NHS
Gloucestershire
Clinical Commissioning Group

One Gloucestershire

Transforming Care, Transforming Communities

Gloucestershire CCG Primary Care Workforce Strategy

2018 - 2021

Version: 1.0

March 2018

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Executive Summary

This Gloucestershire Primary Care Workforce Strategy should be read in conjunction with our Gloucestershire Primary Care Strategy 2016-2021. This Strategy supersedes the Workforce Plan that features within the Primary Care Strategy; however, this is evolution rather than revolution. Since the Workforce Plan was developed in early 2016, we've recognised the need for an overarching Primary Care Workforce Strategy that sets out our challenges and our ambitions, with a plan to achieve them. This is critical, not just for the sustainability and success of primary care, but for the whole Gloucestershire Sustainability and Transformation Partnership (STP).

This Strategy therefore supports our vision for a safe, sustainable and high quality primary care service for patients registered in Gloucestershire. Our traditional primary care roles, such as GPs and nurses, remain incredibly important and we must do all we can to maximise their time available for patients. We are also keen to build a more clinically diverse workforce to expand the skill mix in primary care, which will simultaneously free up clinical staff from work or tasks that could be safely undertaken by others.

Transformational change does not happen quickly or easily; this Strategy not only sets out our strategic direction, but also our pathway for achieving it.

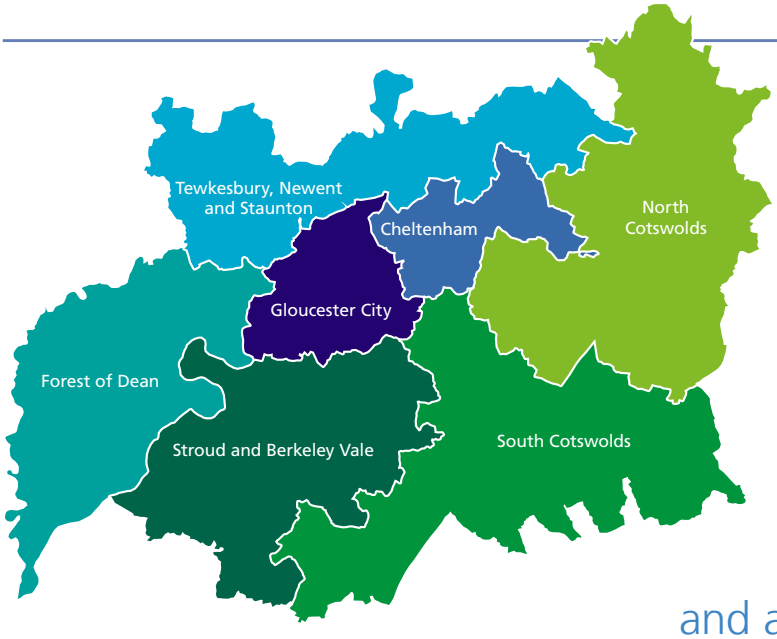
We will need to invest in developing our primary care workforce, attracting primary care staff to Gloucestershire and developing a new skill mix in primary care while maintaining a stable system across the STP. This Strategy sets out how we will ensure this happens.

Our overarching ambition, above all others, is to empower clinicians to support patients to stay well for longer and receive care and treatment outside of hospital wherever safe and appropriate to do so. To do that, we need a resilient primary care service at the core of local communities, playing a leading role not only in the provision and co-ordination of high quality medical care and treatment, but also in supporting improved health and wellbeing. To achieve that, we need a workforce that can deliver both our, and the communities, aspirations.

Gloucestershire CCG Primary Care Workforce Strategy

2018 - 2021

Part 1: Setting the Context



"Health is all about people. Beyond the glittering surface of modern technology, the core space of every health care system is occupied by the unique encounter between one set of people who need services and another who have been entrusted to deliver them"

– Frenk, J., L., et al. (2010)

Foreword by our Clinical Chair

In my Foreword to our Gloucestershire Primary Care Strategy, I emphasised the strain that increasing workload was placing on us as primary care clinicians and how we must address this to enable the sustainability of general practice and to deliver great patient care.

We have made a very strong start in the first year of the Primary Care Strategy. However, I am not complacent and recognise there is much more still to do and, underpinning our continued progress, is the need to address the workforce issues.

I therefore commissioned this specific Primary Care Workforce Strategy to ensure we have a clear strategic intent and a roadmap of how we're going to achieve it. This document sets out the challenges we face right now, the challenges we'll face in the future if we do nothing, and a range of measures to ensure we continue to tackle those challenges today and tomorrow.

I am proud to be a GP in Gloucestershire and am proud of the work we've already done and what we commit to do within this Strategy. I am proud too of the investment the CCG has made, over and above that which NHS England mandates, to acheive the sustainability and transformation of general practice.

We have a beautiful county in which to work, and a fantastic primary care service that delivers great care and outperforms the national average on patient satisfaction scores. We work with supportive partners at Gloucestershire Hospitals, Gloucestershire Care Services, ²gether Mental Health Trust, Gloucestershire County Council, South West Ambulance Service and others, that understands the importance of general practice to the overall system.

It is therefore imperative that we maintain the momentum already generated thus far in the development of our workforce and strive for more. We want Gloucestershire to be a great place to work, with diversity of roles, opportunities for growth and development of individuals so that we can be recognised as a county providing universally outstanding primary care.

Dr Andy Seymour

Clinical Chair – Gloucestershire CCG

Foreword by our Director Nursing & Quality Lead

Our Practice Nurses are an integral component of our fantastic primary care services in Gloucestershire. Like the rest of the NHS, general practice faces a significant number of challenges and will continue to do so as demand grows, whilst resources, particularly financial and staffing resources, are more limited than ever. I am proud of the contribution our Practice Nurses continue to make to delivering great patient care regardless of these pressures.

It is essential that the quality of patient care and patient experience continues to improve, not just in general practice but across the whole health and care system. With 90% of patient contacts being with general practice: Practice Nurses, GPs and the whole team have the opportunity to have a real positive impact, something which I am very passionate about. However, to achieve that, we need practices to be staffed appropriately, receiving the right training, with staff having career opportunities and practices having succession planning, with the CCG supporting this whole process.

In Gloucestershire, we have a particular challenge in addressing the number of Practice Nurses who could retire over the course of this Strategy, which – when combined with an increasing workload – could mean a recruitment need of 45% of our current workforce numbers. This is a staggering figure. I therefore welcome this Strategy which, along with the Nursing Strategic Framework, sets out a path for addressing this particular challenge. My team and I are already beginning to execute our plans and I remain committed to supporting our member practices to tackle this.

Whilst expanding and supporting our workforce is essential, there is something more important which underpins all of our hard work: to improve the quality of patient care. We have commenced on the path to integrated working with our partners that ensures our patients are seen by the most appropriate clinician and in a timely fashion. This in turn will improve the wellbeing and health of our population, along with job satisfaction for our workforce who are empowered to act at the top of their licence. By providing development opportunities for practice staff at all levels, both clinical and non-clinical, we can create a sustainable and efficient primary care workforce for Gloucestershire.

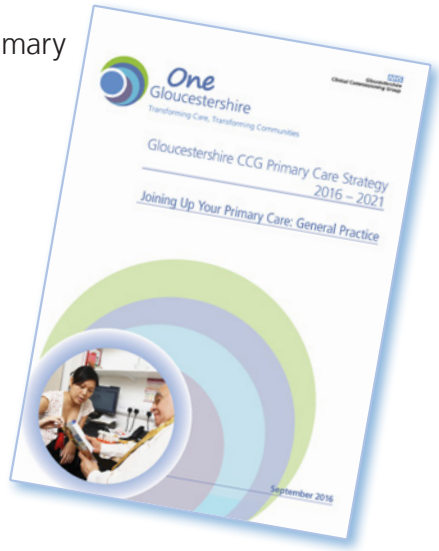
The NHS and its care demands are continually changing and in Gloucestershire we aim to not only keep up with the ever changing need, but to be ahead of it. By more investment in primary care and investing in the right schemes for our population, we can make our vision, set out in our Primary Care Strategy, a reality. I am proud to be involved in the work we do in Gloucestershire, and I believe that this Primary Care Workforce Strategy will place us on stronger footing for the future, as healthcare workers and as patients.

Marion Andrews-Evans

Director of Nursing & Quality Lead – Gloucestershire CCG

Introduction

This Strategy updates the workforce element of the Gloucestershire CCG Primary Care Strategy 2016- 2021, with a concomitant upgrade to the Primary Care Workforce Plan.



'Developing the workforce' was one of the Six Strategic Components we set out within the strategy, recognising that workforce is a key enabler for primary care sustainability and transformation.

We are committed to implementing the Primary Care Workforce Plan, with key actions focused on:

1. Recruitment, retention and return of the GP workforce;

2. Education and training of the practice nurse workforce;

3. New skill mix introduced in general practice.

The Plan associated with this Strategy represents an evolution of our original workforce plan. We have already made significant progress on these three areas of focus and now aspire to do even more.

Our Vision

Workforce is a principal feature of our vision for primary care, as set out within our Primary Care Strategy:

Our Gloucestershire Primary Care Vision

So patients in Gloucestershire can stay well for longer and receive joined-up out of hospital care wherever possible, we need to have a sustainable, safe and high quality primary care service, provided in modern premises that are fit for the future.

To do this, we will:

- Attract and retain the best staff through promoting Gloucestershire as a great place to live and work, and offering excellent training opportunities;
- Ensure good access to primary care 7 days a week;
- Create a better work-life balance for primary care staff;
- Maximise the use of technology;
- Reduce bureaucracy;
- Support practices to explore how they can work closer together to provide a greater range of services for larger numbers of patients.

As well as explicitly stating our intention to attract and retain staff, while also creating a better work-life balance, there is an implicit need to develop the workforce for the purposes of enabling the other elements of our vision. For example, we could not deliver sustainable, safe and high-quality care, let alone deliver 7-day access, if we did nothing to cultivate the skills and professional diversity of the Gloucestershire primary care workforce.

In order to do this, we have set out a specific vision for our workforce that sets the tone and principles on which this Strategy is based:

Our Gloucestershire Primary Care Workforce Vision

To enable delivery of the ambitions of our Primary Care Strategy, so that patients in Gloucestershire can **stay well for longer** and receive **high quality joined-up out of hospital care** wherever possible. We will **attract, retain and educate** a skilled multi-professional workforce built around the needs of our population, who deliver exceptional care in an environment where they're encouraged to continually improve.

To do this, we will:

- Undertake **analysis and evaluation** of current workforce and future needs, tracking and responding to the trend over time;
- Encourage and support the development of **new roles** in primary care by working across the Gloucestershire STP;
- **Reduce bureaucracy and unnecessary tasks** to release time for care;
- Build the pipeline of **supply of highly skilled staff**;
- Develop and promote **new ways of working**;
- Enable **upskilling and new opportunities**;
- Source training in **quality impovement** for all general practice staff.

Part 2 of this Strategy sets out how Gloucestershire CCG will work with primary care and our partners across the STP to enable this workforce vision to be achieved.

National Context: Overview

There is a great deal documented about the difficulties in recruiting and retaining the primary care workforce in the UK, most notably GPs and practice nurses. The King's Fund report "Workforce planning in the NHS" (Addicott et al, 2015) on workforce pressures affecting the delivery of NHS England's Five Year Forward View (NHS England et al, 2014), notes pressures on general practice nationally have led to fewer training posts being filled and more GPs looking to retire early, resulting in a shortfall in GPs. The report further notes the benefit of the establishment of Health Education England (HEE) to co-ordinate local training needs and identifies that HEE's role will have a greater effect on the future workforce, whilst the national responsibility for the management of the current workforce is less clear.

Our Primary Care Strategy 2016-2021 set out the significant challenges facing the NHS and general practice in particular. As life expectancy continues to increase, so does the number of people who will live with one or more long-term health conditions that limit their lifestyle.

With an estimated 90% of all patient contacts with the NHS occurring in general practice, these challenges are inevitably being encountered by this workforce particularly, but not exclusively. A British Medical Association (BMA) Future of General Practice survey (BMA, 2015) found from GP responses that:

- Almost a third of GPs who were currently working full time said they were thinking about moving to part time;
- One third of GPs were considering retiring from general practice in the next five years;
- One in five GP trainees were considering working abroad before 2020;
- Over two-thirds were experiencing a significant amount of work related stress;
- Under half would then recommend a career as a GP;
- When asked which factors had a negative impact on their commitment to being a GP:
    - Excessive workload (71%)
    - Un-resourced work moving into general practice (54%)
    - Not enough time with patients (43%)

During the period 2006-13, the total GP workforce rose by just 4%, while hospital and community services consultant numbers increased by 27% over the same period. In their workforce review of October 2017, The Health Foundation (Buchan et al, 2017) found this to be a continuing trend.

In addition, the crisis is set to worsen:

- A large number of GP retirees within the next five years – 54% amongst over 50 year olds (Dayan et al., 2014);
- A lack of new medical students entering the profession with more than one in ten slots for new GP trainees unfilled (BMJ Careers, 2014);
- Health Education England reporting only 40% of medical students chose general practice (Health Education England, 2014);

- A significant proportion – 33% – of general practice nurses are due to retire by 2020;
- A detailed seven-year study published in the Lancet (Hobbs et al., 2016) demonstrated a substantial increase in consultation rates, consultation duration and total patient-facing clinical workload.

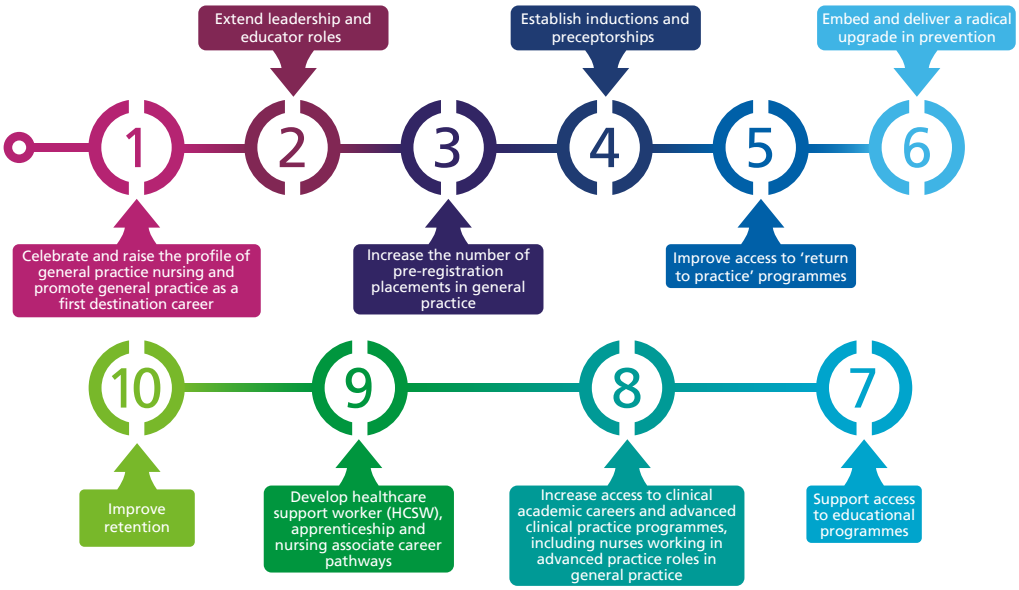
The Health Foundation's latest report also found that:

- The UK is below the Organisation for Economic Co-operation and Development (OECD) average for both doctors and nurses per head of population;
- The UK trains significantly fewer nurses than comparable countries – 29 nursing graduates per 100,000 population versus an OECD average of 45, whilst the US trains 63 and Australia 76;
- The GP workforce is increasingly female, with more female GPs in every age bracket until c.50 years of age, with less than 20% full-time compared to 50% of the males. If this trend continues, the headcount growth of GPs required will continue to increase to fill the whole-time equivalents (WTE) required by the growing and increasingly ageing population;
- The impact of Brexit is reducing the number of nurses wanting to work in the UK, creating further uncertainty on future workforce supply. This point was also picked up in a report by the Nursing and Midwifery Council (2017) that demonstrated a reducing number of staff on their register over the previous year, with fewer people from the European Economic Area (EEA) joining and more leaving during September 2016 – September 2017.

Additionally, the NHS has had stifled pay inflation since 2011/12, with a two-year pay freeze followed by a 1% cap for the following five years. The Institute for Public Policy Research (Dromey & Stirling, 2017) found that the impact of this has significantly eroded real-terms pay, which has not supported recruitment, retention or morale during a challenging period for the whole NHS. Funding for general practice has similarly eroded, a point explored in our Gloucestershire Primary Care Strategy.

Health Education England's (2017) 'General Practice Nursing Workforce Development Plan' along with NHS England's (2017) 'Ten Point Action Plan for General Practice Nursing' (see diagram) states the importance of general practice nursing to the future of sustainable general practice. HEE, meanwhile, set out a plan of entry, education, enhancement and expansion of the primary care workforce as necessary to tackle the challenges the profession faces now, and over the coming years, with a maturing workforce and increasing demand. The Queen's Nursing Institute (2016) concludes that much needs to change for practice nursing now – as well as in the planning of the future workforce – to address areas such as training, development, pay and lack of succession planning, in order for this vital part of the general practice workforce to be placed on a more sustainable footing. We also recognise that nursing is a major component of nearly every healthcare service within the Gloucestershire

Ten point action plan



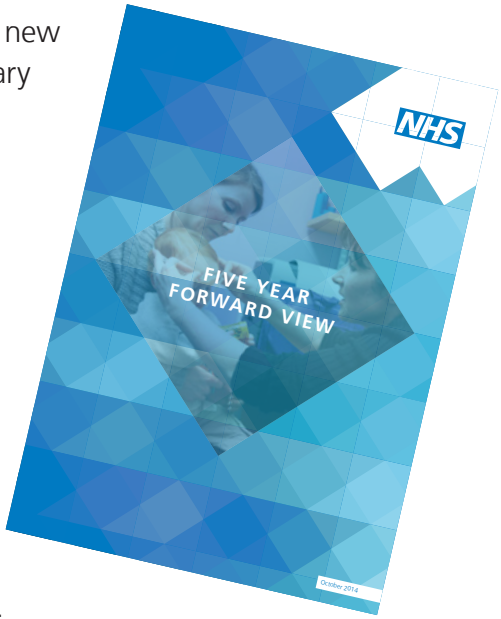
STP and we must therefore work with colleagues to address these issues and the shortages across the wider nursing profession.

The combination of all these factors is threatening the sustainability of services and employment of staff, resulting in a crisis in general practice. Without taking mitigating actions, this situation will inevitably impact upon patients.

National Context: Policy

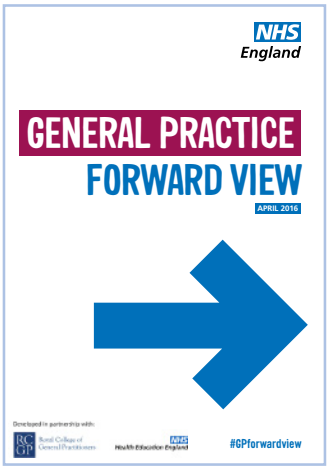
The Five Year Forward View (FYFV), published in October 2014, set out a new roadmap for the NHS. While setting out a whole range of changes, primary care is prominently placed:

"The foundation of NHS care will remain list-based primary care"



The FYFV acknowledges the need for a suitably skilled workforce to deliver these new models of care. It encourages greater integration and promotes growth, both areas that Gloucestershire is actively developing. It highlights that whilst there has been growth in the overall healthcare workforce since 2000, this growth has not been equitable across all parts of the system. The 'new deal' for general practice includes a commitment to expand the number of GPs in training as fast as possible, while training more practice nurses and other primary care staff.

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



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

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

Other workforce measures include:

- Double growth rate of workforce;
- Support for doctors suffering burnout;
- An extra 1,500 clinical pharmacists for practices;
- Practice nurse development and return to work;
- Practice manager development;
- Piloting medical assistant roles;

- 1,000 new physician associates;
- 3,000 new mental health workers;
- New legal requirements in the NHS standard contract for hospitals that will reduce workload on GP practices, such as preventing hospitals from re-referring patients back to their GP due to outpatient non-attendance;
- A £30 million three year programme: "Releasing Time for Care", which will support implementation of the 'Ten High Impact Actions' (see below).

The role of HEE is to provide system wide leadership and oversight of workforce planning, education, and training. Their Workforce Plan for 2016/17 recognises that investment into the primary care workforce is essential to ensure that primary care remains the foundation of the NHS. It sets out a vision to *'ensure that we will provide challenging and fulfilling careers as part of a modern, innovative primary care system'.* HEE's workforce plan defines the additional investment into GP training to support the GP ten point action plan, published by NHS England in 2015, which aims to:

- Increase recruitment into general practice;
- Retain more doctors within general practice, and;
- Support more doctors to return to general practice.

In addition to investment into GP training, HEE acknowledges that a wider, multi-professional workforce is required in primary care. The Workforce Plan highlights that new clinical roles such as physician associates, clinical pharmacists and paramedics and the creation of the new administrative support roles will ensure an integrated, diverse workforce for the emerging service models.

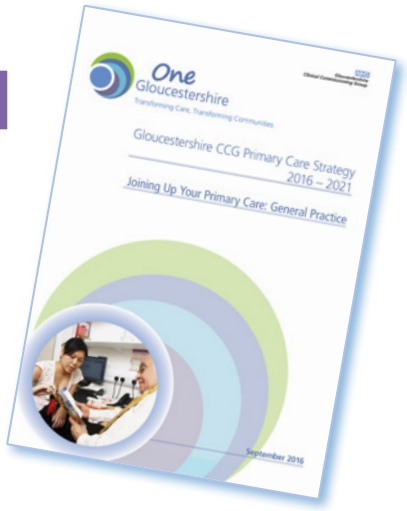
In 2015, HEE commissioned an independent review of the primary care workforce. Their report 'The future of primary care – creating teams for tomorrow' includes three key recommendations:

1. **A multi-disciplinary workforce.** The report sets out how new clinical and support roles can enhance the skill mix in primary care. It specifically highlights the contribution that clinical pharmacists, physician associates, physiotherapists, paramedics and medical assistants can make to patient care within general practice.

2. **Better use of technology.** The report emphasises that education and training will need to reflect the different skillsets required for alternative forms of consultation.

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

Strategic



The strategic context for general practice in Gloucestershire is set out within our Primary Care Strategy 2016-2021, which is an enabler of our Gloucestershire Sustainability and Transformation Plan.

The Strategy sets out a broad range of commitments that can be summarised within the following components:

- **Access:**
  - Improving access to general practice in the evening and at weekends;
  - Stimulate and pursue continued implementation of the 'Ten High Impact Actions';
  - Secure sustainability of member practices.

Access
Evenings and weekends; flexible to patient needs

- **Primary Care at Scale:**
  - Set-up a Provider Clinical Leadership development group;
  - Develop and deliver training for clinical and managerial leadership for future general practice;
  - Support practices and localities to develop their 'at-scale' models.

Primary Care at scale
Working closer together to deliver a greater range of services for 30,000+ patients

- **Integration:**
  - Work with pilot localities to develop a model for integration;
  - Deliver integrated place-based care consisting of community based teams;
  - Create a Primary and Community Urgent Care Working Group to develop an integrated urgent care model.

Integration
Across pathways expecially urgent care, maximising partnerships in place-based care

- **Technology:**
  - Moving towards a fully interoperable health and care system;
  - Access for patients/carers to their digital health records and increased online services;
  - Maximising remote monitoring/health alerting technology;
  - Continued investment in technology for primary care, including Wi-Fi.

Greater use of technology
Online patient records, appt booking, apps, self-care, Skype

- **Estates:**
  - Fulfil our commitments against all committed legacy developments;
  - Undertake the prioritised key strategic practice developments as detailed within the Primary Care Infrastructure Plan.

- **Workforce:**
  - Recruitment, retention and return of the GP workforce;
  - Education and training of the practice nurse workforce;
  - New skill mix introduced in general practice.

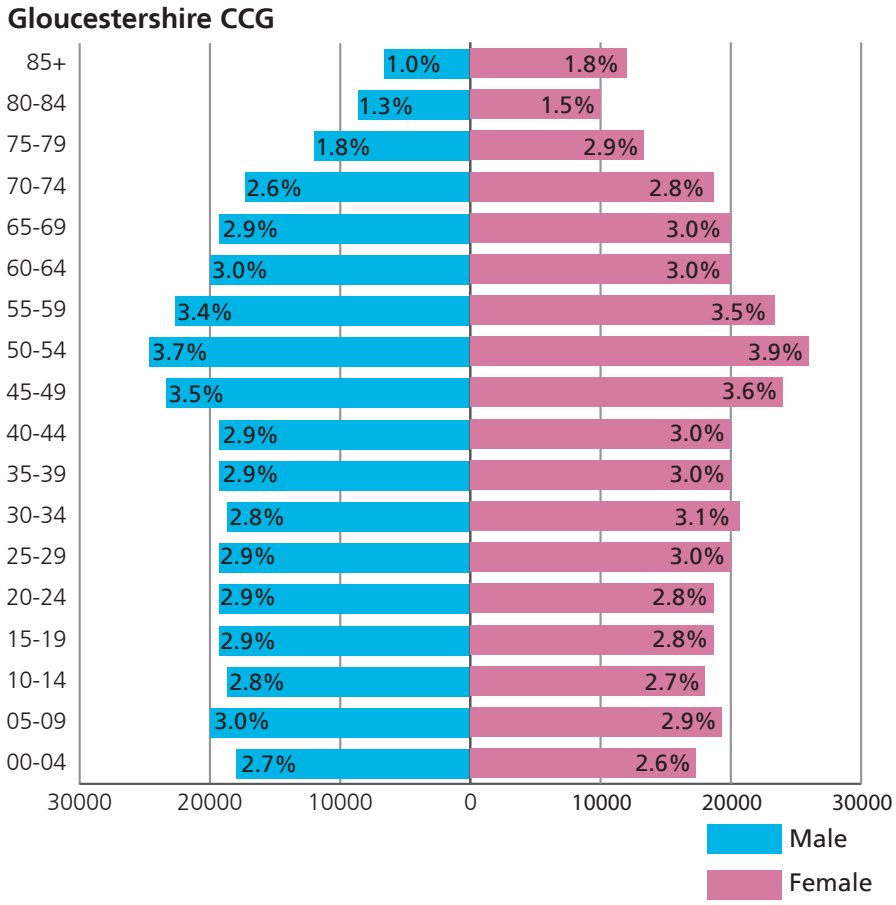
While these workforce commitments were detailed within our Workforce Plan, featuring as an appendix to the Primary Care Strategy, they are not an isolated component. Without workforce, there is no general practice.

This Strategy is, therefore, the key enabler to the success of our Primary Care Strategy, and by extension, the One Gloucestershire STP which explicitly states one of the three priorities of the Joint Workforce Strategy for the county is a sustainable primary care workforce.

Local Geographic and Demographic Context: Gloucestershire

As stated within our Primary Care Strategy, we have approximately 635,000 patients registered with our 80 GP practices in Gloucestershire, creating an average registered list size of 7,845 patients per practice (which compares to a national average of 7,292 (HSCIC, 2015)). However there is wide variation in practice list sizes, ranging from 2,700 patients up to almost 24,000.

In Gloucestershire there is already a significant proportion of the population aged over 65 years; 20.1% of our population in 2015 were aged 65 or over (17.1% nationally), 9.2% aged 75 or over (7.8% nationally) and 2.8% aged 85 or over (2.3% nationally) (Public Health England, 2016). Given the increasing GP consultation rates reported in The Lancet (Hobbs et al., 2016) especially for the older population, this has significant consequences for Gloucestershire's general practice workforce requirements.



The study by Hobbs et al. also found higher workload associated with the very young. Around 124,000 people in Gloucestershire are aged under-18. While this is a lower proportion of the population than the national average, there are areas of the county with higher proportions, particularly Gloucester and Stroud. The population of under-18 year olds is expected to increase over the next 20 years, but not as significantly as the older population. In addition, deprivation was found to be correlated with an increase in the rates of consultation, again particularly (but not exclusively) impacting on Gloucester City.

An essential part of our plans to improve patient care for the local population is to develop the workforce according to patient need. This will vary according to the demographic population within different areas of the county. As part of the Primary Care Strategy, the development of 16 clusters in Gloucestershire is actively encouraging the development of specific roles that are more relevant for the cluster's populations and demographics. Examples of clusters developing their workforce aligned to meeting their patient health needs are included throughout this document and are at the crux of what the Primary Care Strategy aims to achieve.

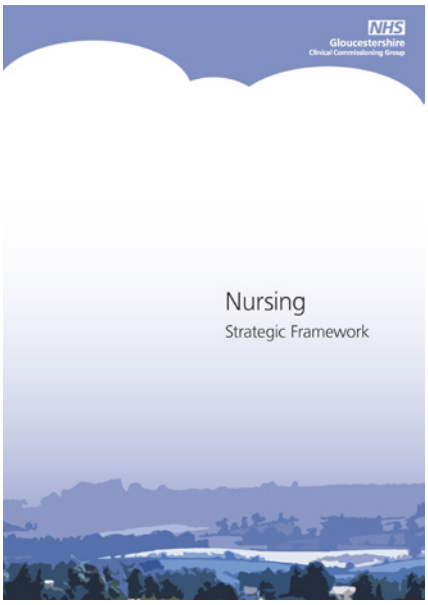
Gloucestershire's Primary Care Workforce

As per the national workforce pressures described earlier, GP practices in Gloucestershire are experiencing these same challenges. Our Primary Care Strategy and Primary Care Workforce Plan set out to start addressing these challenges.

By the end of the first year of the Strategy we had achieved the following:

- Established a Primary Care Education and Workforce Steering Group to oversee delivery of the Workforce Plan.
- We developed a successful recruitment campaign with the British Medical Journal (BMJ) called "Be a GP in Gloucestershire". The campaign included print, online and social media content that highlighted the benefits of a career in Gloucestershire, along with recruitment packages that practices could call upon. Practices have reported that the BMJ scheme has been supportive of filling vacancies, some of which were longstanding.
- In an endeavour to retain GPs that have trained in Gloucestershire once qualified, we have worked with newly qualified GPs and identified interested practices for placements. Furthermore, research suggests that there is a strong link between where people train and where they begin and continue to work (HEE). We then devised a rotation scheme to work across a minimum of two practices with matching and facilitation by the CCG in order to make the process as simple as possible. We promoted the scheme locally and within the BMJ. Of the 25 GPs who have recently newly qualified, four were placed on this scheme, two found partnership roles in Gloucestershire, while a further six stayed as salaried GPs and three as locums. While we do not have accurate baseline measures, anecdotal feedback is that this is a significant improvement on recent years, and feedback from participants has been very positive. Early engagement with the next cohort, due to complete training in August 2018, is very positive and sharing feedback on the implementation of the 2017 newly qualified GP scheme has increased the numbers of people on the scheme in comparison to a year earlier.
- We have also been supporting the GP retention scheme, with five GPs currently working as GP retainers in the county, enabling them to continue to practice while supporting those practices with vacancies. We continue to promote this scheme in partnership with HEE and promoting the help of the LMC, with new enquiries being made by GPs on a regular basis.
- Practice Nurse Facilitators have been appointed to cover the seven Gloucestershire localities, supporting the education, training and support needs of practice nurses, such as revalidation requirements and increasing student nurse placements in general practice.
- Funding for nine nurses to undertake advanced nurse practitioner training courses for our practice nurses who are keen to progress with this five year part-time course. This is in addition to an existing programme of training which takes places at both practice and locality level, including specialist courses and Protected Learning Time events specifically for practice nurses.

- Developed a "Nursing Strategic Framework" for Gloucestershire's nurses, health visitors, midwives and care staff across all providers, along with a specific focus on how general practice nursing will be supported and developed.



- A countywide NHS recruitment event in November 2016 provided a perfect opportunity to work with STP partners. Members of the Primary Care and Localities Directorate attended to promote clinical and non-clinical vacancies being carried across practices, along with the benefits of making a move to primary care in Gloucestershire.

- Established seven GP Provider Leads, one for each locality to cover the 16 clusters, to support the development of general practice working at scale, the Primary Care Strategy and the GPFV. These seven GPs also represent general practice on the New Models of Care Board, which forms the STP "One Place, One Budget, One System" programme.

- We held a Locum GP Event on 19 October 2017, which was attended by 75 GPs. It was a fantastic opportunity to bring together this important part of our health community. We shared with them the latest news on referral pathways across urgent and planned care, prescribing, G-Care and the STP, along with some mandatory training provision and the opportunity to network with the team, the CCG Chair (and Clinical Sponsor for this workstream) and the CCG GP Commissioning Leads, all of whom supported the event. The event was an unequivocal success, with excellent feedback from delegates reflecting a valuable educational opportunity as well as a supportive network event, and we are planning to host such an event again next year.

- On behalf of all practices, we submitted an expression of interest – followed by a formal bid – to obtain support from HEE in setting up a Community Education Provider Network (CEPN). Our bid was successful, allowing us to establish the CEPN with the explicit remit of improving provision of education and training for all roles in primary and community care. The CEPN is one of our key focus areas for the future and will be returned to later in this Strategy.

- Secured a local General Practice Improvement Leaders course, for two cohorts (July and October 2017) to undertake focused quality improvement sessions for anyone working within general practice. Based on the same principles of change management from the NHS Improvement QSIR College (quality, service improvement, redesign) that has been adopted across the STP, this programme has benefited over 40 primary care staff, primarily (but not exclusively) GPs and Practice Managers.

- As a CCG, we decided to go beyond the national requirement of £1.50/head of patient non-recurrently invested in general practice for transformation in 2017/18 and 2018/19 and instead offer £1.89/head recurrently. This investment had to be spent collaboratively, forming our 16 clusters. This has resulted in the following additional workforce:

    - Eleven clusters employing clinical pharmacists working across their respective clusters, equitably shared amongst constituent practices. This has equated to c.20 (c.12 WTE) clinical pharmacists working in general practice, undertaking polypharmacy reviews, medication queries, hospital discharges, repeat prescribing reviews and more. A proportion of the clinical pharmacists in-post have carried out telephone consultations, and will begin face-to-face consultations in the near future. This advanced clinical level of managing patients is a benefit to GPs and patients, and has been suggested as part of the clinical pharmacist role of the future by World Health Organisation.

- Three clusters employing community matrons/frailty nurses to support those more frail and vulnerable patients to stay healthy and in their own homes.
- An urgent visiting service by paramedics, working with SWAST as a delivery partner, for one cluster in Cheltenham. While relieving the pressure on all their GP practices, this service also enables urgent home visiting to be undertaken in a timely way, with patients being seen by the right professional for their needs.
- A Repeat Prescribing Hub staffed outside of the practices for one cluster, reducing workload and pressure on GP practices and their administrative staff.

- Secured additional clinical pharmacists through successive waves of the national clinical pharmacist scheme.
- We have also been trialling in our place-based pilots, in Gloucester City and Stroud & Berkeley Vale, mental health practitioners and community dementia nurses from 2gether Trust working in general practice as part of the practice team.

Understanding our workforce challenge

With a significant amount of work already undertaken, as previously demonstrated, in August 2017 the GCCG Primary Care and Localities Team undertook the same workforce survey of our practice members as undertaken for the original Primary Care Strategy in late 2015. 79 of our practices responded (previously 78), with the headline findings of the two surveys shown alongside each other:

	Original workforce survey Q3 15/16	Latest workforce survey Q2 17/18
Does your practice have any vacancies?	31 practices	20 practices
Partner vacant sessions	146 sessions*	54 sessions*
Salaried vacant sessions	49 sessions*	82 sessions*
Any planned GP retirements?	44 practices "Yes"	15 practices "Yes"
Total retirements headcount	57 GPs	17 GPs

** Not all practices confirmed number of sessions, therefore 8 sessions assumed where unstated; increase in salaried session vacancies could be due to a change in partnership positions between switched to salaried roles, but this is an untested assumption at this stage.*

The data from NHS Digital supports these findings. Comparing September 2016 to September 2017, we saw an increase in the headcount of all GPs in Gloucestershire of c.4%, an increase of c.1% in WTE. This is against a backdrop in our South Central region of a c.2% headcount increase and c.1% WTE reduction and national figures of a c.1% headcount reduction and c.3.5% WTE reduction (see tables below).

Gloucestershire	Sep-16		Sep-17		Variance (2016 vs 2017)	
	HC	WTE	HC	WTE	HC	WTE
All GPs	459	365	478	368	4.1%	0.8%
GPs (excl. Locums, Registrars & Retainers)	434	344	434	339	0.0%	-1.5%
South Central	**Sep-16**		**Sep-17**		**Variance** (2016 vs 2017)	
	HC	WTE	HC	WTE	HC	WTE
All GPs	2,972	2,407	3,030	2,388	2.0%	-0.8%
GPs (excl. Locums, Registrars & Retainers)	2,415	1,905	2,394	1,866	-0.9%	-2.0%
National	**Sep-16**		**Sep-17**		**Variance** (2016 vs 2017)	
	HC	WTE	HC	WTE	HC	WTE
All GPs	41,865	34,495	41,324	33,302	-1.3%	-3.5%
GPs (excl. Locums, Registrars & Retainers)	34,921	28,455	34,416	27,836	-1.4%	-2.2%

Therefore, the work we have already started as a result of our Primary Care Strategy and Workforce Plan appears to be helping when considering the movement against these benchmarks locally, regionally and nationally.

So we have made a good start, but there is much more to do.

To identify the scale of the challenge, we have undertaken workforce planning based on data from the NHS Workforce Report June 2017 (NHS Digital, 2017), determined our population by age band and utilised ONS projections to forecast this for 2020/21. To understand activity for GPs and practice nurses and what the growth trend has been over time to extrapolate and forecast for the future, we have utilised evidence from a range of sources, including an in-depth 7 year general practice activity study published in The Lancet (Hobbs et al, 2016) and a study of 30 million general practice contacts over five years published by The King's Fund (Baird, et al, 2016).

This has provided the following information to support our planning (the spreadsheet supporting this analysis and including sources and assumptions is included within the appendices to this Strategy):

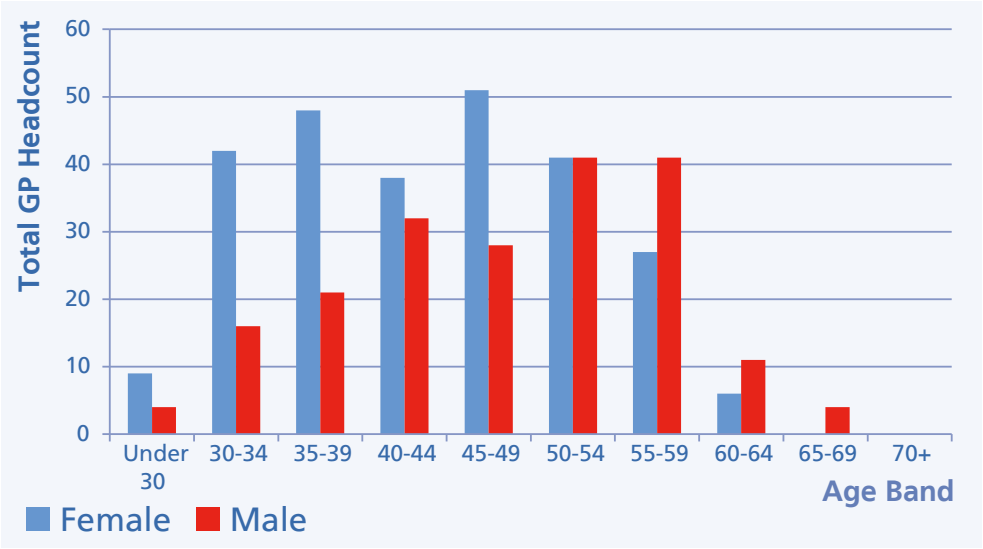
GPs:

Whole Time Equivalent (WTE) GPs at Sept 2017 (excl. Locums, Registrars and Retainers)	339
Headcount GPs at Sept 2017 (excl. Locums, Registrars and Retainers)	434

Age band	Registered patients (2015/16)	ONS forecast growth by 2020/21	Patients by 2020/21	GP appointments (face-to-face & telephone (per year, per patient)	Est. total appointments 2015/16	Est. total appointments 2020/21 (population growth only)	Est. total GP appointments assuming appointment growth trend
0-14	103,887	5.30%	109,393	3.75	389,576	410,224	459,451
15-44	228,279	-0.70%	226,681	3	684,837	680,043	761,648
45-64	174,782	1.50%	177,404	3.75	655,433	665,264	745,096
65-74	69,965	4.40%	73,043	6	419,790	438,261	490,852
75-84	40,541	19.70%	48,528	8.25	334,463	400,353	448,395
85+	18,027	18.30%	21,326	9.75	175,763	207,928	232,879
Total	**635,481**	**3.29%**	**656,375**	**4.05**	**2,659,862**	**2,802,072**	**3,138,321**

Current appointments per WTE GP (2017/18):	7,864
No. of WTE GPs required by 2020/21 if appointments per WTE GP remains static:	400
Growth in WTE GPs required by 2020/21:	61
Growth in GP headcount required by 2020/21 (assuming WTE:HC ratio remains static):	78

So if we do nothing, we will require an estimated additional 61 WTE GPs (an increase of 18%) by 2020/21 based on population and activity growth. This represents an estimated headcount increase of 78, which could be higher should the national trend discussed earlier continue of an increasingly part-time GP workforce. Our own workforce mirrors the pattern found in those national trends, with more younger female GPs compared to males, whose numbers are more prevalent in the 50+ age range.



Total GP Headcount by Age and Gender in Gloucestershire

In addition, from our workforce survey we identified 10.9 WTE GP retirees anticipated by 2020/21. Furthermore, calculating the impact of Improved Access on GP demand, the GPFV project to provide primary care weekday evening appointments (6.30 – 8pm) and at weekends, suggests that by 2020/21, we will need an additional 13.1 WTE GPs. Other demands will be made upon the GP workforce pool by this date too, such as Urgent Treatment Centres, but these factors are unknown at this stage and therefore not included within our modelling. In addition, the locum GP community is a burgeoning one. As noted earlier, we're aware of over 70 locum GPs in county but we do not have robust monitoring of their headcount, their hours and thus their contribution to this workload. This ongoing monitoring of workforce demand and capacity is a point we will return to later.

Therefore, the indicative totality of additional GPs we will need by 2020/21 (compared to September 2017) if we do nothing equates to:

Demand	WTE GPs	Headcount GPs
Population and activity growth	61	78
Known retirements	10.9	14
Improved Access	13.1	17
Total increase required	**85 (25%)**	**109 (25%)**

It is important to set this in the context of the BMA's (2016) safe working in general practice guidelines. The calculation offered by the BMA suggests a GP should see 13 patients face-to-face per session, with 15 minutes per appointment, giving direct patient contact time as 3 hours 15 minutes. Under the definition of a session by NHS Digital, RCGP and BMA being calculated as a WTE GP working 37.5 hours/9 sessions, a session is 4 hours 10 mins. The remaining time is therefore to be utilised for additional activities undertaken, such as dealing with test results, letters, referrals etc.

This is a bold ambition, but an ambition we aspire to. Based on the estimated activity we have calculated for Gloucestershire (from published national studies) and utilising the workforce figures we have from NHS Digital, we estimate a WTE GP currently sees 153 appointments per week or 17 patients per session. To move to such a position immediately and to change no other variables would mean our number of GPs required by 2020/21 could as much as treble. This is not what the BMA suggest – rather they propose integrated 'locality hub' models to pick up the additional appointments to reduce GP workload, with practices working in c.30,000 units with GPs working with advanced nurse practitioners (ANPs), physiotherapists, pharmacists, mental health practitioners and so on. This aligns with our Primary Care Strategy and the work already underway in Gloucestershire that we will continue to progress with the aim of supporting this ambition. This includes working with STP colleagues on further integration of services, engagement with national programmes, and increasing allied health professionals working in primary care beyond the commitments made in this Strategy. At the time of writing it is not possible to model the impact of these interventions. For planning purposes, we will utilise the forecast assumption of an additional 85 WTE GPs required by 2020/21 if we do nothing.

Nurses:

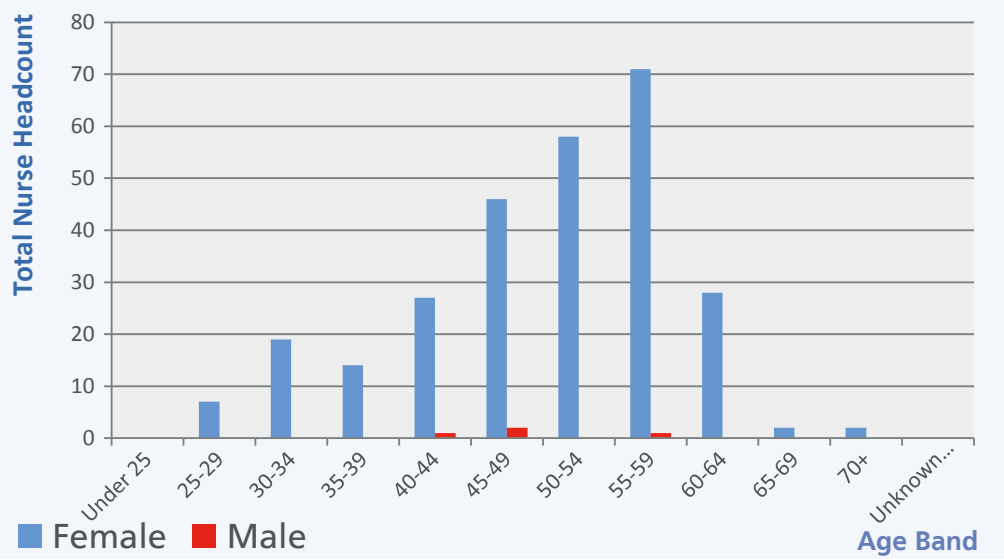
We have undertaken similar forecasting for our practice nurses:

Whole Time Equivalent (WTE) Nurses at March 2017	179
Headcount Nurses at March 2017	280

Age band	Registered patients (2015/16)	ONS forecast growth by 2020/21	Patients by 2020/21	Nurse appointments (face-to-face & telephone (per year, per patient)	Est. total appointments 2015/16	Est. total appointments 2020/21 (population growth only)	Est. total nurse appointments assuming appointment growth trend
0-14	103,887	5.30%	109,393	1.25	129,859	136,741	140,570
15-44	228,279	-0.70%	226,681	1	228,279	226,681	233,028
45-64	174,782	1.50%	177,404	1.25	218,478	221,755	227,964
65-74	69,965	4.40%	73,043	2	139,930	146,087	150,177
75-84	40,541	19.70%	48,528	2.75	111,488	133,451	137,187
85+	18,027	18.30%	21,326	3.25	58,588	69,309	71,250
Total	**635,481**	**3.29%**	**656,375**	**1.35**	**886,621**	**934,024**	**960,177**

Current appointments per WTE Nurse (2017/18):	4,953
No. of WTE Nurses required by 2020/21 if appointments per WTE remains static:	194
Growth in WTE Nurses required by 2020/21 (based on June 17):	15
Growth in Nurse headcount required by 2020/21 (based on June 17):	23

Again, as for GPs, we have a maturing workforce. The national workforce report from NHS Digital demonstrates that we have 104 nurses over the age of 54, a WTE of 65.



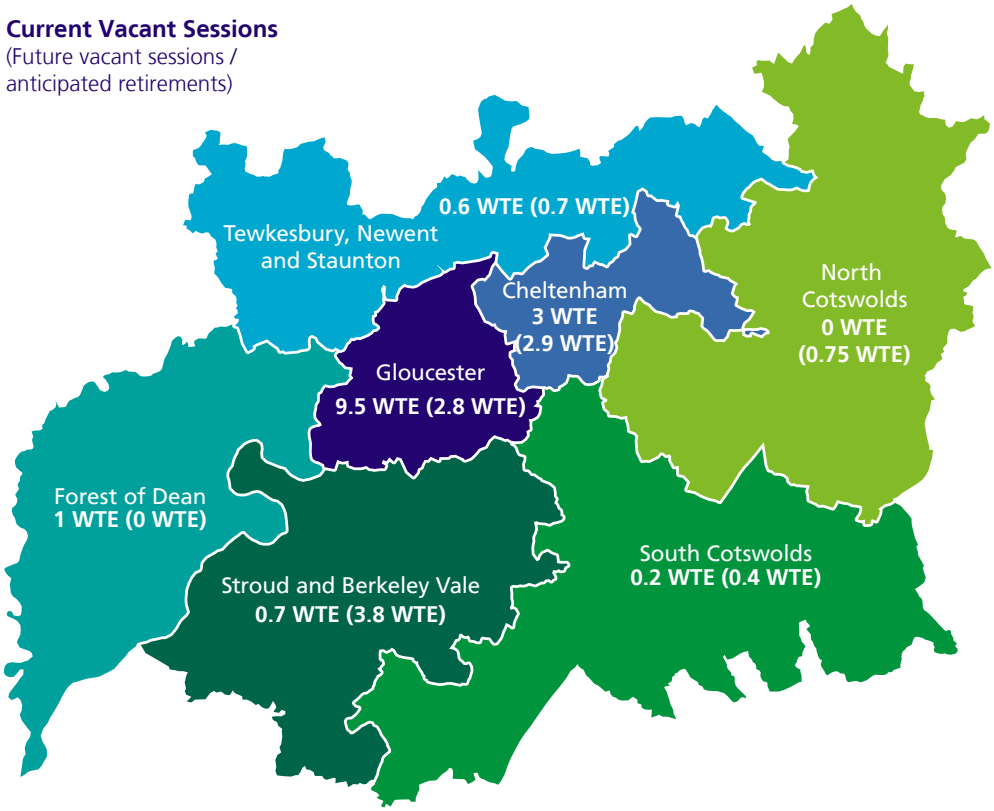
Total Nurses Headcount by Age and Gender in Gloucestershire

It may well be that this nursing profile is common in general practice, however we do not have trend data over time to ascertain if this is the case. Therefore, if we assume a worst case scenario of all nurses over the age of 54 potentially retiring by 2020/21:

Demand	WTE Nurses	Headcount Nurses
Population and activity growth	15	23
Likely retirements (based on age 55 and over)	65	104
Total increase required	80 (45%)	127 (45%)

Therefore, while the need to increase the number of practice nurses as a result of population and activity growth is not as high as it is for GPs, in Gloucestershire we have a potential issue with the need to recruit to replace those who may retire by 2020/21. We must also be mindful of the nursing shortages across Gloucestershire too and take a partnership approach to building the nursing workforce of the future.

These workforce challenges are not equally spread across our practices, clusters and localities. In the Gloucester City locality where deprivation and health inequalities are at their most prevalent, practices are particularly impacted by not being able to recruit to vacancies (see GP vacancies infographic map) and we therefore need to ensure the actions that result from this Strategy directly supports this area.



Conclusion to Part 1

The call to action is clear: we must act now on workforce. A 'do nothing' scenario equates to a need to recruit an additional 85 WTE GPs and 80 WTE practice nurses by 2020/21, representing a 25% and 45% increase respectively.

The national evidence cited demonstrates this problem is not limited to Gloucestershire and, therefore, we cannot simply expect to attract clinicians from other areas that are enjoying surplus primary care staff; they do not exist.

Part 2 of this Strategy therefore sets how we will continue the great start we have made, demonstrated by the shoots of recovery seen in our workforce survey, and how we will accelerate this work to ensure we prevent 2020/21 resulting in a 'do nothing' scenario. We are striving for more than just a resilient and sustainable general practice in Gloucestershire, but one that is an exceptional place for care, a great place to work and the first choice for those nurses and GPs training in Gloucestershire.

Furthermore, we are working to create a general practice that is strongly connected with all our partners across the STP, in order that there are increasing opportunities for staff to work across providers, building their careers and finding new opportunities in an integrated new model of care that is built around our patients.

Gloucestershire CCG Primary Care Workforce Strategy

2018 - 2021

Part 2: Our Plan for the Future

Key Strategic Commitments

Part 2 of this Strategy is focused on how we will achieve our Primary Care Workforce Vision (set out earlier and shown below) and address the challenges set out within Part 1.

Our Gloucestershire Primary Care Workforce Vision

To enable delivery of the ambitions of our Primary Care Strategy, so that patients in Gloucestershire can **stay well for longer** and receive **joined-up out of hospital care** wherever possible, we will attract, retain and educate a multi-professional workforce who deliver exceptional care in an environment where they're skilled and encouraged to continually improve.

To do this, we will:

- Undertake **analysis and evaluation** of current workforce and future needs, tracking and responding to the trend over time;
- Encourage and support the development of new roles in Primary Care by working across the Gloucestershire STP;
- **Reduce bureaucracy and unnecessary tasks** to release time for care;
- Build the pipeline of **supply of highly skilled staff**;
- Develop and promote new ways of working;
- Enable **upskilling and new opportunities**;
- Source training in **quality impovement** for all general practice staff.

Health Education England offer a model for supporting workforce transformation, called the 'HEE Star' (see right), which focuses on five key enablers: supply, up-skilling, new roles, new ways of working and leadership. These five enablers have informed our thinking and the subsequent development of our key strategic commitments.

The actions outlined here are specifically in relation to tackling workforce and should be read alongside the other supporting and enabling actions detailed within our Primary Care Strategy, such as IT and Estates. For the sake of brevity, these are not replicated here, but should not be deemed to be excluded from our wider plans that will of course attract and retain our workforce in county.

We offer a range of strategic commitments to develop, stimulate and nurture our general practice workforce over the next few years, attracting and retaining talent and developing a great place to care and a great place to work.

Our Five Strategic Commitments

In the next set of sub-sections, we will look at each of these five commitments, considering how they will support the Vision, our overall Strategy and the STP, and how they will impact the roles and teams working within general practice.

Commitment 1: Understanding demand and capacity

In an increasingly information-driven NHS, focused on measuring activity against quantitative targets in real-time, it is surprising that we still lack a crucial part of the jigsaw: activity in primary care. That is why we have utilised retrospective studies of healthcare activity, to build the assumptions for our workforce planning activity. We have also relied upon extraction and analysis of the NHS workforce survey from NHS Digital along with a quick local survey in order to draw up assumptions for our workforce planning baselines.

This needs to improve dramatically so that we have a much more contemporaneous data set, being able to monitor activity and workforce frequently to determine if our baseline and forecasting assumptions are broadly accurate or need amending over time and what impact this has on our planning. Given the potential need for more GPs as the plans for Urgent Care develop across the STP, the ability to easily refresh our forecasts and plans will be imperative through the duration of this Strategy and beyond.

NHS England has set out the intention to launch a nationally commissioned tool to automatically measure appointment activity in 2017/18 (NHS England, 2016). While we do not yet have sufficient information regarding this tool, it will certainly be a welcome addition, providing we have access to this data at the CCG. This will not only support workforce planning, but allow us to see the impact of this Strategy, our Primary Care Strategy and the overall STP. If this tool is not available within the anticipated timeline, we commit to working with the LMC to develop an interim measure. Similarly, ONS projections have been utilised for the predicted population growth and therefore refining projections over time to consider new housing developments, through good communication with housing authorities, will be important in continually testing our assumptions.

We will also need to better understand the changes in our workforce over time, again to be able to track our progress against baseline in the delivery of this Strategy. We will do this through our CCG Information Team adding the data taken from the national workforce survey to our local data warehouse so we can enable reporting by practice, cluster, locality and across the county. Being able to understand the geographic diversity across our county will be important in testing and refining our plans and assumptions, targeting our interventions and tracking our success.

In addition, we will develop, refine and systemise the survey we undertake of our practices on vacancies, impending retirements and locums, working with the Information Team to ensure we can aggregate the data and analyse it in a meaningful way. This will include information on workforce shared across practices too, so we capture the new ways of working that would not otherwise be captured in other workforce surveys.

Recognising that there can be a burden on practices to report workforce data, coupled with the accuracy, data quality and timeliness of national reporting, we are working with STP colleagues and national stakeholders to explore the best way of collecting data. As part of the STP capacity thematic group, clinical leads for workforce tools will be identified during 2018, including appropriate representation from primary care clinical leads.

Understanding demand and capacity in primary care

Summary of actions for 'Understanding demand and capacity':

We will:

- Implement the national primary care workload tool locally or work with the LMC to implement an interim solution;
- Place this activity data within our data warehouse in an automated way to enable tracking of activity in primary care by practice, cluster and locality, thereby getting a better understanding of system pressures within general practice and where additional support is required, along with better workforce planning over time;
- Commence adding all workforce data from the national NHS workforce survey to our data warehouse. Again, this will enable reporting and analysis by practice, cluster and locality along with analysis by role, age, gender, hours and headcount;
- Develop, refine and systemise our workforce survey to our practices. Working with our Information Team, the survey will complement the national picture and be added to our data warehouse to enable a full suite of reporting;
- Utilise this evidence within our Primary Care Workforce Planning Meetings and within our commissioning infrastructure of Primary Care Operational Group and Primary Care Commissioning Committee to monitor the effectiveness of the delivery of this Strategy and to target additional actions where necessary.

Commitment 2: Reducing Workload

Reducing workload can take several forms in primary care and we intend to tackle this through these different approaches. In some instances this will mean ensuring non-clinical staff are working 'at the top of their licence', while in other cases it will mean practices working together to share back office functions or patients being supported to self-care. Reducing workload can also be achieved through actions the CCG can take to reduce both bureaucratic workload and unnecessary work filtering down from secondary care.

By reducing workload in general practice, we can:

- Free-up clinical time to spend with patients, creating the potential for improving access to appointments and increased duration of appointments;
- Create a better work-life balance that encourages staff recruitment, retention and a more motivated workforce;
- Create opportunities for the workforce to learn and develop in their roles;
- Reduce the workforce impact from a growing and ageing population, through ensuring patients are able to access the most appropriate care for them.

Non-clinical staff

In 2016/17 and in 2017/18, we have released the full funding available to practices for care navigation or clinical correspondence training. We asked practices to work within their clusters, if not at a greater scale, to organise and deliver this training, following the principles provided by NHS England. At the time of writing, Cheltenham, Forest of Dean and Gloucester City localities have at least commenced care navigation (if not completed), while Stroud & Berkeley Vale, North & South Cotswolds and Tewkesbury, Newent & Staunton have commenced clinical correspondence training.

Care Navigation

Care navigation (also known as 'active signposting') directs patients to the most appropriate service for their need. Receptionists are trained to ask patients about the reason for their call; patients are prepared for this approach via an automated telephone message prior to speaking to receptionist. Receptionists are also provided with training on the availability of local services, so they can correctly navigate the patient to the most appropriate service, whether that is within the practice to the most appropriate professional for their needs (rather than always a GP), or to an appropriate community service.

In 2017, GCCG and Gloucestershire County Council jointly commissioned a new Community Wellbeing Service, which incorporates social prescribing, building on the success of our earlier scheme. The service helps practices manage demand, and support people with broader, non-medical needs to improve their wellbeing by accessing sources of community and social support. Colleagues from the Community Wellbeing Service work closely with primary care through attendance at multi-disciplinary meetings and by holding face to face appointments in primary care and community settings, to encourage access and moving towards the de-medicalisation of wellbeing issues which can be better supported through socially based interventions, such as housing, debt management and social connectivity.

Clinical Correspondence

Clinical correspondence training upskills clerical staff to code incoming letters, taking action or passing the letter to a GP, or appropriate team member, where required. This is a more advanced task than simply document handling, but rather requires training to be confident and competent in using an approved protocol for determining whether a letter can be handled autonomously or when they need to be seen by a GP. When implemented successfully, this should significantly reduce the number of letters seen by a GP in practice. NHS England (2016) report that this should mean 80-90% of letters can then be processed without GP involvement, freeing up c.40 mins per day per GP.

With most practices having undertaken one of these two types of training, by the end of 2017, we will evaluate the impact of both and compile best practice, ready to share across the county from 2018/19 onwards as practices embark on their second set of training, while also to improve upon their first initiative implemented. We have funding anticipated from NHS England until 2020/21 (at £110k per year) for this purpose and will ensure that practices obtain the full benefit from these schemes.

Governance of non-clinical staff is very important and is a key consideration of the cluster's choice of provider, to ensure that patient safety is paramount as staff take additional responsibilities. The CCG will support clusters in identifying suitable providers who meet the NHS England criteria and ensure the procedures are in place to only approve those training providers who meet this criteria before releasing funding.

Reducing workload through scale

As detailed within our Primary Care Strategy, and from the clustering of practices within Gloucestershire, there is an increasing trend towards delivery of primary care at scale, i.e. practices working together to create more sustainable services delivering the highest quality care.

While this will often mean increased local services for patients, it also provides a mechanism to reduce workload through sharing functions, protocols and operational duties. We are currently seeing an increasing willingness to work together at scale and have supported this through the work of the Primary Care Strategy, with recurrent funding such as through 'transformation' support, and also non-recurrently with 'resilience' funding at cluster level.

In some cases, this has formalised further into merger discussions and we now expect several mergers over the course of this Strategy. This continues a trend: practice numbers slowly reducing as practices choose to merge. In other instances, the arrangements are not contractual changes, but rather a sharing of best practice and developing better working relationships to take lead roles instead of each practice doing everything separately.

We commit to continue to support practices in coming together at scale. We anticipate further resilience funding in 2018/19 of circa £87k and will work with the LMC and RCGP GP Ambassador for Gloucestershire to establish the best method of investing the funding to fund further work.

Technology

An important part of the answer to reducing workload will be through technology. Our Primary Care Strategy details the elements we are progressing and therefore this will not be repeated here.

However, of particular note, currently there are a number of practices switching clinical IT systems to be on the same system as other practices within their cluster. All switches have been supported, with the CSU IT team providing the technical support as required and funded through the successful Estates, Technology and Transformation Fund (ETTF) bid. We will continue to look to support practices who wish to switch clinical IT systems to enable better working within their clusters.

Additionally, NHS England have recently published (at time of writing) details on how CCGs must commission online consultations. We will be working with the General Practice Forward View Project Team, Primary Care Digital Team and CCG colleagues, to determine the appropriate solution. The final outcome will enable patients to receive increased online support and encouragement of proactive self-care; online triaging will be available when they need to be seen by a clinician. These online elements will, in turn, reduce the practice workload.

Self-care, prevention and health coaching

We, as a STP, need to change the relationship that the NHS and social care have with patients, people and communities. Our systems need to be designed to ensure that people have every opportunity to help themselves to manage their healthcare needs, where appropriate.

Self-care and self-management are therefore central components of our STP and our Prevention and Self-Care Plan. We recognise the growing evidence that increasing a person's ability to self-care has positive outcomes, individually and organisationally. Research into the effectiveness of self-care suggests it has many benefits:

- Development of more effective working relationships with professionals;
- Increases in patient/service user satisfaction;
- Improvements in self-confidence;
- Improved quality of life;
- Increased concordance with interventions;
- More appropriate use of services;
- Increased patient knowledge and sense of control.

Increasing people's ability to self-care can only work through a whole system approach that is implemented as part of wider initiatives to improve care through educating practitioners i.e. health coaching, applying best evidence, using technology (as above), shared care planning, decision aids and community capacity building (e.g. our 'Community Wellbeing Service' social prescribing scheme and pharmacy minor ailment initiative). Self-care also has to be effectively embedded into routine healthcare, looking at the whole patient journey. It must be built into care pathways and service improvements in a more robust fashion. Our Gloucestershire STP Prevention and Self-Care Plan sets out how we will do this through to 2020/21 21, which can be accessed at: http://www.gloucestershireccg.nhs.uk/wp-content/uploads/2017/01/I-Gloucestershire-Self-Careand-Prevention-Plan.pdf.

Further actions the CCG can take

As a CCG, we can do more to reduce the workload burden on practices. We enjoy delegated commissioning arrangements from NHS England, and have done since April 2015. Practices have the support of a local primary care team, based in the CCG, which have a focus not just on contract management but also on the support, development and growth of general practice in Gloucestershire. We must continue to utilise this arrangement in ensuring that reporting is automated, or as 'light-touch' as possible, wherever feasibly achievable. Payments must be slick and support as timely as we can make it. Practices tell us that they appreciate all that the team does, which we must continue and improve upon, where appropriate.

We must also continue to improve the interface between primary and secondary care. We have ensured that the new contractual requirements with our main secondary care provider, Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT), relating to this interface have been enacted and will continue to follow up instances where this has not been followed. These relate to:

- Patient DNAs (did not attend) not being automatically referred back to the practice;
- Intra-hospital referrals where a GP referral (or self-attendance) requires onward referral for the same presenting condition;
- The hospital undertaking relevant tests in a patient's pathway of care rather than referring back to the GP;

- Secondary care communicating with patients about their care, including diagnostics requested by a secondary care clinician, rather than referring patients back to their GP;
- Discharge summaries being provided to GPs within 24 hours after discharge from inpatient, day case or A&E;
- Prescribing medication for an appropriate period of time so as not to cause adverse effects for patients and unnecessary GP appointments;
- Fit notes being supplied to patients from secondary care for an appropriate period, preventing the need for patients to see their GP for these unless necessary beyond what was originally anticipated by the secondary care clinician.

We continue to work with colleagues at GHNHSFT and have facilitated meetings between our GP Locality Chairs and GP Provider Leads and senior consultants and management at GHNHSFT. We will foster this relationship further, ensuring these contractual requirements are undertaken.

Reducing Workload

Summary of actions for 'Reducing workload':

We will:

- Evaluate the impact of care navigation and clinical correspondence training over late 2016/17 and through 2017/18 and create case studies of best practice;
- Utilise the learning from care navigation and clinical correspondence to implement best practice across the county by 2020/21 so that it is embedded in all practices, with our Gloucestershire share of this funding fully utilised for this purpose;
- Continue to support primary care at scale initiatives, both through funding opportunities, such as general practice resilience, or through management capacity. These could be formal or informal structures, based upon the choice of the individual practices;
- Implement technical solutions, such as online consultations, in such a way that reduces workload on practice teams;
- Work with STP partners in delivering our commitments set out within Gloucestershire's Prevention and Self Care Plan;
- Reduce workload and bureaucracy wherever we can as a 'delegated' primary care commissioner;
- Work with GHNHSFT (and other secondary care providers as necessary) to ensure the interface between primary care and secondary care is effective and delivers best and safest patient care through the hospital undertaking the follow-up care and administration for patients as described.

Commitment 3: Introducing new roles

As demonstrated earlier in the report, we face a huge recruitment challenge for traditional general practice roles if we do nothing. While this is a pan-county issue, we have pockets of deprived areas in the county that particularly struggle to recruit, especially in Gloucester City and Forest of Dean localities.

There is increasing evidence of the efficacy of expansion of primary care teams beyond these traditional roles (BMA, 2015; Baird et al., 2016; Clay & Stern, 2015), along with commitments made regarding mental health workers, clinical pharmacists and physician associates within the GPFV. This is an area we are already exploring and supporting, but we plan to do much more over the next four years, working with STP partners.

As detailed earlier in this Strategy, we increased transformation funding to £1.89/head of patient (registered patients as at April 16/17) and made it recurrent, based on practices working together to design innovative, transformational ways of sustainable working. This has supported the following new roles in primary care through practices working at scale:

- c.20 (c.12 WTE) clinical pharmacists;
- Three WTE community matrons/frailty nurses;
- An urgent visiting service staffed by paramedics, working with SWAST as a delivery partner;
- A Repeat Prescribing Hub staffed outside of the practices for one cluster, reducing workload and pressure on GP practices and their admin staff.

Our CCG Medicines Management Team has also supported practices to secure additional clinical pharmacists through successive waves of the national clinical pharmacist scheme and we have supported the development of a pipeline of new pharmacists through funding of practices to support their training. This, along with some additional temporary pharmacist support for practices, has further expanded the number of clinical pharmacists to – at the time of writing – 45 pharmacists, c.27 WTE.

Thus far much of the scheme feedback has been light and qualitative; now our priority is to undertake an in-depth evaluation of all schemes during late 2017/18. This evaluation will enable us to share best practice and to support adaption of schemes and roles, where necessary, for best utility.

We have also been trialling in our place-based pilots, in Gloucester City and Stroud & Berkeley Vale, mental health practitioners and community dementia nurses from ²gether Trust working in general practice as part of the practice team. We will continue to work with the ²gether Trust in these pilots and evaluate them for rollout over the coming years. The GPFV commits to national growth of 3,000 full-time mental health therapists, representing a full time therapist for every 2-3 typical sized GP practices. Our approximate share in Gloucestershire of this figure would be 30 WTE and we will therefore target this number by 2020/21.

Our next major implementation of new roles will be through Improved Access across our clusters. This project is within the GPFV, providing patient access to evening and weekend appointments in primary care. Unlike many other CCGs, and in accordance with our Primary Care Strategy, we have committed this funding to cluster delivery of care as we believe place-based access schemes, designed around our patient populations, will provide the best possible care solutions.

Our clusters are responding with new models of care and new roles within those models. This has included specialist portfolio paramedics, advanced physiotherapists, mental health workers and clinical pharmacists. Working with our STP providers in these pilot cluster based roles will allow for general practice to better meet patient needs at a primary care level and also allows for a greater use and application of specialist skills of highly trained practitioners to improve patient care.

While practices could independently employ to these roles, sharing staff becomes more difficult. New roles could destabilise other local providers through migration to primary care that undermines the staffing of core services. The staff could become isolated as individual specialist practitioners and governance of the roles is less well defined. Early information from the recruitment and selection processes of these shared employment model roles has made us aware of the workforce impact across the healthcare system, however has also highlighted the opportunity to develop attractive career pathways in the Gloucestershire STP area which span over both community, acute and primary care.

We therefore commit to working with STP partners to realise these new roles in primary care, in a way that is planned, safe, with good governance and without destabilising any part of the local health and care system. We will work with our STP partners to trial these roles over the coming 12 – 18 months and evaluate them in order to understand the value they add in primary care for rollout across the term of this Strategy. We believe (and emerging evidence from Vanguard sites and Primary Care Homes would suggest) that this will offer greater opportunities for staff within our STP, create closer working relationships and deliver more integrated care for our patients centred around their practice.

In addition, we will also look at the role of physician associates. In 2017 one cluster commenced student placements for physician associates from the University of Worcestershire, discussions are ongoing around primary care post-graduate student placements from the University of West England to start in 2018. We will look to evaluate these roles, combined with other national evidence, and then determine how we could implement them across Gloucestershire, exploiting the national opportunities under the GPFV commitment to make the rollout of this new role a success locally. This learning will also allow us to be prepared for any proposed higher apprenticeship framework for physician associates, which is likely to be attractive as a career choice due to proposed bursaries towards tuition fee payments.

We will seek to stimulate the workforce market in Gloucestershire through increased placement capacity and quality for training for these new roles and promote the multi-professional nature of primary care we are developing locally. This should lead to a breeding ground of opportunity, learning and development for enriching career choices. Placements will be earlier in their training too, so that exposure to primary care can be increased and improved to help it become a more frequently selected career choice. The GPFV commits to an additional 5,000 new roles working in general practice, 3,000 of which are mental health therapists, the remainder split across these new roles. As a minimum, considering the work already commenced in Gloucestershire described above, we will target recruitment of 30 WTE additional roles for physician associates, specialist paramedics and advanced physiotherapists.

All new ways of working roles are based on national guidance and competency frameworks for working in primary care according to the speciality. An example of this is the development of physiotherapist roles which takes into consideration the Chartered Society of Physiotherapists and RCGP guidance for scoping, implementation and successful measurement and evaluation of roles. Education leads from across Gloucestershire's STP providers are currently developing a consistent competency framework which outlines the banding of specialist colleagues based in the health and care system, in line with national professional guidance. Once complete, this guidance will be applicable to specialist roles across primary care and will inform relevant workforce mapping and analysis in relation to specialist skills required at practice, cluster and locality level according to the patient and community based needs.

Gloucestershire CCG is aware of a number of developing GP tools in the national arena which can be used to support workforce analysis and planning, these include: the 'WRaPT tool', 'Apex,' 'Insight', HEE tools and a Demand and Supply Tool that is being developed by NHSE. In additional to information supplied by practices to the Primary Care Web Tool (PCWT), as described earlier, the Localities and Primary Care team collect information of workforce gaps which assists in both short term and long-term recruitment issues, and is able to provide some successful interventions through programmes such as the Newly Qualified GP programmes and the GP Portfolio scheme.

Finally, while we are able to strategically plan, develop, implement and evaluate new roles working in a primary care setting, our member practices are autonomous and innovative, consequently they also look at new skill mixes independently. Already a minority of practices have employed pharmacists, physiotherapists and paramedics as part of their skill mix. We do not wish to dampen enthusiasm or innovation, but instead will be clear on how we can support practices to do this as part of a collective approach across the STP in future, so that they are better supported as a practice and initiatives are managed with partners to avoid destabilisation of other services. This will also ensure that specialised clinicians are not isolated in a practice but part of a wider peer support network.

Introducing new roles

Summary of actions for 'Introducing new roles':

We will:

- Undertake in-depth evaluation for efficacy of the following new roles recently introduced in order to inform sharing of best practice and further adoption across the county:
  - Clinical pharmacists
  - Community matrons
  - Paramedics
  - Shared administration for repeat prescribing
- Work with STP partners in planning, developing, recruiting, implementing and evaluating the following new roles from late 2017/18 and through 2018/19:
  - Specialist paramedics
  - Advanced physiotherapists
  - Mental health workers
- Evaluate the efficacy of physician associates from emerging local and national evidence and act accordingly in determining rollout;
- Increase placement capacity for these new roles in Gloucestershire;
- Support practices and clusters in employing new skill mix, with evidence, best practice and peer support networking across the STP.

Commitment 4: Attracting talent to traditional roles

As detailed within Part 1 of this Strategy, we not only have population growth with an increasingly elderly population that are likely to require more GP and nurse appointments, but we also have an ageing workforce, particularly nurses. Therefore, while we will undertake commitments 2 and 3 that will diversify the workforce, support patients to self-care and utilise technology to its best, we will still need to attract talent to our traditional GP and nurse roles. Furthermore, we recognise that targeting of our resources is especially important as we must support those areas within Gloucestershire that find it more difficult to recruit to these clinical roles.

GP recruitment

Be a GP in Gloucestershire

As described in Part 1, we ran a campaign with the BMJ called 'Be a GP in Gloucestershire', with print, online and social media content. We also funded specific advertisements for practice vacancies to support their GP recruitment campaigns. Given the positive feedback from practices about the BMJ campaign, we commit to working with the BMJ to maintain a microsite presence and update it to include further 'marketing' information about why working in Gloucestershire is so attractive, including local amenities, schools and our progressive Primary Care Strategy inclusive of our estates programme and this Workforce Strategy.

Newly qualified GP scheme

Also described earlier is the work we have been undertaking with the Gloucestershire GP Education Team, the CEPN and with newly qualified GPs who have undertaken their final training in Gloucestershire. This has included how we have been able to retain them within the county and provide support for them to continue their professional development in specialist areas enabling them to become future system leaders. This scheme is something we will continue to support with the 2018 placements process to start in January 2018. We will evaluate the success of the 2017 scheme in the meantime and, utilising feedback from the 2017 cohort, improve the offering to our 2018 cohort.

Given the difficulties outlined earlier specifying recruitment to the inner-city area of Gloucester, along with the health inequalities within other deprived communities in Gloucestershire, we will also look to develop a 'Health Inequalities Fellowship' with our CEPN, STP partners and HEE SW. The 'Health Inequalities Fellowship' combines clinical experience in primary care with formal education in public health and informal interaction with local services that support the developing health and social care needs of the cluster population.

International Recruitment

NHS England has announced a target of recruiting 2,000 overseas doctors by 2020 through an International GP Recruitment (IGPR) Programme. CCGs were invited to submit applications to join the programme, at least at a STP footprint level if not larger, detailing the GP numbers they are looking to recruit, practices interested in being part of the programme and how they will integrate them into their practice.

To support the attraction of talent we are committing to within this Strategy, we have developed and submitted a bid to NHS England at the end of November 2017. We have identified interested practices and will work with Bath, Swindon and Wiltshire in developing a joint bid.

If successful, we will work with the LMC, local GP leaders, Health Education England and our local NHS England team in designing and implementing the local support package for overseas recruits, given the estimated timeline from recruitment to working in the UK is approximately an 18 month period.

GP retention and GP portfolio schemes

In addition to recruiting talent, we also recognise the opportunity to retain those in general practice who would otherwise leave, or those who are nearing retirement and are interested in more portfolio careers. As mentioned in Part 1, these are schemes we have supported over the last 12 months and we will continue to offer and support these schemes, working with Health Education England, the LMC and our member practices.

In terms of providing ongoing support that retains GPs in post, we already provide useful and supportive interventions to GP appraisers and are aware that a number of recommendations for the GP retention scheme have resulted from GP appraisals. We will continue to support our appraisers and promote this scheme and other relevant interventions.

We will also aim to better understand the current take up of the Induction and Refresher (I&R) scheme which is available to GPs re-entering the profession or returning to the UK after a period of time abroad. Dedicated regional HEE colleagues currently supporting the I&R scheme have good relationships with Gloucestershire CCG, however measuring the impact of this scheme will allow for better implementation and promotion.

Nurse recruitment

The Gloucestershire CCG Nursing Strategic Framework (2017) specifically sets out (p 8-11; p20-23) how we will support the recruitment, retention and return of our General Practice Nurse (GPN) workforce. What follows is, therefore, a succinct summary of the actions detailed for the CCG within that strategy:

- Raise the profile of the GPN role across the STP and with local Higher Education Institutions (HEIs). We are working with the University of Gloucestershire to include more primary care elements within core training;
- Increase the number and quality of placements and nurse mentors;
- Support leadership development for those GPNs leading teams;
- Support revalidation;
- Develop and promote local implementation of the GPN career framework (see diagram, right (HEE, 2015)) and clinical academic careers to support recruitment, retention, development and supply of our future workforce;

	Minimum professional and educational requirements for the role
Advanced Community Nurse Practitioner Level 8	Registered with the Nursing and Midwifery Council. Postgraduate diploma meeting ANP requirements and to include level 8 high intensity interventions (see NICE guidelines for descriptors of behaviour change interventions). Masters degree. Independent and supplementary prescribing – V300. NMC Mentorship or practice educator qualification.
Senior General Practice Nurse Level 7	Registered with the Nursing and Midwifery Council. First degree and working towards postgraduate level qualification. NMC Mentorship qualification Independent and Supplementary prescribing – V300. NMC Mentorship qualification.
General Practice Nurse Level 6	Registered on Part 1 of the Nursing and Midwifery Council register. Degree level qualification/equivalent experience. NMC Specialist Community Practitioner Qualification – Practice Nurse/relevant experience. NMC Mentorship qualification.
General Practice Nurse Level 5	Registered on Part 1 of the Nursing and Midwifery Council register.
Assistant Practitioner Level 4	Higher Care Certificate (currently under development). Hold or working towards Foundation degree at level 5.
Health Care Assistant Level 3	Care Certificate (highly recommended) to include, or have as an addition, training for working alone in community settings and specific skills needed for the role Level 2 brief intervention training (see NICE guidelines), Level 3 apprenticeship or QCF level 3 diploma in clinical healthcare support or the equivalent, Maths and English functional skills qualification.
Health Care Assistant Level 2	Care Certificate (highly recommended) to include, or have as an addition, training for working alone in community settings and specific skills needed for the role . Hold or working towards Level 2 QCF Diploma in Clinical Healthcare Support or equivalent. Maths and English functional skills qualification – some of the requirement may change when new NOS are published.
Pre-employment Level 1	Examples: work experience, traineeship, pre-employment programme, cadetship.

- Promote Health Care Assistant (HCA) roles in general practice and encourage use of the HCA apprentice scheme;
- Promote and support the emerging role of the Nursing Associate in General Practice, including the nurse associate apprenticeship scheme;
- Work with HEIs to offer a specific 'return to practice' programme for general practice.

We will also continue to encourage practices to align GPN terms and conditions and utilisation of Agenda for Change.

Attracting talent to traditional roles

Summary of actions for 'attracting talent to traditional roles':

We will:

- Further invest in recruitment support for our member practices, utilising the success of the BMJ campaign so far to enhance the microsite offering;
- Progress a 2018 Newly Qualified GP Scheme based on our evaluation of the success of the 2017 cohort and continue to enhance this offering year-on-year;
- Develop a specific health inequalities fellowship;
- Following submission of our bid for International Recruitment to NHS England, we will create a supportive environment for new recruits through this bid over the forthcoming 12 – 18 months in readiness for welcoming GPs to their host practices and have this process honed and repeatable over the course of this strategy;
- Continue to support our GP retention and portfolio schemes, matching candidates to host practices;
- Implement the commitments made within our Nursing Strategic Framework for recruitment of GPNs.

Commitment 5: Developing the team

As well as the recruitment of new and traditional roles to primary care, and reducing clinical workload, we will be unable to retain staff in post, or hope to continue to improve the service for patients, if we do not invest in the development of our whole, extended primary care team.

Time for Care Programme – Individuals

In January 2017, we submitted a successful application to NHS England for their Time for Care Programme. This gave us access to Development Advisers from the NHS Sustainable Improvement Team. With their support we promoted the national General Practice Improvement Leaders course and, given that spaces were extremely limited, also offered a local General Practice Improvement Leaders programme focused on the fundamentals of improvement. Run over two days and for two cohorts, we opened the programme to all members of practices who were involved in leading change. This was extremely well received with c.50 senior receptionists, administrators, practice managers and GPs trained in the use of these quality improvement tools, based on the same methodology as the Quality, Service Improvement and Redesign (QSIR) training across our STP.

We will ensure that this learning is spread through sharing material from the training and facilitating local improvement events through members of the team who attended. Furthermore, if there is interest in further training events, we will work with NHS England to organise another cohort.

Time for Care Programme – Practices

In May 2017, we submitted an expression of interest for the Productive General Practice Programme 'Quick-Start' to NHS England. This programme of support offers the implementation, over a three month period, of a choice of two modules from:

- **Frequent attenders** – sets up a focused, speedy, regular review of high attenders. Leads to different approaches for the individual patient and also for the practice in general.
- **Appropriate appointments** – explores what opportunities there are to ensure the patient sees the right person, first time. Links to the national 'Avoidable Appointments' audit tool.
- **Common approach** – expose unhelpful variation in approach that causes extra effort. Helps develop a common approach to service delivery.
- **Team planning** – high-level assessment of peaks and troughs in practice capacity and in activity. The practice looks at the profile of holidays, training and external meetings to reduce stress on the practice at peak times.
- **Well organised practice** – saving time by creating a more efficient working environment. A place for everything and everything in its place.
- **Efficient processes** – redesigning everyday processes such as repeat prescriptions that regularly cause staff frustration.
- **Clear job standards** – using visual management techniques to ensure regular activities are completed on time, every time. Identify team training needs.

- **Emails, meetings and interruptions** – reviews how effectively the practice communicates. How effective are meetings and emails? How often interruptions occur by people and tasks. Why am I interrupted so often by people and tasks?

With our expression of interest accepted, we were subsequently invited to produce a Delivery Plan to demonstrate how we would support and implement the programme and how it connected with our strategy. This was well received and we were fortunate to negotiate a place for every practice in Gloucestershire that wished to be part of the programme, by securing the funding for 35 places. This ran from September – December 2017.

Feedback from the programme has been extremely positive. The CCG hosted 'Celebration Events' for each of the three cohorts, following the six practice visits. These events were an opportunity to share success stories and network with colleagues.

Each practice had completed a poster (see below) to support them in discussing their outcomes and achievements from the programme.

Once again, we commit to spread the learning through case studies and presentations from those who were part of the programme and to analyse and evaluate whether this is a programme worthy of CCG investment in future years. At the time of writing, we are currently working with the NHS England Sustainability and Improvement Team to secure additional coaching sessions from the national programme for Gloucestershire.

Time for Care Programme – Clusters

Having supported individuals and practices with quality improvement development, we want to extend this to align with our Primary Care Strategy and commence development across whole clusters.

We therefore commit to rolling out a 'Releasing Time for Care Collaborative' for our 16 clusters through the duration of 2018, focusing on the 10 High Impact Actions from NHS England described in Part 1. We will do this with the support of the NHS England Sustainable Improvement Team Development Advisers and design the programme with our GP Provider Leaders.

Nurses

As detailed within our Nursing Strategic Framework, we need to continue the development we have commenced already (for example, funding nine nurses to undertake advanced nurse practitioner training courses for those who were keen to progress with this five year part-time course) for our GPNs and extend this further. For example, the Framework sets out our commitment to:

- Supporting new HCAs to complete the Care Certificate in General Practice;
- Create a standardised, high quality, induction programme for nurses and HCAs;
- Promote the access to accredited training for GPNs to ensure they are well equipped for their roles;
- Promote and encourage nursing staff to attend the Making Every Contact Count (MECC) training to develop self-management skills for use with their patients.

Locum GPs

Having held an inaugural Locum GP event in October 2017, including safeguarding, basic life support and 'Prevent' training followed by an afternoon of local pathways for planned and urgent care, prescribing and IT, the event proved popular with over 70 locum GPs who attended.

We therefore commit to holding such events annually for our community of locum GPs and to ensure they are included in communications and planning going forwards so they feel part of a wider primary care community in Gloucestershire. We will also work with the LMC to support those GP locums who are interested in more permanent or substantive roles, but have struggled to find suitable employment due to other commitments, to be matched to practices that are willing to offer such flexibility.

Practice Managers

While practice managers have been able to access some of the training already described, they are an extremely important member of the general practice team, holding together the whole gamut of duties involved in running an independent business that is undergoing both rapid changes and considerable growth in activity. We have therefore invested in a practice manager mentorship programme, for those new in post and experienced managers requiring additional help and support.

We recognise that further investment in practice manager development is necessary, given the increasing complexity and level of change within general practice now, and over the timeframe of this Strategy. We understand that national funding may become available for this purpose and we therefore commit to fully

investing this in the development of our practice managers, working with our local NHS England team and the LMC to design a programme of support that aligns with this Strategy, our Primary Care Strategy and the STP.

Further GPFV Learning, Networking and Planning Events

In January 2017 we held a GPFV launch event, attracting over 200 GPs and practice managers. Hosted by Dr Robert Varnam, Head of General Practice Development at NHS England, this was a learning event on the key aspects of the GPFV and supporting practices to plan how they would implement initiatives within their clusters while networking across the county. The event was extremely well received.

We therefore commit to hosting another event during 2018, and annually over the course of this Strategy, to maintain learning, networking and planning events in relation to the GPFV and workforce development.

We are also promoting other national opportunities, such as the NHS England fully funded one-to-one tailored coaching sessions under the GPFV.

Developing the team

Summary of actions for 'Developing the team:

We will:

- Ensure that the learning from the General Practice Improvement Leaders events are spread through sharing training material and facilitating local improvement events and, if interest in further training events, we will work with NHS England to offer this;
- Ensure the spread of learning and innovation from the Productive General Practice Programme through case studies and consider future investment in this scheme subject to evaluation;
- Run a 'Releasing Time for Care Collaborative' for our 16 clusters through the duration of 2018, focusing on the 10 High Impact Actions;
- Implement the commitments made within our Nursing Strategic Framework for training and development of GPNs and HCAs;
- Hold further annual development events for GP locums and ensure they are included in communications and planning;
- Plan a programme of development with, and for, our practice managers, working with the LMC;
- Hold annual GPFV learning, networking and planning events, tailoring content for development needs of the general practice team.

Implementation of this Strategy

It is often said that if general practice fails, the NHS fails, and with the majority of patient contacts being with primary care, it is easy to see why. As an STP, we need our whole system to be working at its most effective and efficient, that is why we take implementation of this Strategy seriously.

While general practice is based on an independent business model, it is not the view of GCCG or the Gloucestershire STP that implementation of the Strategy should fall to them. Instead, the CCG will be working with general practice to implement the commitments as set out below..

Commitment 1: Understanding demand and capacity

We will work with the LMC and NHS England in implementing this commitment, while also liaising with HEE on best practice from elsewhere in the country. We have also contacted the NHS Benchmarking Network who are about to commence a primary care benchmarking project to provide them with our requirements for a future workforce and activity study and they will build this into their project.

The CCG Finance and Information Team are committed to supporting this work from a technical and analytical perspective, and have already provided some of the Gloucestershire workforce analysis within this Strategy.

This commitment will require some up-front investment of time and resource from the CCG and stakeholders in 2018, led by the CCG, with the ambition of automating workforce analysis and activity to analyse the efficacy of this Strategy through to 2021. In addition, the CCG will continually monitor and – if and when necessary – adapt planning assumptions and revise plans accordingly through six monthly checkpoint meetings from 2018 onwards.

Commitment 2: Reducing workload

Led by the CCG's GPFV Project Manager and Head of Primary Care and Localities, with support from Gloucestershire County Council's Public Health team and the CCG Finance and Information Team, we will design a programme of evaluation and case study design of workload initiatives relating to care navigation and clinical correspondence.

The GPFV Project Team, chaired by the RCGP GP Ambassador for Gloucestershire and with LMC, CCG, NHS England and HEE membership, will continue to support primary care at scale initiatives and direct the funding related to such schemes to where it is most needed.

Online consultations development will be achieved within the guidelines set out by NHS England and as best fits our STP. We will establish a working group reporting into the Urgent Care Digital Group and also the wider Urgent Care One Place Business Case within the STP. The scheme will align with plans for NHS111 online to ensure patients can receive the advice they need, 24/7, thereby reducing demand on primary care and the overall Gloucestershire health provider community.

The CCG Locality Development and Primary Care Directorate will work with the CCG Planned Care and Contracts teams in ensuring contractual monitoring and adherence to the new measures in the NHS Standard Contract relating to the interface with primary care. In addition, the team will work with the senior management and clinical teams of our STP partners and the senior GPs in county (Locality Chairs and GP Provider Leaders) to continue to build relationships and maintain communications through regular meetings.

Commitments 3 and 4: Introducing new roles and attracting talent to traditional roles

A Community Education Provider Network (CEPN) is an innovative approach to supporting NHSE and HEE in workforce planning and development towards achievement of the Five Year Forward View, while also enabling local primary care strategic workforce plans to be met. Core functions of a CEPN therefore are:

- Support for workforce planning and development to respond to local needs and enable the redesign of services within primary care and the community to better support general practice;
- Improve education capability and capacity in primary and community settings through the development of multi-professional educators and the creation of additional learner placements;
- Improve education quality and governance and act as a local coordinator of education and training for primary and community care to support general practice;
- Networking providers within an STP and sharing best practice.

CEPNs are commissioned by HEE through NHSE funding. Regionally, the West of England Academic Health Science Network (WEAHSN) has been facilitating the establishment of CEPNs across the South West.

As briefly mentioned under our progress so far within Part 1, we have successfully established a Gloucestershire CEPN and have been allocated £134,000 to achieve a key set of metrics. Our CEPN intends to:

- Undertake evaluation, education facilitation and capacity building for primary care across new and traditional roles including:
  - Clinical pharmacists
  - Physiotherapists
  - Mental health clinicians
  - Practice nurses
  - Physician associates
  - Newly qualified GP fellowship
- Increase the number of learner placements in primary care, including undergraduate, graduate and post-graduate training opportunities;
- Promote Gloucestershire primary care as a career choice for students;
- Scope the current educational offer for Gloucestershire and make recommendations on consistency and opportunities to share training sessions across the STP system with other providers.

In order to achieve this, we will scale up capacity of the CEPN. We have recently recruited to a Clinical Educational Lead role for two GP sessions per week, shared between two Gloucestershire GPs. We will appoint an Independent GP Chair of the CEPN, a Project Manager and an Educational Facilitator, along with providing additional management support from the CCG.

The CEPN will complement and support the work already started under the Nursing Strategic Framework and the work of the Practice Nurse Facilitators, along with the Primary Care Education and Workforce Steering Group and the STP Workforce and Organisational Development Strategy Group. The expansion of the Primary Care workforce will best be achieved by working collaboratively with partners across our STP, thereby not destabilising any particular component, providing more integrated care for patients and more career opportunities for our staff working in the NHS in Gloucestershire. The CEPN will connect existing training providers across the STP footprint area through an informal network to encourage creation of training and development solutions to support colleagues in primary care.

As the CEPN role matures, we envisage it will expand into encompassing more parts and functions of the STP. Therefore alignment with this Strategy, the Primary Care Strategy and the STP is crucial to ensure the CEPN succeeds.

The Gloucestershire GP Vocational Training Scheme (GPVTS) resides within the regional Severn area of HEE and is recognised as one of the top 5 deaneries in the UK for GP training, according to the GMC survey for trainee responses. The Severn is currently ranked 3rd nationally (of 13 deaneries in the GMC survey) for GP training posts in terms of satisfaction, with CSA & AKT exam pass rates well above national average.

The passion and commitment of GP trainers in Gloucestershire provides a strong foundation to develop primary care as a learning organisation. The work of the Gloucestershire CEPN, dedicated project management and education facilitation roles will continue to support the recommendations of the National Primary Care Workforce Commission to help to sustain a high quality of training in Gloucestershire General Practices. This will include developing close working relationships with local Higher Education Institutes and stakeholders across the STP on work streams such as:

- Exploring undergraduate and postgraduate placements for exposure to primary care for developing the new roles already described, such as clinical pharmacists, physiotherapists, physician's associates, paramedics etc. An example of this is where discussions are taking place through the HEE and the University of Bath to develop placements for clinical pharmacists, which will allow for students to gain essential primary care experience as well as support practices through quality improvement projects which students will undertake.

- The development of multi-disciplinary training for new and existing roles coming into primary care, including consultation skills, peer group mentoring and primary care systems. An official launch event for the CEPN in 2018 aims to bring together a variety of health and care education providers across the Gloucestershire STP area to enable better connectivity and cross fertilisation of ideas, and encourage more multi-disciplinary working across primary and community care.

- Liaising with the University of Bristol Centre for Academic Primary Care Teaching to understand the impact of the re-design of the medical curriculum (MB21), which will increase medical student placements to primary care starting in the year 2021. Whilst this is a positive development, there are likely to be challenges in relation to the tariffs linked with placements, and may depend on the existing goodwill of training practices.

In addition to the work streams being developed by the Gloucestershire CEPN, the CCG will continue to support the training in primary care through incentive schemes such as the Primary Care Offer. Throughout 2017/18 there has been a strong focus on education and awareness of frailty, which includes establishing relationship with appropriate Voluntary and Community sector organisations. Examples of this include the 'Frailty Networking Event' and cluster based professional stakeholder events which have taken place in Gloucester City, bringing together primary care colleagues with established organisations supporting patients, clients and carers. Gloucestershire CCG has an established ethos of developing innovative education

for primary care colleagues, including Masterclasses on specialist areas linked to the clinical programmes approach.

Continuing the existing focus on high quality learning which exists in Gloucestershire practices, it is likely that hub and spoke models for training will evolve with the development of place based clusters. Understanding the challenges facing each cluster in relation to training and development will underpin and inform the future interventions delivered through this Primary Care Workforce Strategy.

Ensuring working relationships with key stakeholders such as other STP workforce and education programme leads, HEE and HEIs will allow for wider discussions on the financial challenges facing primary care, linked to tariffs to support multi-professional learning and joint working across the STP footprint.

Developing future talent for primary care is recognised as an area of opportunity in Gloucestershire, especially considering the potential talent pool available through local schools and education establishments. Most practices offer work experience opportunities and we actively promote nationally developed toolkits on work experience to encourage practices to provide a positive learning opportunity, sowing the seeds for future generations and their interest in general practice careers. We are aware that some practices in Gloucestershire have actively taken on apprenticeships in areas such as business admin, we will explore the impact of these roles to understand how they can be developed further for wider implementation in general practice. Additional exploration is needed around the financial challenge and impact of the apprenticeships levy for smaller independent health and care providers such as general practice.

Gloucestershire CCG is committed to working with HEIs to explore the establishment of Higher Advanced apprenticeship roles which can support the development of specialist roles in primary care such as nursing associates and physicians associates. We will also to continue discussions with STP partners on encouraging the promotion of careers in general practice to local schools and educational establishments.

Commitment 5: Developing the Team

This commitment will be led by the CCG's GPFV Project Manager and Head of Primary Care and Localities, working with NHS England's Sustainable Improvement Team and delivery partners, such as Qualitas who are implementing the Productive General Practice Programme for us in Gloucestershire.

We will also work with GDoc, the LMC, our local NHS England Team and the wider GPFV Project Team in designing future training, development and specific events, such as GPFV and Locum GP learning days.

Oversight and Governance of this Strategy

This Strategy forms part of our wider Primary Care Strategy and therefore comes within the same formal oversight and governance arrangements described within that document.

This Strategy will be presented to the Primary Care Operational Group in the first instance as the oversight group for the Primary Care Education & Workforce Steering Group. They will help inform the product through its development before it is presented to the Primary Care Commissioning Committee (PCCC). The PCCC will then review and provide feedback on the Strategy prior to recommending it for approval to the CCG Governing Body.

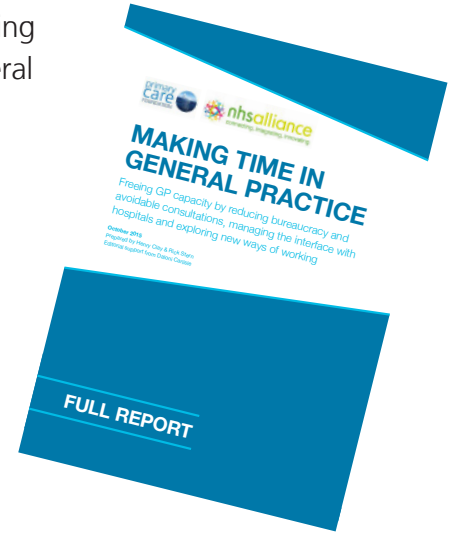
Once approved, operational delivery will be through the Primary Care Education and Workforce Steering Group with regular progress reported through the Primary Care Operational Group and frequent oversight by the PCCC.

As the Primary Care Strategy is a key enabler of the STP, progress against this Primary Care Workforce Strategy will also be reported to the STP Workforce and Organisational Development Strategy Group and the STP Delivery Board.

The Local Medical Committee (LMC), who has supported the development of this Strategy, will be kept informed of progress and we will continue to work with them as a partner through implementation.

Anticipated Impact

The seminal report by the NHS Alliance and the Primary Care Foundation, 'Making Time in General Practice' (Clay & Stern, 2015), laid the foundations for the General Practice Forward View. The study of over 5,000 appointments across 56 GP practices concluded that, if a range of measures were undertaken, 27% of appointments were potentially avoidable for GPs, if other – more appropriate – support mechanisms were in place for patients. While some of these were not attributable to categories (e.g. 'other' and 'no response from the service') that we could consider, many were, giving an aggregated total of 22.5% we could actively target and which were considered in the development of this Strategy.



These, summarised and aggregated, measures included:

Recommended measures	Reduction in GP appointments
New / upskilled roles in primary care	6.5%
Promoting self-care / e-consultations	5.5%
Care navigation and social prescribing	4.5%
Preventing hospital generated workload	4%
More efficient normal test result provision	1%
Clear care management plans in place	1%

We established in Part 1 that, by 2020/21, given the impact of population growth by age band and increasing numbers of appointments – **before** known retirements were considered and the impact of 7 day services – we would need an additional 60 WTE GPs in Gloucestershire. At the current WTE to headcount ratio, would equate to 76 additional GPs if we 'do nothing'.

Utilising the assumptions from the 'Making Time in General Practice' study, through execution of this Strategy across all our practices by 2020/21, we should be able to negate some of this increase as follows:

If Gloucestershire applies:	WTE GPs 2020/21	Variance to 2017/18	HC GPs 2020/21	Variance to 2017/18
0% of interventions in all practices	400	61	512	78
25% of interventions in all practices	377	38	483	49
50% of interventions in all practices	355	16	454	20
75% of interventions in all practices	332	-7	426	-8
100% of interventions in all practices	310	-29	397	-37

These assumptions suggest that we could absorb the GP increases required for growing patient numbers and activity, including the 24 WTE known retirements and increases required for 7 day working, if we executed everything perfectly across the whole county, with new skill mix brought in, workload reduced and our workforce developed. In addition, we are working on GP retention initiatives that will further complement this work.

We are, however, realistic that some interventions will work really well for some patients, in some practices, but not for all patients, in all practices. Additionally, integrating a new skill mix into general practice, while finding the right balance of portfolio working for some roles within the STP – such as paramedics – will take time.

We are, therefore, aiming at a rate of 50% of all interventions being successfully implemented across all practices, as a pragmatic planning assumption.

With regards to nurses, utilising the above assumptions once again:

If Gloucestershire applies:	WTE GPs 2020/21	Variance to 2017/18	HC GPs 2020/21	Variance to 2017/18
0% of interventions in all practices	194	15	303	23
25% of interventions in all practices	183	4	286	6
50% of interventions in all practices	172	-7	269	-11
75% of interventions in all practices	161	-18	252	-28
100% of interventions in all practices	150	-29	235	-45

If we once again consider 50% as a planning assumption, with these interventions more likely to reduce GP workload more than nurses but with the actions outlined in Nursing Framework also supporting the recruitment and retention of practice nurses, then the requirements for staff across both traditional roles will change as follows:

Demand	WTE GPs	Headcount GPs	WTE Nurses	Headcount Nurses
Population and activity growth	61	78	15	23
LESS: impact of interventions	-45	-58	-22	-34
PLUS: Improved Access impact	13	17	-	-
Indicative change	29	37	-7	-11
PLUS: recruitment for potential retirements	11	14	65	104
Total indicative recruitment required	40 (12%)	51 (12%)	58 (31%)	93 (31%)

Clearly, given the lack of local activity data and assumptions utilised and explained earlier, these figures can only be indicative. However, they provide a basis on which to build a plan and trajectory to measure with the informatics available as a result of the work we will undertake within Commitment 1.

Testing these assumptions, the GPFV committed nationally to an increase of 5,000 GPs, representing an increase of c.12%. This is in accordance with our findings and minimum commitments and therefore provides a sound basis on which to plan our GP workforce need.

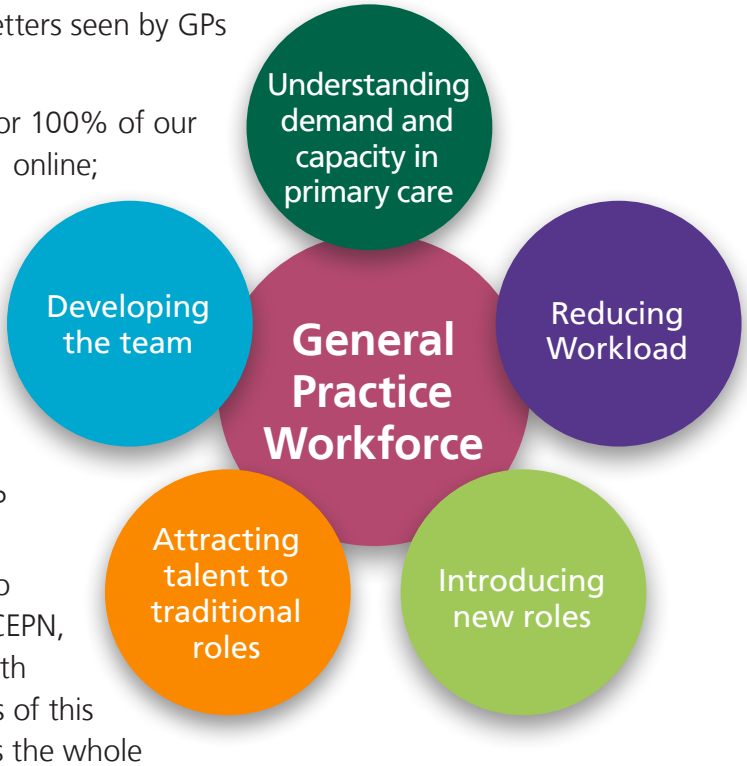
Conclusion

The workforce challenges facing the whole NHS, and especially primary care, are well documented and frequently in the headlines. This Strategy sets out what we are going to do in Gloucestershire to address this and the means by which we will do so.

We have already made an encouraging start; the shoots of recovery are beginning to appear. Before we wrote the Primary Care Strategy and embarked upon the work leading to the progress made so far, we had many practices in crisis, struggling to recruit and working ever longer hours. However, this has not been eradicated and the ageing nature of our workforce and the growing, and increasingly elderly, population will place ever greater demands on our practices. There is much more to do and we must not stop now.

We envisage that, in summary, by undertaking the five commitments set out within this Strategy to deliver by 2020/21, we will:

- Recruit an additional c.40 WTE GPs and c.60 WTE nurses to account for growing demand and likely retirements, a figure substantially reduced from that which would have otherwise been required by the other actions within this strategy including reducing workload, increasing new roles and retaining those GPs and nurses who may otherwise have left their careers through improving their working lives and environments;
- Continue to increase the number of clinical pharmacists working in general practice to c.45 WTE;
- Introduce c.30 WTE mental health workers working in general practice through joint working with the ²gether Trust. This will include increased understanding of and impact of local career pathways, considering the national challenges facing the mental health workforce;
- Working with our STP partners, recruit c.30 WTE other workforce roles in general practice, inclusive of physician associates, paramedics and physiotherapists;
- Ensure care navigation training has been undertaken and is working successfully in every practice with a patient-facing directory of services in place to support patients being directed to the most appropriate service for their need;
- Ensure clinical correspondence training has been undertaken and is working successfully in every practice, reducing letters seen by GPs by 80-90%;
- Have developed an online consultation offering for 100% of our registered patients that is integrated with NHS111 online;
- Have access to contemporaneous primary care activity and workforce figures for evaluation, analysis and future planning and to have a better understanding of patient flow across the whole STP.



Through production of this Strategy, we are demonstrating to our member practices and our STP partners our vision for a primary care workforce of the future. We will seek every opportunity we can to leverage the benefits of national programmes, our CEPN, and foster relationships across the STP, LMC, and with HEE and GDoc, in seeking to deliver all the elements of this Strategy to create a primary care sevice that benefits the whole

of our STP, but most importantly, our patients. We will aim to stretch these ambitions too, to move towards the BMA aspirations of an even higher quality service where GPs see fewer patients in a session than the current ratio. Through qualitative and quantitative measures, we will – at six monthly checkpoints – assess our plans against the anticipated impact to ensure we remain on track throughout the period to 2020/21.

On publication of this Strategy, we will develop detailed action plans and key performance indicators based on the five commitments, as we seek to create the exciting, rewarding, caring place to work that our primary care teams need and deserve in order to deliver the very best patient care they were trained to provide.

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Glossary

Listed below are some of the commonly used abbreviations used within this document, which are stated here in full for ease.

Term	Description
CCG	Clinical Commissioning Group
CEPN	Community Education Provider Network
Delegated Commissioning	The term used for when CCGs have taken over responsibility from NHS England for commissioning primary care services to provide
FYFV	Five Year Forward View
GCCG	Gloucestershire Clinical Commissioning Group
GCS	Gloucestershire Care Services
GDoc	Gloucestershire Doctors – an organisational of which Gloucestershire practices are shareholders delivering extended primary care services across the county
GHNHSFT	Gloucestershire Hospitals NHS Foundation Trust
GPFV	General Practice Forward View
HEE	Health Education England
STP	Sustainability and Transformation Plan / Sustainability and Transformation Partnership
WHO	World Health Organisation
WTE	Whole Time Equivalent (i.e. equivalent hours to full time, calculated as 37.5 hours a week)