital' care.

### **Clinical**

The clinical workforce contributing to delivery of care for patients of a registered population in Tameside and Glossop includes the team employed within general practice as well as Community Services, such as District Nurses, Midwives, Podiatrists and Physiotherapists. It is just as important to ensure that the wider team is recognised within this strategy, as it is for those employed and working within our individual general practices if we are to achieve our ambition to deliver care closer to home and to build a greater level of provision for patients outside of the hospital setting.

### **Non-clinical**

The non-clinical workforce are key partners to the team, taking on increasing responsibilities and adapting to constant change. Our Practice Managers are critical as non-clinical leaders and resilience within this role as well as support to develop and transform individuals delivering this role will ensure the resilience of primary care. Particularly with the introduction of Primary Care Networks, which will significantly change the way in which general practice will provide care in the future.

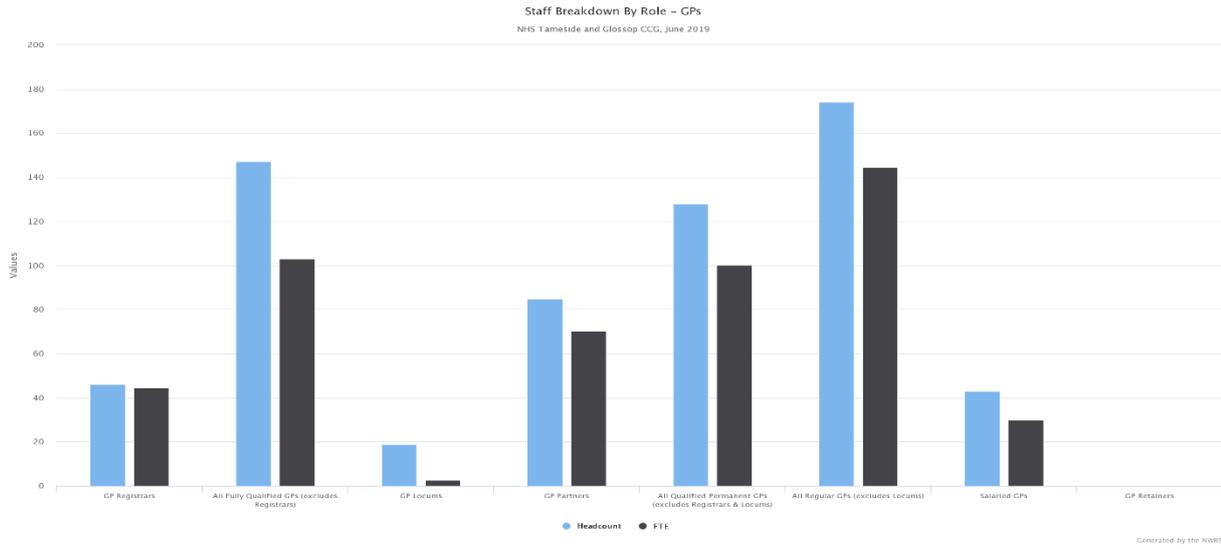
In addition to the non-clinical leadership and management, the administrative roles are also crucial as the first point of contact for patients, navigating patients into the most appropriate appointments and ensuring that documentation, including patient records and referrals, are maintained and processed correctly.

### **Data**

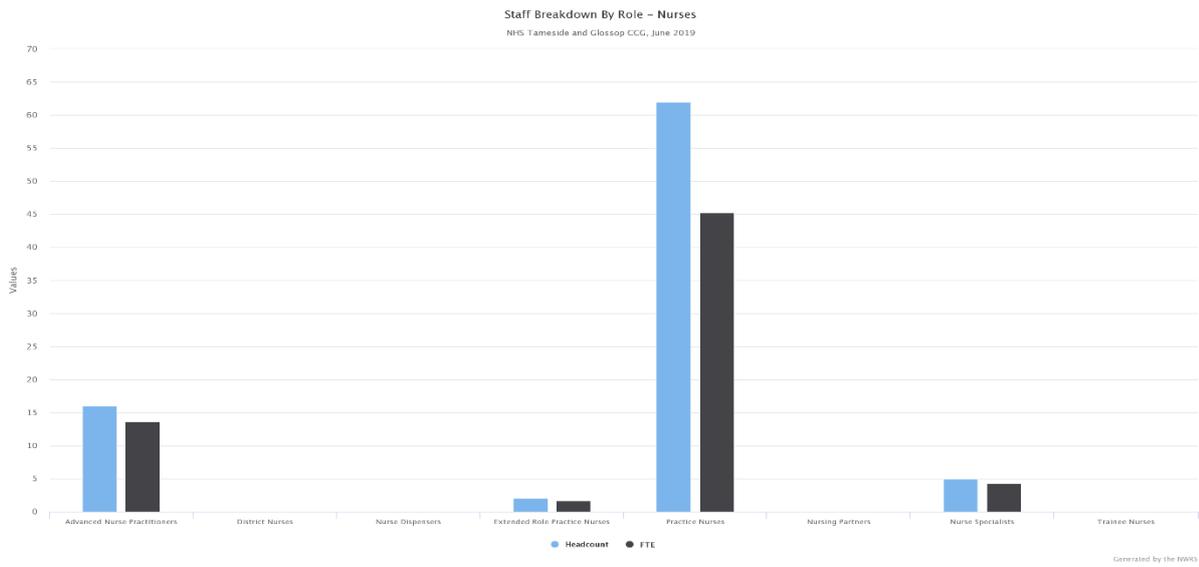
It is often difficult to capture primary care workforce data, which is dependent on returns completed by general practice through the NWRS (National Workforce Reporting System) which is managed by NHS Digital.

The latest published data (June 2019) shows that there is an emerging skill mix across practices and the range of roles being built into practice teams is growing over time. The total reported headcount of staff across primary care is 710, however many of these work on a part time basis. The gender split within this workforce is broadly consistent with both regional and the north west, with females accounting for more than 4 in 5 of the total workforce.

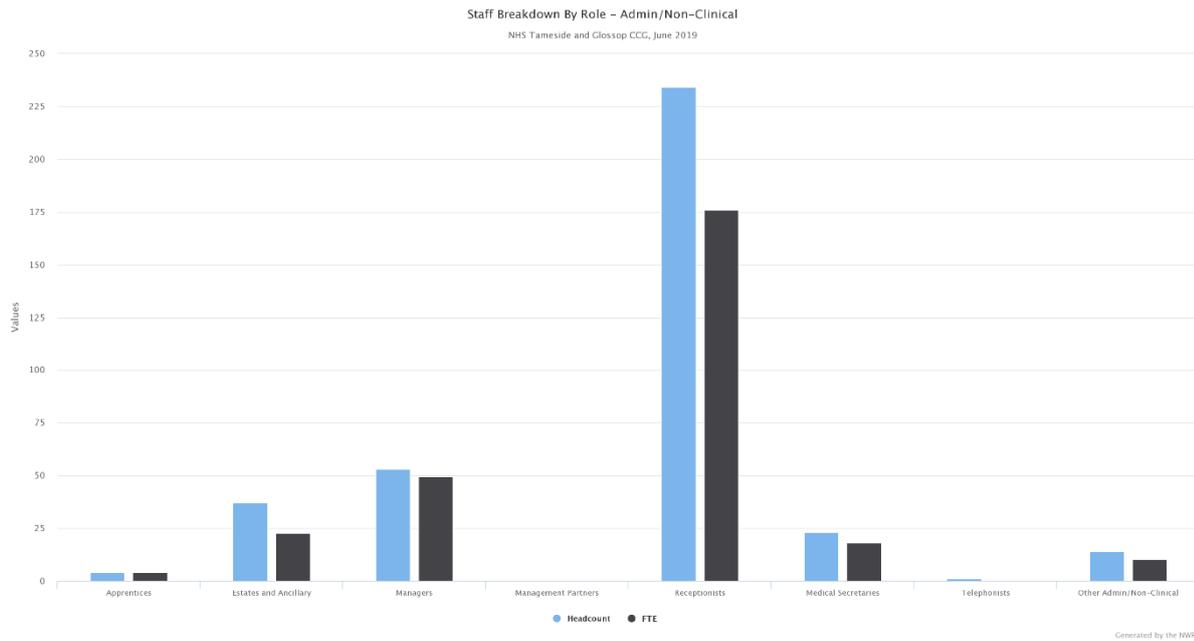
# Profile of our workforce GPs



# Nurses



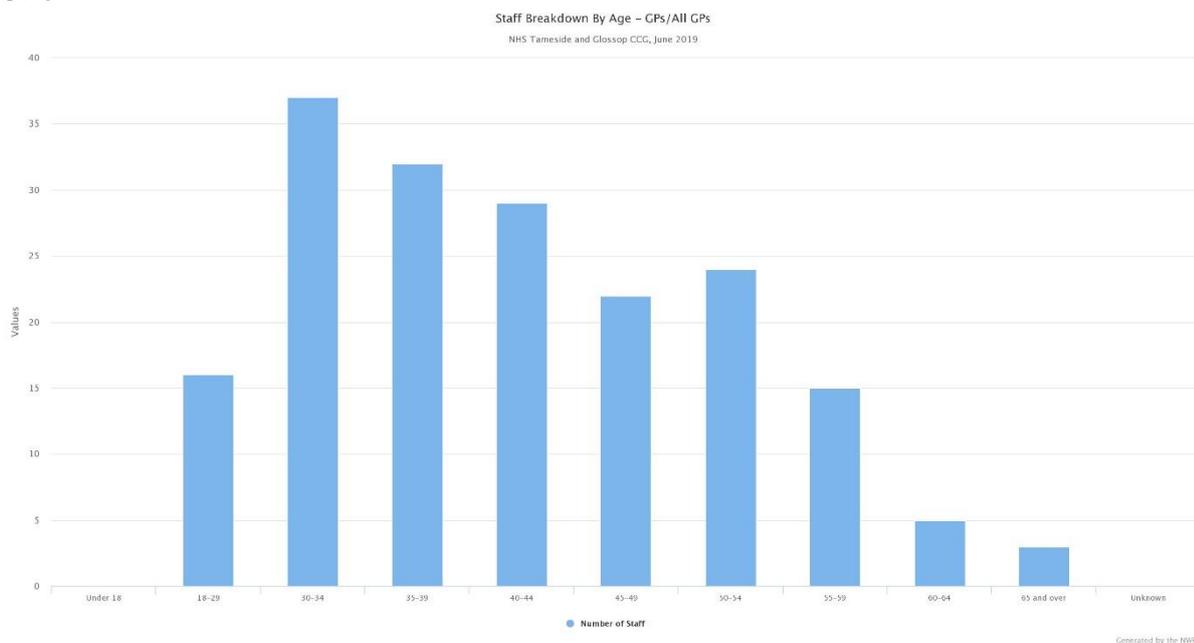
## Non-clinical staff



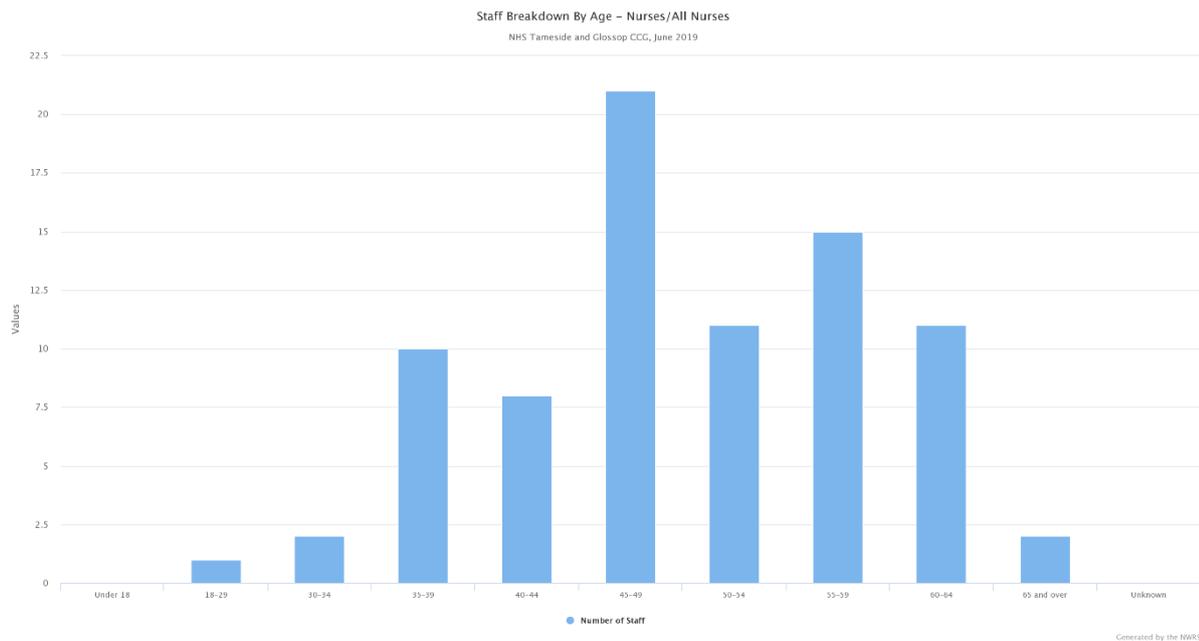
The age profile of the general practice workforce across Tameside and Glossop, particularly for nurses, is older than the regional average with up to 50% of our nursing workforce aged 55 or above. This profile is similar for the GP workforce, with a similar proportion aged 50 or above; showing the proportion of these groups who may be considering retirement in the next 5-10 years.

The administrative workforce has a much more evenly spread age profile with a heartening proportion aged 18 to 34. Retention and development of these individuals will be key to retaining a resilient workforce with local knowledge able to take on the challenges as primary care transformation takes place.

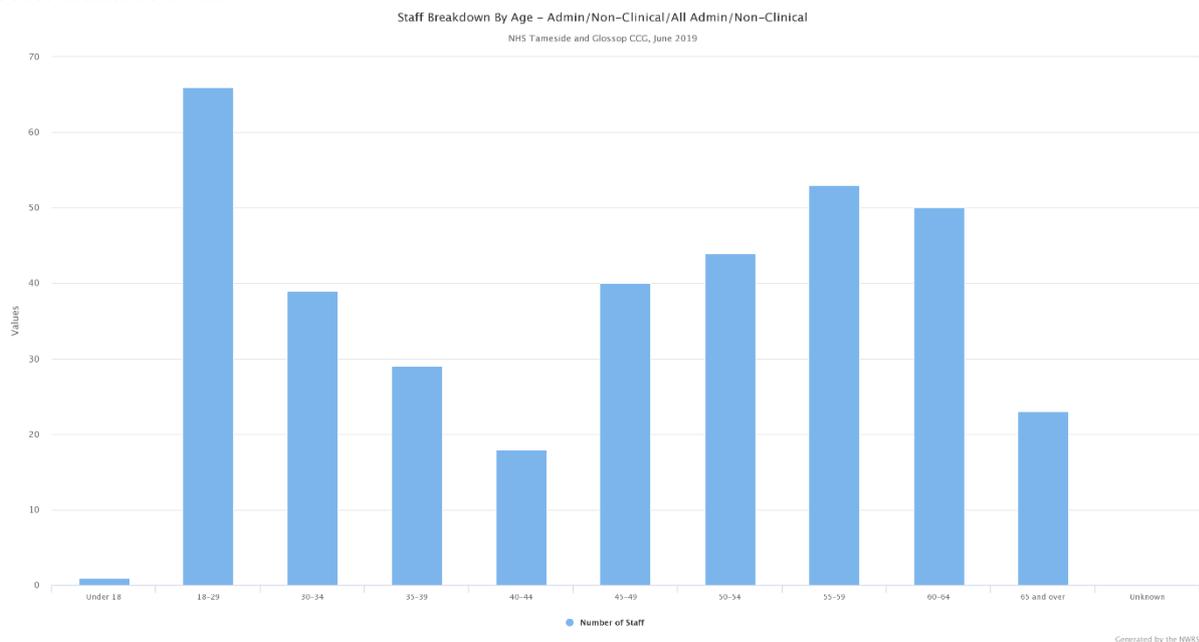
## Age profile of our workforce GPs



## Nurses



## Non-Clinical Staff



### 3. OUR VISION

In response to the national, regional and local drivers outlined, and considering the challenges faced across primary care in Tameside and Glossop, the vision for primary care workforce is:

*To create the environment for our primary care workforce to thrive and be resilient; to enable provision of high quality care for the population of Tameside and Glossop.*

The key themes, reflecting those set out in the GM Primary Care Workforce Plan, to enable delivery of this vision are:

- Focus on recruitment and retention
- Grow our Own
- Career development opportunities
- Training and Education

Our ambition is to create a sustainable primary care workforce, delivering our neighbourhood/ network model of care that is wrapped around the needs of people and their communities while improving population health outcomes.

## **4. DELIVERY PLAN OVERVIEW**

### **4.1 Recruitment and retention**

We will work to understand what attracts and deters clinicians from coming into and staying in practice and agree targeted activities to address and influence. This will include different support options for partnership and salaried GPs, promoting existing HEE schemes and applying for available funding to support GP retention across the range of GP groups.

We will promote the GP Retainer Scheme to support GP returners or those looking for a different route to manage their work-life balance a tailored career programme, to maintain their place in practice.

We will support practices and PCNs through HEE/ other schemes to support nurses to consider a career in primary care and to develop flexible career paths to enable them to do that including portfolio roles.

We will encourage flexible working conditions, including home working and use of digital access to attract individuals with a wider range of options.

We will also celebrate our workforce to ensure they are made to feel valued, as they should be.

### **4.2 Grow our Own**

We will create opportunities within our workforce redesign to explore how we can capitalise the opportunities to assist local young people to develop skills and employment, including apprenticeships and preceptorships.

We will invest and support the 'grow our own' culture by working with local schools, Further Education (college) and Higher Education (universities) to ensure people from all backgrounds have better access to careers in primary care.

We will deliver a GPN Foundation Programme/ Preceptorship for our General Practice Nursing workforce. This will be delivered as a single programme across acute, community and primary care settings over two years. This will provide the opportunity for those coming into the nursing workforce to gain a breadth of skills and experience, preparing them for substantive employment in general practice.

### **4.3 Career development opportunities**

We will encourage and support the development of opportunities for portfolio careers for GPs and Nurses to support flexibility and interests throughout their career.

We will build good working relationships with our workforce to identify those with interested in taking on wider responsibilities including clinical leadership for the system.

### **4.4 Training and education**

#### **Enhanced Training Hub (ETP) (non-medical workforce)**

We are very fortunate in Tameside and Glossop to have an Enhanced Training Practice (ETP) in our area, delivered by Millgate Medical Practice in Denton. The purpose of these hubs is to promote health career and employment opportunities within the health economy which is both sensitive to local priorities but also helps contributes to and strengthens current career engagement developments and capacity supported by NHS organisations and the wider health economy.

The objectives for the hubs include:

- To forge and accelerate effective partnerships to engage with schools, other education providers and community network groups in promoting the full range of healthcare careers and employment opportunities, seeking to attract a wide range of talent and embedding this type of activity as core to organisation community commitment.
- Share best practice in relation to career engagement between the organisations within the health economy and build upon any current activity which is already demonstrating impact but can extend its reach and value.
- Increase and efficiently manage work experience opportunities within the health economy, leading to an increase in work experience provision from their current baseline.

We will utilise the ETP to deliver a number of our programmes for the non-medical workforce for and on behalf of our practices and PCNs.

### **Current education and networking offers in the locality**

There are a range of existing training and education options for the workforce in T&G; locally practices are supported to attend monthly TARGET (Time for Audit, Research, Guidance, Education and Training) sessions which are managed through the TARGET Steering Group. TARGET hosts sessions for GPs and Nurses and a separate Admin topic on a regular basis.

In addition, there is a monthly Practice Nurse Forum, Health Care Support Workers Forum and a Practice Managers Forum led by the CCG. Recent reviews of each of these forums tells us that these are highly valued support networks for these staff groups.

With the expanding skill mix within primary care, we will develop the same offer for our growing workforce of Advanced Clinical Practitioners (ACPs).

We will establish a detailed baseline of existing training and education activity across the clinical and non-clinical skill mix.

### **Community of Practice**

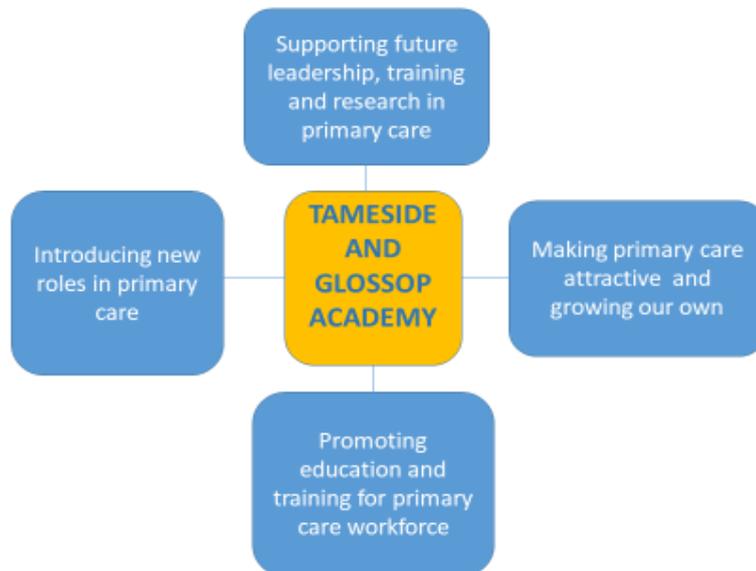
A vision for the System across Tameside and Glossop health and social care is to develop a strong community of practice and one of the vehicles we are exploring with partner organisations across the locality is through our innovative approach to place based undergraduate clinical and non-clinical education and learning. These innovative opportunities are established around the needs of our patients and local population.

## **5. PRIMARY CARE ACADEMY**

We will create a T&G Academy which will be the lynchpin for the range of provision and programmes of work that will be delivering on our ambition, providing a governance structure to ensure that progress and risks are held in a central place but also to 'own' the strategic leadership needed to drive forward this key agenda.

The Academy form and function will be developed through the existing system-wide governance to ensure that its structure and infrastructure has the capacity and capability to deliver.

The remit of the Academy will include both clinical and non-clinical workforce.



In order for the Academy to be a successful vehicle for delivery of our ambitions for workforce development, a level of resource and investment will be required.

## 6. PRIMARY CARE NETWORKS

Primary Care Networks have a key role to play, each being a collective of employing organisations and able to employ workforce for their network population. The PCN DES has provided general practices with the contractual leverage to work together in different way to the way that they have done traditionally.

The PCNs have created a new operating layer for general practice and requires high quality, innovate practice managers with the skills to manage and lead complex business and implement clinical change. The Academy will work with partners and training providers to support the professional development of practice managers and explore opportunities for efficient and shared administrative services.

There are numerous opportunities for PCNs to utilise their collective workforce to improve equality of access and provision of services to their population. Commissioning at a PCN, rather than individual practice, level in the future will also require a different response to how services will be delivered.

Working at scale as a Network also provides greater resilience and recruitment and retention opportunities.

## 7. DIGITAL

Currently most people access primary care services face to face and one to one, however we know that the way people want to access services is likely to change over time. Developments in the digital technology will provide convenient ways for people to access advice and care.

Embracing digital technology will require a culture change for patients and our workforce. We will support our workforce to enable them to work with new technologies and innovations while continuing to provide quality services that are accessible to all.

Digitally enabling primary care will not only allow the workforce to focus their expertise where it is needed, it will also enable people to be in charge of their own health, enabling health and care experts to provide more targeted support.

Digital technology will also enable the workforce to provide care and services in a much more flexible way, improving their work-life balance and improving both recruitment and retention.

Current areas of digital development within general practice include:

- Online consultations
- NHS App
- Video consultations (in progress)

## **8. WIDER PRIMARY CARE**

It is important to recognise the wider contribution to the health and care system, with primary care also being delivered in community pharmacies, opticians and dentists. These providers deliver a significant contribution to the pressures and demands for health care services.

### **Community Pharmacy**

The Greater Manchester Pharmacy Strategy outlines the pharmacy workforce response to meet the demands of the changing landscape for our patients and to delivery excellent healthcare. The approach for transforming pharmacy services for Greater Manchester is already responding to these demands:

- The national Clinical Pharmacist programme working in practice and dealing with patients face-to-face. Locally we have delivered this through our transformation workstreams.
- Developing and promoting the role of pharmacy teams to deliver health and wellbeing advice to prevent ill health, including supporting seamless care via community pharmacies. This will contribute to reducing pressures in General Practice and wider urgent care.
- Supporting people with dementia and their carers to live well with dementia
- Improving patient and public safety by acting on and sharing information about medical incidents relating to controlled drugs, identifying medicines related admissions to hospital and promoting antimicrobial stewardship
- Application of medicines optimisation principles in key therapeutic areas of priority in Greater Manchester
- Better transfer of information across care interfaces and referral to services to support patients taking their medicines
- Standardising pharmacy services across Greater Manchester to improve efficiency and ensure that patients receive the same quality of service irrespective of where it is accessed
- Standardising clinical support and back office services
- Completion of the community pharmacy workforce assessment to determine current and future workforce needs

### **Optometry**

Optometry has been identified as an integral part of primary care and benefitting of development. Most primary eye care is already delivered in optician practices. In Tameside and Glossop there is a Minor Eye Conditions Service provided by primary care optometry, providing access to urgent eye care services close to home at local optical practices. This provision has reduced demand for General Practice, A&E and secondary care, whilst utilising the skills of the optometric workforce.

### **Dental**

The GM Dental Strategy emphasises the importance of ensuring that the developing workforce profile address the changing profile of the population need and HEE continue to monitor and commission specialist dental training posts. Significantly, this will address needs in Special Care Dentistry and Paediatric Dentistry, with further work to address the known deficit in capacity for Restorative Dentistry. The key to success will be determined by the effective engagement of the GM dental team and the effective use of skill mix.

A number of GM procurements have been undertaken in the last 12 months to take steps to improve this picture.

The GM dental workforce has begun its transformation of care in localities, which looks at improving quality and opening up practices to older people to support patients with dementia; improving dental care for older people unable to access services in a primary care setting. Targeted programmes including Baby Teeth DO Matter, Healthy Gums DO Matter and the Practice School Buddy Scheme have allowed dentists to engage with specific groups where healthy mouths have a greater impact.

Standardisation of clinical records with access to summary care records will allow dentists to deliver patient treatment in synergy with other healthcare professionals.

## **9. HOW WILL WE KNOW IF WE HAVE BEEN SUCCESSFUL?**

This plan will demonstrate delivery of the vision through a number of outcomes over the next five years.

We will enable a primary care workforce that:

- Is diverse, with a skill mix that is able to respond proactively to local population needs
- Has a robust training and development infrastructure in order to facilitate workforce development across all primary care and in every locality
- Is responsive to the changing needs of staff, offering flexible working options in order to retain our workforce
- Is able to interface across all of primary care as well as with local care organisations, secondary care and wider public services
- Is clear in its contribution to the Tameside and Glossop ambition to improve population health outcomes
- Is able to maximise the opportunities to work to their full potential

## **10. CONCLUSION**

A resilient workforce is key to the delivery of high quality, safe care and provision. This strategy sets out both the challenges and opportunities within Tameside and Glossop to ensuring that our workforce feels resilient and valued, to be delivered via a number of workstreams, programmes and initiatives. A detailed Delivery Plan will be devised to set out the ways in which this strategy will be implemented with the Primary Care Workforce, Training and Education Group/ Academy accountable for the coordination and progress.