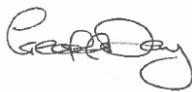


Date:	3 January 2019
Meeting:	Joint Primary Care Commissioning Committee
Item Number:	
Public/Private:	Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>

Author: (Name, Title)	Helen Phillips Programme Lead, NHS England
GB Lead: (Name, Title)	Geoff Day Interim Director of Primary Care
Director approval (name)	Geoff Day
Director Signature (MUST BE SIGNED)	

Report Title:
Final Draft - North Lincolnshire Primary Care Workforce Strategy 2018 – 2020
Decisions to be made:
<p>To approve the final draft workforce strategy supporting the following programmes:-</p> <ul style="list-style-type: none"> • Developing and promoting new ways of working through a blended team approach • Developing and promoting New Roles • Promoting North Lincolnshire as a great place to work and attract new staff • Retaining and developing the current workforce, valuing experience and supporting flexible approaches to work

Link to a Strategic Objective?	<input checked="" type="checkbox"/>	Primary Care Transformation
Link to a Strategic Risk	<input checked="" type="checkbox"/>	7 – GP Forward View

Continue to improve the quality of services	<input checked="" type="checkbox"/>	Improve patient experience	<input checked="" type="checkbox"/>
Reduced unwarranted variations in services	<input checked="" type="checkbox"/>	Reduce the inequalities gap in North Lincolnshire	<input checked="" type="checkbox"/>
Deliver the best outcomes for every patient	<input checked="" type="checkbox"/>	Statutory/Regulatory	<input checked="" type="checkbox"/>
Purpose (tick one only)	Approval <input type="checkbox"/>	Information <input checked="" type="checkbox"/>	To note <input type="checkbox"/> Decision <input type="checkbox"/>

Executive Summary (Question, Options, Recommendations):
<p>The NL CCG Workforce Strategy has been finalised and is attached as a final draft. The strategy requires approval by the Primary Care Joint Commissioning Committee to enable a Humber Coast and Vale STP workforce strategy to be developed enabling the STP to develop a regional strategy and support investment opportunities locally from HEE and NHS England</p>

The Committee was asked to feed in any comments on the draft strategy to the author, the following comments have been raised and addressed:-

- Are Localities the Care Networks in North Lincolnshire? The author has updated the strategy to reflect Networks and not Localities
- 70% of the population are either overweight or obese, is this correct? Using the public health information from the Local Authority this figure is correct.

Feedback from Cambridge Avenue Practice has been received:-

Partners at this practice noted the only comment was that this Practice has already looked at alternative working methods over the past couple of years including the employment of Practice Pharmacist whose role includes dealing with correspondence and medication queries/changes. We have also employed a further Nurse Practitioner who undertakes the majority of home visits who is also helping the Practice in obtaining Gold Standard Framework accreditation with assisting in completion of Advanced Care Plans etc. This Nurse Practitioner is also currently undertaking course to become an Advanced Nurse Practitioner in order that her role can be developed further.

The Committee is asked to approve the strategy to enable the CCG and stakeholders to work to an agreed direction of travel for workforce development and take the opportunity of any financial and management support to deliver against the action plans.

Recommendations	The PCCC is asked to:- <ul style="list-style-type: none"> • Note the contents of the report • To approve the strategy 		
Report history	N/A		
Equality Impact	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Sustainability	Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>	
Risk	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	GP Forward View
Legal	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Finance	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	

Patient, Public, Clinical and Stakeholder Engagement to date									
	N/A	Y	N	Date		N/A	Y	N	Date
Patient:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	To commenced once the strategy has been agreed as a final draft	Clinical:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	To be considered within the recommendations for taking forward the development of the strategy
Public:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	To commenced once the strategy has been agreed as a final draft	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	



North Lincolnshire
Clinical Commissioning Group

North Lincolnshire CCG

Primary Care Workforce Strategy 2018 – 2020

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1. Executive Summary

North Lincolnshire CCG has an agenda to improve the health and wellbeing of the people of North Lincolnshire. It shares this ambition with partners from across health and care as well as voluntary and community based organisations. We recognise that fundamental to achieving this ambition is to have a strong and resilient workforce; health and care professionals who can support local people to prevent ill health and stay healthy for as long as possible. This requires a more integrated workforce that is multi-skilled and able to adapt to the changes in the way that health and care services are provided as our services transform into new models of care. We recognise that in responding to new ways of working we need to develop these skills and competencies in collaboration with our partners and our patients. As our integrated teams develop we must also ensure that both clinical and non-clinical staff continue to feel valued and fully recognised for the invaluable contribution they make to achieving healthier communities.

This strategy provides an outline of how North Lincolnshire CCG will work with staff, partners and local communities to develop our workforce and secure improved health and wellbeing for local people. It focusses on how we will develop our general practice workforce whilst addressing a number of challenges that are increasingly impacting on our ability to transform into new models of health and care provision. These include:

- people living longer but often with multiple healthcare needs
- an ageing clinical workforce (26% of GPs and 30% of nurses across North Lincolnshire are over the age of 55)
- a move to deliver more health services out of hospital for patients who would historically have received care in hospital
- an increase in the demand on local GP services and the complexity of need of patients with long term conditions
- an increased role for General Practice to support ill-health prevention as well as health promotion including encouraging patients to take responsibility for their own health and well-being
- skills and workforce shortages as well as challenges to recruitment and retention of staff in some specialties

A vibrant and resilient general practice is critical to achieving improvements in overall health and wellbeing for our local population. Our Strategy therefore focusses on strengthening our primary care teams. We need to not only support our GPs, practice nurses, therapists, pharmacists, allied professionals, reception staff, practice managers etc. to manage the challenges of the 'here and now' but also the challenges of the future as we transform into fully integrated health and care communities that manage the needs of a defined population (i.e. Primary Care Home (PCH)).

Our Strategy therefore incorporates opportunities to build our capacity in primary care to address local health priorities. This means developing roles with the skills to carry out routine patient care whilst also allowing GP's to adopt a role of 'expert generalist'. GPs will increasingly act in a team coordinating role, providing clinical expertise and leadership to a multi-skilled, multi-organisational community based team. GPs will focus on the care and management of those people with the most complex conditions and with the most demanding needs.

There is no single solution to addressing our local workforce challenges. Our approach is therefore fairly broad and incorporates the need to support skills sharing and development, the promotion of North Lincolnshire as a great place to work and build a career, and developing new roles.

In summary, our Strategy will have 4 key themes supporting workforce transformation:-

- Developing and promoting truly integrated and blended community teams based on Primary Care Home populations
- Developing and promoting new roles, skill mix and competencies that address the changing needs of local patients and clinical responses to these
- Attracting new staff and retaining existing staff by promoting North Lincolnshire as a great place to work
- Retaining and developing the current workforce, valuing experience and supporting flexible approaches to work

We will work across our stakeholder community with NHS England, Health Education England (HEE), and our Sustainability and Transformation Partnership, Local Medical Committees, Localities, practices and education providers, to ensure we develop our multi-disciplinary workforce, in the right numbers and with the right knowledge and skills, to deliver emerging models of care consistent with our local as well as regional commissioning priorities.

As a full partner within this wider context, we will also continue to work across our Sustainability and Transformation Partnership to mature workforce development opportunities as new ways of working, new skill mix, new capabilities are needed to accelerate our local system transformation. Any initiatives will be sympathetic to those already underway that support delivery of our shared commitment to local priorities. We will work to develop a broader Humber Coast and Vale STP Workforce Strategy in 2019/20.

2. Our Vision

We will create a diverse and resilient primary care workforce to address the health and well-being needs of North Lincolnshire residents and deliver high quality care for the local population.

Workforce development will be centred on supporting the development of Primary Care Home (PCH) model currently working within a locality model. This model will integrate local community and district nurse teams, working closely with practice based staff and GPs and key partners in the voluntary sector and social services, to work together to address the population health needs of their defined practice population. North Lincolnshire currently has 3 Locality areas covering the entire population of North Lincolnshire. These are South Care Locality (70,994 patients), West Care Locality (54,724 patients) and East Care Locality (53,143 patients).

3. Objectives of our Primary Care Workforce strategy

Our Strategy provides a clear intention to develop and implement workforce initiatives that are best undertaken on a wider North Lincolnshire footprint. However, given the need to support the development of local workforce initiatives that remain sensitive to local population needs, the scale and scope of these developments will equally be informed by the specific needs of each locality. Therefore this Strategy will continue to both inform, and be aligned to, individual locality workforce delivery plans as they mature.

Our objectives:-

- To build our workforce capacity and capability to meet the current and future needs of our local population by
 - valuing and seeking to retain the staff we have
 - developing our understanding of current workforce skills, capacity and capabilities using up-to-date intelligence and HEE data
 - engaging stakeholders to identify workforce gaps (current and anticipated) and explore opportunities at a Locality as well as North Lincolnshire level to meet those gaps
 - provide local clinical and managerial leaders with thinking space to support the current locality and the future PCH delivery models and the development of local responses to new clinical and non-clinical skills, competencies and roles
- To ensure commissioners and providers work together to shape our future workforce plans, to achieve a multi-professional workforce that meets the needs of local people and is equipped to deliver our local out of hospital and urgent care primary care strategies
- Consider the need for IT and Estates, the ability of different health care organisation IT systems to talk to each and development of primary care premises to support new models of care and workforce integration

4. Introduction and Context

4.1. The National Context

There is an increasing expectation that more care is delivered in the community and closer to the patients' home, away from a hospital setting. There is recognition that there needs to be a greater investment in primary care to meet these expectations and to tackle the GP workforce recruitment and retention challenges. The General Practice Forward View launched April 2016 includes a range of initiatives to increase investment, improve organisational resilience and to increase the general practice workforce.

Health Education England (HEE) provides system wide leadership for workforce planning, education and training. The overarching aim of HEE is to ensure that the workforce of today and tomorrow has the right numbers, skills, values and behaviours. HEE's workforce plan aims to:

- Increase recruitment into general practice
- Keep more doctors and nurses within general practice
- Support more doctors and nurses to return to general practice
- Requirement for new clinical roles and new administrative support roles.

4.2. Regional Context

This regional focus on workforce offers us an opportunity to link in with regional initiatives, and work together to achieve our shared goals. The development of CCG workforce strategies within Humber Coast and Vale will inform the development of an STP wide strategy and will recognise the challenges faced by primary care and gives a commitment to work with us and other health economies to address them.

“The key workforce supply issue is GP shortages and resulting challenges on capacity in primary care. GPs are the centre point of much prevention activity from which other activity can be initiated.”

What they are planning to do to meet the challenges

The role of the STP includes the development of a framework to support workforce transformation, which aims to:-

- Address supply shortages, by careful planning and introducing new models of care.

- Join up recruitment, avoiding competing for scarce resources.
- Invest in professional development.
- Develop employment models that provide employees with flexibility.
- Build capacity in primary, social and community care to support the providing of care closer to home (left shift) agenda.
- Focus on retaining existing workforce.
- Introducing consistent workforce reporting and planning systems.
- Understand how we can better work together across the different health care sectors.
- To support the development of the Advanced Training Practices across the region which aims to ensure consistent practice standards and secure resources for Advanced Clinical Practitioners (ACPs) and Physician Associates (PAs).
- Sustainable Primary Care through an increase in GP, Practice Nurse and Clinical Support Worker numbers, plus further development of Physician Associates, AHP Practitioners, Care Navigators and Clinical Pharmacists.

4.3. The Local Context

Population & demographics

North Lincolnshire CCG has three Care Networks, South Care Locality, West Care Locality and East Care Locality with a total of 178,861 patients. These Networks represent North Lincolnshire patient populations of 39.69%, 30.59% and 29.71% respectively.

North Lincolnshire Joint Health and Wellbeing Strategy confirmed that 70% Adults (16 yrs +), 23% of children (aged 4 and 5 yrs) and 33% of children (aged 10 and 11 yrs) are either overweight or obese.

Geography

This CCG covers the physical geography of North Lincolnshire which has a similar administrative boundary to the local authority, North Lincolnshire Council, and covers an area of about 328 square miles (850 square kilometres).

The large urban area of Scunthorpe and Bottesford is the main area where people live, work and shop, and is home to just under half (48%) of our residents. The

remaining 52% live in the six main market towns of Barton, Brigg, Crowle, Epworth, Winterton and Kirton Lindsey and in 80 surrounding villages.

Latest population studies indicate that 170,786 (ONS 2016) people live in North Lincolnshire. Our population has grown by more than 8% since 2003 which is marginally more than regional and national averages. The population in North Lincolnshire contains people who on average are slightly older than the national average at 41.2 years, with fewer young adults and more people in their 50s and 60s.

Population Growth Expectations

Between now and 2025 the population is projected to rise by 2% (4,000) and between 2025 and 2035 by an additional 2% (4,000).

North Lincolnshire Local Authority planned increases in provision of residential dwellings will have an impact on the provision of primary health care services. Between now and 2025 the number of households is projected to rise by 5%

The existing local plan for North Lincolnshire is covered by the Local Development Framework (LDF), and this covers planning policy for the period to 2026. North Lincolnshire Council is now embarking on a new North Lincolnshire Local Plan that will supersede the adopted LDF and will cover the time period to 2036. This new plan will contain details of proposed dwellings in North Lincolnshire to meet housing needs but the information is not currently available for inclusion, the developments will be across the following towns/villages:-

Scunthorpe, Barton-Upon-Humber, Brigg/Wrawby, Epworth, Crowle, Kirton in Lindsey, Winterton, South Killingholme, Keadby, Burton Upon Stather, Belton, West Butterwick, Owston Ferry, Barnetby Le Wold, Goxhill, Broughton, Hibaldstow, Scotter, Messingham and Haxey

General Practice Configuration

North Lincolnshire CCG is a member organisation which comprises 19 GP practices. The general practices in North Lincolnshire employ 413 full time equivalents (210 clinical and 203 non-clinical) staff who provide care and treatment to the population.

In 2017/18 the CCG improved its CQC rating to 'requires improvement' recognising the work that has taken place over the previous 12 months. Eighteen of the nineteen practices have been rated as Good by CQC.

The 2018 Patient Experience Survey confirmed that 84% of patients reported an overall satisfaction of Good for GP services.

4.4. Developing workforce

NHS Digital March 2018 information details a breakdown of workforce data:-

General Practitioners

	Headcount	FTE
All Practitioners	105	89
GP Provider	65	61
Salaried	22	17
GP Retainers	0	0
GP Registrars	10	9
Locums	8	2

25.9% of All practitioners are aged 55 plus based on headcount

Nurses

	Headcount	FTE
All Nurses	84	65
Advanced Nurse Practitioner	26	23
Nurse Specialist	3	2
Extended Role Practice Nurse	3	3
Practice Nurses	52	37

30% of All nurses are aged 55 plus based on headcount

Direct Patient Care

	Headcount	FTE
All Direct Patient Care	85	56
Health Care Assistant	40	24
Dispensers	29	22
Phlebotomists	6	3
Pharmacists	5	2
Apprentice	3	3
Paramedic	1	1
Other	1	1

30.1% of All Direct Patient Care employees are aged 55 plus based on headcount

Admin/Non-Clinical

	Headcount	FTE
All Admin/Non-Clinical	294	203
Managers	26	23
Medical Secretaries	27	21
Estates/Ancillary	22	8
Apprentice	6	6
Other	63	37

27.9% of All Admin/Non-Clinical employees are aged 55 plus based on headcount

Our workforce data shows the clinical staff group is traditional, predominately consisting of GPs and Nurses. GP's constitute 42.4% of North Lincolnshire CCG's general practice clinical (WTE) workforce. 30.9% are nursing professionals and 26.7% other clinical and care assistant roles.

No practice reported directly employing mental health workers or physiotherapists.

The CCG has been successful in receiving £468k to support the recruitment of GPs from Europe. The CCG has been successful in recruiting the first international recruit into HCV in September 2018.

We recognise the need to invest in new technology and estates, with the CCG being successful in attracting just over £1.5 million additional funding into North Lincolnshire from a national Estates and Technology Transformation Fund. This funding combined with other bids to support workforce development and training has resulted in significant new investment in North Lincolnshire primary care.

We are also continuing to work with partners wherever this is in the interests of local patient care. We have secured training for local staff in the national Productive General Practice Programme, we have been successful in receiving funding through the GPFV to support the development of practice managers and assistant practice

managers. This funding will allow us to offer more leadership training and the opportunity for our practice managers to obtain formal qualifications in management.

4.5. Workload Pressures

There is increased pressure on general practices relating to an ageing population with multiple health care needs. People are living longer, with greater numbers than ever before, living with obesity, diabetes, dementia, and multi long-term conditions.

This is compounded by increased expectations on the NHS in relation to who provides services and when. The Department of Health and people using services expect more care closer to home, which includes moving services from secondary to out of hospital and increased provision of existing primary care services at evenings and weekends.

Addressing these workload pressures will require us to build our capacity in primary care, developing roles with the skills to carry out routine patient care, allowing clinicians such as GP to carry out more specialised care and focus on treating patients with more complex health needs.

4.6. Time for planning and implementing change:

Clinical Leadership and ownership is key to developing new integrated care workforce models, and having time to plan and introduce change. Part of the challenge is to overcome deep rooted established practice and move to new roles and new ways of working across organisational boundaries.

For the first time North Lincolnshire has detailed information about the current workforce, which is a pre-requisite for planning workforce across a Locality footprint. The CCG will facilitate further opportunities for Networks to come together to discuss and shape workforce delivery plans.

We feel it is vital to create the head space and the protected time for practices to develop a change in culture, where by practice are developing workforce and succession plans on an individual practice level but also on a region wide level. We believe this allows Networks to appropriately engage staff and keeps the workforce motivated and involved, supporting a smooth transition to new and innovative ways of working.

General Practices releasing staff for training and development is at times challenging. Developing our workforce is crucial if there is to be successful transition to new ways of working across organisation and professional boundaries.

Increasingly both locally and nationally, practice report fears that experienced staff will be 'poached' by other practices or other sectors.

4.7. Training infrastructure and opportunities:

The CCG has a good supply of GP training practices with 58% (11) of practices offering a placement to a GP Registrar or Induction and Refresher GP. Further work is required to fully understand the number of GP Registrars in the pipeline to fill those places or to look into other opportunities to grow the workforce.

4.8. Local employers competing for staff with scarce set of competencies:

There are a number of key roles in primary care that do not have a career path. This is leading to instances where experienced staff are moving into secondary care due to a lack of further development opportunities for them in General Practice. Such support roles play a crucial role in reducing the administrative burden on GPs, allowing them to focus on delivering patient care.

5. Opportunities

Our response to our challenges will evolve around the themes that will emerge through engagement with our member practices; themes need to be consistent with those suggested by Health Education England's approach to transforming our primary care workforce to meet its future challenges to enable us to link in with regional training programmes.

We recognise there is no single solution and therefore our approach is multi-faceted, looking at skills sharing and development, retaining existing staff and attracting new, and adopting new roles. Our key themes in supporting workforce transformation are:

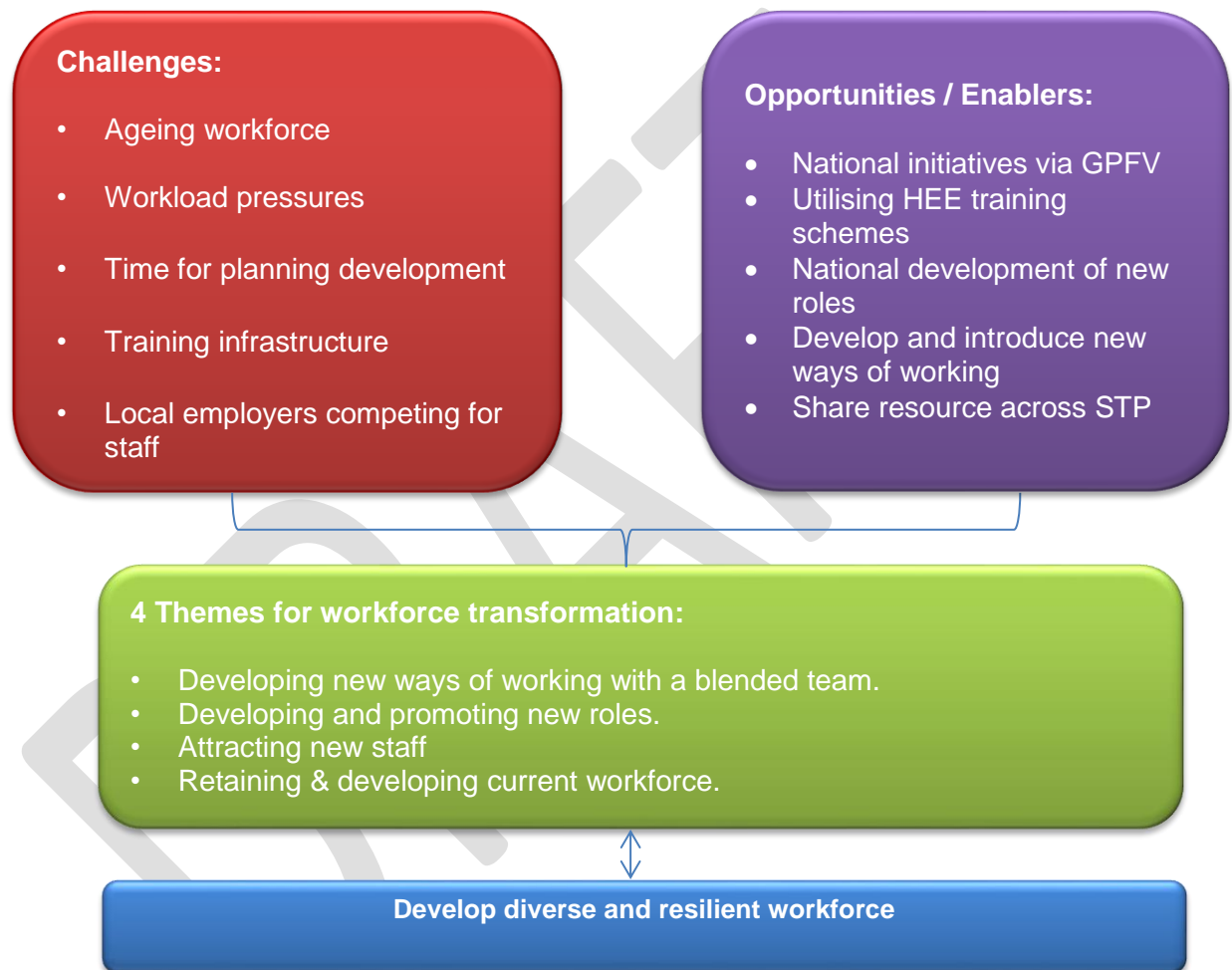
- Developing and promoting new ways of working through a blended team approach.
- Developing and promoting new roles.
- Promoting North Lincolnshire as a great place to work and attracting new staff.
- Retaining and developing the current workforce, valuing experience and supporting flexible approaches to work.

Health Education England will be a key partner in working with the CCG and partners to work with employers, employees and commissioners to identify the education and training needs of our current workforce, equipping them with the skills and knowledge to deliver the new models of care. This will be facilitated by the use of the Apex Insights tool that will be available to all practices within the CCG during the final quarter of 2018/19.

Our Vision

We will create a diverse and resilient primary care workforce to address the health and well-being needs of North Lincolnshire residents and deliver high quality care for local people.

Our Challenges and Opportunities



Developing and promoting new ways of working through a blended team approach

Aim: Development of Network level workforce action plans to identify key objectives around workforce where the GP's is in a clinical leadership role, leading a multi professional and multi organisational team. This way of working is emerging as the workforce model that will best support future service needs, allowing GPs to provide care to patients with the most complex needs, allowing more routine care to be provided by other members of the team.

Local Opportunities

- Develop network workforce action plans incorporating opportunities to work more collaboratively, for example, where it is more economical to share a resource across practices or to jointly organise staffing for out of hour's services. To agree employment contract arrangements, governance and indemnity responsibilities.
- To link in with the Local Authority to learn from the person centered approach to workforce development encouraging a 'personalisation' agenda.
- Network level workforce planning: explore the potential to incorporate specialist skills throughout the wider workforce.
- Work with Health Education England and Hull University to encourage an increase of nurse prescribers.
- Practice engagement: Stimulating discussion on workforce transformation, practices working through the network model and learning from other PCH sites through workshop style events.
- Developing skills of the wider team, e.g. clinical coding, care navigation.
- Maximise support from the NHS England Yorkshire and Humber GP Retention Scheme to help retain experienced GPs.
- Work with Haxby Advanced Training Practice to support mentorship and leadership of Practice Nursing locally.

Enablers – GPFV new ways of working

- **Care navigation** - designed to reduce inappropriate GP appointments & promote self-help.
- **On-line consultation** - designed to reduce GP consulting time and promote self-help.
- **Roll out of Wi-Fi** to general practice, with gov roam which will allow social workers to access their files from a GP practice.
- **Development of Workforce** - NHS England has funded Apex Insights Workforce Tool to support workforce and workload planning, being implemented from November 2018 for a 12 month funded period.
- **National Indemnity Scheme** to support the increase in costs being incurred by general practice who want to work in a different way.

Risks

- Continued HEE funding for education e.g. prescribing course.
- Lack of practice engagement with GPFV indicative's, such as care navigation & on-line consultation.
- Practices at different stages of organisational maturity and succession planning.
- Concerns with regard to increasing indemnity costs for new staff groups if the NHS England scheme is delayed.

Activities

- Continue practice engagement across network's, to develop workforce plans
- Workforce Workshops to be planned for 2019.
- Promotion of Apex Workforce Tool to support deployment in General Practice
- Continue to encourage sign up to Online Consultation through the dedicated project support

Developing and promoting New Roles

The CCG is committed to exploring opportunities to introduce new roles, as identified by networks. Addressing the workforce challenges that primary care face which require a combination of retaining current staff as well as attracting new roles.

Local Opportunities:

- Opportunity for network's workforce plans to include sharing resource across practice.
- Share experience of the outcomes of introducing new roles, such as Clinical Pharmacists, Physicians Associates, Physio in Primary Care and Paramedics.

Local Initiatives:

- **Advanced Care Practitioners:** Promoting the role of Advanced Practitioners as an important part of addressing key medical capacity issues.
- **Physician associates:** Haxby ATP have developed a preceptorship model post qualification to aid recruitment in the STP, the CCG will promote this role as a credible option for deployment across the CCG
- **Physio:** The CCG has invested in a physio service working in Primary Care through the federation.

Opportunities from GPFV initiatives & investment

- **Clinical Pharmacists**, supporting patients with self-management and optimising medication.
- **IAPT:** funded through NHS England, coordinated by local HEE.
- **International Recruitment:** Funding for 13 GPs to be recruited from Europe through NHS England Funding working with neighbouring CCGs.

Opportunities HEE Schemes

- **Induction and refresher:** funded support through HEE to enable GPs returning to work from abroad or a period of absence
- **GP Retainer Scheme:** funded support through NHS England following approval by HEE to encourage GPs to remain working for up to 4 sessions per week who would normally have left the profession

Activities:

- A further 2 applications have been received for the clinical pharmacist scheme, there are 2 remaining opportunities for applications February 2019 and May 2019, the programme then closes
- A second taster weekend for GPs from Europe to visit will be held in March 2019
- Sharing good practice of developing team skill mix.
- Continue to work with Haxby ATP to take advantage of any initiatives

Promoting North Lincolnshire as a great place to work and attract new staff

Promoting North Lincolnshire as a career choice, to attract new staff, this also fits in with the Local Authority strategy to promote North Lincolnshire as an attractive place to live and work with a person-centred approach.

Local Opportunities

- Liaise with local colleges and universities to promote working in a primary care setting for the NHS in North Lincolnshire.
- Organise future workforce planning workshops, to give General Practice Leadership time to think and plan, including how we attract staff, e.g. offering flexible roles.
- Encourage GP Trainees to train in the area promoting future opportunities the area has to offer
- Work with ATP to encourage local initiatives as a viable option
- Link in with Local Authority to jointly promote the local area to support and develop an enabling workforce for the CCG

Opportunity to engage with STP initiatives:

- Incorporating the opportunities for working together through programmes such as international recruitment.
- Work with STP, HEE and local GP trainers to develop strategy for future supply of trainees, and promote North Lincolnshire as a great place to work.
- Work with Humber Coast and Vale CCGs to establish an STP wide workforce strategy to support future funding to support the development of future local initiatives.
- Form networks across the STP to encourage continued education and development opportunities

Opportunities from GPFV initiatives & investment

- GP international recruitment
- Funding to support development and recruitment of new roles, such as IAPT and Clinical Pharmacists as well as funding for practice management development
- Resilience Funding to support practices to have the headspace to plan changes rather than being reactionary changes

Opportunities HEE Schemes

- Nurse Ready scheme
- Increase number of sign off mentors
- HCA Apprenticeship
- Return to nursing & GP schemes.
- Funding for new roles.

Activities:

- Visit local colleges and universities to promote working in general practice.
- Supporting the 'Bridging the Gap' programme across the CCG area
- Continue to develop relationship with Haxby ATP taking advantage of any opportunities.
- Continue with support to the International Recruitment programme

Risks:

- Lack of practice willingness to invest time in offering more trainees placements.
- Individual practices and network's will not develop workforce plans, that include flexible roles with career plans, that will help making working in primary care an interesting prospect for the long term.
- Increasing the number of nurse mentors and GPs clinical supervisors is essential to increase training capacity this is a crucial step for network's to attract more staff.

Retaining and developing the current workforce, valuing experience and supporting flexible approaches to work

There are increased pressures in primary care related to an ageing population; at the same time there is a drive to extend opening hours in primary care, with a 'left shift agenda' that seeks to move more services out of hospital setting and to primary care. The success of meeting these challenges is dependent on a stable and resilient primary care workforce, it is crucial to retain experienced staff and where necessary train them in the skills to plan, manage and implement changes.

Local Opportunities:

- Working collaboratively to develop workforce roles at network level, i.e. phlebotomist working across practices.
- Introducing and supporting new roles to primary care teams, i.e. paramedic and clinical pharmacist.
- Organisational Development: Utilising the support available to develop skills, identifying any skill gaps.

Opportunity to engage with STP initiatives:

- The NHS Leadership Academy across Yorkshire and the Humber is offering support around practice manager development including action learning sets. Skills for Care have developed the Leadership Qualities Framework.
- Mentorship and Leadership programmes for GPs
- Participation in the Building Bridges programme delivered by NHS Collaborative
- Participation in Humber LMC lead training programmes for managers and administration teams funded through NHS England

Opportunities from GPFV initiatives & investment

- Leadership training courses for GPs and Practice Managers.
- Developing front line reception staff roles: Care navigation training.
- Medical correspondence training.
- Mentorship programme for GPs and Practice Nurses

Opportunities HEE Schemes

- GP retainer scheme.
- GP Induction & Refresher Scheme.
- Prescribing Training for practice nurses
- Mentorship programmes

Activities

Clinical

- To promote GP retainer schemes.
- To link in with Haxby ATP to access any training required
- Participation in Train the Trainer Mentorship programme
- Federation offering practice level training through Protected Time for Learning days. Rollout in year.

Non clinical

- Medical correspondence level training - offered to all practices.
- Practice Managers participation in ILM 5 Leadership qualification.
- Managing conflict with patients.
- Federation offering practice level training through Protected Time for Learning days. Rollout in year.

Risks

- Practices not fully aware of the risks of not investing in staff development.
- Practices are concerned that they will invest in training and staff will be poached by other practices.
- Lack of training available at place resulting in staff travelling long distances to obtain development