

**Report to the Somerset Primary Care Commissioning Committee Meeting on
29 September 2021**

Title: Primary Care Workforce update	Enclosure D
---	------------------------

Version Number / Status:	1
Executive Lead	Alison Henly, Director of Finance, Performance, Contracting and Digital
Clinical Lead:	Dr Jill Wilson, Clinical Lead for Primary Care Workforce
Author:	Annie Paddock, Primary Care Transformation & Sustainability Manager

Summary and Purpose of Paper

This report provides an update on the workforce situation and the initiatives being delivered to help support sustainability and resilience in General Practice. The focus continues to be on the three priorities, recruit, retain, develop and train. The chief outcomes for this work remain:

- Increased capacity in primary care
- Reduced workload pressures
- Increased mix of professional health and care staff working in primary care
- Building training capability and new career pathways.

Enabling flexible working across practices and health systems.

Recommendations and next steps

The Somerset Primary Care Commissioning Committee is being asked to endorse the work being undertaken.

Impact Assessments – key issues identified

Equality	Not applicable			
Quality	Not applicable			
Privacy	Not applicable			
Engagement	Not applicable			
Financial / Resource	Not applicable			
Governance or Legal	Not applicable			
Risk Description	Not applicable			
	Consequence	Likelihood	RAG Rating	GBAF Ref

Risk Rating	4	3	12	222
--------------------	---	---	----	-----

Primary Care Workforce update

1. The general practice workforce has been in the forefront of the Covid pandemic response. Inevitably this has heightened the already challenging workforce situation and put primary care services under enormous pressure as they attempt to continue to address Covid, return to business as usual and catch up. Escalating levels of demand, patients presenting with increasingly complex cases, and staff shortages across the health system remain the main challenges. Burn out of staff is a major concern whilst availability of locum/sessional GPs to cover and to enable them to take well-earned breaks and rest are increasingly in short supply and costly. Nevertheless, the numbers of appointments provided are higher than pre Covid levels. GP numbers remain broadly static with 347 FTE in June 2021. However securing accurate and timely data on primary care workforce is challenging. Recent national changes in data availability have made it difficult to maintain an accurate time series which underpins our longer term trend projections, and these challenges are described in further detail in section 5.
2. One of the things that has supported General Practice resilience during this period is the development of Primary Care Networks (PCNs) which have changed the landscape and have had a substantial impact on recruitment and employment models and opened up the range of health care professionals now working in General Practice. The additional reimbursable roles scheme (ARRS) provides the mechanism and funding streams for PCNs to recruit these new staff. ARRS is the biggest workforce programme, taking most of our time and attention in facilitating, resourcing, managing and providing support to our PCNs. ARRS is also the most productive and arguably the most beneficial programme at our disposal. It does not replace the need for us to recruit more GPs and Nurses, all these elements are needed and we will continue to pursue all avenues to increase their numbers. The PCNs will continue to mature and build their own workforce using the reimbursable roles scheme, pursuing the collaborative potential for delivering services that this presents. Therefore, the resource needed to support the ARRS programme and the PCNs will also need to be increased.
3. The Primary Care workforce strategy has three strands:
 - Recruitment & Employment
 - Retention
 - Training & Education
4. Our workforce initiatives are focused on these strands as being of equal importance in sustaining a resilience workforce of both clinicians and non- clinicians and ensuring there are enough health and care professionals to meet the needs of the population. They also align with the principles of the Somerset People Plan of looking after our people

and growing for the future. A list of workforce initiatives is provided at the end of this report (page 4) to demonstrate the breath and scale of what we cover. The main headlines to note are:

- We have been sustaining recruitment levels for GPs and Nurses in what is an extremely difficult period for recruitment
- PCNs have progressed their recruitment of additional health professionals into General Practice bringing 114 FTE new staff into the sector
- We have significantly increased the number of GP Trainers to enable us to increase the numbers of GP trainee placements next year
- A successful NHSEI bid has meant the CCG has been able to increase the level of well-being support for staff in primary care, adding to the existing enhanced occupational health project
- The Somerset Training Hub provides locally tailored training and support on the clinical competencies and standards of new health professionals roles in General Practice.

5. Data

5.1 Despite the progress noted above, one of our most significant challenges remains the availability of timely and accurate workforce data.

5.1.1 Access to and the analysis of up-to-date data is one of the most important enablers for underpinning and informing how we should address workforce issues. This is also our biggest challenge. The capture of General Practice workforce data, which is timely, reliable and robust has always been difficult and has been a gap in available workforce information for the health system as a whole.

5.1.2 The introduction of the National Workforce Return Survey (NWRS) about three years ago provided the potential for the most comprehensive data collection system for General Practice workforce data that we have had. Although we can track and monitor progress with the ARRS scheme ourselves, NWRS gathers all workforce data at practice and PCN level the NWRS has the ability to give an overview of the workforce situation, enables comparisons with other ICS areas as well as between individual practices and PCNs, and identifies trends and patterns. The data is inputted by the practices (monthly) and PCNs (quarterly). Our practices and PCNs have participated and Somerset is one of the best performers in the South West for data completeness.

5.1.3 The NWRS system has recently changed requiring new registrations and changes to the portal. This coupled with the impact from the Covid Pandemic had an initial impact on the numbers of practices accessing the new portal. We have conducted a promotional exercise with practices and PCNs providing support tools to refamiliarise themselves with the system. We are confident that practices and PCNs will be able

to resume the routine of submitting their workforce changes ever increasing the reliability and robustness of the information.

5.1.4 However, the switch to the new portal has had detrimental consequences for the CCG. Previously we had access to the NWRS system and were able to see all the data for Somerset with the potential to analyse the information and to pull off reports at practice, PCN and CCG/ICS level. We no longer have full access to the data in the same usable way as before usable way. NHS Digital release a limited amount of information to us which is not sufficient for the full range of analytical purposes required. The data is also subject to a long reporting lag which reduces the explanatory value of the data. We are continuing to pursue this issue regionally and nationally in order to ensure we have access to the data needed to underpin our workforce programme.

5.1.5 NHS SCW CSU (South, Central and West Commissioning Support Unit) has been building a bespoke General Practice interactive workforce dashboard for us using primarily NWRS data. At the time of writing, we are not clear if CSU access has also been curtailed. Our ambition is to have workforce information in an easily accessible format combined with mapping tools that practices and PCNs as well as the CCG/ICS can utilise themselves for workforce planning purposes.

5.1.6 In addition to accurate data it is also necessary to have the support of professional data analysts who can extract from the data the full meaning and impact of the information on our workforce, for instance, monitoring staff turnover, staff retention, retirement rates, vacancy rates and identify recruitment and retention hot spots. Most importantly data analysts can provide forecasts and predictions for the future and link this with population health and care needs. This not only enables us to address demand and capacity issues but identifies skills gaps so that a pipeline of training requirements can be discussed with Health Education England, and training providers. At present there is limited access to dedicated primary care data analysts to support this work. Further discussions will take place with the ICS People Team to agree how this can be resourced.

5.2 Workforce Initiatives

Work streams	Initiatives
Recruitment	<ul style="list-style-type: none"> • BMJ recruitment subscription, provides a national branded profile for Somerset offering free print and online advertising for GPs • Nursing Times recruitment subscription provides a national branded profile for Somerset offering free print and online advertising for Nurses • Gateway Europe – currently in discussion re placement of European trained Doctors

	<ul style="list-style-type: none"> • GP Flexible Pool – Digital platform matching availability of sessional GPs with vacant shifts. Plus, employment of additional sessional GPs • Negotiating access to CSU Covid response staffing bank • ARRS scheme: <table border="1" data-bbox="614 398 1181 772"> <tr><td>Clinical Pharmacists</td></tr> <tr><td>Pharmacy Technicians</td></tr> <tr><td>Care Coordinators</td></tr> <tr><td>Health Coaches</td></tr> <tr><td>Social Prescribing Service</td></tr> <tr><td>FCP MSK</td></tr> <tr><td>Dietitians & OTs</td></tr> <tr><td>Mental Health Practitioners</td></tr> <tr><td>Paramedics</td></tr> </table> 	Clinical Pharmacists	Pharmacy Technicians	Care Coordinators	Health Coaches	Social Prescribing Service	FCP MSK	Dietitians & OTs	Mental Health Practitioners	Paramedics
Clinical Pharmacists										
Pharmacy Technicians										
Care Coordinators										
Health Coaches										
Social Prescribing Service										
FCP MSK										
Dietitians & OTs										
Mental Health Practitioners										
Paramedics										
Retention	<ul style="list-style-type: none"> • Careers Plus – expanding to include support for nurses and practice Managers • National GP retention Scheme • Enhanced occupational health and well-being services • Development of career pathways and new models of employment for ARRS staff e.g., cross system working, rotations • Fellowships & Mentorships 									
Develop and Train	<ul style="list-style-type: none"> • Development of apprenticeships • Development of Somerset based Nursing degree • Incentives for GPs to complete GP trainee training • PCNs creating mini training hubs • Somerset Training Hub working closely with the CCG, provide support, training, guidance and information to staff, practices and PCNs 									

6. Next Steps

- 6.1 Primary care workforce can only increase as a priority area for the Somerset system. At present a substantial of programme of work is in hand but this will be kept under review with system colleagues to define our level of ambition and resource.