

Q&A: Effective Workforce Planning in Primary Care

Q1. Shouldn't workforce planning be more integrated with estates planning? It is immensely frustrating that we cannot utilise the whole of our ARRS budget because we have no space for the extra staff, and are told there is no funding available to assist with that? I do understand that remote working can be used but it is not the only answer

Workforce planning should never be seen in 'splendid isolation' it should be integrated, therefore planning for your workforce and estate would make for natural bedfellows.

Q2. I agree with previous issues raised re recruitment/estates/changing current business processes and delivery of same - who is identifying health and wellbeing needs of our populations in the first place? I have not yet seen any needs analysis findings to influence all of the above.

This information is readily available from sources such as:

- [Public Health Profiles](#) (PHE)
- [Office for National Statistics](#)
- [Population Health and the Population Health Management Programme](#) (NHS England)

Additionally, your local CCG will be a source of information.

Q3. Should PCNs be considering using estates in a more imaginative way across the network, e.g. delivering clinics from dental surgeries, community pharmacies and other community assets?

Our advice would be to never rule anything out at a planning stage; working through options robustly will help identify its viability.

Q4. How can we enable ACPs to sign sick notes and undertake death certification etc? There does not seem to be a lot of action in trying to push forward ACP restrictions that prevent them completing episodes of care.

Work is underway to enable First Contact & Advanced practitioners to sign sick/fit notes. Only First Contact & Advanced Practitioners that have been verified by the HEE Centre for Advancing Practice and that have completed the online training will be able to do this as it is important to ensure that practitioners meet a standard.

Q5. What effect will this have on Continuity of care?

Good workforce planning is about ensuring sustainability of our workforce to deliver the required levels/standards of care; if we get it right then we should enhance Continuity of Care.

Q6. Would there be any involvement from social care in this?

As mentioned in the webinar there is a need for any workforce plan to consider who the key stakeholders are; would suggest for many workforce plans in primary care, social care would be an important group as would the voluntary sector!

Q7. How can we successfully map the current workforce in primary care, there are obviously some difficulties specific to primary care in achieving this, with so many organisations / practices and variations in roles and titles etc.? I am in the position where I need to try to do this locally from an ACP perspective and would welcome any thoughts on this.

There is now a national workforce requirement for practices to input their workforce data into the National Workforce Reporting System which helps you to start somewhere; whereby you can pull down reports at PCN Level. When Skills for Health has worked with PCNs we have helped to capture reliable and relevant data using bespoke workforce surveys to deal with some of the local variances and then help to use the information as a basis for workforce planning.

Various ACP frameworks are now in existence for primary care which identify capabilities required to work at an advanced level. The ACP primary care Nurse Framework has a range of portfolio tools to support this process. <https://bit.ly/32rc2sy>

The HEE Centre of Advancing Practice will also support the process of verification of capability by offering a portfolio route.

This document may also be useful to you [Wessex LMC Multidisciplinary Framework for general practice](#). Don't let the quest for perfection (the perfect data set) stop you from doing 'something'. Workforce planning by its nature is a cyclical and iterative process.

Q8. Coming from a nursing perspective, but appreciating the requirements of other professional groups, how can primary care colleagues be supported to accommodate and support student nurses on work placements, given the other challenges they face?

I think we have got to change the cultural mindset here, rather than seeing supporting pre-reg etc students as a burden we should see them as our supply pipeline. As we increase our training intake we need to provide more practice placements. We will need however, to become more innovative in how we support employers and students have a great experience in primary care.

Training hubs have been working hard to provide more undergrad placements in primary care. Mentors are needed in practice to support this and time needs to be given to ensure the student has a varied and worthwhile placement.

Q9. Where do you see the engagement of recruitment agencies being a solution to the challenges raised here across all disciplines?

Agencies that help with short-term/temporary recruitment aren't going to go away, but I think long-term we'd wish for a world where they're the last resort as opposed to our day-to-day crutch. I Think dialogue with agencies where they can identify sources of the right staff that employers cannot do, so easily, should be encouraged but with the caveat of seeing clear and objective return on investment.

Q10. What new roles are envisaged in Primary Care given the changes that have occurred recently in primary care

A number of particular roles have been identified as part of the additional roles re-embursment scheme and we suggest you look here for further info' [HEE New Roles in Primary Care National Toolkit](#).

Q11. Are there going to be incentives for nurses in general practice as with the doctors there are few of us and lots coming up to retirement.

I think PCN's will have to consider lots of issues around this point; recruitment and retention premia is an answer but we've got to think about how we create the environment whereby staff want to come and work here that's not just related to pay.

Work is underway on a career & capability framework for nurses in primary care/general practice. This will identify career opportunities in primary care for the nursing profession. Primary care needs to be promoted as a career option to student nurses via undergrad placements. Opportunities now exist for the wider nursing family encompassing adult, mental health, learning disability and children's nursing.

It may also be helpful to look at supporting 'portfolio careers' so that nurses (& others) can reduce their patient facing role but develop roles in education/supervision, service development, QIP, research, leadership etc.

Q12. In relation to pre reg student nurse placement we need to encourage practices not to exclude as they already have GP trainees, we need to advocate primary care as an option for once qualified

Agreed and we need to think about how we challenge the resistance and point out that without showcasing the fabulous world that is primary care we are turning off a vital supply tap.

Not only not to exclude, but to ensure the experience in primary care is positive; many anecdotes of students rejecting primary care because of poor their placement experience. Ulti If we want to encourage people entering our professions to work with us in primary care; a positive learning experience in action goes a long way to making primary care an attractive role of choice.

Q13. Is your option C really feasible? Its reads well but is Utopian as you cannot flex staff and roles on the fly. You have to employ for a defined period and are then forced to work with what you have. Constantly changing requirements at National level disrupt the ability of practices to respond in a timely way.

The reality is we are working on improving/sustaining the engine of the car whilst we are still on the Motorway. Workforce transformation is not a switch on/switch off process but happens over time where you move from/move to. Workforce planning and development and delivery in 2020 requires us to be more flexible, agile, resilient, and fit for the 21st century living and challenges as experienced during COVID.

Q14. One small setback with recruitment, particularly newly qualified members of staff, is that they are not primary care ready so require resources and time to train up but are being paid at a higher level. Is there a plan that can help support practices and newly qualified staff in a similar way that trusts can support large cohorts?

See comment above re nursing career framework.

Work around fundamentals programmes across the country to support newly qualified nurses prepare for working in primary care. New roles including pharmacy technicians are being supported

Please engage with your local training hub re what is needed in your area – hopefully, they could provide/facilitate peer support to staff in primary care

Work is also underway to increase the number of trained supervisors in primary care to support the multi-professional team.

Q15. We have real problems with recruitment and retention in Shetland and would like to know if you have any advice on how to overcome the tax issue regarding travel and accommodation to the islands. Temporary workers are currently taxed on travel and accommodation to the islands through P11D process which makes the assignments even less appealing.

This illustrates the obstacles presented to implementing workforce strategies which can be difficult to factor in and influence. Sounds like this is a political issue which requires application of political pressure to address.

