Agenda Item 8

For publication

Meeting title	JHOSC	Date: 10 December 2018
Report title:	**General Practice Workforce and Primary Care Networks (Cluster) Update**	**Agenda item:**
SRO **Lead**	**Name:** **Alison Lathwell** **Mike Thompson** **Susi Clarke**	**Title:** **BLMK Workforce Programme Lead** **BLMK Priority 2 Programme Lead** **Primary Care Workforce Development Programme Manager**

Report summary				
Purpose *(tick one box only)*	**Information** [x]	**Approval** [ ]	**To note** [x]	**Decision** [ ]
Recommendation	**The committee is asked to note the updates provided in the report**			

1. Purpose of the Report

This report provides;

- A summary of the BLMK General Practice Workforce Plan including recruitment trajectories submitted to NHS England, the associated projects and initiatives to support delivery of the plan, including recruitment and retention, and an update of current progress

- An update on the development of Primary Care Networks (clusters) further to the paper presented to JHOSC in March 18.

2. Background

2.1 National and Local Context

The challenges facing the Bedfordshire, Luton and Milton Keynes (BLMK) Integrated Care System (ICS) within General Practice are not dissimilar to the national picture. Recruitment and retention challenges for GPs and the wider primary care workforce are requiring us to think differently about how we build teams and staff which will stabilise, sustain and transform our future workforce.

The future vision for primary, community and social care across BLMK is predicated on a strengthened, primary care led, integrated out of hospital. A standardised approach to care co-ordination and an invigorated approach to self-care, self-management and the use of social capital and prescribing are core elements of this and BLMK have adopted *Primary Care Home* as its out of hospital care model.

The terms Primary Care Home, Primary Care Networks, Clusters and Neighbourhoods are all used nationally to describe the model and are for the most part interchangeable. For the purposes of this paper the label used to describe the groups of practices and wider teams serving this population is 'clusters'. (The term 'hub' refers to physical facilities).

Our General Practice Workforce Plan and Development programme covers a range of new roles and ways of working, recruitment and retention and education, training and development initiatives that address these workforce challenges. The national aim for primary care, developed through the Five Year Forward View is to;

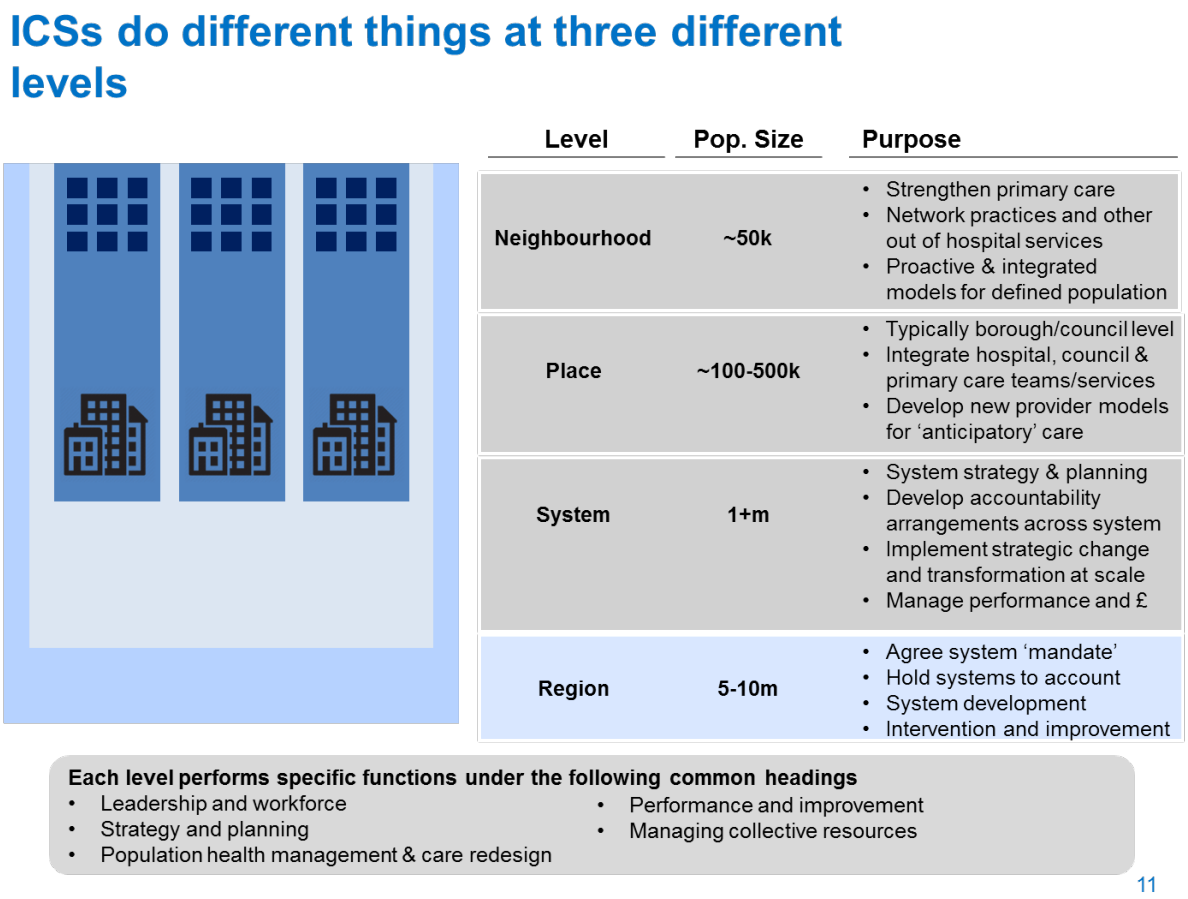
"Catalyse the formation of Primary Care Networks (PCNs) that;

- Serve a registered population of at least 30-50,000
- are beginning to share workforce, infrastructure and to pool responsibility for urgent care and extended access
- Are demonstrably moving towards integrated, multidisciplinary teams together with local community, mental health and social care providers.
- Offer an attractive career model and working environment for new GPs as well as incentives for existing GPs to continue to practising
- Analyse and segment their population to identify people at risk of becoming seriously ill or requiring hospitalisation and take proactive action to prevent this. The most advanced practices may test ways of sharing risk and rewards with hospitals
- Deploy capital and premises investments to support team based and proactive care as well as to invest in additional facilities (e.g. diagnostics) that expand services provided out of hospital.

The development of the clusters is a key element of the 'triple tier' model of Integrated Care Systems. That is;

1. Primary Network / Cluster / Neighbourhood
2. Place
3. System

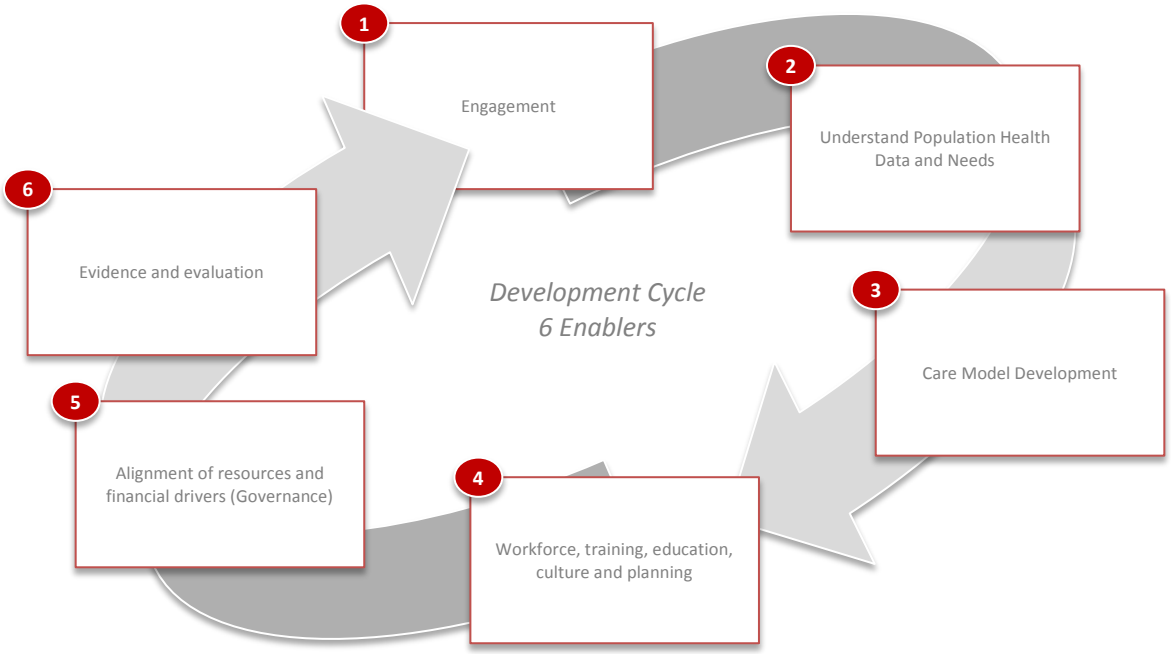
Figure 1 NHSE Integrated Care Systems



2.1.1 The National Association of Primary Care (NAPC) Programme

The National Association of Primary Care has been promoting the Primary Care Home model for a number of years. In December 17 it was agreed that NAPC would be commissioned to design a programme to implement the model to all BLMK clusters (20) over a 12-18 month period. This has been funded 50% each by local transformation funding and by NHS England (as a result of their belief that this system's plans for primary care are advanced and wished to encourage and support our development). The programme was launched at events on 19 and 26 April. It operates in a cycle as below.

Figure 2 NAPC improvement cycle



Building the energy, commitment and capability

2.1.2 Benefits of the New Model of Care

The expectations are that patients and residents should experience:

- Joined up services, where everyone they engage with knows about previous interactions
- Access to a wider range of professionals and diagnostics in the community, so they can get access to the people and services they need in a single appointment
- Different ways of getting advice and treatment, including digital, telephone based and physical services, matched to their individual needs.
- Shorter waiting times, with appointments at a time that work around their lives
- Greater involvement, when they want it, in decisions about their care
- An increased focus on prevention and helping people to take charge of their own health, enabling them to stay out of hospital

The experiences of the national Primary Care Home and 'Vanguard' sites have shown improvements in;

- Patient experience
- Reductions in waiting times e.g. to see a GP
- Staff satisfaction
- Recruitment and retention
- Reductions in referrals, A&E attendances and admissions to hospital
- Reductions in length of stay

2.2 Ambition

The model described above is underpinned by an enhanced General Practice offer, which is supported by a health and social care integrated multidisciplinary workforce.

This will be delivered through new ways of working within general practice and primary care, providing strengthened, enhanced GP services and also supported through a wider health and social care workforce, wrapped around GP services, to offer coordinated, joined up, place-based care . This approach enables us to think differently about how teams of staff support general practice workload and consider what aspects of GP care could be delivered by a range of other staff groups.

The table below outlines the actual baseline numbers, planned trajectories and indicative target numbers for GPs and the wider workforce. A number of initiatives have been implemented and are planned to increase recruitment and retention of the General Practice workforce, introduce new roles and new ways of working and enhance skill mix. Variance against the planned trajectory for GP numbers is positive and the trajectory for increasing the numbers of wider workforce significantly above plan.

Table 1. BLMK ICS GP & Wider Workforce Trajectories (2018-2020)

GPs	Actuals				Planned Trajectory								
	Sep-17	Dec-17	Mar-18	Jun-18	Sep-18	Dec-18	Mar-19	Jun-19	Sep-19	Dec-19	Mar-20	Jun-20	Sep-20
GPs FTE (excluding registrars)	416.1	422.3	427.9	429	429.3	435.3	450.5	452.4	453.9	470.1	507.9	523.1	538.4
Trajectory 01/05/2018			424.3	426.3	428	438.7	450.6						537.8
Indicative 2020 STP target													537.5
Variance from Indicative 2020 STP target													0.9*
Wider workforce	**Actuals**				**Planned Trajectory**								
	Sep-17	Dec-17	Mar-18	Jun-18	Sep-18	Dec-18	Mar-19	Jun-19	Sep-19	Dec-19	Mar-20	Jun-20	Sep-20
Wider workforce FTE	1420.6	1450.2	1477.8	1495	1504	1508.8	1513.6	1517.8	1521.3	1527.4	1532.5	1538.2	1542.1
Trajectory 01/05/2018			1459.8	1469.4	1479.6	1485.6	1491.6						1521.3
Indicative 2020 STP target													1499.4
Variance from Indicative 2020 STP target													42.7*

***positive variance**

2.3 Engagement Process

Engagement is a continual process undertaken within a variety of forums:

2.3.1 General Practice Workforce Development

Local GPs, GP Educationalists and GP trainees have told us:

- New GPs want to experience working in a practice before committing to a salaried or partner position
- Structured support to new GPs during this phase impacts the GPs choice to commit to a practice
- Flexibility of working times and conditions is paramount
- The practice vision for future practice development and forward-looking optimism is very important
- Schemes such as GP Future Leaders and GP Fellowships have been positively evaluated by new GPs, offering development, structured mentorship and a portfolio career

Through engagement with our General Practice Nurse (GPN) Leads and Forums we know our Practice Nurses are looking for supported opportunities to train and develop and increase skill mix within their teams. The role of Practice Nurses is championed by our ICS GPN lead and the network of Practice Nurse Leads that we continue to develop.

Engagement on the implementation of our General Practice Workforce plan is regularly undertaken via our Primary Care Workforce Development Steering group which comprises of representation from local GPs, GPNs, Practice Managers, the Local Medical Committee, GP Educationalists, Pharmacists, Health Education England and our local Education Institutions. Initiatives specific to our Practice Managers are tested and co-designed via our BLMK Practice Manager Network.

2.3.2 Cluster engagement

In the first 6mths of the Primary Care Home programme the emphasis has been on engagement of practices within their clusters to understand and buy into the model, and to develop a vision and approach to population health management at cluster level**.** As the clusters move into the further phases of maturity (see 2.5.2 below) then there will be a greater patient and public engagement focus on what the transformation looks like locally. This will in part be bottom up i.e. utilising existing practice, neighbourhood and place based mechanisms and forums, and practices for example already do this, but also through more extensive ICS wide engagement initiatives incl for example more proactive engagement with Healthwatch and other organisations.

2.4 Key Deliverables

Key workstreams that underpin our General Practice Workforce and Development Plan include a focus on GP recruitment and retention, supporting Practice Nurses, and

developing Practice Managers. Alongside these initiatives the development of Primary Care Networks (clusters) facilitate a new way of working and building teams across services, which will strengthen and sustain our future workforce

2.4.2 General Practice Workforce

- **GP Recruitment and Retention**

GP Vocational training schemes across BLMK have been at full complement historically. However, because of our geography's proximity to London a proportion of our GP registrars live in London and work in BLMK returning back to London once qualified. Equally, we are experiencing the same national challenge of newly qualified GPs moving into locum work for greater flexibility, mobility, increased pay and as a mechanism to experience different practices before committing to a salaried position. A recent survey of our Bedford GP Registrars indicated that several do not know what they will do once qualified and many intend to locum. However, a survey conducted by our Local Medical Committee showed that 60% of trainees intend to become partners provided they get sufficient support and mentorship.

Increased workload and demands on General Practice, along with issues with recruitment and retention is contributing to an overworked, stretched and stressed GP workforce at significant risk of burn out. Equally, an inability to attract GPs to a partnership model is increasing pressure particularly in our single handed GP practices.

With this knowledge the following initiatives have been designed to reduce local attrition rates, attract new GPs and support our existing GP workforce;

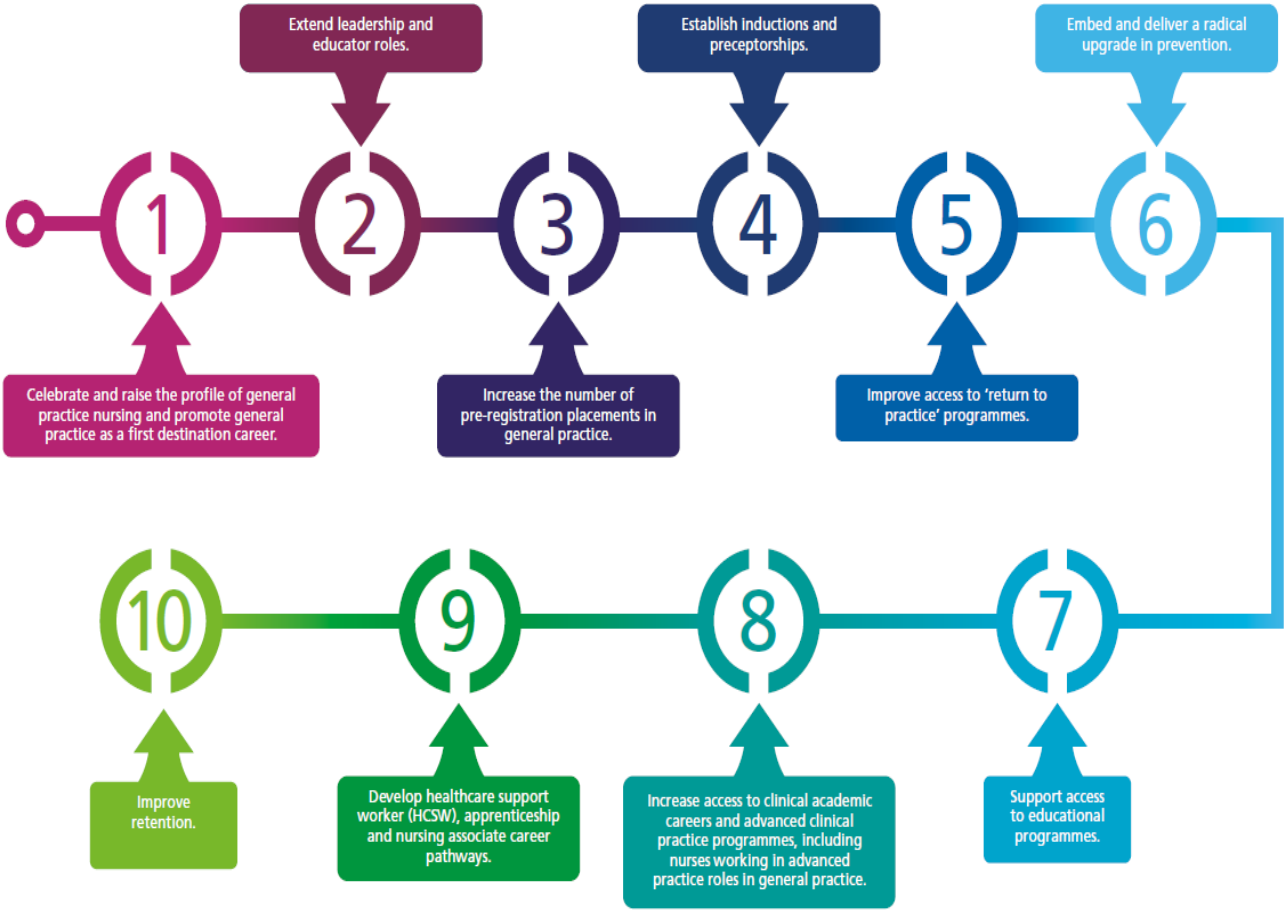
- Planned rotational salaried GP posts across practice clusters to enable greater exposure to different models of practice and attract away from locum option (including indemnity & mentorship and support to practices to provide supervision / mentorship at practice / cluster level)
- GP Business Fundamentals programme
- BLMK GP Portfolio career options
- 1st Fives Network maximising peer support & utilisation of social media
- Development of newly qualified GP preceptorship programme
- Coaching for personal resilience and career development

- **International GP Recruitment**

Building on the work undertaken in Essex and Lincolnshire, BLMK is part of an NHS England project to recruit and support 38 WTE International GP Recruits to the area over the next 12 months. We will work with our Primary Care Networks to build capacity to host the recruits and integrate them into BLMK.

- **General Practice Nursing (GPN) Ten Point Plan**

Working with our ICS GPN Lead and General Practice Nurse Leads we are focussed on implementation of the Ten Point Plan illustrated below.



- **Practice Manager Development**

We recognise the pivotal role our Practice Managers play in leading and supporting our practices and Primary Care Networks. In partnership with our Practice Manager leads, we have designed a Practice Manager Development Programme.

Acknowledging the wide range of expertise and experience amongst our GP Practice Managers, the programme includes three development options which can be tailored to suit our Practice Managers' experience, positions and ambition, along with that of the practice.

- Option 1: Practice Managers new to role (circa less than year in post), or assistant Practice Managers/aspirant Practice Managers

- Option 2: Practice Managers/Business Managers who are established in post (circa two/three years in post)

- Option 3: Practice managers/business managers who have a strategic focus with their role or those with other roles in CCG/federation/network.

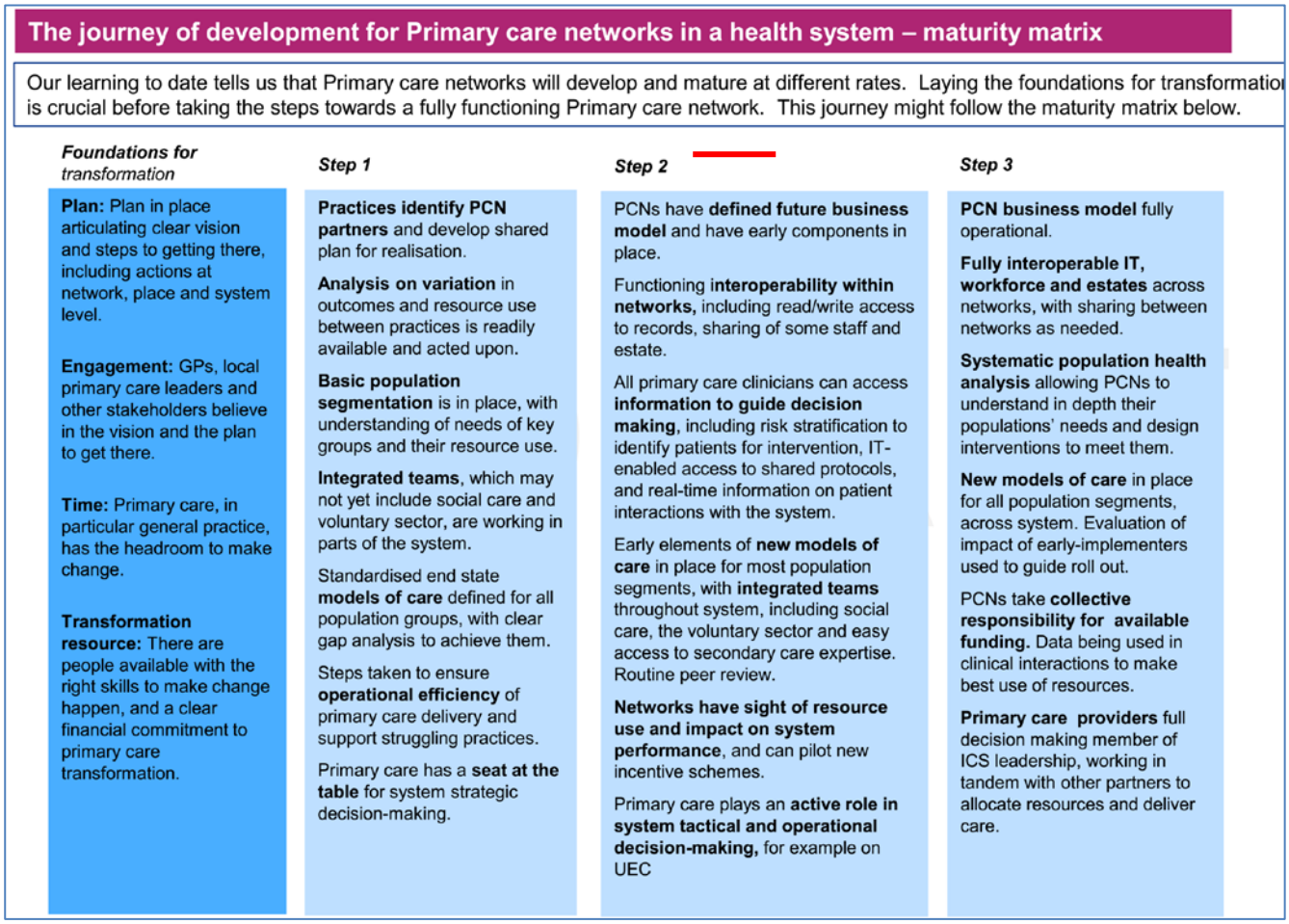
Practice Managers may choose a pathway that over time takes them through all three development options. By quarter 4 (2018-19) 44% of our Practice Managers and Deputy Practice Managers will have undergone a 'Confident Practice Manager' leadership programme. In addition to this we have supported a further 6 Practice Managers to undertake national leadership development programmes to develop their skills in leading primary care transformation at scale.

The risk to delivery of the above initiatives is time, capacity and resilience within the general practice workforce to be able to access and maximise opportunities. To ensure the above initiatives have the desired impact in supporting and developing the general practice workforce, it is important that we also focus on the following aligned initiatives;

- Implementation of 10 High Impact Actions to reduce workload and increase efficiency
- Introduction of new ways of working / new roles into practice to increase skill mix and reduce workload
- Scoping to map impact on general practice workload from the rest of the system
- Patient & Public engagement re new roles in practice, when and how to access
- Support to practices with attraction strategies

2.4.2 Primary Care Networks (Clusters)

NHSE have developed a maturity matrix that sets out what high functioning clusters will demonstrate;



The journey of development for Primary care networks in a health system – maturity matrix

Our learning to date tells us that Primary care networks will develop and mature at different rates. Laying the foundations for transformatio is crucial before taking the steps towards a fully functioning Primary care network. This journey might follow the maturity matrix below.

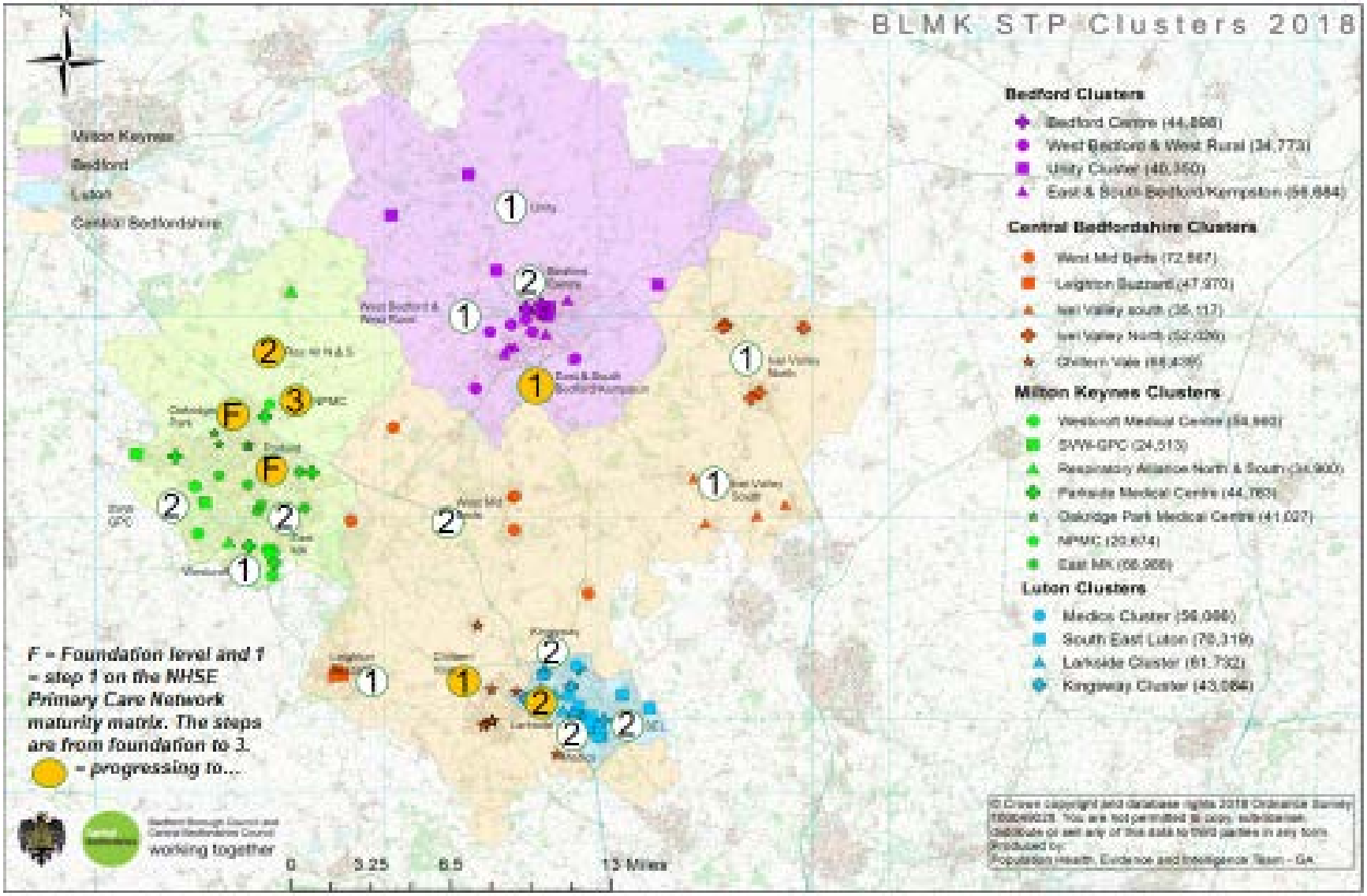
Foundations for transformation	*Step 1*	*Step 2*	*Step 3*
Plan: Plan in place articulating clear vision and steps to getting there, including actions at network, place and system level. **Engagement:** GPs, local primary care leaders and other stakeholders believe in the vision and the plan to get there. **Time:** Primary care, in particular general practice, has the headroom to make change. **Transformation resource:** There are people available with the right skills to make change happen, and a clear financial commitment to primary care transformation.	**Practices identify PCN partners** and develop shared plan for realisation. **Analysis on variation** in outcomes and resource use between practices is readily available and acted upon. **Basic population segmentation** is in place, with understanding of needs of key groups and their resource use. **Integrated teams**, which may not yet include social care and voluntary sector, are working in parts of the system. Standardised end state **models of care** defined for all population groups, with clear gap analysis to achieve them. Steps taken to ensure **operational efficiency** of primary care delivery and support struggling practices. Primary care has a **seat at the table** for system strategic decision-making.	PCNs have **defined future business model** and have early components in place. Functioning **interoperability within networks,** including read/write access to records, sharing of some staff and estate. All primary care clinicians can access **information to guide decision making**, including risk stratification to identify patients for intervention, IT-enabled access to shared protocols, and real-time information on patient interactions with the system. Early elements of **new models of care** in place for most population segments, with **integrated teams** throughout system, including social care, the voluntary sector and easy access to secondary care expertise. Routine peer review. **Networks have sight of resource use and impact on system performance**, and can pilot new incentive schemes. Primary care plays an **active role in system tactical and operational decision-making,** for example on UEC	**PCN business model** fully operational. **Fully interoperable IT, workforce and estates** across networks, with sharing between networks as needed. **Systematic population health analysis** allowing PCNs to understand in depth their populations' needs and design interventions to meet them. **New models of care** in place for all population segments, across system. Evaluation of impact of early-implementers used to guide roll out. PCNs take **collective responsibility for available funding.** Data being used in clinical interactions to make best use of resources. **Primary care providers** full decision making member of ICS leadership, working in tandem with other partners to allocate resources and deliver care.

The development programme commissioned from the National Association of Primary Care (NAPC) commenced in April 18 and supported both the basic Foundation level work but increasingly is supporting clusters to move to the next steps of maturity. In August 18 an assessment was undertaken for clusters as to their maturity levels. All clusters, with the exception of one (who was at Level 1) were assessed as at Foundation Level. As one of the few STPs with 100% coverage of practices within clusters, and in a relatively short timeframe, this was a good starting position. The August assessment also set ambition for each cluster for March 19. This is shown in the map below. 8 clusters with ambition to reach Step 2 by March 19, have been given some additional management capacity to help them move at pace. These are;

Bedford – De Parys Group
Central Bedfordshire – West Mid Beds
Luton – SE Luton, Medics, Kingsway
Milton Keynes – Stony& Watling, East MK, Newport Pagnall Medical Centre

All clusters will continue to receive support.

BLMK ICS PCH Clusters – Anticipated / Planned Progress to end March 2019



The financial allocations associated with these initiatives are listed in Table 2 below;

Table 2 – Non-recurrent funding 2018-19

BLMK Initiative	Activity	Funding allocation	Source
General Practice Workforce			
Local GP Retention	GP Portfolio careers Career Plus	£134,000	NHS England
International Recruitment	Recruitment 38 WTE International GPs	TBC	NHS England
10 Point GPN Plan	Promote GPN career Support existing GPNs Attract & recruit	£185,000	NHS England BLMK CCGs
Practice Manager Development	Leadership development Business skills	£16,000	NHS England
GPN HCA Pharmacist Training Programme	Skills based training	£100,000	Heath Education England
LMC GP Business Fundamentals Programme	Developing General Practice Business Skills	£20,000	NHS England
Primary Care Networks			
NAPC Programme	Support to all Networks/Clusters to develop new model of care	£330,000	NHS England / BLMK Transformation Funding (50/50)
Primary Care Incentive Scheme	To incentivise clusters to adopt the Primary Care Home model and to fund their local development	£730,000	BLMK Transformation Funding
Piloting New Workforce Roles	Piloting new ways of working (4 clusters)	£270,000	NHS England

3 Recommendation

The committee is asked to note the updates provided within the report.