



Norfolk and Waveney Integrated Care System

Primary Care Workforce Strategy 2022-2025

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Approvals

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Contents

1. Executive Summary	5
1.1 Primary Care Landscape	5
1.2 The new national NHSE/I & HEE headline for workforce.....	5
1.3 #WeCareTogether – the Norfolk and Waveney Workforce strategy for our people working in health and care.....	6
2. Primary Care in Norfolk and Waveney	7
2.1 Practices and Primary Care Networks	7
2.2 Fuller report – future of Primary Care Services.....	7
2.3 Our geography.....	8
2.4 What can we expect in the future?.....	8
2.5 What challenges does this bring to service delivery?	8
3. Workforce overview	9
3.1 Workforce data	9
3.2 Additional Roles in Primary Care.....	10
3.3 Supply – GPSTs, AHP and other non-clinical roles	10
3.4 Clinical Leadership	11
4 Workforce challenges	12
5. Our vision for the primary care workforce	14
5.1 Our foundation – transformation to date	14
5.2 Norfolk & Waveney 2022-25 Primary Care Plan.....	15
6. How will we do this?	18
6.1 System Wide and Place Based Approach	18
6.2 Primary Care Workforce Planning	19
6.3 Education and Training	19
6.4 Placements	20
6.5 Sustainability.....	20
6.6 Communication and Stakeholder Engagement.....	20
6.7 Digital innovation	21
6.8 Development of Systems.....	21
6.9 Clinical leadership.....	21
7 Our Primary Care Workforce Transformation Team	21
7.1 Team structure.....	22
7.2 Governance and operating model.....	22
Appendix A - Detailed delivery plan.....	24

Primary Care Workforce Strategy 2022 - 2025

1. Executive Summary

1.1 Primary Care Landscape

The NHS is facing the biggest workforce challenge to date, and this has never been truer for primary care. Nationally, all primary care services, including general practice are facing ever greater challenges due to workforce shortages, an increasingly complex workload, rising public expectations, and working alongside multiple health and care providers as part of an Integrated Care System. In addition, more locally in Norfolk and Waveney, we face constraints to recruitment across all professional groups due to our unique geography, but in understanding these challenges and constraints we will be able to develop our system plans to transform our approach to recruitment and retention.

The timing of this Primary Care Workforce Strategy and Plan is critical. We have an opportunity as a newly formed Integrated Care System (ICS) to adopt a whole system approach to ensure a happy and healthy workforce for the present and future.

1.2 The new national NHSE/I & HEE headline for workforce

The new national NHSE/I & HEE headline for workforce is *“Our overarching aim is to maximise supply and retention of a talented workforce to deliver services for the future: more people, working differently, in an inclusive culture”*.

Health and care services in Norfolk and Waveney have been working together closely over the past few years to improve services and provide more joined up care for local people. But we need to do much more of this, and at pace. Our staff across health and social care are key in bringing about this change and moving forward we need to improve the way in which we engage and listen to what’s working well, what can be improved, and empower people to lead the change required.

Creating a transformational workforce plan for the primary care workforce 2025 is critical to stabilise primary care services in line with our ICS strategic objectives for our population. These challenges need to be tackled on all levels within the ICS: at system, at Place, in developing Primary Care Networks (PCN), and in general practice.

This document describes why we need a workforce strategy, our vision for primary care workforce in the future and how Norfolk and Waveney ICS will

work with partners to ensure Norfolk and Waveney is the best place to work in health and care.

1.3 #WeCareTogether – the Norfolk and Waveney Workforce strategy for our people working in health and care

This primary care workforce transformation plan is directly linked to #WeCareTogether Norfolk and Waveney ICS People Plan 2020-2025 for all health and care workforce. #WCT was launched in 2020 following engagement from over 1,200 people. Norfolk and Waveney were the first system to launch [our plan](#) after the national NHS People Plan and we were recognised nationally for this.

The four pillars of #WCT are set out below and this plan for Primary Care Workforce will map across accordingly:

- Creating new opportunities for our people;
- Promoting good health and wellbeing for our people;
- Maximising and value the skills of our people;
- Creating a positive and inclusive culture for our people

Supporting our people to deliver the best care as part of multidisciplinary teams will improve the working lives of our workforce, and support our local populations to receive high quality, personalised and compassionate care. We need to use every opportunity to make Norfolk and Waveney the best place to work and create a workforce transformation plan that supports variation in primary care at Place, PCN and practices.

The approach taken also reflects and responds to the workforce profile of primary care teams recognising the important of growing our own, attracting talented individuals, and supporting people to remain in our workforce. This plan for workforce in primary care is dynamic as it will evolve, in line with the development of the Norfolk and Waveney ICS. In particular, bringing dental, pharmacy, ophthalmology and social care in more depth once the ICB assumes responsibilities during 2023/2024.

Building on #WCT, our focus is on transforming and delivering a more innovative approach to supporting the primary care workforce includes the pivotal role of the Primary Care Workforce team.

Through the Primary Care Workforce team, we will support workforce planning, recruitment, and retention, providing opportunities to all for education, training, and development of the whole primary care workforce.

This Strategy document will be updated in May 2023 to reflect the transfer of responsibilities for other primary care services (dental, pharmaceutical services and optometry) to ICBs. Support from Primary Care Workforce team is already available to community pharmacy and is described in detail within the Community Pharmacy Workforce plan (2022) which also forms part of the ICS People Plan.

2. Primary Care in Norfolk and Waveney

2.1 Practices and Primary Care Networks

General practice in Norfolk and Waveney comprises 105 General Practice contractors, all of whom work independently from each other, these are all members of one of 17 Primary Care Networks (PCNs) who are all at different stages of maturity and development. They may also work in collaboration with local general practice provider organisations and GP federations.

General practice provides more than 80% of urgent care in Norfolk and Waveney and therefore an essential and critical element of the ICS partnership. The nature of how general practice services operate provides opportunities as well as challenges in determining how the ICS can support their workforce. The development and maturity of PCNs is dependent on closer integration and collaboration with all primary care services, secondary and tertiary care providers, as well as collaboration with our VCSE and local communities.

2.2 Fuller report – future of Primary Care Services

The vision described in the Fuller Report is for a fully integrated primary care incorporating the four pillars of general practice, community pharmacy, dentistry, and optometry across all systems. At the heart of this report is a new vision for integrating primary care, improving the access, experience and outcomes for our communities, which centres around three essential offers:

- streamlining access to care and advice for people who get ill but only use health services infrequently: providing them with much more choice about how they access care and ensuring care is always available in their community when they need it
- providing more proactive, personalised care with support from a multidisciplinary team of professionals to people with more complex needs, including, but not limited to, those with multiple long-term conditions
- helping people to stay well for longer as part of a more ambitious and joined-up approach to prevention

As primary care commissioning changes come into effect from 1st April 2023, which will include Optometry, Dentistry and Community Pharmacy. We will use the themes from this plan to enhance support for transformation in these areas.

2.3 Our geography

Norfolk and Waveney has a unique geography potentially impacting on recruitment and attraction of new workforce to the area. Norfolk and Waveney is the furthest easterly point in the East of England region, with vast coastline and a mix of rural and urban landscape.

2.4 What can we expect in the future?

- The pandemic has changed the way in which we think about health & care delivery
- Greater integration of health and social care
- New care models with increased focus on multi-professional working and community-based care
- Ongoing development of primary care working at scale
- Increased funding pressures
- More complex service users with higher expectations
- Digital technology changing the way primary care operates, staff interact with each other and how patients interact with services
- Patients take greater self-management and understanding of their health and care needs
- Significant staffing pressures arising from an aging population and insufficient numbers choosing careers in health & care
- Resilience of general practice is unstable in many areas
- More positive, collaborative, and integrated approaches to care and workforce planning are emerging
- Increased patient expectations about how and when care is available

2.5 What challenges does this bring to service delivery?

- Development and maturity of PCNs varies which makes transformation at scale complicated
- Community Pharmacy not being fully integrated within a system approach to support urgent care provision and signposting for right care, right person, right time
- Funding determined annually, preventing forward planning or step-change
- Funding is also disproportionately allocated favouring NHS Providers and general practice over Social Care, and Voluntary sector
- Data is limited, inconsistent & provides minimal insight or assurance
- Increasing pressures on staff time leading to inequity in learning opportunities

3. Workforce overview

3.1 Workforce data

Norfolk and Waveney has an aging GP and nursing workforce. 27.2% of our GPs, 33.8% of our GPNs, 25.7% of direct patient care roles and 30.2% of our non-clinical staff roles (i.e Admin) are aged >55years.

Workforce data tools are dated and use multiple data systems, therefore quantifying the data quality will continue to be reviewed. In recognition of our workforce profile and anticipated challenges to replace leavers and increase workforce in line with increasing demand, our general practice workforce model has evolved over the last 5 years with support from national funding streams, education, commissioning, and fresh thinking from leaders supporting discussions around new ways of working and new roles.

Current workforce data shows (January 2023)¹:

	WTE	Headcount	Age	Gender split
GP	513	648	1.8% unknown 7.6% <34 yrs 31.7% <44rs 31.8% > 45 yrs 27.2% > 55 yrs	63% Male 37% Female
GP in Training Grades	130	133		
Nursing	449	617	2.2% unknown 1.2% <24 yrs 16.2% <34 yrs 19.8% <44rs 26.8% > 45 yrs 33.8% > 55 yrs	47% Male 51% Female 2% Other
Direct Patient Care	600	825	3.9% unknown 6.1% <24 yrs 22.3% <34 yrs 18.7% <44rs 23.3% > 45 yrs 25.7% > 55 yrs	6% Male 93% Female 1% Other
Additional Roles	364*			
Admin	1742	2333	1.9% unknown 11.1% <24 yrs 18.2% <34 yrs 14.8% <44rs 23.8% > 45 yrs 30.2% > 55 yrs	9% Male 90% Female 1% Other

¹ Source: Health Education England's eProduct Intelligence Portal

*National and local NWRS claims portal, showing WTE variation. This is a national problem, currently looking to be resolved.

Unlike larger NHS provider organisations, we are unable to quantify vacancies within local practices currently. Vacancies are largely hidden as may be filled by alternative staff or locums.

National work is underway to improve workforce reporting, streamlining it for our practices and allowing the Primary Care Workforce Team to use data more effectively in workforce planning in future. In addition to workforce data on posts, we regularly undertake training need analysis, and have recently conducted a health and wellbeing survey for the first time to better understand the impact and opportunities for staff working locally.

3.2 Additional Roles in Primary Care

The growth and expansion of the new Additional Roles in Primary Care Networks has led to new ways of working in general practice through multi-disciplinary teams supporting general practitioners. The Additional Roles are wide and varied and each PCN will determine the skill mix best suited to meeting their population health needs and ability to recruit to the individual roles.

The ICS target for ARRS recruitment to end March 2023 is 379 WTE across all roles. To end of January 2023, 543.1 WTE are being claimed for by our PCNs, however there is variation across Norfolk and Waveney as to how successful PCNs have been in their recruitment.

The role of the Primary Care Workforce team in supporting this diverse workforce is critical for the stability and resilience of general practice and the development of Primary Care Networks.

3.3 Supply – GPSTs, AHP and other non-clinical roles

Retaining our newly qualified workforce and making N&W the best place for them to work in, is the most cost-effective way to ensure quality care is delivered by our staff and received by our patients.

This section sets out the learning group supply to Higher Education Institutions, per financial year, over the next 3 years. Our ambition is to maximise and value the skills of these people to grow and develop our future primary care workforce.

Learning Group (by Headcount)	22/23	23/24	25/26
Doctors			
GP Speciality Trainees	137 (33 projected to qualify)	149 (36 projected to qualify)	169 (41 projected to qualify)
Allied Health Professionals			
Nursing – General Practice	28	34	Information not yet available
Adult Nursing	3 Direct Entry, 15 NDA, 8 TNA	14 Direct Entry, 5 NDA, 16 TNA	14 Direct Entry, 5 NDA, 16 TNA
Physician Associates	25	28	30
Paramedics	48	62	60
Dietitians	18	31	32
Clinical Pharmacists	65	82	Information not yet available
Pharmacy Technicians	100	130	Information not yet available
Pre-registration Trainee Pharmacy Technician (PTPT) Integrated Training Pilot	39	13	4
First Contact Physiotherapist	250	280	Information not yet available
Occupational Therapists	Information not yet available	Information not yet available	Information not yet available
Dietitians	Information not yet available	Information not yet available	Information not yet available
Training Nurse Associate	9	15	25
Non-Clinical			
General Practice Assistant	2	Procurement underway by Health Education England	Information not yet available by Health Education England

3.4 Clinical Leadership

Across our system we have a range of formalised leadership roles, ranging from practice level (managers, GP partners) to PCN (Clinical Directors) to those involved in system activities such as education and commissioning. Our leaders largely balance these roles in addition to substantive posts in General practice which provides a challenge for sufficient time and capacity. With our aging profile, this also presents the risk of loss of organisational memory through retirements, but also provides the opportunity for us to support the development of new leaders and fresh thinking.

4 Workforce challenges

Like many other parts of the country, Norfolk and Waveney faces challenges in recruiting appropriately qualified staff across health and social care services, with vacancies in a variety of jobs, from consultants to care assistants. However, historically this has been compounded in N&W by our geographical landscape, in particular:

- i. Newly qualified GPs study in the area but leave, attracted to larger cities
- ii. GP partnerships declining numbers, which has a destabilising impact on practices
- iii. A significant number of experienced staff, GPs and general practice nurses will reach retirement age in the next few years. This impacts not only on delivery of services, but our organisational memory, leadership, and placement capacity to support good quality learning environments
- iv. Significant vacancies in community pharmacy are also impacting the delivery of general practice business as usual and in development of PCN services.
- v. 51% of general practice staff is made up through non-clinical roles. Only 11% of non-clinical staff are under the age of 25 years, where 54% are the over the age of 45 years. Recruitment challenges seen across the area due to increase patient abuse and this has resulted in a loss of organisational memory.

Following the pandemic, we are starting to notice changes in lifestyle choices and hope that we will start to recognise opportunities to attract and retain trainees and experienced staff from outside of Norfolk and Waveney who are now more attracted to the work life balance offered by a rural and coastal system over densely populated urban areas.

Our other challenges are complex and vary across the ICS. These have been themed against our workforce transformation priorities:

Creating new opportunities for our people

- Increased competition from outside the health and social care sector offering job opportunities
- Varying and evolving expectations from generations of current and future workforce with very different expectations for work life balance, flexible working, career development, and remuneration/benefits
- Rapid expansion of multi-disciplinary team planning with a lack of new recruits moving into Norfolk and Waveney or being grown locally
- Development of Place-based operational delivery and commissioning is driving changes which may unsettle staff initially
- Challenges with international GP recruitment – high levels of resourcing with a minimal return

- Career pathways vary and largely lack a system wide or PCN perspective
- The 'Educator' career is undervalued & pathways unclear

Promoting good health and wellbeing for our people

- 20% post Covid retirement flight risk
- General practice sustainability and resilience impacts on the wellbeing of our workforce
- Increasing pressure from patients for appointments
- Increases in sickness and absence levels, correlation to increasing service pressures and resulting from the pandemic
- The cost-of-living crisis, and the impact of the pandemic is impacting people's health and wellbeing – physically, mentally, financially, and socially

Maximising and value the skills of our people

- PCNs in different stages of development and maturity with varying approach to support Additional Roles and workforce development which impacts on recruitment and retention of staff
- Lack of mid-career opportunities for professional development
- Risk of reduced education and development capacity to support development of staff. This includes access to levy to fund apprenticeships, release of staff for development (outside of statutory and mandatory training), estate space to accommodate learners, processes for effective appraisal and development discussions, and aging profile of our educators, mentors, and supervisors.
- Rotational workforce models are yet to be fully developed between primary care and other system partners
- We have an aging profile of educators, particularly in General Practice which poses a risk for placements and expanding learning opportunities

Creating a positive and inclusive culture for our people

- Our colleagues from ethnic minority backgrounds have disproportionately lower access to education, training, and career development²

A recent ICS Health and Wellbeing survey (2022) for primary care staff across Norfolk and Waveney highlighted the following:

- Over 60% of primary care staff feel “worn out at the end of the day” and 25% feel their home life is impacted

² Workforce Race and Equality Standard (WRES)

- Burnout levels are moderate and lower than primary care nationally however 20% suffer “high” burn out rates levels including 100% BAME staff and 25% of managers/leaders
- 50% of staff have come into work in last 3 months despite feeling unwell although there is no evidence that staff are pressured into coming to work
- 20% of staff have indicated they are likely to leave in next 12 months although this is lower in Norfolk and Waveney than in other parts of the NHS locally
- Unacceptable high levels of harassment by the public, significantly above local NHS Trusts
- Workplace bullying appears highest in GP staff with 20% of staff concerned about the issue and only moderately satisfied with support they receive
- 85% of staff feel their role makes a difference to patients/service users
- Staff value their work but want greater recognition and involvement in how its done; 40% of staff are dissatisfied with the influence they have over their roles although it is lower (20%) for those delivering direct patient care
- Primary care staff enjoy mature, supportive relationships, but want more focus on their health and wellbeing

Our workforce challenges are not new however the scale of our challenge is increasing. No ‘one’ provider can resolve the workforce challenges and it requires all the partners within the system to work through current and future challenges together to see how system level solutions can also enhance primary care workforce planning, training, and education plans.

5. Our vision for the primary care workforce

5.1 Our foundation – transformation to date

Since the last workforce strategy was produced in 2019, workforce in general practice has changed significantly. The Primary Care Workforce team has had to adapt and refresh its objectives as a result in order to support recruitment, retention, education and training; and to build relationships across the ICS with different teams and organisations within the ICS to represent and highlight primary care as a critical partner within the system.

Primary Care Networks have been created with the development and expansion of multi-disciplinary team working through the creation of the Additional Roles Reimbursement Scheme (ARRS). There has also been a significant increase in Allied Health Professionals involved in direct patient care, not employed through ARRS.

- GP workforce has changed as well with a decrease in the number of full-time equivalents and a move to greater part time working.

- GP in training grades have increased from 94 FTE to 130 FTE
- Nursing workforce has increased slightly but with a shift towards part time working
- Direct Patient Care roles have increased significantly in the past three years through the recruitment of healthcare assistants, dispensers, pharmacists, phlebotomists, paramedics, physician associates and apprenticeships
- 37 Fellowships in total offered to GP's, ANP and Physician Associates
- 59 Clinical apprenticeships in nursing and pharmacy
- 14 Admin and Management apprenticeship
- Increased the number of GP educators and learning organisations
- GP Careers Plus has supported 61 GPs
- 81 staff supported by Return to Work
- Reintroduction of Schwartz rounds after pausing for Covid
- Growth in admin and clinical apprenticeships, trainee nurse associates, pre-registration pharmacy technicians
- Training needs analysis completed for CPD 2022 & 2023 plans
- Directory of education and training resources created for primary care to access
- 47 New GP Partners supported on national New to Practice Partnership programme
- 19 New GP partners support through the local New to Partnership Model

As a result of the Health and Care Act, the Norfolk and Waveney ICS has legal status which provides a new and exciting way of creating a genuine partnership that will make a positive difference to local people and help join up health and social care. Working together in partnership, we can really improve the health and wellbeing of people in Norfolk and Waveney and support our brilliant front-line staff.

The ICS has successfully created health and wellbeing leads to support the whole primary care workforce and there is a wide range of support to the workforce available both nationally and locally, including coaching.

The Primary Care Workforce team will build upon these successes to support the general practice workforce and build resilience in primary care.

5.2 Norfolk & Waveney 2022-25 Primary Care Plan

To meet patient, need and changing demands over time, including more complex cases and long-term conditions, as well as acknowledging the changes to how patients consult with increasing technology at our fingertips, the make-up of the general practice team must evolve. We have already seen the adoption of the new ARRS roles in general practice, successfully shared across PCNs to support clinical capacity as well as adding new clinical capability. We need to support our general practice and PCNs to build on this,

working collaboratively to be more innovative in recruitment as well as retention.

In Norfolk and Waveney, we recognise that general practice underpins the foundation of our maturing PCNs. Investing and supporting these multi-disciplinary teams through PCNs will help to ensure that people receive more joined-up and coordinated care, near to where they live, from primary and community health and care services. They will be responsive to the characteristics and needs of their local populations.

Further to our vision for PCN multi-disciplinary teams and reiterated by the Fuller Report (May 2022), integrated teams are at the heart of local communities, embracing a population health approach to improve the health and wellbeing of the local population; working in partnership to address health inequalities through the Core20plus5 approach.

Maximising the opportunities for enabling an integrated and collaborative approach to PCN development and maximising the skills of the whole primary care workforce, enabling and signposting patients to receive right care, right time, and right person.

5.1.1 System collaboration

Our focus, attention and energy must be directed to support the development of the new model of the general practice team. But this cannot take place in isolation, we need to work across all partners of the ICS to maximise opportunities for the workforce and ensure that one part of the health service is not promoted to the detriment of another.

Through collaboration with system partners, working across organisational boundaries, we can tackle shared workforce challenges, be innovative and offer the workforce a unique approach to career development and progression in respective professional fields to create a stable, resilient, and healthy primary care workforce.

Using the framework of #WeCaretogether and opportunities to embed transformation at scale, our plan will:

Create new opportunities for our people

- We will take a system-wide approach to workforce planning and ensure equal opportunity for all learners, but also recognise the critical importance of Place and delivery at local level, and make the most efficient use of all resources, while embedding quality of care through consistent standards across health & social care
- We will support primary care to recruit and retain their staff, providing support for their health and wellbeing, training, education, and professional development. We will create an environment that supports

the expansion of placement capacity in Norfolk and Waveney
encouraging and supporting new educators to emerge

- We will provide the organisational framework to encourage and support primary care to grow our own staff, actively raising awareness in schools and colleges across Norfolk and Waveney about the wide range of skills and roles within health and social care, encourage and support apprenticeships and professional development pathways (e.g., TNA to nurse to ANP)
- We want our people to remain in roles across our health and care organisations and we will support people to move across those boundaries more flexibly
- Technology developments improving the quality, flexibility, and cost of learning
- Recognising variations in both career aspirations and learner needs
- expansion of PCN and at scale service delivery through employment of a multi-disciplinary clinical workforce beyond March 2024
- Enable successful recruitment to a multi-disciplinary primary care workforce
- Support opportunities for working at scale within PCNs and enable PCNs to collaborate and with system partners and at Place
- Support a GP partnership model where appropriate, through a localised incentive scheme

Promote good health and wellbeing for our people

- Ensure a sustainable Health and Wellbeing offer to the whole workforce
- We will continue to provide timely and appropriate access for health and wellbeing resources to our people
- We will continue the work of our health and wellbeing champions, providing opportunities to hear from our people, provide safe spaces to raise concerns, and act upon feedback
- We want to promote good health and wellbeing, flexible working and recognise the importance of work / life balance

Maximise and value the skills of our people

- Enable the development of a workforce in primary care to deliver the vision for integrating primary care, improving access, experience, and outcomes for our communities
- We want to enable people to continue to learn new skills throughout the lifetime of their career and achieve their ambitions
- Our education vision is to equip everyone working in primary care with the right knowledge, skills, and values to deliver outstanding, evidence-based, person-centred care, now and in the future.

- We will support primary care to be the very best by delivering education flexibly, collaboratively, and embracing technology to allow you to learn in the way that best suits a multi-disciplinary primary care workforce.
- Improve retention across Norfolk and Waveney on a system wide basis, not just in primary care
- Increase placement capacity and educators

Create a positive and inclusive culture for our people

- Our people are our most important resource, as stated #WCT, recognising the value primary care workforce bring to the Integrated Care system.
- We will endeavour to create more diversity in our workforce and to support all learners to fulfil their potential.
- A focus on creating diversity in our staffing
- Recognise the importance of the Fuller report vision in creating a truly integrated workforce

6. How will we do this?

6.1 System Wide and Place Based Approach

It has never been more important to pull on our collective expertise and experience to share the workforce challenge facing our ICS. We understand the importance of working at various levels of scale, across system, place, PCNs, neighbourhoods and practices. We want to support general practice to work collaboratively and to develop an integrated approach across primary care and PCNs as part of a longer-term solution to workforce development.

As a system and a priority, we must strengthen our plans to grow our own workforce, develop and implement rotational workforce models, secondments, and movement of workforce across all organisations where possible and necessary to retain the workforce within Norfolk and Waveney. To develop and provide the organisational development framework to enable this to happen to support recruitment and retention of individuals within Norfolk and Waveney.

We will utilise our links with all our partner universities and colleges to plan for and develop the primary care workforce of the future through innovation and alternative learning and education pathways to support and encourage individuals to find the career pathway of their choice.

We will work in collaboration with schools, colleges, and academies to identify the workforce of the future, raising awareness and understanding of the diversity and varied roles in primary care, and in creating the opportunities for work placements.

We will recognise the different challenges at local level at Place, partner with local organisations and develop localised plans according to need.

6.2 Primary Care Workforce Planning

- Understand the workforce needs of the future
- Support general practice to recruit, expand, educate, and develop their multi-disciplinary clinical and non-clinical workforce
- Support PCNs and their provider partners to undertake effective multi-disciplinary clinical and administration workforce planning to inform ICS, regional and national workforce plans, to help find which roles best meet the needs of patients and PCN population
- Help embed new staff into roles through the Additional Roles Reimbursement Scheme by developing an Organisation Development Framework and induction to primary care
- Create career pathways that will support a multi-disciplinary workforce regardless of their educational start
- Flexibility – support an inclusive approach to workforce recruitment and retention, increasing diversity

6.3 Education and Training

- Understanding our workforce training and development needs and create a framework to support a changing general practice workforce environment
- Work in collaboration with system education leads to ensure a system wide consistent approach and in creating efficiencies of scale
- Deliver a consistent training opportunity across primary care and professions to support the achievement of population health and learner needs, and supporting the management of health inequalities with reference to Core20plus5 approach
- Provide and/or support education and training supporting workforce retention programmes
- Utilise our Ambassadors and clinical infrastructure roles to identify training and development needs for Allied Health Professional roles and encourage peer to peer networking
- Utilise our GPN Development Lead role to identify and develop a career structure for the nursing profession from apprenticeships to senior leadership roles providing support through education, learning and mentorship
- Supporting the development of primary care professionals in autonomy, belonging and contribution

6.4 Placements

- Enable our Quality Attainment leads to actively work with practices and PCNs to develop placement opportunities and with educational providers to find placements which meet the needs of learners and programmes
- Clinical Learning environment development
- Work with educational providers and HEE quality team to ensure all placements meet appropriate professional standards required and are aligned to HEE quality framework, enabling learners to develop the capabilities required
- Increase placement capacity in general practice by using placements in Primary Care Networks as a development opportunity
- Create opportunities for apprenticeships and on the job learning, providing the system level framework that encourages uptake in primary care
- Grow, support, and develop our Fellowship programme for newly qualified and mid-career clinicians sharing learning and achievements

6.5 Sustainability

- Ensure use of annual funding secured through HEE and NHSE is agreed by the ICB's Primary Care Commissioning Committee and appropriately used for primary care education and training and is overseen by effective governance
- Establish appropriate and flexible primary care education infrastructure which includes leadership, educator, and programme management roles

6.6 Communication and Stakeholder Engagement

- Have a clear and proactive communication strategy that articulates the Norfolk and Waveney vision for primary care workforce planning and education working across an ICS footprint
- Have a clear engagement strategy that sets out how we will engage with the whole primary care workforce and other key stakeholders to better understand their training and development needs to support retention plans
- Help patients to understand how different roles within general practice can support their individual care needs including how they can manage their own health and seeking the correct help
- Engage with health education institutes to develop programmes to support recruitment, retention, and development of career pathways

6.7 Digital innovation

- Empower our workforce to use technology to enhance and support their working lives to reduce duplication and streamline processes
- Create an accessible Library and Knowledge Sharing environment
- Use innovation in online training and educational development
- Use of social media to maximise opportunities to engage with the whole primary care workforce to understand their needs for education, training and health and wellbeing support

6.8 Development of Systems

Ensure that appropriate resources are in place within the Primary Care Workforce team and fully supported to develop workforce plans and to provide a level of education and training, in a consistent manner, for primary care.

The Ambassadors and Clinical Infrastructure in the Primary Care Workforce team have a critical role to play in understanding the role needs and in helping to shape and develop the workforce of the future. The ICS has an important role in supporting them through a clinical network to successfully deliver these objectives.

6.9 Clinical leadership

We will support leaders in primary care to develop their leadership capabilities. Our aim is to value and support the leadership at all levels and ensure lifelong learning in primary care, supporting inclusion and belonging for all, creating a great experience for staff. This will be through using innovation to provide high quality learning.

Professions in primary care can differ a lot in how much structure, progression, choice, and expectations around leadership development are built into roles. Primary Care Workforce teams have an important role to play both in attracting primary care staff into leadership roles and creating structures through which emerging leaders could find support, development, and encouragement. These leaders can help support and develop the workforce of tomorrow.

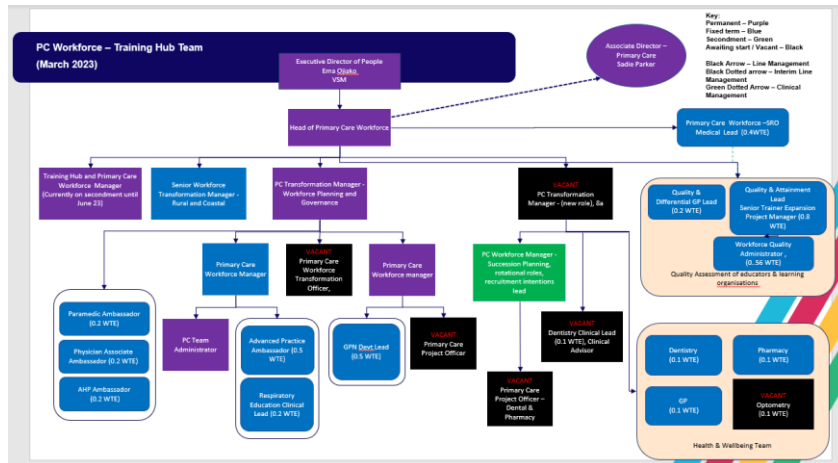
We will align to the Norfolk and Waveney Clinical Care and Professional Leadership Strategy and encourage our primary care leaders to innovate, and to work together to improve our services.

Further details are described in Appendix A.

7 Our Primary Care Workforce Transformation Team

7.1 Team structure

Over the past year, the Primary Care Workforce team has had to adapt and develop in order to support recruitment, retention, education and training of a multi-disciplinary general practice workforce. The team has been successful in recruiting both to the clinical infrastructure and ambassador roles as well as the administrative and management team.



7.2 Governance and operating model

The governance framework reflecting the key formal reporting relationships within the ICB and the engagement with strategic primary care is described below.



8 Close

Our Primary Care workforce team was embedded within the ICS Workforce Transformation team in September this year. The team has been refreshed, and now has a broad mix of skills, experience, and clinical roles across primary and secondary care. From October, the team will be led by our new Head of Workforce Transformation which sets the conditions for us to formally launch our Primary Care plan for 2022-25. Our communication and engagement plan, and updated governance structure will provide the foundations for the team to collaborate with our system partners to embed our vision.

Appendix A - Detailed delivery plan

#A system wide approach

Our Goals

To enable PCNs to develop to full maturity supported by a resilient and stable primary care workforce in general practice, encouraging working at scale model of care and integrated working with local partners at Place level

To support PCNs to expand and develop their multi-disciplinary workforce through successful recruitment and retention of ARRS

To support the general practice workforce to recruit, retain and develop their clinical and non-clinical workforce and support the health and wellbeing of their staff

To achieve a joined-up, consistent approach to education across the system and at local level that supports workforce needs.

Ensuring staff are equipped with the skills to deliver the care required, using innovative educational styles that widen opportunities for the whole workforce. Transferability of skills and knowledge will be encouraged and actively supported with initiatives such as skills passports.

Evidence-based with a shared understanding of best practice and systems in place to support learners across the ICS and at Place level. Collaborative working on skills training, sharing expertise and trainers.

Governance structures developed across the system, with shared decision making and a unified approach.

Key initiatives (link to KPIs)	Key performance indicators (Health Education England)
Refresh workforce plans to develop a workforce fit for the future to meet population needs recognising variation and local challenges	100% of PCNs offered support on workforce planning, advice, and identification of needs for patients and populations.
Develop and EDI strategy for primary care	Training Hubs have an equality, diversity, and inclusion (EDI) strategy with an operational plan to support the ICS EDI strategy
International recruitment	Number of newly qualified health professionals who are supported to take up a primary care role.

#Workforce planning

Key initiatives (link to KPIs)	Key performance indicators
Refresh workforce plans by Dec 2022 recognising variation and local challenges and population health needs	
New GP retention	Number of newly qualified health professionals who are supported to take up a primary care role.
Additional Roles Scheme	% of PCNs who are actively engaged in promoting new roles and how new ways of working in primary care can support population health needs.
Legacy Nurses	
Apprenticeships	Number of clinical apprenticeships supported across primary care.
	All professions to be offered practice placements
	Number of newly qualified health professionals who are supported to take up a primary care role

Local versus Central Processes

National

- International recruitment
- Establishment of policy and funding
- New GP and Nurse workforce training plans
- Primary Care Network Directed Enhanced Service specification and long-term plans beyond April 2024

Regional

- Develop workforce plan for primary care
- Sharing of expertise and learning
- Regional faculty etc

Local

- Understand local workforce challenges and population health needs
- Understand gaps in workforce
- Training and educational development needs analysis
- Expansion of Placement capacity across the workforce working collaboratively at N&W system level
- Work with all education providers to develop education and training programmes fit for the future
- Grow and retain our own workforce within the ICS

Agree a common philosophy, but adapt to meet local requirements and variation in the challenges at local level within Norfolk and Waveney

#Interdisciplinary/Team - Based Education and Training

Our Goals

Ensuring staff are equipped with the skills to care for patients in a holistic manner, preventing duplication and ensuring a streamlined service. Creating a culture of interdisciplinary working, understanding the services involved in an individual's care and the pathways this entails. Valuing the expertise of all professions. Development of roles and training that are delivered in a multi-disciplinary way. Supporting individuals to learn and develop collaboratively, embedding multidisciplinary working into our culture.

Clearly defined learning opportunities identified, with a timetable of multi-professional teaching sessions available for all. Integrating learning and development needs across services and professional groups. Looking across disciplinary (professional) boundaries considering other viewpoints and comparing/contrasting across subject specific areas.

Enabling our workforce to view different things through different lenses, promoting self -management and adaptability. Creating a culture where our workforce can draw on knowledge and learning across disciplines to identify solutions, practically or technically

Key initiatives	Performance indicators (HEE)
Provide support to educators and supervisors	% increase in the number of approved educators and supervisors
Education and Professional Development	Number of educators and supervisors who have attended educational update training provided by the Primary Care Workforce team
	the Primary Care Workforce team to deliver education and training activity based on ICS plans to reduce health inequalities
	% of nurses and allied health professions (AHP) staff offered continuing professional development (CPD) funding.
	% increase of nurses and AHP staff take-up of CPD funding.
	% of primary care workforce offered training provided by the ICS Primary Care Workforce team
	Breakdown of professions undertaking training
Implement appropriate governance arrangements for decision making and to ensure compliance with the Quality Framework	Compliance with regulatory standards and HEE Quality Framework. Governance arrangements for oversight through the ICB's Primary Care Commissioning Committee in place

#Placements

Key initiatives	Performance indicators (HEE)
Increase workforce training and education capacity	Number of non-clinical apprenticeships supported across primary care.
	Number of clinical apprenticeships supported across primary care.
	Number of clinical apprenticeships supported across primary care.
	Engage with HEEs Differential Attainment (DA) Leads to access the support toolkit and guidance on reducing differential attainment.
	% of placements increase
	All professions to be offered practice placements

#Communication and Engagement

We will develop and implement our Communications and Engagement Strategy setting out our plans for next three years (2022 – 2025)

Key initiatives	Performance indicators (HEE)
PCN Development Plans N&W approach to raising awareness with public and patients about new roles Engagement with whole primary care workforce Engagement with key stakeholders	% of PCNs who are actively engaged in promoting new roles and how new ways of working in primary care can support population health needs.

#Digital technology to support the workforce

Empower and encourage primary care workforce to utilise technology and digital tools to help improve their health and wellbeing, work more effectively and to support their learning and personal development.

Key initiatives	Performance indicators
Create an online library of services and a website for easy access to primary care	% of PCNs utilising Knowledge and Library Services (KLS)
Create a pathway for all individuals in primary care to provide feedback about training and development needs	
Innovation in learning and education pathways optimising the use of digital technology	
Build upon existing digital pathways to support health and wellbeing	

#Development of Systems

Key initiatives
Recruitment and retention of clinical infrastructure roles, including Ambassadors

Retain staff in the Primary Care Workforce team
Effective governance arrangements for decision making in place
Integrated system wide approach to recruitment and retention recognising Place and PCNs

N&W Workforce Plan – Overview (Enablers)

Primary Care estate

- Primary care estate fit for purpose and able to support expansion of primary care workforce
- Wave 4B Hubs to facilitate integrated care and closer collaboration between system partners

IT and Digital innovation

- To support the health and wellbeing of the workforce
- To enable effective communication between primary care and other system partners to support patient care, avoid duplication
- To enhance the learning and education environment through use of technology and online support

Communication and Engagement strategy 2022 – 2025

- To better understand primary care workforce recruitment and retention challenges
- To better understand training and education needs across the primary care workforce
- Development of a Primary Care Workforce website within the ICS website
- Development of a Knowledge and Information Directory of Services
- Utilise social media to engage with the whole primary care workforce
- Engage with key stakeholders across Norfolk and Waveney and in the East of England

People Enablers

- Culture change programme to value experience gained by moving across providers
- Culture change to understand value and benefits of working at scale, and truly integrated workforce vision at Place and across the ICS system
- Education and understanding of the value of a system-wide approach

- NHS People Promise 'to work together to improve the experience of working in the NHS for everyone, where we are part of one team that brings out the very best in each other

Business Intelligence Enablers

- Improve quality of primary care workforce data and market intelligence
- Enable PCNs and general practice to develop workforce capacity and demand planning models