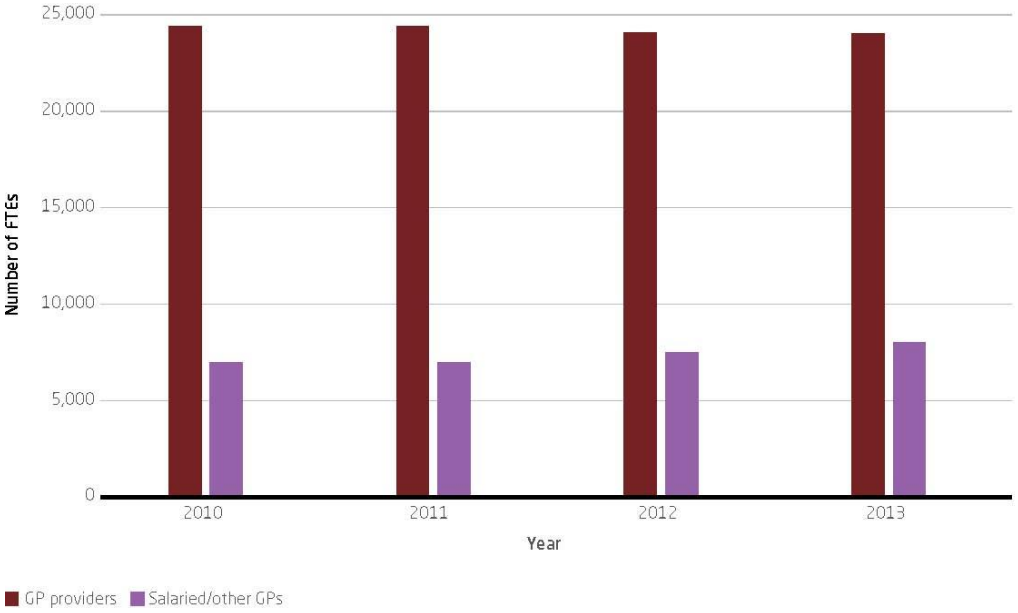
Appendix 7: Workforce planning for Urgent Primary Care

Current Workforce Position

1. General Practitioners

The total number of GPs in England has increased by 2.3% from 2010-2013 (Kings Fund - April 2015). This must be taken with caution as further modelling has demonstrated that the rate of increase will not actually meet the future demands (HEE 2015). Indeed the Centre for Workforce Intelligence (2014a) has stipulated that there is expected to be a major under supply of GPs by 2020.



Source: Health and Social Care Information Centre 2014a

Estimate of general practitioners (excluding registrars and retainers) 2010—13 (FTE)*1

* Figure is taken from HSCIC's report on GP practice staffing, and has data on GP practitioner FTEs since 2003. However, a change in the estimation of headcount figures means that there may be a break in the data in 2010, making it more accurate, but incomparable with that which was estimated before. Direct comparisons should not be made between any time period after 2010 and any period before then. The most recent data only covers the period 2010–13, so no information is available for 2014 at the time of publication. GP providers Salaried/other GPs 2010 Year 2011 2012 2013 0 5,000 10,000 15,000 20,000 25,000 Number of FTEs

Additionally when looking at the longer term it is apparent that the supply may be further complicated by the increases in medical workforce within secondary care. This then creates difficulties in delivering the national expectations of care closer to home and the Forward View.

The RCGP estimates that the number of unfilled GP posts has increased fourfold since 2010 and in 2014 approximately 12% of GP training posts were unfilled (HEE 2015).

Support and Grow the Workforce

Workforce Analysis (Jul-Sep 2014)

NHS Sheffield CCG

Health Education
Yorkshire and the Humber

Aggregated Workforce Profile

Job Role	Under 25		25-34		35-44		45-54		55+		Total
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
GP	2.78	2.00	19.86	39.13	39.81	52.25	51.48	47.39	20.06	23.53	298.29
GP Partner	0	0	4.73	5.47	33.14	28.74	46.62	32.12	18.39	20.14	189.35
GP Salaried	0.78	0	6.28	12.28	4.03	18.35	4.64	14.71	1.67	3.39	66.13
GP Registrars - years 3 & 4	1.00	1.00	4.49	17.05	1.25	4.72	0	0	0	0	29.51
GP Foundation Registrar - years 1 & 2	1.00	1.00	4.36	2.89	1.00	0	0	0	0	0	10.25
Locum - other	0	0	0	1.00	0.39	0	0.22	0.56	0	0	2.17
Locum - covering maternity/paternity	0	0	0	0.44	0	0.44	0	0	0	0	0.88
Practice Nurses	0	1.72	0.80	9.04	0	24.78	1.96	60.81	0.61	36.44	136.16
Advanced Nurse Practitioners	0	0.85	0	1.80	0	6.28	1.96	13.29	0.61	16.43	41.22
Extended Role Practice Nurses	0	0	0	1.00	0	1.51	0	2.47	0	0.20	5.18
Specialist Practitioner Nurse	0	0	0	0	0	0	0	5.61	0	1.36	6.97
Practice Nurses	0	0.87	0.80	4.48	0	14.30	0	39.44	0	18.45	78.34
New Practice Nurse	0	0	0	1.76	0	2.69	0	0	0	0	4.45
Direct Patient Care	0	3.28	0	7.68	1.00	13.67	0.61	31.24	0.93	17.33	75.74
Health Care Assistant	0	2.94	0	7.36	1.00	11.92	0.40	24.15	0.93	13.62	62.32
Therapists	0	0	0	0	0	0	0	0.27	0	0	0.27
Phlebotomists	0	0.11	0	0.32	0	0.16	0	2.35	0	1.72	4.66
Other	0	0	0	0	0	1.00	0.21	1.97	0	1.16	4.34
Dispenser	0	0	0	0	0	0	0	2.27	0	0.54	2.81
Pharmacist	0	0.23	0	0	0	0.59	0	0.23	0	0.29	1.34
Practice Management	3.22	26.57	13.08	43.91	11.40	77.69	6.27	173.83	4.00	170.04	530.01
Admin & Clerical	0.99	7.88	6.81	15.13	3.52	21.85	0.65	53.09	0.32	59.01	169.25
Other Practice Staff	0	1.00	0	2.00	0	1.00	0	5.04	0.69	1.48	11.21
Temporary Worker	0	0.80	0.13	0	0	0	0	0	0	0	0.93
Reception Staff	1.23	16.76	0.81	22.68	1.53	45.08	0	88.91	0.28	83.49	260.77
Practice Manager	0	0	3.80	3.56	4.39	7.25	5.62	20.00	1.56	15.04	61.22
Prescription Clerk	0	0	0	0.43	0	0	0	0.67	0	1.76	2.86
Summariser	1.00	0.13	1.00	0	1.00	0.69	0	1.80	0.61	5.14	11.37
Cleaner	0	0	0.53	0.11	0.96	1.82	0	4.32	0.54	4.12	12.40
Apprentices	1.00	10.76	0	0	0	1.05	0	1.76	0	3.72	18.29
Administrative & Clerical	1.00	10.76	0	0	0	1.05	0	1.76	0	3.72	18.29
Total	7.00	44.33	33.74	99.76	52.21	169.44	60.32	315.03	25.60	251.06	1058.49

* Please note. The staff in the 'Partner' job role have been excluded from the Particpation Rate calculation.

Sheffield Age Profile

GPs	50.72 WTE of 320.71 over 55	(15.8%)
Practice Nurses	44.58 WTE of 147.47 over 55	(30.23%)
Other Direct Patient Care	18.94 WTE of 80.98 over 55	(23.38%)
Practice Management	202.08 WTE of 586.26 over 55	(34.47%)
Practice manager	22.05 WTE of 68.17 over 55	(32.35%)

4.2.1 Comparison to South Yorkshire & Bassetlaw

The table below shows the whole time equivalent Staff per 1,000 patients broken down into cities within South Yorkshire & Bassetlaw.[1]

Table 1: South Yorkshire and Bassetlaw WTE Staff per 1,000 Patients

Staff per 1000 patients	GP	Nursing	Direct Patient Care	Practice Management
NHS Barnsley CCG	0.81	0.32	0.23	1.18
NHS Bassetlaw CCG	0.79	0.36	0.15	1.39
NHS Doncaster CCG	0.8	0.34	0.14	0.96
NHS Rotherham CCG	0.8	0.27	0.16	0.97
NHS Sheffield CCG	0.97	0.24	0.11	0.72

[1] Information provided by HSCIC (now NHS Digital)

Note - Direct patient care relates to other clinical roles within the GP practice team e.g. pharmacists.

The workforce intelligence data tells us that there are significant workforce gaps which we will need to manage in Sheffield in the near future. The main issues will be in practice nursing and administrative/practice management roles because the age profile tells us that more than 30% of the workforce are over the age of 55 and likely to retire, especially nursing staff with Special Class Status. The data also informs us that Sheffield is considerably behind in other roles associated with delivering direct patient care which will require us to concentrate on this if we are to truly shift care out of hospital into primary care and the community.

The role of the practice manager (PM) needs to change and the skills and expertise required to meet the future needs to be developed. The CCG will identify several experienced managers who can act as mentors to more junior staff, increasing their opportunities to learn and to enable PMs to have a competent assistant to delegate tasks to when leaving the practice to assist in Neighbourhood working, for example. In addition we have commissioned a series of study afternoons to address some of the challenges that PMs may find themselves faced with. The intention is to offer places to every PM across the city to update and improve their knowledge levels.

Increasing Resources

Our GP 5YFV workforce plan is being developed and will incorporate the national 10 point plan. This plan will include our priorities for developments around care navigation, training administrative staff, upskilling unqualified staff, nurse leadership and developing our practice and business managers to have the skills to lead a future primary care infrastructure.

Our plans include the development of more specialist roles, better utilisation of existing clinical skills and the opportunity to have clearer career paths within the primary care setting across a wide range of disciplines. Our plan will also include looking at the potential utilisation of other roles that may have significant benefit to primary care, emergency care practitioners, physiotherapists, clinical pharmacists, mental health clinicians, child health nursing and better links and integration with the third sector.

Based on modelling in the workforce data below from Health Education England[2] we expect Sheffield to see their proportion the workforce grow from new STP investment to support general practice and meet NHS requirements to address aspects of the GP forward view . This requires the following to happen each year for 2017 to 2021:

- Maintain training output of 100 new General Practitioners per year in SY&B
- 40 new nurses per year working in general practice in SY&B
- 20 new 'pharmacists in primary care' per year
- 20 new advanced practitioners per year
- 20 physician associates per year
- Major development of the primary care support worker based in general practice comprising;
    - 100 new clinical support workers per year
    - Conversion of 50 practice clerical support workers per year into clinical support (patient facing) roles
    - Training of existing and new volunteers as community champions, wellbeing experts and experts by experience.
    - A development programme to support practices rethink and redesign 'who does what' in a general practice setting using workforce tools such as the Calderdale Framework.

Nursing & Support Staff

Sheffield has been delayed in diversifying the workforce due to having a historically strong GP ratio creating less of a need to do so. As the GP ratio changes, we will need to support GP practices to ensure the nursing workforce can respond to the shift of work from GPs to nursing roles.

Some Sheffield practices have committed to the student nurse training scheme and one of our GP federations is delivering the Advanced Training Practice scheme for nursing. Many of our practices now have apprenticeships in both administrators and support working. We are keen to ensure that our practices mentor newly qualified student nurses in an attempt to increase the numbers of nurses coming into primary care from trainees and secondary care.

[2] Information submitted by Health Education England to South Yorkshire & Bassetlaw STP executive and Local Workforce Action Board

In order to widen the opportunities for new staff to be exposed to the opportunities offered by a career in primary care we need to ensure that there are nurse mentors in as many practices as possible in Sheffield practices. We aspire to train 10 each year of the GPFV monies enabling more practices to join the ATP scheme and allow student nurses the chance to consider primary care as a destination. It is also a requirement of the GPN ready scheme that nurse mentorship is available to the newly qualified nurses.

In order to prioritise our developments in primary care nursing, it is therefore proposed to utilise funding to employ two senior experienced practice nurses with additional administrative support from 2016. These nurses will provide leadership, development and support to and ensure that general practice nursing teams across Sheffield are equipped to deliver the current and future primary care agenda.

Clinical Pharmacists

One of our Prime Ministers Challenge Fund (PMCF) work-streams included clinical pharmacy input into general practice in Sheffield. The pharmacists that have been involved with the scheme have been involved in undertaking medication reviews and long terms condition management amongst many other developments. This pilot programme has been recognised nationally and is influencing developing a model for primary care locally. The CCG plans to develop this work further in developing the role of the clinical pharmacist to improve integration within the primary care setting. We are currently awaiting the evaluation of this work which will help inform the CCG when we seek to secure additional 120 clinical pharmacists as below.

In line with the GPFV we will be looking to secure an additional 120 clinical pharmacists in Sheffield working with the model of 20 senior pharmacists across the neighbourhoods (1 WTE per 30,000 population) with an additional 100 pharmacists working in each and every primary care setting.

Management and Administrative Staff

Significant business acumen will be required of the role of the practice manager in order to support primary care operating at scale. We intend to support those managers through networks, education, training, and the business management skills to equip them for the changes ahead. By doing this we will be working to identify our future primary care leaders.

The role of front-line administrative staff will need to be empowered and enhanced to provide more support to patients and clinical staff. We plan to embark on a programme of training and development for this key group of individuals who tend to know the patient population very well and contribute to the overall care and quality of a service. We will utilise GPFV monies to facilitate training sessions in relation to care navigation, customer care and medical documentation.

We intend to learn from the Wakefield Vanguard in delivering successful care navigation to the entire front-line workforce; enabling appropriate signposting to other community services and creating additional capacity required in general practice. This priority both complements and magnifies the benefits of social prescribing and it is key to reiterate the need to think and act laterally, across strategies, to respond to both the improvement of primary care services (GPFV) and the integration of health and social care for holism (Better Care Fund/Sheffield's Integrated Commissioning Programme).

Physician Associates

The CCG has been involved with the Universities in Sheffield regarding Physician Associate (PA) training and some practices have already adopted this role into their teams. Further scoping is required to address concerns raised mainly among GPs as to the clinical training and expertise of PAs, the training support required and how this role compares to Advanced Nurse Practitioners; a role that may require less GP direction, is able to independently prescribe refer and order some diagnostic tests.

Yorkshire and Humber have invested significantly in this role and are keen to facilitate internships and support placements. This will need further exploration.

The role of the PA will continue to be explored with our key partners and universities to ensure that Sheffield will be able to deploy the trainees into primary care appropriately. A meeting is planned for January 2016 to discuss how the CCG might be involved in a "recruitment fair" planned for March.

Mental Health Workers in General Practice

We are developing alternative models of service delivery outside of specialist mental health services. The role and skills required in primary and community care will need to have a strong focus on providing community based alternatives and holistic mental health care recognising that physical and mental health needs should work together collectively. Some local learning (e.g. Pitsmoor Mental Health Project) will be key in the development of alternative models of delivering integrated primary care mental health.

As part of our developing models of service, key areas for primary care include:

- Primary care mental health workers; with an increase of at least a further 23 WTE therapists working alongside IAPT in an "IAPT Plus" model co-located in primary care and working across the neighbourhoods;
- Developing our Psychiatric Liaison service; consisting of a multi-skilled team that provides a comprehensive assessment of a person's physical and psychological well-being at key points in the mental health pathway. Our ability to respond rapidly to people that traditionally would have required acute beds will benefit from an enhanced service working closely with primary care and neighbourhood services developing the alternatives to acute admissions;

Integrated physical and mental health provision for people with serious mental illness; we are keen to develop a response to tackling Serious Mental Illness (SMI) across the neighbourhoods jointly with our secondary care provider and recognise that these people are some of the most vulnerable in our society with work yet to be done to improve the parity of esteem given to those that suffer from mental ill health compared to physical ill health.

We will be working closely with our NHS England colleagues to ensure that our GPs are connected into accessing the free emotional wellbeing support for GPs suffering with mental health problems and burnout.

Training & Development

Development of the workforce is essential to transforming primary care in Sheffield. As part of our primary care workforce planning a skills audit to determine the readiness of our workforce to become future leaders as well as the skills required in delivering out of hospital care will be undertaken. The results of this audit will be used to determine the skills and qualifications required to then map the needs of our neighbourhoods and work closely with our universities in developing the right training and workforce required in the future. This intelligence will also be used to inform our workforce plan.

The CCG currently has 32 training practices and all Sheffield training places have been filled this academic year. Sheffield has mainly been successful in its GP training placements, clearly this plays a significant role in supporting new GPs to the area and encouraging them to stay in Sheffield once they have qualified. The CCG continues to support GP practices to develop their training facilities and will prioritise investment (e.g. via core capital funding) to practices aspiring to increase or develop this further.

We would wish to see the number of training practices within the City increase further over the next 3-5 years. We will work with practices to explore how, in the currently challenging climate, practices can be encouraged to seek training status or work within training hubs in addition to offering training opportunities to members of the wider primary care/neighbourhood team.

Our estates strategy will need to link closely with said intentions to support the development of practices into teaching units/neighbourhood training hubs, and our investment criteria will reflect, support and encourage this development.

Sheffield is looking to utilise the funding opportunities from GPFV to increase the spend into primary and community care via additional educational and support in the form of:

- The Productive General Practice programme and/or support to put in place relevant high impact changes for every practice;
- Expansion of the Resilience Funding work and a support programme for primary care to explore federations and models of primary care at scale;
- A programme of education for reception teams which will include care navigation and enhanced medical documentation/read coding training for every practice;
- Releasing GP leaders to make this significant change within practices;
- Developing Practice Managers to lead different business models in the future;

- Working with our Advanced Training Provider (ATP) in the North of the city (The Foundry Medical Group) to help us scope out the opportunities around teaching and training and the support required for primary care;
- Work with the ATP programme to support practices to host the GPN ready scheme
- Academic Health Science Network (AHSN) supported work to primary care leaders in sharing best practice and developing knowledge and expertise on potential new contract models within the new models framework;
- Action learning approach to support leaders (clinical and non-clinical) within the emerging neighbourhood approach;
- Supporting our citywide provider company for general practices, Primary Care Sheffield (PCS), to develop its primary care at scale offer to support much of the above and progress the emerging new models of care approach within the city.

The above workforce strategy can therefore be seen to adequately mitigate against any clinical workforce demands that the new Urgent Primary Care will result in.

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