



# **Sustaining, Developing and Enabling Doncaster's Primary Care Workforce**

Key Challenges, Emerging Solutions and Recommended Actions

## 1.0 Introduction

The NHS Five Year Forward View (2014) set out how the NHS needs to adapt and evolve to meet new challenges, of people living longer with more complex health needs, and to take advantage of the opportunities that science and technology offer patients, carers and those who serve them. It specifically sought to address gaps in three areas, the health and well-being gap, the care and quality gap and the funding and efficiency gap.

It is emphasised in this policy and in others that have followed since, that primary care will remain the foundation for the NHS and that there is a need to expand and strengthen general practice, as the cornerstone of primary care. Increasingly, it is being recognised that this can only be done by reducing the divide between primary care, community services and hospitals, and integrating services around the person; whilst in parallel, addressing the need for a suitably skilled workforce to deliver these new models of care.

This document sets out the national and local context behind transforming the primary care workforce. It describes the work done to date in Doncaster, and from this, identifies priorities to take forward in the coming months and years. The ethos in Doncaster is one of partnership, and therefore this strategy encompasses the roles of multiple organisations involved in local primary care development, including Primary Care Doncaster Ltd, Doncaster LMC, Doncaster CCG, and South Yorkshire & Bassetlaw Primary Care Workforce & Training Hub.

### 1.1 National context

#### 1.1.1 'The Future of Primary Care – Creating Teams for Tomorrow'

In 2015, Health Education England (HEE) commissioned an independent review of the primary care workforce, led by Dr Martin Roland. The Primary Care Workforce Commission was asked to identify workforce solutions that would meet present and future needs of the NHS primary care workforce. The commission found that many areas had created new and innovative ways of working and recommended that these examples of good practice be rolled out more widely. The report 'The future of primary care – creating teams for tomorrow' includes three key recommendations:

1. **A multi-disciplinary workforce.** The report sets out how new clinical and support roles can enhance the skill mix in primary care. It specifically highlights the contribution that clinical pharmacists, physician associates, physiotherapists, paramedics and medical assistants can make to patient care within general practice
2. **Better use of technology.** With advances in technology, the report emphasises that education and training will need to reflect the different skillsets required for alternative forms of consultation

3. **Organisational changes to the NHS primary care system.** The commission recommended that networks or federations of practices will enable primary care to offer a wider range of services, as well as better opportunities for staff development and training and the creation of new roles. It also highlighted that the primary care workforce has historically been relatively unengaged in NHS opportunities for leadership development and that this must be redressed.

### 1.1.2 General Practice Forward View

Building on the Five Year Forward View, the General Practice Forward View, published by NHS England in 2016, sets out a plan to stabilise and transform general practice through additional investment and support in relation to workload, workforce, infrastructure and care redesign. The document sets out how NHS England, in partnership with Health Education England (HEE), Royal Colleges and other stakeholders, will grow the GP workforce whilst accelerating use of the wider, multi-disciplinary workforce. It sets out a bold ambition to create an extra 5,000 doctors in general practice and a further 5,000 non-medical staff over the next 5 years.

In relation to the GP workforce, the Forward View describes plans to increase recruitment and retention of GPs by:

- Increasing training capacity
- Promoting general practice as a career choice
- Offering flexibility of career paths
- Supporting post CCT (Certificates of Completion of Training) fellowships
- Developing a new portfolio route for GPs with previous UK experience
- Addressing workload concerns to support GPs to stay in practice
- Investing in leadership development, coaching and mentoring skills
- Offering targeted financial incentives to GPs to work in areas of greatest need

The plan recognises that the success of general practice in the future will also rely on the expansion of the wider non-medical workforce, including investment in nurses, pharmacists, practice managers and administrative staff and the introduction of new roles, such as physician associates and medical assistants. The plan describes how NHS England and HEE will:

- Invest in general practice nurse development, including support for return to work schemes, improving training capacity in general practice and increasing the number of pre-registration nurse placements
- Extend the clinical pharmacist programme to enable every practice to access a clinical pharmacist
- Invest in additional mental health therapists to work in primary care
- Provide funding to support reception and clerical staff to play a greater role in care navigation
- Invest in practice manager development.

### **1.1.3 Next Steps on the Five Year Forward View**

This recently published Next Steps on the Five Year Forward View (2017) document sets out how we will recruit retain and train the workforce to meet the challenges ahead. It details the expansion of multidisciplinary primary care with the recruitment of additional GP's, clinical pharmacists and mental health therapists, training for new roles such as physician and nurse associates and new routes into the NHS including apprenticeship routes to becoming a registered graduate nurse. It encourages practices to work together in networks to share resources and encourages flexible working and 'de-risking' service change as roles and places of work evolve.

### **1.1.4 The Ten Point Action Plan for General Practice Nursing**

This plan (July 2017) was produced to support the Five Year Forward View and the General Practice Forward View published in 2016. The 10 point plan describes the nursing element and is informed by general practice nurses, the Queens Nursing Institute and Ipsos Mori research. The primary aim of the plan is to recognise and develop the roles that general practice nurses have, which transform care and help deliver the plan to make the NHS fit for the future. The plan also has a focus on supporting, strengthening and developing the GPN role and working with GP practices to explore flexibility within roles to improve retention and career development. Practically, it will mean that we are strengthening the opportunities for GPNs with defined career pathways and more opportunities to advance their careers. Many of the actions include support for existing GPNs, but going forward it is expected all nurses new to general practice to have access to an induction programme, training and mentoring and an expansion in leadership and career opportunities.

## **1.2 Local context**

### **1.2.1 Doncaster Integrated Care System**

Doncaster is one of the five Places that make up the South Yorkshire and Bassetlaw Integrated Care System (SYB ICS). One of the key priorities for the ICS is transformation of primary care workforce, which recognises that the current shortage of GPs and other roles across primary care. The ICS "Developing Our Workforce" plan (2017) states that existing sustainability challenges increased by an expected 'left shift' of services to primary and community care settings mean a) significantly greater capacity is required (over and above existing initiatives, and b) the development of different roles/ways of working will be important (nurse skill mix, advanced practitioners, care navigators, community pharmacists, prevention and self-care promotion). The recently formed South Yorkshire & Bassetlaw Primary Care Workforce Education & Training Hub is a key part of the ICS infrastructure, in terms of engaging general practice and practically supporting them to develop and grow, and Doncaster enjoys an excellent relationship with this partner organisation.

### **1.2.2 Doncaster Place Plan**

Doncaster Place Plan (2016-2021) describes a vision of the future where care and support will be tailored to community strengths to help Doncaster residents maximise their independence, health and well-being. It states that to achieve this, primary care will be at the heart of health care delivery, closely linked to other neighbourhood level services in health and social care, such as community nursing, therapies, Start Well (first 1001 days), community mental health services and community led support for adult social care. It also describes how providers will need to work differently together to deliver this holistic vision, as part of an accountable care partnership.

### **1.2.3 Demographics of Doncaster**

The registered list size of the Doncaster population is 321,997 (October 2018). The health of people in Doncaster is generally worse than the England average. Doncaster is one of the 20% most deprived districts/unitary authorities in England and about 24% (13,300) of children live in low income families. Overall health and wellbeing is improving in Doncaster for both men and women, however, too many people still experience poor health with too many dying prematurely (i.e. before the age of 75). In fact, Doncaster is ranked 124 out of 150 for premature deaths overall. Life expectancy for both men and women is lower than the England average by 2 years for men and 1.6 years for women. However, the inequality in life expectancy is more stark when comparing the most and least deprived areas of Doncaster, whereby it is 10.7 years lower for men and 7.1 years lower for women. Where people live, as well as education, housing, work, crime and the environment all contribute to health and wellbeing.

There are 40 general practices in Doncaster serving the needs of this population. They are grouped into neighbourhood areas, which are co-terminus with the neighbourhood delivery teams of other Doncaster providers, namely Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust, Doncaster Metropolitan Borough Council, Rotherham Doncaster & South Humber NHS Foundation Trust, and the Doncaster Children's Trust. There are four neighbourhoods across the borough, grouped into Central, South, East and North. There is potential for greater integrated working within the neighbourhoods, to improve care and support to the communities, and also grow the independence of residents within those communities themselves.

## **2.0 Strengthening foundations for Primary Care Workforce Development**

In order to be able to confidently plan, invest in, and transform future workforce, it is necessary to fully understand the existing position, where the gaps and risks are, and where the practices themselves feel that the focus should be. Historically it has been difficult to get a universal understanding of this across Doncaster, due to inconsistent compliance with national data collections, and removal of local incentives to complete HEE workforce surveys, for example.

## 2.1 Existing workforce – baseline stocktake

Over the summer 2018, Primary Care Doncaster worked in partnership with the South Yorkshire and Bassetlaw Primary Care Workforce & Training Hub (SYB PCWTH) and engaged practices to understand their current workforce positions. The data that was collected from this exercise, which involved capturing both quantitative and qualitative data, has been aggregated and is shown below.

### 2.1.1 Quantitative Data Analysis

**Table 1: Doncaster-Wide Primary Care Workforce Numbers**

	<u>Total</u>	<u>WTE</u>	<u>Av Age</u>	<u>+55 years</u>		<u>Total</u>	<u>WTE</u>	<u>Av Age</u>	<u>+55 years</u>
<b>GP:</b>	<b>165</b>	<b>120</b>	<b>47</b>	<b>(34 - 21%)</b>	<b>Managers:</b>	<b>77</b>	<b>66</b>	<b>50</b>	<b>(25 – 27%)</b>
<b>ANP:</b>	<b>48</b>	<b>34</b>	<b>55</b>	<b>( 9 - 19%)</b>	<b>Admin:</b>	<b>125</b>	<b>87</b>	<b>40</b>	<b>(39 – 23%)</b>
<b>Nursing:</b>	<b>118</b>	<b>77</b>	<b>50</b>	<b>(35 - 30%)</b>	<b>Reception:</b>	<b>297</b>	<b>201</b>	<b>44</b>	<b>(82 – 24%)</b>
<b>HCA:</b>	<b>89</b>	<b>51</b>	<b>43</b>	<b>(17 - 19%)</b>					
					<b>Total</b>	<b>499</b>	<b>354</b>	<b>45</b>	<b>(146 – 29%)</b>
<b>Total:</b>	<b>420</b>	<b>282</b>	<b>49</b>	<b>(95 - 23%)</b>					

These figures highlight some significant risks, particularly in relation to practice nursing and practice manager workforce, given the average age of 50 and the numbers of staff over 55, which poses a retirement risk and highlights the need or succession planning in both areas.

**Table 2: North Neighbourhood Data**

▶ 37 GPs =	25 wte	(6 over 55)
▶ 2939 patients per whole time equivalent GP		
<b><u>Supported By:</u></b>		
▶ 11 ANPs =	6 wte	(2 over 55)
▶ 28 PNs =	12 wte	(6 Over 55)
▶ 26 HCAs =	11 wte	(5 over 55)
▶ Deliver 77 GP/ANP Appts per 1000 Patients each week		
▶ Deliver 25 Nurse Appts per 1000 Patients each week		
▶ One GP Vacancy held currently at 0.48 wte		

**Table 3: Central Neighbourhood Data**

▶ 62 GPs =	46.4 wte	(14 over 55)
▶ 2583 patients per whole time equivalent GP		
<b><u>Supported by:</u></b>		
▶ 16 ANPs =	11 wte	(5 over 55)
▶ 46 PNs =	34 wte	(10 Over 55)
▶ 32 HCAs =	21wte	(7 over 55)
▶ Deliver 84 GP/ANP Appts per 1000 Patients each week		
▶ Deliver 40 Nurse Appts per 1000 Patients each week		
▶ Five GP Vacancy held currently 3.68 FTE		

**Table 4: South Neighbourhood Data**

▶ 38 GPs =	25 wte	(5 over 55)
▶ 2508 patients per whole time equivalent GP		
<b><u>Supported by:</u></b>		
▶ 14 ANPs =	11 wte	(2 over 55)
▶ 24 PNs =	17 wte	(10 Over 55)
▶ 16 HCAs =	9 wte	(1 over 55)
▶ Deliver 62 GP/ANP Appts per 1000 Patients each week		
▶ Deliver 42 Nurse Appts per 1000 Patients each week		
▶ One GP Vacancy held currently		

**Table 5: East Neighbourhood Data**

▶ 28 GPs =	24 wte	(9 over 55)
▶ 2639 patients per whole time equivalent GP		
<b><u>Supported by:</u></b>		
▶ 7 ANPs =	6 wte	(0 over 55)
▶ 20 PNs =	14 wte	(9 Over 55)
▶ 15 HCAs =	10 wte	(4 over 55)
▶ Deliver 75 GP/ANP Appts per 1000 Patients each week		
▶ Deliver 34 Nurse Appts per 1000 Patients each week		
▶ One GP Vacancy held currently 0.48 FTE		

Although practices were asked to quantify activity undertaken by other healthcare professionals, such as pharmacists, physiotherapists, paramedic practitioners etc in the tool, it did not capture whole time equivalent individuals in these professions. Pharmacists were the most prevalent of other professions working in general practices in Doncaster. 8 practices employ a pharmacist directly to do sessions, and the activity is a varied mix of clinical consultations (face to face and telephone) and medication reviews & coding. 7 practices are participating in the NHS England Clinical Pharmacist pilot, hosted by PCD. So overall 15/40 practices have pharmacists as part of their practice workforce. 1 practice also employs a physiotherapist directly to do sessions.

The data in itself poses more questions than answers, particularly around the variation in appointments offered per 1000 population, and the split between GP/ANP appointments and practice nurse appointments. The data collection exercise was fairly high level and due to widely different ways that practices organise their capacity and manage their demand (varying from “doctor first” models, to telephone triage, to duty doctors, to walk-in clinics), it is not possible to compare like for like with absolute certainty. However it does indicate that across Doncaster the ratio of patients to 1 whole-time equivalent GP is very high, at over 2600; against a generally held consensus that a safe and manageable ratio is 1 GP to 1600 patients<sup>1</sup>.

The data also asked practices for their top 10 reasons for onward referral, and subject to data cleansing, the initial results appear to show that the following referrals are the most prevalent across practices:

- Orthopaedics
- Mental Health
- Dermatology
- ENT
- Ophthalmology
- Gastroenterology

This will require further analysis to understand whether there are opportunities highlighted by this list, either in terms of upskilling the primary care workforce to provide some services in the community, or training and education opportunities to enhance the current pathways. However some of these areas are already priorities within change programmes locally, such as ENT and Ophthalmology which are priorities for the Doncaster Planned Care board, and Dermatology which is a defined “area of opportunity” within Doncaster Place Plan.

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<sup>1</sup> Safe Working in General Practice, British Medical Association, April 2016

## 2.1.2 Qualitative Feedback

Each practice were offered a visit from the SYB PCWTH team, to help understand the data return and provide some support to think about themes and solutions. Feedback is categorized as follows:

### Main GP themes:

- Difficulty in recruiting full time GPs
- Many GPs prefer flexibility of locum work
- Lack of interest from many GPs in partnership
- More admin support needed for GPs

### Main Nursing themes:

- Increasingly difficult to recruit ANPs.
- Need for GPN training to be more readily available/ more support to source quality training.
- Nurses/ ANPs being 'poached' by other practices- short supply & high demand.
- Increasingly smaller 'pool' of available nurses with practice nurse experience.

### Main Management themes:

- Need for ongoing training & support for the Workforce Tool.
- Need specific training for PMs- QoF, GDPR, Commissioning, A 'How-To' Guide For Practice Managers!
- Need to know who to contact for expert advice in aspects of business management.
- Practice manager training route – succession planning for when current managers leave.
- Templates of policies/ protocols

### Main Non-Clinical staff themes:

- Locum admin support
- 'Work Ready' work
- HCA Apprenticeships for those wanting a change
- Business apprenticeships- how to support?

### Training Needs:

- Non-Medical Prescribing Courses
- Mandatory & Statutory Training (MAST) provision
- Role-specific training for non-clinical staff (receptionist, administrator, practice manager)
- Nurse Mentorship training

- Condition specific update training for nurses; Asthma, COPD, Hypertension, Diabetes, CVD, Spirometry, Cervical, Wound Care

## 2.2 Workforce and workload modelling tool

The next phase of workforce intelligence will come from the implementation of the APEX/Insight tool, which 39/40 practices have signed up to engage with as the second phases of the stock-take work. This will be used to provide a single, consistent source of activity analysis which can be used to inform workload and workforce planning and transformation activities, at practice/neighbourhood/federation/CCG/ICS level. The updates are automatic, removing the manual collation requirement, and data sharing is controlled by the practice. This tool will, as far as is possible, allow consistent comparison of capacity and demand across Doncaster practices, which is a critical requirement for confident planning.

The tool allows practices the ability to

- Assess current resilience
- Predict future demand
- Model alternative skill mixes
- Assess New Models of Care
- Undertake scenario planning & sensitivity analysis

## 3.0 Transforming the Primary Care Workforce

Workforce transformation is about developing a workforce responsive to changes in care, now and in the future, taking account of the national, regional and local drivers that have been described above. All of the policies highlighted thus far, together with the local picture collated by the Doncaster practices, signal that primary care workforce transformation is required to enable reform and change to happen at scale and pace, in a sustainable way.

There is no single solution or project that will solve the challenges facing the primary care workforce, either in Doncaster or anywhere else across the NHS. The approach needs to be multi-faceted and owned by all parties involved, and most notably, initiated by the practices themselves. There will be no top-down mandate that goes against the fundamental principle of practice sovereignty. Rather, the Doncaster-wide organisations of PCD, Doncaster LMC, Doncaster CCG, and the SYB PCWTH, will work together to support general practices identify their solutions and implement them.

It is proposed there are four categories that can be used to sum up the task of transformation:

- Upskilling existing workforce
- Developing future supply
- Developing new roles
- Promoting new ways of working

The rest of this strategy will describe how Primary Care Doncaster will work both with and on behalf of its member practices, to take these work-streams forward.

### 3.1 Developing future supply

It is the ambition to develop primary care as a career of choice, and to work with partners to ensure that Doncaster is an attractive place to train and work. We already have a strong reputation for GP training in Doncaster, with 10 strong training practices attracting GP registrars and nursing students. We can build on this by focusing further up-stream to attract potential medical students from schools and colleges locally.

#### 3.1.1 Foundation School In Health

One opportunity is the invitation to work with our partner DBTHFT, in its venture with Hall Cross Academy to become a 'Foundation School in Health'. Hall Cross Academy is a secondary school and sixth form, which is the closest in proximity to Doncaster Royal Infirmary, and is widely credited for its science and performing arts departments, and educates around 2,000 students from one of the town's most diverse backgrounds both culturally and socioeconomically. One of the first agreements of its kind in the country, this partnership will see local organisations working closely together, further developing opportunities for pupils wishing to pursue a career in the health service. This will include work experience and internships, further advice and information from experienced medics and clinicians, as well as the appointment of 'Careers Champions' within the local hospitals. Primary Care Doncaster has the opportunity to get involved with this new initiative which was launched in October 2018.

#### 3.1.2 Apprenticeships

Apprenticeships are another way to develop future supply of workforce to the health service, from a management perspective as well as a clinical one. Primary Care Doncaster is working with Doncaster College to explore how we can act as a vehicle to allow practices to take on apprenticeships and support them in doing so, as well as offering apprenticeships within the corporate PCD team itself. We have already worked with a Doncaster College student on his gap year during PCD set-up phase, and are looking to expand the relationship further.

There is also potential for PCD to facilitate placements for trainees on the NHS Graduate Management scheme, both in practices and within the PCD team. Links with the NHS Leadership Academy are being fostered through an existing

relationship they hold with a member practice. This will contribute to the ambition of making Doncaster primary care an attractive place to work for upcoming talent

### **3.1.3 GPN Ready Scheme**

Health Education England provide funding to GP practices who offer to appoint a new NMC registered nurse to work in their practice. £3000 (paid over two years £1500 per year). PCWTH will then hold £5000 per nurse to fund training and preceptorship for them which will be planned and agreed with the practices individually.

In the first year, this is an appropriate educational plan, agreed between the new nurse employee and their supervisor at the practice, to consolidate and strengthen the nurse's practical clinical skills. In year two, this plan continues, but also includes an NMC approved mentorship programme (often called Supporting Learning in Practice or SLiP).

4 Doncaster practices have nurses on the current cohort of this scheme. There is potential for PCD to support practices financially with future cohorts from 2019 onwards, and SYB PCWTH are keen to continue to work with all practices to support their applications and implementations of the scheme.

### **3.1.4 Post-CCT Fellowships**

SYB ICS recognises the need to develop future clinical leaders within primary care, and are investing in fellowship posts for newly qualified GPs, in systems leadership. The aim is to incorporate protected sessions within the GP's role to work on the ICS agenda. Doncaster is committed to working within the ICS to maximise these roles, along with other fellowships for inclusion health and future priority portfolios as they arise. PCD is open to acting as host employer for these roles, to ensure that we optimise our potential as a key part of the ICS.

## **3.2 Upskilling existing workforce**

National and local strategies are driving more community based care, and it is recognised that the whole general practice team needs to be highly skilled in the appropriate areas if this is to be delivered successfully. This includes upskilling both clinical and non-clinical staff, to ensure the most effective skill mix is available to meet patients' needs.

### **3.2.1 Education & training**

Primary Care Doncaster deliver TARGET (Time for Audit, Research, Guidelines, Education & Training) sessions for GPs, Nurses and Practice Managers. The curriculum is designed by the practices themselves, and covers annual mandatory updates (infection control, vaccinations & immunisations, Safeguarding), best practice on conditions of high prevalence (diabetes, respiratory, cardiac), clinical leadership, and best practice in areas such as medicines management, quality assurance, public health initiatives, CQC requirements, person-centred care. TARGET sessions are also used for quality

improvement and practice team learning, to raise standards and impact on patient outcomes. It gives assurance to practices and commissioners alike that their staff have been trained to a consistent standard across Doncaster in the key areas of primary care, and this programme of work is constantly being reviewed and improved.

PCD also organises ad hoc training as requested by the workforce as needs arise, examples include new guidance around Spirometry, GDPR, and Wound Care. Protected learning time is a crucial workforce development tool, and through this, PCD can act as the conduit for ongoing development through delivery of TARGET and additional sessions, linking with system partners continuously on topics for delivery.

### **3.2.2 HCA apprenticeships**

Practices that meet a defined set of criteria are eligible to receive funding to support non-clinical individuals (eg practice receptionists, administrators, etc) completing an apprenticeship in clinical healthcare support, plus primary care specific 'bolt-on' modules. The funding provided is an apprenticeship support grant of £6800 per apprentice. This funding is distributed as a one-off payment for the full training period of 12-18 months. Practices need to pay from this any employer contribution for the apprenticeship training, which is determined by the further education provider.

No Doncaster practices are participating in this scheme currently, although 3 practices were part of the last cohort. 4 practices indicated their interest in participating on the 2019 cohort in the workforce stock-take exercise. PCD is committed to offering financial support to practices that wish to develop the HCA role, whether via the apprenticeship scheme or additional upskilling of existing HCAs (in areas such as disease management, home visit care, vac and imms, palliative support) and working with SYB PCWTH to implement effectively.

### **3.2.3 Management & Administration Development Programmes**

The GP Forward View is explicit about the need for leadership development in practice managers, and as aforementioned, PCD in 2017-18 have delivered a leadership programme for practice managers via the TARGET sessions. The organisation is committed to continuing to offer training to non-clinical practice teams, validated by the stock-take exercise which clearly showed the appetite for this from member practices. Role-specific training, as well as more strategic leadership development, is a clear need, therefore training modules covering content such as QOF, GDPR, business planning, Electronic Referral System booking, care navigation, customer services skills, or Microsoft office packages need to be included in forward schedules.

### **3.2.4 Non-medical prescriber courses**

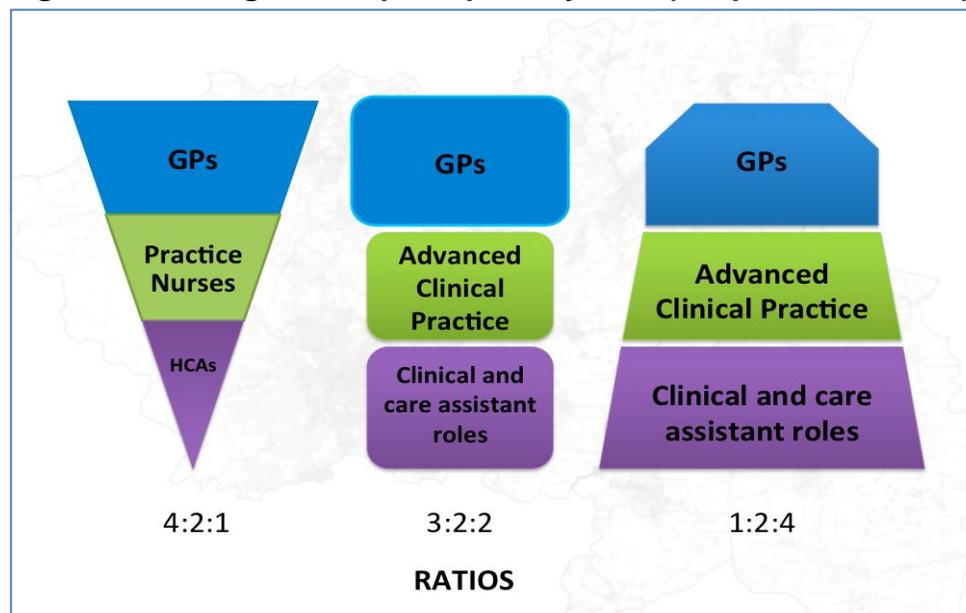
Upskilling the existing workforce will rely on expansion of existing roles within practice teams. During the stock-take exercise, several practices fed back that by becoming prescribers, nurses and pharmacists could broaden their portfolios and as a result GP workload could be significantly lessened. The APEX/Insight tool will be helpful here in evidencing this and

measuring impact. 12 practices were identified as having a staff member that they would want to send on a non-medical prescriber course if it was available and funding support was given. The role of the federation in working with the education providers to source the training and provide financial support for this will be explored going forward.

### 3.3 Developing new roles

As well as the GP Forward View ambition to train an additional 5000 GPs, we need to develop new roles in the meantime to a) meet the short-term need, as GPs take a long time to train, and b) make sure practice teams are fit for the future as the GP role is inevitably changing and will require a different sort of practice support structure. The SYB ICS recognises that the primary care community increasingly recognises that to meet future demand a transformation is necessary in the way primary care is structured. Within our region the SYB Primary Care Workforce Group and Postgraduate School of Primary Care are helping facilitate this. Generalist teams of practitioners need to develop, utilising new and existing roles, led by experts in generalist care (Figure 1).

**Figure 1 – change in shape of primary care (adapted from Lane)<sup>2</sup>**



<sup>2</sup> Lane P. Advanced Training Practice Scheme. In: Vol ; 2015.

### **3.3.1 Clinical pharmacists**

Increasingly, practices are employing pharmacists as part of the practice team, as their role in undertaking medication reviews, managing medication needs of patients discharged from hospital, and ensuring medicines optimisation fundamentally reduces workload of the other practitioners in the practice. The NHS England Clinical Pharmacist in General Practice scheme offers incentives to practices to take training pharmacists into the team, through salary subsidy for the first 3 years. Primary Care Doncaster currently employ 2 wte pharmacists that work across 7 practices, spread across the four neighbourhoods in Doncaster, and feedback is extremely positive. This scheme has been recently made more accessible as NHS England have opened it up to combined list sizes of 15,000, rather than 30,000. There is potential to expand the scheme and the host employer model going forward.

### **3.3.2 Nurse Associates**

SYB providers are part of a pilot scheme to train Healthcare Assistants to become Nurse Associates, a new role that offers a career pathway for HCAs and has the potential to increase the nursing workforce. Working together with DBTHFT, who have redirected some of their apprenticeship levy monies to support them, 4 Doncaster practices have HCAs that are participating in the training programme across 2019-2021. This is a ground-breaking partnership, with the most primary care participation of any such scheme across England.

### **3.3.3 Physicians Associates**

This role works to complement GPs and the practice team. PAs must pass an intensive 2-year university course at diploma or masters level to learn clinical knowledge and skills after completing a 3 year biomedical or healthcare related degree. Working in general practice, they are dependent practitioners who remain under the supervision of a named GP, to add extra capacity and flexibility. Like all clinicians, they are committed to on-going learning and development. There is strong evidence for the cost effectiveness of PAs working in general practice, including in the UK, however there is still caution within general practice about employing PAs, as it remains a relatively new concept. A handful of Doncaster practices offer placements for student PAs, and although there is budding interest, there as yet is no practice in Doncaster employing a PA.

There is a £5000 preceptorship allowance to support the supervision and educational needs for any qualified physician associate working in primary care for their first year. PCD have committed to providing a CPD programme specifically tailored to PAs, should practices employ them in Doncaster. We will work with neighbouring federations across Yorkshire to create a PA network and peer support, and also with local Doncaster partners to offer rotational placements where beneficial.

### **3.3.4 GPs with Special Interests**

Moving services out of hospital relies on the capability and accreditation of primary care teams, including GPs, to undertake the work currently being done by secondary care clinicians. A register of the special interests held by Doncaster primary care teams is held by PCD.

One of the first areas being explored is Dermatology, as an identified “Area of Opportunity” within the Doncaster Place Plan, and one of the highest areas of referral from general practice (as per stock-take results). Work is underway to bring a community clinic into Doncaster, which will act as a local GP training base, where GPs can develop under the appropriate consultant supervision to become formally accredited as GPs with Special Interest In Dermatology. Once qualified, the community service can be locally owned and delivered by Doncaster primary care teams. This work will be launched in 2019.

Other areas under exploration are Rheumatology (under the auspices of the 100 Day Challenge work led by the CCG), DVT (as an area that other places have brought out of the hospital), Mental Health (including Enhanced Physical Assessment for Severe Mental Illness). All of these services will have workforce development implications for primary care.

## **3.4 New ways of working**

As well as developing new and existing roles, in order to allow the workforce to transform in a sustainable way it is necessary to introduce new ways of working, to start innovatively managing the demand as well as the capacity. A number of approaches to this are already underway in Doncaster, with more work in the pipeline.

### **3.4.1 Care navigation**

Also referred to as Active Signposting, this is one of the 10 high impact changes of the GP Forward view and it aims to provide patients with a first point of contact within the practice team that directs them to the most appropriate source of help, whether that be internal or external to the practice itself. Receptionists acting as care navigators can ensure the patient is booked with the right person first time. All practices in Doncaster have undertaken accredited care navigation training from Wakefield Health & Wellbeing Ltd, and have been issued with licences for the supporting online tools and clinical templates. Doncaster CCG is continuing to work with practices to monitor uptake and impact.

### **3.4.2 Primary care networks**

Primary care networks are being held up as a new model of primary care for now and for the future, where:

- primary care can continue to meet patients’ and the wider public’s changing needs, with the support of the rest of the health and care system
- GPs and other professionals have a manageable and appropriate workload and greater job satisfaction;
- primary care can attract and retain the staff it needs.

Experience from around the country has shown that practices working as networks with system partners offer the opportunity for this to happen. By working collaboratively or more formally together, practices can become more resilient, improve work-life balance by deploying a wider team, and more effectively meet the holistic needs of their patients and populations.

Primary care networks should build on the core values and strengths of general practice. They involve staff from practices and other local health and social care providers working in close partnership, as one team. Most care will continue to be based around the general practice unit holding primary responsibility for a registered patient's needs; however, collaboration and integration should be the core characteristic of a network, with a number of ways people can access services, tailored to different population groups. This should include more effective ways of using technology and supported self-care models, and be firmly rooted in multi-professional, multi-service delivery with general practice acting as the primary care management centre ensuring that patients receive the right care from the right professional at the right time using the right channel (or channels) for their particular issue (online, by phone or in person).

Primary Care Doncaster is working with general practices and Place Plan partners to grow this concept in Doncaster, via integrated neighbourhoods. Initial scoping workshops were held in October 2018 and a programme of work is being developed to take forward the ideas generated from the service teams. The learning and guidance from national exemplar sites is to create the right environment for these ideas to flourish, for teams and services to connect and establish strong relationships, and for them to build their own momentum for change. There is evidence elsewhere that shows the positive impact on workforce, as areas that have successfully implemented this approach have seen a significant increase in GPs coming to work there. Community-Led Support is a key theme to this work, which is already strongly established within the local authority, and significant benefits are expected to arise from linking general practice into this work; not least that Doncaster primary care will be able to raise its profile and attract clinicians into the workforce.

Taking all this forward will require more investment in headspace, backfill, protected time, and ideas generation; as well as pump-priming projects to trial new things and test out different ways of working. This work will span 2018-2020 and beyond, however the initial aim is to have each of the four neighbourhoods more aligned to a Level 3 of the NHS England Primary Care Network Maturity Matrix by March 2019.

### **3.4.3 Quality Improvement**

Doncaster general practice has a strong track record of engaging with the quality improvement initiatives offered within the GP Forward View, under the auspices of the Releasing Time for Care programme. 9 practices participated in the Productive General Practice in 2017, making important changes within the High Impact Area categories within their practices. So far, 13 Doncaster colleagues have completed the GP Improving Leaders course, a mix of nurses, GPs and practice managers, across 3 cohorts, with the earlier cohorts presenting back to wider Doncaster practices to spread their learning. 25 practices

as a result then sent delegates to a Doncaster specific “GPIL Fundamentals Course”, which was concentrated over 2 days in January and February 2018. A series of “Learning In Action” workshops were then taken forward over 6 months March-September 2018, with participation from 9 practices, all making tangible improvements which were presented at a celebration event in September to system partners, commissioners and NHS England.

The next stage is to support practices to maintain the momentum of quality improvement, and find a way of spreading the learning and appetite for change amongst other practices. TARGET is a mechanism for this, as is the offer of support from NHS England to help Doncaster on our journey to develop Local Care Networks. PCD is engaging with the national team to undertake organisational and Board leadership development, and also to offer the integrated neighbourhoods some structured change management methodology training to apply to their initial project ideas.

## 4.0 Local Workforce Priorities & Initiatives 2019

In consideration of the drivers, the local context, and the emerging findings of the stocktake work to date, there are a number of initiatives to be taken forward as priority, in addition to the ongoing transformation work that has already been described above. These priorities have been identified by and with member practices, and will require a partnership approach between PCD, DCCG, SYB PCWTH, and Doncaster LMC. They should not be seen as an exhaustive list, but rather a starter for ten.

Priority Initiative	Lead Organisation/s
<p><b>Support practices to deploy the APEX/Insight tool</b>, and help them use the intelligence to best effect, identifying business risks and opportunities. We will work together to understand these at neighbourhood level, and offer practices the head-space to find solutions, as well as practical support implementing them.</p>	<p>PCD &amp; SYB PCWTH</p>
<p>Exploit the potential of the federation “at scale” model, by <b>exploring the options for PCD to be host employer for clinical roles, including GPs and nurses</b>, which work across a number of practices (mirroring the employment model of the clinical pharmacist scheme). There are several GP vacancies held in Doncaster, and a pending nurse retirement risk; shown by the data collated so far. There is potential through this approach to offer a more varied portfolio type career for primary care clinicians, which could be more attractive than working in a traditional salaried role in one practice. PCD will work with the LMC and initially practices with long-standing vacancies to explore this.</p>	<p>PCD &amp; LMC</p>
<p><b>Develop a local Vocational Training Scheme for Practice Nurses.</b> The VTS model is an effective one for GP trainees and could be deployed for nurses also. This is becoming more and more urgently needed, as the data shows, the local nursing retirement risk is real, and action needs to be taken. SYB PCWTH is pursuing this at regional level and have the support of PCD in making it happen in Doncaster.</p>	<p>SYB PCWTH</p>

Priority Initiative	Lead Organisation/s
<p><b>Trial the implementation of Doncaster local staff network (locum bank);</b> digital platform upon which practices can advertise vacant shifts/gaps, for local Doncaster clinical and non-clinical staff to book onto.. Maximises unused capacity within local workforce and establishes a fair system with practices setting rates and requirements, cutting out locum agencies</p>	PCD
<p><b>Offer ongoing development programme for practice administrative staff,</b> ensuring vital skillsets are sustained and enhanced, and leadership is developed at every level, fostering a culture of continuous learning and positivity</p>	PCD
<p><b>Clinical pathway redesign;</b> align strategies across ICS, Doncaster Place Plan, CCG and PCD, to provide a coherent framework within which to develop primary care workforce. Agree on priority pathway areas; initial recommendations include dermatology, mental health, ENT, VTE, &amp; MSK. Offer clear commissioning intentions over next 3-5 years to inject greater certainty</p>	CCG & PCD
<p><b>Integrated neighbourhood model;</b> progress work to develop networks within neighbourhoods and re-establish the health care community ethos across organizational boundaries, releasing capacity by freeing up workforce from unnecessary duplication and bureaucracy. Adapt successful models from elsewhere that have capitalized upon social prescribing and asset-based community development, to make tangible improvements to the workforce through better recruitment &amp; retention</p>	PCD
<p><b>Scan, disseminate and co-ordinate national schemes</b> for consideration by Doncaster practices, including Return To Work schemes, GP Resilience Scheme, International Recruitment Scheme</p>	CCG