



## PWYLLGOR DIWYLLIANT, POBL A DATBLYGU SEFYDLIADOL PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	18 August 2022
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Primary Care Workforce and OD Plan
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Jill Paterson, Director of Primary Care, Community and Long Term Care
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Rhian Bond, Assistant Director of Primary Care

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

### ADRODDIAD SCAA

#### SBAR REPORT

##### Sefyllfa / Situation

Whilst good progress has been made over recent years to develop the framework for supporting Contractor professions and their staff through a number of educational programmes and opportunities leading to enhanced qualifications, and new and enhanced roles within Primary Care e.g. Independent Prescribing, GP-PA development programme, Health Care Support Worker training, the development of an informed workforce plan within Primary Care in line with the Strategic Programme for Primary Care which was initially issued in 2018 requires development.

##### Cefndir / Background

Workforce planning across Primary Care has been less well developed both locally and nationally, mainly due to the independent contractor status of the four contractor professions (GP Practices, Community Pharmacies, Dental and Optometry) which therefore impedes the ability of the Health Board to directly influence future workforce models.

Again, due to the independent contractor status little work has been undertaken with the Contractor professions on Organisational Development. It is important to note however that prior to commencing any work, an understanding is required of the current gaps in the skill sets required to delivery Primary Care services which are aligned to the aspirations of the Primary Care Model for Wales. There is a continued tendency to talk about roles rather than looking to identify the skill mix gap which also needs consideration and some OD support.

Creating a shared understanding of the needs of the Primary Care workforce will be a key enabler to facilitating a more effective approach to workforce planning to meet the aspirations above.

The ideal scenario would see social and population health-based workforce planning embedded in our sectoral approach that aligns the pathways from Primary Care, into acute and flows out of acute and across the urgent, intermediate, community and social care spectrum to be effectively managed and resourced appropriately.

## Asesiad / Assessment

Workforce planning and organisational development can be challenging across Primary Care contractors due to their independent contractor status. More needs to be done to showcase new roles and demonstrate their effectiveness as part of the local and national strategic aspirations.

### **Managed Practices**

With four Health Board Managed Practices serving a registered population of 27,626 patients (data 1 April 2022) which equates to almost 7% of the overall Health Board population, there are three salaried Clinical Lead GPs in post (one covers two Practices) and one part time (4 sessions per week) salaried GP, with the remaining GP workforce being commissioned through regular locums. Despite numerous attempts at recruiting into additional salaried GP posts, as well as converting current locum sessions into salaried time there has been little to no interest in successful recruitment. The current salary range for a salaried GP is significantly less than the earning ability afforded to GP locums. Consideration needs to be given as to how GPs are recruited across a number of service areas that offer flexible and developmental opportunities that appeal to GPs looking for portfolio careers. Support is also required to develop a recruitment and retention strategy that also considers the current salary pay scale and how Managed Practices can be more competitive in their employment.

Despite the challenges with GP recruitment, building on the Primary Care Model there are now three Physicians Associates in post across the Managed Practices, and work has been ongoing to support the development of the Clinical Pharmacist posts to enable them to work in a patient facing capacity as well as the development of the Technician posts to ensure that everyone is able to work to the top of their grade.

### **Welsh National Workforce Reporting System (WNWRS)**

Currently GP Practice workforce data is provided at a high level through the nationally implemented WRWNS system. There are proposals to expand the use of this platform to other contractor professions as they move through the contract reform programme. There is limited accessibility to the data for Health Boards and there are data gaps within the system that mean that its use currently does not give a reliable baseline from which to start workforce planning.

Whilst WRWNS provides a data capture system for General Practice workforce, there is limited evidence to suggest that workforce planning at a Practice and/or Cluster level is being undertaken. To drive this work forward with the level of understanding of remit and scope of various professional roles that is required to have mature and robust workforce plans that assist in the development of the Primary Care workforce will take considerable time and effort, taking into account the Independent Contractor status of Primary Care contractors. Consideration needs to be given to the current level of workforce and organisational development support that is available to drive forward this work.

Throughout the COVID-19 pandemic there has been evidence of growing workforce issues in Community Pharmacies with a similar pattern of issues previously evidenced in General Practice, in that there is a move to more locum working, which anecdotally has seen an increase in rates as well as in expectations (travel time included within the locum session) in some reported cases. This has resulted in an increasing level of Pharmacy closures which has impacted on wider service provision.

Data on the dental workforce is sparse but from contract management conversations over the last 12 months, increasing concern about the ability to recruit and retain dental professionals into teams across Wales appears to be proving more challenging, especially for Corporate Body Dental Practices which has partially been attributed to Brexit and the loss of clinical staff when they decided to relocate in their country of origin.

A holistic approach to the management of information at a regional level across health and social care: primary, community, intermediate, acute and social care would facilitate a deeper understanding of current workforce challenges, on possible tactical actions to address the short term and facilitate a strategic conversation on how the long-term workforce solutions can be developed to move us forward. Discussions have been held with NHS Wales Shared Services Partnership (NWSSP), Health Education and Improvement Wales (HEIW) and Welsh Government (WG) on how that might be facilitated. We are exploring options to in the first instance to look at Health Board data and then discuss wider data sources. This would have implications for partners and financial costs for the Health Board.

### **Primary and Community Services Academy**

Through investment from the Primary Care budget into posts which will support the sustainability of General Practice from an education and training perspective, there are several key posts in the team which are leading on innovative developments which will form part of the wider Primary and Community Services Academy. This investment includes:

- GP-Physicians Associate (PA) Development Programme which was previously funded through the Pacesetter programme. There is one GP-PA Development Manager in post who has been responsible for establishing the scope of the programme which now has (number) of qualified PAs working as part of the rotational programme in North Ceredigion. There is interest both locally and nationally in this programme and HEIW have taken particular interest in the model during our initial meetings with them to discuss the Academy model.
- Pharmacy Development Programme. The aim of this work is to develop the skills of Pharmacists and Technicians who work in both General Practice as well as Community Pharmacy and seeking to develop innovative service models that provide equitable access of services to patients.
- Practice Nurse development. Considerable work is already in place to support the training and development of Practice Nurses and the nursing team at either end of the scale of the profession. The addition of a new post allows for a more focussed approach to be put on the education and development of those nurses “in the middle” of their professional development.

Whilst there are no training and development posts currently within the structure to support General Dental and Community Dental Service education this is something that needs to be considered in line with the current workforce pressures that have been experienced, particularly with General Dental Practices. There is the potential to not only develop and build on the nursing, therapist and hygienist element but to consider the wider range of more specialised dental services such as extended minor oral surgery, endodontics etc that could be commissioned within the Health Board if specialist training was made more readily available for Dentists.

HEIW have recently confirmed that funding has been made available to support the development of the Primary and Community Academies following a series of meetings with Health Boards to

discuss the work that is already in progress. The funding provides support for a Band 8a Academy Manager, a Band 6 Academy support post and part funding for a Clinical Lead. It is anticipated that in addition the managerial role will also provide advice and guidance to GP Practices on workforce planning, the range of roles that could be considered in modernising the workforce as well as supporting the development of coaching networks across Primary Care.

It is envisaged that the Academy will start to drive workforce planning as well as supporting recruitment and considering future training and development plans across all contractor professions once established within General Practice.

As workforce planning needs to be approached from a sector basis for health and social care to enable alignment to career pathways, education and commissioning and population health-based planning, a community workforce model group has been established within the Health Board however further work will be needed to clarify how this will be integrated across the system and how this aligns with the Primary Care infrastructure developing under the Strategic Programme.

### **Cluster Schemes**

Through the seven Primary Care Clusters the majority of the expenditure is through projects that have identified alternative workforce solutions to improve access to services for patients as well as supporting sustainable provision of General Medical Services in the main. A Quality Improvement methodology has been put in place to enable Clusters to consider their intended outcomes as well as to support them in collecting data that can support them in demonstrating the effectiveness of the project and to make the case for scale up and roll out. It is important to note however that some of the schemes identified as priorities can often have recruitment issues which impedes the ability of the Cluster to progress as planned. Recent recruitment issues have related to Physiotherapy and Pharmacists and therefore it is important that workforce planning is extended to the development of Cluster projects to ensure that the workforce options are fully considered when developing the initial bid.

### **Accelerated Cluster Development (ACD) OD programme**

Through the work being led and directed by the Strategic Programme for Primary Care it has been identified that there is a significant level of OD/Workforce planning support, at both a national and a local level required to ensure the successful implementation of ACD. Work has begun locally to establish the level of OD/Workforce Planning intervention required for the various partners and agencies who need to be engaged in the ACD programme, and a planning session has been arranged in mid-August 2022 to further build on the detail required to undertake this piece of work. The OD Cluster programme is a critical step in creating the platform to enable wider strategic workforce planning both for Health Board colleagues and external contractors and partner agencies.

### **Independent Prescribing**

In addition to the Community Pharmacy Independent Prescribing programme that is funded nationally and is well subscribed, as part of its sustainability programme the Health Board offered additional Independent Prescribing (IP) training to all four contractor professions, for agreement within their Clusters as being an asset to future sustainable service provision in 2021/22. Fourteen places were funded with additional reimbursement identified for mentorship; interestingly the majority of the places offered were taken by Optometrists and Community Pharmacists with little interest from staff employed within General Practice.

A number of Optometrists have already been supported to undertake their IP qualification through Cluster bids which we anticipate will be of benefit when the negotiations for the new Optometry contract have concluded and the detail is made available to Health Boards.

**Culture**

As part of the culture work being carried out across the Health Board, and to tie in with the Hywel Dda UHB People Culture Plan, the Primary Care team have been working with the identified lead and shadow Organisational Development Relationship Managers (ODRMs) to discuss the concept of A Good Day at Work and how it can benefit our teams and ultimately our patients.

This work is supporting the identification of cultural issues within the team and to ascertain what the issues are in terms of the seven key elements of the People Culture Plan and how the ODRMs can act as a conduit to ensure that we receive the support that is available from the Workforce and OD teams.

Work has started with the Community Dental team and Meddygfa Minafon. We have also worked with the Culture and Experience team to hold an away day session with members of the Pharmacy team who are going through a period of managerial and operational change.

**Argymhelliad / Recommendation**

PODCC are asked to note the work undertaken and the current position with regard to the Primary Care workforce and OD Plan.

<b>Amcanion: (rhaid cwblhau) Objectives: (must be completed)</b>	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1 Seek assurances that people and organisational development arrangements are appropriately designed and operating effectively to ensure the provision of high quality, safe services/programmes and functions across the whole of HDdUHB's activities
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	3.1 Safe and Clinically Effective Care 4.2 Patient Information 5.1 Timely Access 7.1 Workforce
Amcanion Strategol y BIP: UHB Strategic Objectives:	4. The best health and wellbeing for our individuals, families and communities 5. Safe sustainable, accessible and kind care 6. Sustainable use of resources

Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019</a>	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS 5. Offer a diverse range of employment opportunities which support people to fulfill their potential

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termiau: Glossary of Terms:	Contained within the body of the report.
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	N/A

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	Contained within the body of the report.
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Contained within the body of the report.
<b>Gweithlu: Workforce:</b>	Contained within the body of the report.
<b>Risg: Risk:</b>	Not Applicable

<b>Cyfreithiol: Legal:</b>	Not Applicable
<b>Enw Da: Reputational:</b>	Not Applicable
<b>Gyfrinachedd: Privacy:</b>	Not Applicable
<b>Cydraddoldeb: Equality:</b>	Not Applicable