NHS
Oxfordshire
Clinical Commissioning Group

CCG EXECUTIVE COMMITTEE

Date of Meeting: 18 December 2018	**Paper No: 5**

Title of Paper: Oxfordshire Primary Care Workforce Strategy

Paper is for: (please delete tick as appropriate)	**Discussion**		**Decision**	✓	**Information**	

Conflicts of Interest (please delete tick as appropriate)	
In the future GP Practices may benefit from training and workforce development funds that are prioritised as a result of this paper.	
No conflict identified	
Conflict noted: conflicted party can participate in discussion and decision	✓
Conflict noted, conflicted party can participate in discussion but not decision	
Conflict noted, conflicted party can remain but not participate in discussion	
Conflicted party is excluded from discussion	

Purpose and Executive Summary:
There is a definitive gap in the workforce required and that will be available in 2022 and 2027. The Oxfordshire Primary Care Workforce Strategy identifies what this gap is and schemes that can be implemented to bridge this gap. This is shared with exec for approval before publication. Following this it will be shared and used to build business cases for primary care workforce investment for prioritisation and implementation. It will also feed into the STP Primary Care workforce strategy and the Oxfordshire wide one.

Engagement: clinical, stakeholder and public/patient:
- Shared with CMF for comment in September for feedback, all of which was incorporated into final draft   - Final Draft shared with LCDs for any final comments before sign off at exec. This will be shared and incorporated ahead of the meeting   - Written in partnership with Oxfordshire Training Network, who have federations on their steering board.   - Shared with federations for feedback   - GP, Practice Nurse feedback incorporated into it. Practice Manager feedback was sought.   - GP Deenery has reviewed twice and feedback has been incorporated.

Financial Implications of Paper:
None at present, however significant investment will be needed in schemes identified in the workforce strategy to bridge the workforce gap.

Action Required:
Approve the Primary Care Workforce Strategy for publication and note.

OCCG Priorities Supported (please delete tick as appropriate)

✓	Operational Delivery
✓	Transforming Health and Care
	Devolution and Integration
	Empowering Patients
	Engaging Communities
✓	System Leadership

Equality Analysis Outcome:

Link to Risk:
Workforce Gap- Not enough GPs and other clinicians

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Oxfordshire
Clinical Commissioning Group

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Acknowledgement of External Sources

Title / Author	Institution	Link

Freedom of Information

If requested, this document may be made available to the public and persons outside the healthcare community as part of OCCGs commitment to transparency and compliance with the Freedom of Information Act.

Equality Analysis

OCCG aims to design and implement services, policies and measures that are fair and equitable. As part of the development of this policy its impact on staff, patients and the public have been reviewed in line with OCCG's legal equity duties.

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Definitions and Meanings

Admin: In the workforce tables this includes all Practice Managers, admin and non-clinical/medical practice staff (excludes GPs, Nurses and Direct Patient Care staff)

Annual Appointment Numbers: these annual figures are calculated at 72 appointments per 1000 patients each week and are based on the population numbers provided by OCCG

DPC: Direct Patient Care staff - this includes HCA's, Dispensers, Plebotomists, Pharmacists, Physiotherapists, Therapist, Apprentices, Paramedics, Nursing Associates and Other staff where these are employed by a practice (excluding GPs, Nurses and Admin staff)

Establishment: This is the total of staff in post plus vacancies, expressed as Full Time Equivalent (FTE)

FTE: Full Time Equivalent – this is usually based on a 37.5 hours/week for a member of staff working full time

GP Appointment Length – Estimated average appointment length of 12 minutes provided by OCCG

HC: Head Count – this means the number of people in post, irrespective of the number of hours they each work

LWAB: Local Workforce Action Board

Population – 2017, 2022 and 2027 population numbers provided by OCCG

1.0 Executive Summary

Oxfordshire CCG and the Oxfordshire Training Network have come together to consider the workforce skills and competencies needed by NHS Primary Care now and in the future. We recognise that working together will help us to make the best use of our resources and skills as we begin to shape and transform services in line with our strategic ambitions and local health system developments including the planned development of an integrated care system. We acknowledge that there are some things that will need to be undertaken at a local practice level to meet local need while other challenges will be met at neighbourhood or county level. The wider Oxfordshire picture allows us to learn from each other.

As we have worked together to develop our *Primary Care Workforce Strategy 2018/19 – 2026/27* we acknowledge that:

- **Patients and staff** are at the centre of how we shape and deliver services; we understand that positive staff experience supports good quality of care[1]
- **Working together** underpins our approach to the current and future workforce; a whole system approach based around a defined population or care model where we link the health and social care workforce to enhance career pathways, reduce turnover and improve staff experience
- **Leadership and workforce development** through education and training will ensure we have people with the right skills and competencies, enabling them to equip themselves with the right knowledge, capability and confidence to contribute to and deliver high quality care
- **Clinical engagement and leadership** is central to our discussions about service redesign and the workforce we need to deliver high quality care for patients now and in the future
- **Collaborating** will allow us to provide cost effective and consistent training and development opportunities.

The Oxfordshire Primary Care IT Roadmap[2] sets out the direction of travel for the improved use of technology - many of our workforce solutions will rely on improved technology to be in place to be able to be effective.

In developing our thinking and approach we have considered our workforce needs within the following four categories:

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[1] The Point of Care Foundation (2014)

[2] The Oxfordshire Primary Care IT Roadmap, 2018

Our *Primary Care Workforce Strategy 2018/19 – 2026/27* sets out the direction of travel for the Primary Care workforce; in summary, it:

- Details where we are now and the make-up of our current workforce
- Explores what our workforce requirements might be by 2026/27 if Primary Care continued with its current approach to service provision and associated workforce and the potential impact of embracing different workforce skill mix and new models of working.
- Summarises our workforce training and education plans for 2018/19 to support our strategic aims and priorities

Suggestions and examples throughout our *Primary Care Workforce Strategy 2018/19 – 2026/27* provide an indication of what the workforce might look like in order to meet future need; they are intended to stimulate discussion as we shape our services to meet the needs of an increasing and ageing population.

2.0 Aim and Purpose of the workforce Strategy

The aim of our *Primary Care Workforce Strategy 2018/19 – 2026/27* is to understand our current workforce, to draw together the workforce needs as identified within the six Oxfordshire primary care locality place-based plans produced in 2017/18 and to identify options to meet these needs in order to provide good quality patient care. It will focus on the period 2018/19 – 2026/27 detailing deliverables specific to the primary care workforce whether directly employed or providing services within general practice.

For the purposes of this workforce strategy primary care is defined as:

'*The entire team employed and deployed by general practices which will include GPs, practice and community nurses, health care assistants, phlebotomist, allied health professionals, paramedics, psychological therapists, physicians' assistants, care navigators, as well as community pharmacists, dentists and opticians.*' [3]

It is set against a backdrop of the wider CCG remit, recognising that primary care workforce requirements stem from the national primary care agenda and the Oxfordshire Primary Care Framework. Oxfordshire Training Network (OTN), in partnership with Oxfordshire CCG (OCCG), has been instrumental to the development of this strategy and will be key in taking it forward – it supports the development of a workforce capable of meeting population health needs to improve clinical outcomes. The four GP Provider networks (Federations), along with OCCG, Health Education Thames Valley (HETV), the county council and local training and education providers form the OTN Steering Committee, working together to understand and meet local training and development need.

Our *Primary Care Workforce Strategy 2018/19 – 2026/27* provides a snap-shot of Oxfordshire's workforce needs and its plans to ensure those needs can be met, whether through retention, recruitment, training or education. It will be reviewed following the publication of the national Health and Social Care Workforce Strategy (*Facing the Facts, Shaping the Future – a draft health and care workforce strategy for England to 2027*[4]) that is currently under development, to ensure it aligns and will continue to deliver the workforce Oxfordshire needs.

Suggestions and examples throughout this strategy provide an indication of what the workforce might look like in order to meet future need; they are intended to stimulate discussion as we shape our primary care services to meet an increased population. We have considered the skills and competencies primary care will need and how these can be achieved, understanding the importance of skilled staff working together to meet patients needs. The data and information used within this strategy is available either locally or nationally – where this is not readily available then indicative figures have been used. The source of the data or information used is referenced throughout. A summary of the definitions we have applied throughout this strategy is included.

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[3] Oxfordshire Transformation Programme, OXFORDSHIRE PRIMARY CARE FRAMEWORK (V15, March 2017)
[4] https://www.hee.nhs.uk/our-work/workforce-strategy

3.0 Our Workforce Vision

Our workforce vision is driven by the CCG's plans for primary care in Oxfordshire:

"To provide a 21st century modernised model of care that works with patients across neighbourhoods and locality populations to provide enhanced primary care, extended primary care teams, and more specialised care closer to home delivered in partnership with community, acute and social care colleagues."

We will adhere to the Values and Principles as set out in the Oxfordshire CCG five year strategy and plan, 2014/15-2018/19[5]:

- Reduce health inequalities
- Clinicians and patients working together
- Commissioning patient centered care
- Promoting integrated care through joint working
- Supporting individuals to manage their own care with more care delivered locally.

Our decisions about workforce, training and education will be shaped by these values and principles as we work with our partners to develop our current workforce and secure the future workforce with the right skills and competencies. As we work together on developing and delivering our *Primary Care Workforce Strategy 2018/19 -2026/17* we acknowledge:

- **Patients and staff** are at the centre of how we shape and deliver services; we understand that positive staff experience supports good quality of care[6]
- **Working together** underpins our approach to the current and future workforce; a whole system approach based around a defined population or care model where we link the health and social care workforce to enhance career pathways, reduce turnover and improve staff experience
- **Leadership and workforce development** through education and training will ensure we have people with the right skills and competencies, enabling them to equip themselves with the right knowledge, capability and confidence to contribute to and deliver high quality care
- **Clinical engagement and leadership** is central to our discussions about service redesign and the workforce we need to deliver now and in the future
- **Collaborating** will allow us to provide cost effective and consistent training and development opportunities.

Additionally, we recognise the importance of the voluntary and community sector in population health and whilst not directly employed by health and care partners, can form part of the wider '*workforce'* which can sit around the patient.

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[5] Oxfordshire CCG strategy and plan 2014/15-2018/19 (2014)
[6] The Point of Care Foundation (2014)

4.0 **Working with our Partners**

In order to deliver our vision for primary care, Oxfordshire requires a skilled workforce that is able to meet current and future patient need; a learning workforce that is adaptable to meet new challenges whilst developing and embracing new ways of working. In return our workforce should feel valued and supported, experience and mirror good leadership, be offered opportunities to progress professionally and be supported to work autonomously. We believe this will be achieved through working together by streamlining and standardising where appropriate whilst recognising local differences; focusing on retaining existing staff and ensuring they are able to work to the full extent of their license and by introducing new roles and new ways of working.

Oxfordshire CCG (OCCG) and Oxfordshire Training Network will work with its partners to meet both local and national workforce requirements in support of service delivery. Whilst the Oxfordshire Primary Care Framework [7] is the local driver for shaping future workforce requirements, the six primary care locality plans detail their response to the CCG vision. We will continue to actively engage with primary care colleagues to ensure the steps we take will secure the workforce we need based on what has been identified in their locality plans. Also, we need to ensure we are linked into plans for the Oxfordshire Care Alliance as horizontal integration between primary and community care is a significant opportunity, both in terms of supporting neighbourhood working, frailty, career pathway development and multidisciplinary training. There are also links into secondary care that can be supported to encourage wider neighbourhood working.

In addition our other key partner in our work to recruit and retain the workforce we need includes HEE Thames Valley. We will engage with the training and education agenda as part of the STP Local Workforce Advisory Board (LWAB) ensuring that the needs of primary care workforce are represented

As a Training Hub, OTN is well placed to identify the training and education needs for the primary care workforce and has worked alongside OCCG in identifying workforce challenges and options – sharing the same ambitions, agreeing joint goals and being clear who leads on which initiatives to avoid duplication. This workforce strategy is complemented by OTN's Workforce Strategy *Supporting the General Practice and Primary Care Workforce in Oxfordshire[8]* that sets out its vision of how it will work across and with the system. We have access to learning from across Thames Valley as OTN links with other Training Hubs through the Thames Valley Training Hub Delivery Group.

In addition to the work of both the LWAB and OTN, in 2018/19 we have identified training and education needs that OCCG recognises as important and where

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[7] Oxfordshire Transformation Programme, OXFORDSHIRE PRIMARY CARE FRAMEWORK (V15, March 2017)
[8] *Supporting the General Practice and Primary Care Workforce in Oxfordshire – Workforce Development Strategy,* OTN, August 2018

appropriate, subject to available resources, these will be funded directly by the CCG.

We will also link with our wider partners across Buckinghamshire, Oxfordshire and Berkshire West Sustainability and Transformation Partnership (BOB STP) and have agreed that our priorities will be developing a workforce model and plan for our six localities with the aim of increasing capacity in primary care, up-skilling existing staff and introducing and expanding new roles. We will partner with our STP colleagues through the Primary Care Workforce Group.

The way the system works together is represented in the following diagram:

Primary Care Workforce – System Working Together
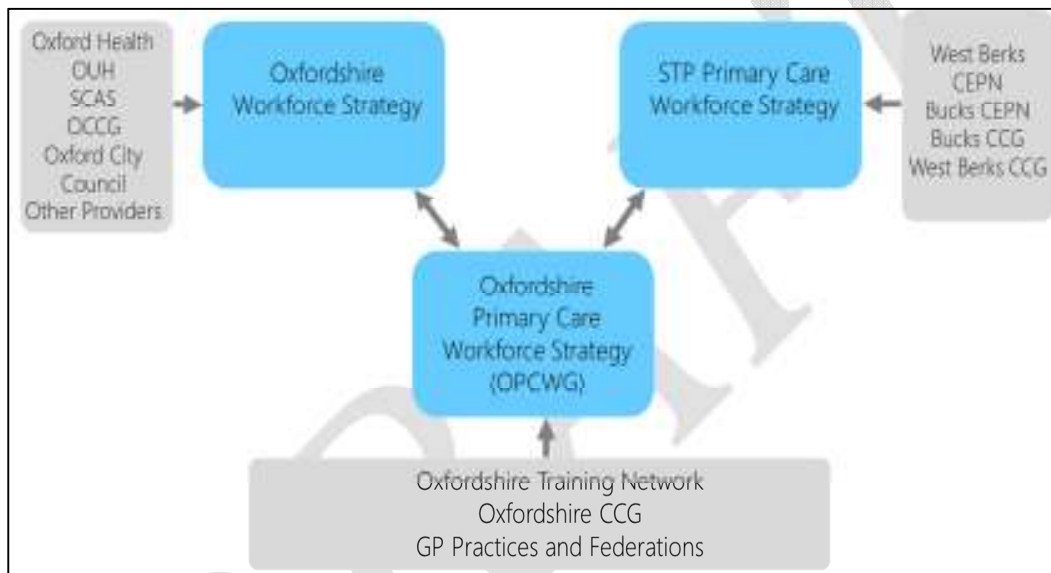
5.0 Approach to Primary Care Workforce

    5.1 **Decision making**

The Oxfordshire Primary Care Workforce Group (OPCWG), which will have representation from OCCG and OTN, will be accountable for prioritising the competing workforce training and education demands identified by general practice localities and Federations, NHSE, HEE, national policy and other key partners and for making recommendations to OCCG Board and OTN Steering Group regarding workforce investment.

The PCWG will ensure the delivery of agreed education and training is within agreed timescales and budget and that benefits are identified and realised. To support spread and adoption, the PCWG will also ensure that good practice is shared across the primary care footprint in a timely manner. The Primary Care workforce strategy and the prioritisation of its projects will be reviewed every 12 months with progress reported.

There are a range of tools and techniques available to aid discussions about future workforce skills and competencies and we will ensure we utilise these as appropriate for robust decision making.

    5.2 **Resource Allocation**

OCCG and OTN are committed to ensuring they focus their training and education expenditure where it can achieve the best results, focusing on greatest need and impact and supporting the delivery of services by utilising the right people with the right skills to meet patient need.

OCCG has a history of supporting staff training and development. In 2017/18 in addition to locality or individual practice based training expenditure, OCCG committed £90k recurrent funding on training and education.

In 2018/19 OCCG has identified funds for general practice staff training and education to support the implementation of a range of initiatives as well as service transformation projects which have workforce implications. HEE has agreed outline workforce projects linked to national and local priorities of c£91k that are led by the OTN. These are detailed in section 7.0 Delivering Our Vision.

Where practical, we will look to co-ordinate and share resource relating to the procurement and provision of training and education across the CCG and engage with our STP colleagues where this will also bring economies of scale.

    5.3 **Sharing Good Practice**

Our aim is to have a trained and motivated workforce across Oxfordshire and in support of this we recognise the importance of identifying and sharing good practice across the CCG footprint. This helps to promote earlier adoption of

good and innovative ideas in a timely manner, avoids duplication of effort and helps to build knowledge of what works from across Oxfordshire to meet the needs of the local population.

To support this we will establish a 'share and learn' network in partnership with the OTN, which will be available to all across Oxfordshire.

We will also link with our STP colleagues to share what we've learnt from across Buckinghamshire, Oxfordshire and West Berkshire and to learn about other initiatives that maybe beneficial in connection with our retaining and recruiting our workforce.

6.0 Challenges and Solutions

6.1 Background

The Five Year Forward View - Primary Care (FYFV PC)[9] and national initiatives to recruit an additional 5,000 general practitioners, 800 additional pharmacists and 1,500 additional mental health practitioners in primary care coupled with increases in local population levels and an aging population requires the Oxfordshire primary care workforce to grow significantly over the next 5 – 10 years.

The *Oxfordshire Primary Care Framework* (2017)[10] sets out the model for primary care and highlights the challenges faced across general practice including workforce shortages and difficulties in recruiting staff.

An Oxfordshire - wide practice survey undertaken in August 2017 highlighted existing GP vacancies of 21.5 FTE. It also highlighted the estimated additional GPs required to meet growth in service demands is 67.20 FTE in the next 5 years and 106.00 FTE in the next 10 years, based on the existing establishment level 391.2 FTE GPs.

Additionally, at March 2018[11], 18% of GPs were age 55 years and over which means they will retire within the next ten years. In is estimated that 79.50 FTE GPs will retire in 5 years and 139.00 FTE GPs in 10 years[12].

In 2017/18, OCCG appointed *Primary Care People* to help in its recruitment drive; unfortunately it failed to secure the anticipated number of GPs. The international recruitment campaign to recruit 20 FTW GPs will now commence in October 2018.

We recognise the important role GP Partners have in ensuring practice resilience, leading on the practice's business management, including sharing the risks associated with running the practice including CQC inspections property ownership and leases and workforce planning.

'*General Practice – Developing confidence, capability and capacity*' published in March 2017[13] sets out a ten-point plan for general practice nursing including promoting practice nursing as career choice, developing nursing associate, support worker and apprenticeship roles.

A survey of Practice Nurses undertaken in October 2017 (116 individual responses) highlighted that 21% are trained in prescribing. Anecdotal reports suggest that these skills are not always utilised, which may in part be due to

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[9] Five Year Forward View: Primary Care, NHS England (2017)

[10] Oxfordshire Transformation Programme , OXFORDSHIRE PRIMARY CARE FRAMEWORK (2017)

[11] BOB STP Primary Care Workforce, HEE, June 2018

[12] Oxfordshire Transformation Programme, OXFORDSHIRE PRIMARY CARE FRAMEWORK (V15, March 2017)

[13] General Practice – Developing confidence, capability and capacity, A ten point action plan for General Practice Nursing; NHS England 2017

the higher insurance costs that would be incurred by practices to cover nurse prescribers. Addressing this issue and ensuring appropriate supervision of Practice Nurses could help alleviate demand on GP time. The Department of Health is developing a state-backed indemnity[14] scheme for general practice in England, although this could take up to 18 months to develop.

Oxfordshire is a high-cost living area, particularly within the city centre. This impacts on the ability to recruit people to work within general practice in particular HCAs, nurses and non-clinical roles. Our digital capability and Estate infrastructure also pose challenges. Our digital strategy will help and whilst we have undertaken a review of our estate requirements in those areas where we know the population is increasing, an Oxfordshire wide strategy is yet to be developed.

6.2 Current Primary Care Workforce

Although this Workforce Strategy focuses on the OCCG primary care workforce, it's important to acknowledge that it sits within the wider West Berkshire, Oxfordshire and Buckinghamshire (BOB) STP health and care system.

The March 2018 general practice workforce minimum data set (wMDS) returns showed that there was a total headcount of 1,932 staff (1,312 FTE) within Primary Care[15] across OCCG. This was composed of a head count of 572 GPs (415.80 FTE), 237 nurses (149.80 FTE), 227 Direct Patient Care (DPC) staff (143.00 FTE) and 896 Admin staff (603.30 FTE).

The gender profile for OCCG primary care staff shows that the workforce is predominately female (88%).

The estimated workforce establishment in 2027 is shown in the table below and is based on the assumption that primary care continued with existing skill mix and staffing structures to meet increased demand due to population growth, estimating retirement and maintaining the same vacancy rates (5.21% for GPs and 10.30% for all other staff[16]):

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[14] Dept; of Health, October 2018
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/663780/GP_indemnity_factsheet_-_Nov_17_update.pdf
[15] BOB STP Primary Care Workforce, HEE, June 2018
[16] NHS Improvement Workforce Conference, presentation by Ian Dalton, Chief Executive, NHS Improvement, May 2018

Estimated Staff Establishment at 2027: *'Do Nothing'* Scenario

Staff Group	Staff in Post (FTE) March 2018	2027 Staff Establishment Required (FTE)	2027 Recruitment (FTE)			2027 Total Recruitment Required by Staff Group
			Increase due to Population Growth	Number to replace Staff Retirement	Vacancy Levels (5.21% for GPs, 10.30% for other Staff)	
GP	415.8	497.4	81.6	218.5	49.8	**349.9**
Nurse	149.8	180.5	30.7	72.0	35.7	**138.4**
Direct Patient Care - HCAs	76.4	92.1	15.7	44.3	18.2	**78.2**
Direct Patient Care - Pharmacists	6.2	7.5	1.3	3.6	1.5	**6.3**
Direct Patient Care - Other	60.4	72.8	12.4	35.1	14.4	**61.8**
Admin	603.3	726.9	123.6	371.0	143.9	**638.5**

At March 2018 there were 415.8 FTE GPs in post, a shortfall of 81.6 FTE on the estimated 2027 establishment. A range of options will be explored to address this potential shortfall and continue to meet patient needs. Whilst some of these options explore engaging more nurses to undertake a range of key primary care tasks such as long term condition and minor ailment management, we know that there are also challenges in recruiting this staff group – we will need to take a whole skill mix approach to our future staffing arrangements that involves looking at which roles are best placed to undertake which tasks.

Further information relating to the BOB STP, the OCCG Primary Care workforce and Estimated Staff Establishment at 2022: *'Do Nothing'* Scenario can be found in Appendix 1, Appendix 2 and Appendix 3 respectively.

6.3 Future Primary Care Workforce

In light of shortages of people to recruit into certain roles, GP Practices will need to consider altering the traditional skill mix to ensure patient care is maintained. Whilst we will continue to focus on retaining and developing our existing workforce, ensuring through education and training people are able to operate to the full scope of their role or license, we will also focus on securing additional people and will look at how we can support the integration of these new roles to complement existing teams. We will do this with our primary care partners by rethinking the skills and competencies needed rather than focusing on existing job roles to deliver our ambitions; we want to build resilience into our primary care services as we recognise their pivotal role within the health service.

Recent evidence[17] suggests that while developing skill mix in primary care can deliver high quality cost effective care there is often a period of transition during which costs can increase and efficiencies are not achieved as GPs and other clinicians are needed to step out of patient care to supervise, mentor and train colleagues.

In line with our colleagues across BOB STP[18], our aim is to move from our existing workforce model to one that utilises the skills of the wider healthcare workforce to undertake tasks that free GPs to focus their specialist skills and knowledge where needed. Our ambition is to move to a service which allows staff to utilise their skills, ensuring the right person delivers the care or intervention required – from evidence and learning from elsewhere we believe there is scope to grow the multi-professional, advanced clinical practitioner and support workforce allowing GPs to employ their specialist skills where needed.

BOB STP Workforce ambitions
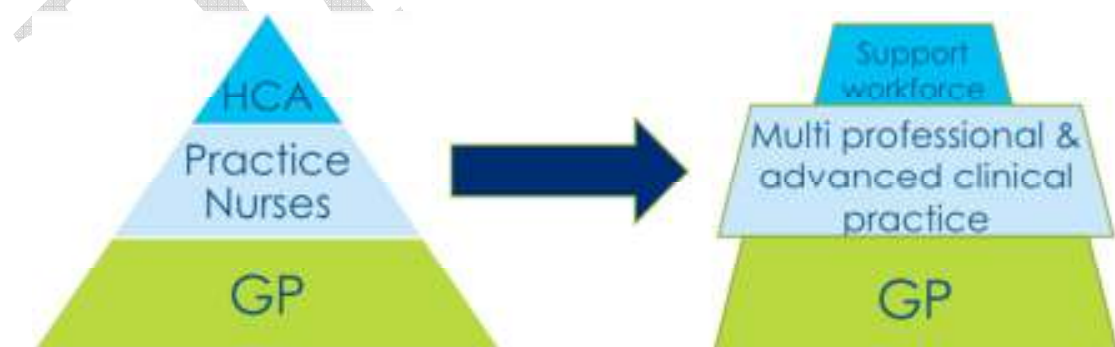
In order to secure and develop of our workforce we have identified a range of options relating to skill mix, retention and recruitment. These options have been drawn together following review of OCCG objectives, local learning and

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[17] https://bjgp.org/content/68/667/66
[18] BOB STP presentation

nationally recognisable workforce solutions. Data references include the HEE Primary Care Workforce data and the OCCG Primary Care locality based plans.

To aid discussions the potential future workforce skill mix and number have been developed at OCCG level – further work would be required to understand in greater detail the impact of implementing at a practice/federation level, particularly as practices currently have different workforce skill mix. OTN will have access to a workforce development tool developed by HEE to help organisations with workforce transformation.

6.3.1 New Models of Working

Consideration has been given to the skills and competencies we might need of   our future workforce, driven by the ways we will work in the future. In this section we explore some of the new models of working that are developing in Oxfordshire and what this will mean for our primary care workforce. Many of these developments will rely on the workforce skill mix developing in line with the BOB STP model described above.

- **Staff and teams working across organisational and sector boundaries**: As the focus of health care work shifts from episodic to chronic care, and from inpatient to community settings, traditional notions of a general practice team as a tightly bounded group located in one place and working on a defined and short-term problem or task are being replaced by a new model of a team. The new team will be a loosely aligned group, whose members are often drawn from different organisations, sectors and locations, which come together for short periods of time to solve a set of problems for and with a chronic disease patient in the community.

  Understanding how to create structures that support these loosely aligned and distributed teams, utilising technologies that streamline communications and consultations and helping providers to develop the skills needed in the workforce to operate in these teams, may turn out to be at least as important as – if not more important than – redistributing current tasks among old and new professional roles. There is also a need to think about how we can create a sense of belonging for staff working across boundaries with no clear organisational 'home'.

  Working in partnership with their member practices, the Oxfordshire federations and Oxford Health will support the configuration of primary and community services to create integrated Neighbourhood Teams, serving populations of 30,000-50,000 and will develop and implement the clinical model and infrastructure for Neighbourhood Teams. One example of this is the frailty pathway

pilot operated through a 'virtual ward' system of risk stratification and care delivery.

Together with OCCG, Oxford University Hospitals NHS FT, Oxfordshire County Council and other partners the Oxfordshire Federations will be working to ensure all health and social care services integrate effectively with the new primary and community networks, with a view to moving towards an integrated care system.

The OTN and Oxford Health have secured a small amount of funding to carry out a pilot project using the Skills for Health Six Steps methodology to integrated workforce planning to support the establishment of Neighbourhood teams in three localities. The hope is to secure future funding to enable this process to be used across the county as it supports structured discussions about services and the implications for workforce skills, competencies and numbers.

Moving to working across organisational and sector boundaries will require an agreed approach amongst providers about the how and where staff contracts are held, including where accountability rests at the point of service delivery. Staff training to support this move and to develop skills required will be key to ensure staff are supported in working flexibly across primary care.

- **Primary Care Home Visiting Service:** The Primary Care Home Visiting (PCHV) service has important benefits to both the patient and the wider health system by enabling admissions to take place earlier in the day, reducing the likelihood that a patient will have to stay in hospital overnight. It also provides GPs with more time to carry out proactive planned visits where only their skills will meet patient need.

  With financial support from OCCG, this is currently being run by three federations PML OxFed Health and Care Ltd; and Abingdon Healthcare Ltd covering a patient population of 551,206. This year 20,397 home visits will be undertaken, equating to c1% of all GP appointments (72 appointments/1000 of patients) within these three areas. If this same approach was applied across all of general practice it is estimated that by 2027 this could account for up to 32,000 home visits, releasing approximately 21 FTE of GP time. An audit is needed to understand the unmet need for home visits, as anecdotally, in areas that already have the service, there is unmet demand.

  Primary Care Home Visiting Service - Estimated Total Appointments 2022 and 2027

Year	Primary Care Visiting Services			
	Total Appointments	PC Visiting - Annual Percentage of All Appointments	PC Visiting - Annual Total Appointments	PC Visiting No. FTE
2017	2,740,959			
2022	3,045,868	1%	30,459	19.47
2027	3,286,541	1%	32,865	21.01

Both paramedics and nurses are able to undertake the assessment/recommendation of next steps within the Primary Care Home Visiting (PCHV) service. Locality /practice set up will determine which is the right skill mix. As there are also shortages of paramedics, it will be important that the providers work with our ambulance colleagues to ensure they avoid de-stabalising the broader paramedic workforce.

- **Social Prescribing:** GPs see a number of patients who require signposting to other staff or services for problems that whilst they may impact on their health can have a root cause in other wider social determinants of health. In light of this, OCCG commissioned a Care Navigation Service from OxFed covering patients in the city locality; - it has offered support and advice to frail and housebound population and their carers since 2015 carrying out comprehensive needs assessments and linking patients and their families to suitable services and information. Recently the service has been expanded to cover all adults with need for extra support, advice and signposting.

  The service currently covers a total population of 224,643. It is early days and we wait to understand the full impact of the service on GP time and the effectiveness for patients. Whilst this evaluation is on going it needs to be considered in the Primary Care Workforce Plan as if rolled out across the county, there would be a requirement to recruit and train additional Care Navigators. The OTN is exploring the potential to provide training support and competency frameworks (depending on future funding) to ensure the service continues to be expanded and offers career development opportunities.

- **Mental Health workers in primary care:** The NHS FYFV for Mental Health sets out the direction of travel for mental health services across Oxfordshire

and a workforce expansion plan has been developed to support implementation.

There is growing national recognition of the potential for social prescribing to help meet the ambitions of the FYFV and support people in managing their own care. It is widely recognised that these services provide a wide range of benefits including better quality of life, improved mental and emotional wellbeing, and lower levels of depression and anxiety. It also has the potential to reduce patients' reliance on NHS services, easing pressure on accident and emergency wards and GPs. However at this stage the full impact on primary care services across Oxfordshire is not known. OCCG are working to model a mental health primary care service offer to support GPs in managing mental health.

Across OCCG we have been enhancing mental health services and currently there are 3.2 FTE mental health wellbeing workers in the North locality, 5.1 FTE in Oxford City and 3.4 FTE in South West locality working as pilots for a future Mental Health social prescription model and to be link workers with secondary care mental health services, which are realigning to work more closely with Primary Care. This service is supported by MIND and will complement the OxFed Social Prescribing service to see patients with mild to moderate mental health problems that are not suitable to be seen by other mental health services. This is supported by non-recurrent funding and will be evaluated after its first year.

TalkingSpacePlus IAPT service is a countywide service based in the community, mainly in primary care settings, and delivering psychological services for people with mild to moderate depression and anxiety. There are currently 110 staff delivering this self-referral service across the county and although self-referring, most people have been to see their GP who directs them to the self-referral process.

- **Active signposting:** Practice reception teams are still the first point of contact for most patients in General Practice. Their role has become increasingly complex as practice teams develop and grow and more services are available to patients in the community by self –referral. It is estimated that 27% of GP appointments may be inappropriate[19] and in other areas active signposting has released between 11%[20] and 42.8%[21] of these inappropriate GP

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[19] https://www.nhsalliance.org/making-time-in-general-practice/part-1-reducing-avoidable-demand-for-gp-appointments-an-audit/

[20] https://www.england.nhs.uk/gp/case-studies/active-signposting-frees-up-80-inappropriate-gp-appointments-a-week/

appointments. Training staff in active signposting helps ensure that patients are directed to the appropriate clinicians and information to meet their needs and to make best use of the staff available in the practice and wider health service One Oxfordshire practice found that by using signposting software and implementing active signposting at reception, they freed up 73 sessions per annum within two months of implementation[22].

The OTN is currently running two programmes to support training of practice reception teams to help equip them with the skills needed to develop and adapt to these changes. The Frontline communications programme focusses on improving consistency across practices and improving patient experience while the active signposting programme provides practices with the building blocks they need to help their reception teams navigate the increasingly complex range of appointments, services and types of clinicians working in primary care both within their own practices and in the wider health system.

The 2018/19 OCCG workforce and estates survey will identify practices that may require further support to fully roll out active signposting, so that this training and support can be provided for signposting to be embedded in the practice. Understanding the true impact of active signposting on the current baseline will need to be taken following the results of this survey and an audit following practices initially implementing signposting to understand if more GP and other clinicians time can be saved.

- **Digital Capability:** The Oxfordshire Primary Care IT Roadmap[23] sets out the direction of travel for the improved use of technology. Using this as the backbone of how practice administration and management can operate in the future, there are benefits to the efficiency of how practices operate whilst still maintaining face to face or telephone contact where required. To take these forward we need to ensure practice IT systems are able to cope with this activity and this forms part of our IT Roadmap.

- **Online Consultation (triage):** OCCG have commissioned eConsult to provide the technology behind online consultation. It will be rolled out with the first practices going live in 2018. We need to explore its impact in greater detail to be able to understand the implications for the workforce. However using the eConsult calculator it is estimated that the following savings can be made

[21] Using 'Active Signposting' to streamline general practitioner workload in two London-based practices, BMJ Quality Improvement Report, 2017 https://bmjopenquality.bmj.com/content/6/2/e000146

[22] Improving Practice Performance, AccuRx, 2018

[23] The Oxfordshire Primary Care IT Roadmap, 2018

based on a desired shift to on-line consultation/triage of 15% and 40%:

Estimated Impact of On-Line Consultations/Triage – 2022 and 2027 (from eConsult Calculator)

2022		
Population Size	811,302	811,302
PMS appointment provision for list size	58414	58414
Desired % shift to online (number only)	15	40
eConsult submission target	8762	23365
Equals potential sessions saved	146.0	389.4
Equals potential minutes saved	26286	70096
Equals potential appointments saved	2629	7010

2027		
Population Size	875,408	875,408
PMS appointment provision for list size	63029	63029
Desired % shift to online (number only)	15	40
eConsult submission target	9454	25212
Equals potential sessions saved	157.6	420.2
Equals potential minutes saved	28363	75635
Equals potential appointments saved	2836	7564

There is a need to await the initial feedback from the first sites to introduce on-line consultation/triage to be able to better understand the potential impact across Oxfordshire.

6.3.2 Recruiting Developing, and Retaining Staff
- **Recruiting Staff**

Recruiting new talent into primary care will always be one of our goals alongside our aims to develop and retain our existing staff. Whilst we will have a long-term recruitment strategy, our recruitment approach will be shaped by the needs of primary care at any given time to ensure we remain responsive to changing needs.

We recognise that investing in apprenticeships will help us develop the workforce of the future. OTN have undertaken a review to understand the opportunities and increase the number of apprenticeships being offered across primary care, in both clinical and non-clinical roles (HCA, Nurse Associates, Reception, Care Navigation, Administration and Practice Management). Although apprentices have previously been excluded from the

workforce skill mix and numbers summary, with clear career development opportunities they can play an important role in bringing new staff into primary care and providing career development opportunities for existing staff.

- **Developing Staff**

  Training and education programmes to ensure staff have the skills they need to undertake both current and future roles will be developed, supporting career pathways across primary care as it is thought this will aid recruitment and retention.

- **Retaining Staff**

  An Oxfordshire-wide system to understand why people leave primary care will be considered to help shape our response to these challenges. This could be undertaken in early 2019 and will contribute to the work about retaining the primary care workforce underway across the BOB STP footprint.

6.4 Skill Mix and Activity
6.4.1 General Practitioners

- **Recruiting**

  There is considerable activity at national level to promote general practice as a career. The OTN, OCCG and HEE Thames Valley will continue to develop plans to boost recruitment to general practice in our region. We will work more closely and proactively with our GP trainers, the LMCs and RCGP colleagues to coordinate the promotion of General Practice in schools and through placements (work experience) in practices. HEE are developing promotional material for audiences such as foundation trainees and arranging Trust-based meetings with other specialty and Trust doctors to answer questions about GP careers and engaging GP schools to ensure newly qualified GPs are aware of the career development opportunities in Oxfordshire.

  Recruiting Newly Qualified GPs

  In Thames Valley, 127 trainees enter a GP training programme each year, with 36 entering the programme in Oxfordshire. The numbers for each area of England are determined nationally. HEE have surveyed those GP trainees in Thames Valley and found that 95% of respondents felt that their training programme had prepared them fully, to be a GP. However there are concerns as:

  - Only 5% of respondents are considering a GP partner role with most looking for salaried roles and/or work as locums.
  - 20% say they do not plan to work as a GP in the UK with:
    - 5% intending to leave medicine permanently

- 5% intending to take a career break and return to medicine in the future
- 7% intending to work as a doctor outside the UK (temporarily)
- 3% intending to work as doctor outside the UK (permanently)

Of those who do 'stay' and plan to work as a GP in the UK the mean number of sessions the cohort intend to work is 5-6. Therefore if 80% of these trainees work 5-6 sessions once qualified this will equate to 19.8 FTE, a potential total increase of 178.2 FTE GPs in practice across Oxfordshire by 2027. HEE are lobbying to increase the numbers of training places available across Thames Valley, as it has been able to recruit to fill all of these spaces easily. OCCG/OTN will support them with this, as it is an important way to get more potential GPs into the area.

It is important that we ensure our trainees remain post training and this can be supported by improving the breadth of GP training offered. HEE are offering international placement opportunities to enhance the GP Training progamme. Funding from the GP Retention scheme fund will be used to support trainee GP's transition into salaried/partner posts. This work is currently being scoped for development across Thames Valley.

Recruiting International GPs
We will continue to be active stakeholders in NHSE international recruitment campaign and have requested 20 GPs. Whilst we will await the outcome of this campaign we are aware that it may prove difficult to fulfill our ambitions, therefore this strategy will only assume we will be able to recruit 2 FTE GPs from this scheme.

Recruiting Returner GPs
We will work with HEE to actively support the Induction and Refresher programme and will explore how we can encourage more returners to come to Oxfordshire. In 2017 8 GPs in Oxfordshire completed the scheme, with 6 so far completing in 2018. One option is to publicise this further to attract more people to join the scheme.

Recruiting all GPs
Mobile working will facilitate flexibility to work from different locations at different times. To meet the growing demand for extended hours within primary care, the ability to undertake telephone appointments or administrative tasks outside of traditional surgery hours or in a different location could prove an attractive option for some GPs. It may open the door to a wider recruitment pool. It may also enable GPs who currently work reduced sessions, to work additional hours.

We want to explore this in more detail to understand if it would help with recruitment and retention as currently we don't have information on the impact delivering this will have.

Enhanced Recruitment Scheme

The Dept; of Health enhanced recruitment scheme was first introduced in 2016 and is open to GP trainees who commit to working for three years in an area deemed to be the hardest to recruit to in England - it had a fill rate of 92% in 2017. There has previously been discussion about this forming part of the GP recruitment approach across Oxfordshire. However, currently we want to explore other recruitment opportunities to secure the skill mix we require.

- **Developing**

Clinical Skills Development

As in previous years, in 2018/19, OCCG will run a GP Update Course to update the clinical skills of its GPs. The CCG, in partnership with OTN is evaluating how clinical training can be delivered most effectively from 2019/20. This is currently in scoping. Currently OTN are exploring the following areas to support CPD of GPs in Primary Care:

  - ➢ Mentoring skills
  - ➢ Frailty assessment and management
  - ➢ Long term condition management – multidisciplinary training and local guidelines updates
  - ➢ General Updates

Organisational and Practice Development skills

OCCG and federations ran a number of working at scale training events last year, to facilitate practices to think more about how they could work in their neighbourhoods and federations more successfully. It is anticipated that further training/events will be needed to help practices transition to this way of working and manage change within their practices.

To support new models of working e.g. Group Consultations, Online Consultations, telephone consultations; training and support for GPs and other clinicians will be required to enable patients and practices to get the benefits from these new ways of working.

GP Locum Skill Development

To improve support for locum staff, OTN has been working with local stakeholders in Oxfordshire, Buckinghamshire and West Berkshire to develop a scalable locum chambers model that will:

- ➢ Establish a supportive, caring, nurturing and professional network
- ➢ Develop a professional community with shared learning, spread best practice and integrate into clinical governance structures
- ➢ Simplify engagement between clinicians, practices and services; ensuring continuity at a regional level, skill mix, workforce development and ultimately, improvement in patient care

This development of a new type of locum chamber for Buckinghamshire, Oxfordshire and West Berkshire would integrate the training hubs, GP federations, and the locum workforce, to create a tangible "home" for flexible GPs and other clinicians. The locum chambers will exist as an online platform that holds relevant, region specific information for clinicians.

While we recognise that we do not want to deter GPs from taking up permanent positions in practices we believe that by providing a supportive network for Locum GPs we will attract new people into the area to work who will then have access to take up permanent job opportunities. This model could also be extended to other health care professionals such as nurses who also wish to work flexibly.

To support our ambitions, OTN have developed an OTN GP Workforce Development Plan 2018/19 (Appendix 3)

- **Retaining:**
We recognise that there is a shortage of GPs to recruit into posts and it is therefore important that we retain those currently employed within Oxfordshire. We also recognise that GPs at different stages of their careers have different needs and it is important that this is considered as part of the approach to retaining GPs.

Retaining Newly Qualified GPs
RGCP First 5 Network – the Next Generation network has been setup and is run by GPs in the first 5 years of their career, with a local branch setup in Oxfordshire. It provides community and training events to its members. It is funded by NHSE. We will engage with and signpost to this network.

HEE Post- Certificate of Completion of Training (CCT) - HEE are rolling out a GP Fellow programme, targeted at GPs in the first

5 years of their career. This programme will enable a GP to have dedicated sessions to focus on a project to help improve health care in Oxfordshire. It is anticipated that it will aid recruitment in practices where it is difficult to attract GPs and retention, as it will enable GPs to engage in a portfolio career. As such OCCG and OTN will actively promote the scheme to GPs to gain sign up.

Retaining Experienced GPs

Career Flex - We have been considering a Career Flex approach that would allow us to offer support in four important areas: General Practice Role, Added Value Role, Education and Coaching & Mentoring. Career Flex would be open to both newly qualified and experienced staff, providing opportunities to explore new services and develop special interest roles to deliver and/or lead those services. Support would be tailored to the needs of the individual - the aim is to create flexible support to enable GPs to choose the areas where they want support and decide what that support looks like. Examples of the type of support on offer are: matching trainees with employers to get their career off to the best start, placing people in added value roles in Public Health, Secondary Care, Education and Commissioning to give their career a boost, linking experienced GPs with opportunities that add some variety and gave their career a refresh and support to extend careers where a GP is considering early retirement. A Career Flex plan is being developed with partners across BOB STP as part of the STP GP retention funding supported projects.

Mentoring and Support - OCCG, OTN and in collaboration with other CCGs and training hubs across the BOB area are exploring a support network/group for GPs that are struggling with stress and workload. Pilots in Somerset[24] ran support sessions for 9 GPs in the scheme who had either left general practice (4) or were seriously considering leaving (5). After the scheme the cohort were working an additional 15 sessions a week. A business case is currently being put together on whether this is a good investment for the BOB STP to make given the costs of the scheme. However if one cohort is run every six months it has the potential to retain/recruit 3.8 FTE GPs a year.

Workload - The major reason given by GPs leaving the profession is workload, therefore supporting different models of care and career opportunities as described in the section above is important to begin to improve this. Supporting further skill mix and working at scale in practices will be important in achieving this. It is also

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[24] https://www.england.nhs.uk/gp/gpfv/workforce/retaining-the-current-medical-workforce/gp-career-plus/somerset/

proposed that a mini task group is set up to identify other areas that contribute unnecessarily to GP workload and make proposals for improvements.

Enabling GPs to have dedicated, scheduled time to undertake administrative tasks, may be one way of reducing pressure of workload as could training other members of the administrative staff to undertake some tasks. Practices operate a variety of appointment structures and work could be done to help practices optimise appointment structures to improve patient access and reduce stress for GPs. This may include dedicated time for administration, telephone calls and some longer appointment slots for patients with more complex needs.

We know practices are taking actions to manage *Did Not Attends* (DNAs) levels and that the picture is a complex one - we need to understand more about what lies beneath the numbers, including the level of DNAs across Oxfordshire. Whilst a reduction in DNA rates means more patients are attending scheduled appointments this could result in GP's time being fully utilised by patient contact and so reducing opportunities for unscheduled catch-up time to make important patient related phone calls or administrative tasks. As DNA rates fall there will be an increased need to enable GPs to have protected time for these work activities.

GPs approaching retirement

GP Retainer Scheme - HEE offer a GP retainer scheme to enable GPs considering leaving the profession either for a career break or retirement to continue working for up to 4 sessions per week with additional support for training. Oxfordshire currently has 20 GPs on this scheme, doing 52 sessions a week. Whilst this is one of the highest in the country, OCCG/OTN will continue to publicise it and encourage GPs approaching retirement or wanting a career break to consider it as an option. This scheme will support retention of highly skilled and experienced GPs to enable continued contribution to good quality patient care.

GP Locum Chambers - Part of the locum chambers scheme described above, will be a locum booking platform, making it easy for GPs who are retiring to remain working as a locum. Similar schemes in Newham [25] and Yarmouth [26] have had success at transitioning GPs who would otherwise have retired into the locum

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[25] https://www.england.nhs.uk/gp/gpfv/workforce/retaining-the-current-medical-workforce/gp-career-plus/newham/

[26] https://www.england.nhs.uk/gp/gpfv/workforce/retaining-the-current-medical-workforce/gp-career-plus/great-yarmouth-and-waveney-ccg/

chambers. OCCG and OTN will be scoping this opportunity as part of the Locum Chambers project.

GP Summary

The table below shows schemes that should increase the number of Practice Nurses.

Summary of potential impact of GP Recruitment, Development and Retention Schemes

Scheme	2022 Additional FTE	2027 Additional FTE (Cumulative)
GP Trainees (80% retention rate, GPs working an average of 5.5 sessions)	99.00	190.80
International GP Recruitment	2.00	2.00
Mentor/Support Group (added only 2018 to 2022 as majority of participants are over 55 so will retire)	15.20	15.20
GP Retainer Scheme (Net increase if uptake increased by 20%)	0.60	0.60
Total	**116.80**	**208.60**
Number of additional GPs recruitment required due to population growth/retirement/vacancy (2022 figures taken from *'Do Nothing'* Scenario, Appendix 3 and 2027 figures taken from *'Do Nothing'* Scenario, page 15)	**149.10**	**349.90**

It is estimated that 349.9 FTE additional GPs will needed by 2027. The recruitment and retention schemes listed above are predicted to gain 208.6 FTE GPs, therefore other schemes and skill mix will be essential to closing this gap. Below are further GP related schemes that could be considered by OCCG.

Schemes where impact to GP FTE is currently unknown

- Mobile Working
- Increasing recruitment to the National Induction and Refresher Scheme
- GP Locum Chambers
- First Five Next Generation Scheme
- GP Fellows (CCT Training)
- Career Flex Scheme

6.4.2 Nursing
- **Recruiting**

    Pre- Registration Nurses
    Pre- Registration Primary Care Placements - The OTN lead nurse and OCCG locality lead nurses are working together to secure more pre-

registration primary care placements, ensuring that student nurses are given the opportunity to experience the benefits of working within this health sector that practice nursing is seen as a post-qualification employment destination of choice. We aim to have 20 pre-registration placements in Oxfordshire by 2022. We aim to fulfill the NMC placement criteria for pre-registration placements to 50% primary care and 50% secondary care – the split is currently at 25% and 75% respectively.

Partnering with Brookes on community pathway - The OTN Lead Nurse is working closely with Brookes University on the community pathway for pre-registration nurses.

Newly Qualified Practice Nurses
Newly Qualified Nurse Training - The four Thames Valley Training Hubs including OTN can allocate up to 36 funded places between them annually onto the Bucks New University Post-graduate certificate in General Practice Nursing programme. This trains nurses new to General Practice with the full range of skills required. Previously there have been challenges with confirming the dates and places available which so that practices did not have sufficient time to plan to recruit suitable recently qualified nurses. This has meant that not all of the Oxfordshire places have been filled. In 17/18 five places were filled. By increasing visibility of these courses and increasing uptake there is potential to increase the numbers of newly qualified nurses choosing a career in general practice.

New Career Pathways: Nurse Associate and Nursing degree Apprenticeships - There are a number of new clinical apprenticeship opportunity roles being introduced nationally, introducing opportunities for a career pathway that enables Health Care Assistants to becoming Nurse associates or go on to a full nursing degree apprenticeship. Establishing these in Primary Care as an option for people that don't want to go direct to doing a nurse degree could enable an additional future pipeline of Practice Nurses.

Below is an estimation of the potential impact of introducing the Nursing Associate role based on their ability to take on either 5% or 10% of a registered nurse duties in 2022 and 2027 respectively – Nursing Associates have the potential to release nursing time to allow them to focus on areas where their skills can have a greater impact, for example in running minor illness clinics.

Estimated Impact of Introducing Nursing Associate Role – 2022 and 2027

			Nursing Associates		
Year	Total Nursing Hours	Nursing Associate Hours Target %	Number Hours that Can be Fulfilled by Nursing Associates	Additional Nursing Associate - FTE	Total HCA - FTE
2018	292,913				0.00
2022	325,341	5%	16,267	8.32	8.32
2027	352,943	10%	35,294	18.05	26.37

All Nurses

Participation Rates - The March 2018 Primary Care data[27] showed that the participation rates, for Nurses and HCAs was 63% and 62% respectively (see Appendix 2). Many choose part-time working however there are potential opportunities to increase the number of hours our nurses and HCAs are employed to work for example through joint appointments across 2 or more practices or by offering additional hours in other primary care services such as extended access clinics Offering flexible working opportunities may also attract additional nurses into primary care.

Estimated Impact of Increase in Nurse and HCA Participation Rates – 2022 and 2027

Category	March 2018 Participation %	2022 Participation Target %	2022 Total FTE Benefit	2027 Participation Target %	2027 Total FTE Benefit
Nurses	63%	65%	4.72	70%	13.88
HCA's	62%	65%	3.94	70%	7.08
Total			8.66		20.97

Consolidating and Improving Terms and Conditions - Currently Practice Nurses have a range of terms and conditions as well as job descriptions and pay bands. This has led to significant movement of Practice Nurses from practice to practice. It has also meant that there is a big difference in annual leave, sickness policies across Oxfordshire. Providing guidance on more standardized contracts and career pathways will make it easier for practices to make joint appointments. Improving these terms and conditions in some instances will also help recruitment and retention.

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[27] HEE March 2018 data

- **Development and Retention**
Practice nurse retention will be supported by the provision of good development pathways - this section will go through schemes that contribute to this.

Minor Illness Training
Many surgeries are establishing Minor Illness clinics to help reduce GP workload by up skilling nurses in minor illness management. OTN is working with a local training provider to establish a six monthly rolling NMC RCN accredited Minor Illness course for Practice Nurses, with the first course beginning early 2019. It will be key for practices to be committed to supporting the newly trained nurses to practice their skills and pay any additional indemnity costs.

Nurse Prescribing Training
As of March 2018 we had 21 nurse prescribers across OCCG. Anecdotally it has been highlighted that some nurse prescribers are not utilising their skills. As part of career development and to support GPs in focusing their skills where specifically needed, we will ensure these prescriber skills can be used and that supervision of nurse prescribers is available; we will also look to provide prescriber update sessions.

Long Term Conditions management Training
HEE has indicated to the OTN that funding will become available shortly under the GPN 10 Point Plan to support primary care nurses looking to undertake modules in advanced practice for long-term conditions management. It is recognised that there is currently a gap in the care for some patients with chronic conditions and therefore this is not only required to enable practice nurses to take on this work, but also to improve quality of care for this patient group.

Mentoring Training
OTN has received funding from HEE to deliver mentor update training to nurses, to enable them to mentor trainee practice nurses and HCAs. This should begin in 2019. This is important to enable the training of others, as many skills and competencies require mentorship to be acquired.

Clinical Skill Updates
Last year 150 Practice Nurses attended a Nurse Update day to update their clinical knowledge. This was well received and was the first time that this sort of training was provided for nurses. Based on feedback this won't become an annual training event, but instead the CCG and OTN will invest in training above.

Telephone/Online Triage skills

As part of the new model of working, some practices may consider an enhanced role for practice nurses to take a lead on telephone/online triage. This will require appropriate training and support to develop their skills in this area.

Career Pathways

There is scope to look at how utilisation of competency frameworks and career pathways, could help with retention and standardising of skill levels. However this is a wide-ranging and complex work programme and we feel that the benefits for Oxfordshire are best served by waiting for an approach to be developed nationally.

To support our ambitions, OTN have developed a Primary and Community Care Nursing Workforce Strategy 2018/19 (Appendix 4).

Practice Nurse Forum development

The OCCG locality lead nurses are working to support the establishment of local practice nurse forum providing peer support, advice, resources and training opportunities. This will be important in maintaining and developing clinical skills as well as creating a community, which will help with retention.

Summary of schemes that will increase or decrease Practice Nurse workload

The table below shows the schemes that are expected to increase and decrease the overall workload of Practice Nurses (either by changing the number of FTEs or by increasing responsibilities of the roles.

Summary of schemes that will increase or decrease Practice Nurse workload

Schemes that will increase the number of FTE Practice Nurses required	Schemes that will help to recruit additional Practice Nurses
- Minor Illness - Nurse Prescribers - Chronic Conditions Management - Mentoring - Telephone/Online Triage	- Newly Qualified Practice Nurses - Consolidating Terms and Conditions - Participation Rates - Pre- Registration Primary Care Placements

Practice Nurse Summary

The table below shows schemes that should increase the number of Practice Nurses where the numbers have been estiamted.

Summary of potential impact of Practice Nurse Recruitment, Development and Retention Schemes

Scheme	2022 Additional FTE	2027 Additional FTE (Cumulative)
Newly Qualified Nurse Training Places (Pro Rated so each is 0.65 FTE equivalent)	52.00	117.00
Increased Participation Rates	4.72	13.88
Introduction of Nurse Associates	8.32	18.05
Total	**65.04**	**148.93**
Number of additional nurse recruitment required due to population growth/retirement/vacancy (2022 figures taken from *'Do Nothing' Scenario,* Appendix 3 and 2027 figures taken from *'Do Nothing'* Scenario, page 15)	**63.70**	**138.40**

The schemes below are expected to positively impact the number of FTE nurses, however their impact is not currently known:

Schemes where impact to FTE is currently unknown

- Career Pathways
- Consolidated Terms and Conditions

It is anticipated that an additional 138.4 FTE nurses will be required by 2027 due to retirement and population growth. Whilst the figure in the table (148.93 FTE) looks positive, it doesn't factor in the additional workload that Practice Nurses will take on (e.g. Minor Illness clinics, Long Term Conditions management). OCCG/OTN will therefore ensure that when the workforce trains and adopts new skills it is done in partnership with a scheme that either increases the number of Practice Nurses or transfers workload to other clinicians.

6.4.3 Health Care Assistants

Oxfordshire recognises that HCAs are going to have an increasingly important role in Primary Care, to enable the new models of care and the transition of workload. In its report 'Reshaping the workforce to deliver the care patients need' [28] the Nuffield Trust in association with NHS Employers identified that HCAs are able to undertake about 12.50% of duties usually undertaken by nurses.

Based on the additional nurses estimated to be required by 2027 this could equate to releasing more than 20 FTE nursing time across Oxfordshire primary care. We will develop our Health Care Assistants (HCAs) to ensure they have the skills and competencies to contribute effectively to patient care, freeing up nurses and GP's to focus their skills where specifically needed. Therefore recruiting, developing and retaining HCAs is an essential part of this strategy.

Estimated Impact of Extending the scope of the HCA Role – 2022 and 2027

HCA					
Year	Total Nursing Hours	HCA Hours Target %	Number Hours that Can be Fulfilled by HCA	Additional HCA - FTE	Total HCA - FTE
2018	292,913				76.40
2022	325,341	12.5%	40,668	20.80	97.20
2027	352,943	12.5%	44,118	22.56	119.76

Establishing an Excellence Centre (Sponsored by BOB LWAB and hosted by Oxford Health and Oxford University Hospitals) will help more students train as HCAs. In addition there is a need for more locally provided, cost effective skills courses for HCA's. We also need to encourage practices to invest in training of HCAs as there are benefits to practices of HCAs undertaking some tasks which would otherwise be undertaken by registered nurses such as simple wound dressings, suture removal, health checks etc.

- **Recruiting**

Portability of Care Certificate
HEE is currently working on a pilot to improve the portability of the care certificate. If successful this will make it easier for other care workers to transition to a HCA role and reduce the re-training that is currently required for an employer to be satisfied that a HCA meets the care certificate standards.

Career Pathway
People enter the HCA role from a large range of backgrounds with a range of ambitions. OTN is developing a local career pathway for HCAs, which can demonstrate the potential

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[28] Reshaping the workforce to deliver the care patients need, Research report, Nuffield Trust in association with NHS Employers, May 2016

career progression available to both existing HCAs and new recruits. It is hoped that this will help to increase the appeal of the HCA role as a career.

Supporting Administration and Receptionists into HCA roles

A number of our current HCA workforce began working within primary care as receptionists and subsequently trained to become a HCA. Supporting practices to train these staff is an excellent way to enable recruitment of the future HCA workforce. It also enables practices to more easily recruit when they only have 1-2 vacant sessions weekly. Providing practices with access to clinical skill training, for staff that would like to train to be able to perform clinical tasks, will help this transition. To enable this, Oxfordshire could aim to support receptionists in each practice to train to deliver two sessions of HCA work a week. Across the county, this would equate to 56 FTE by 2022, increasing to 126 in 2027. This scheme could be scaled up depending on demand for HCAs.

Increasing Participation Rate

As shown in the table, by increasing the HCA participation rate from 63% to 65% in 2022 and 70% in 2027 will increase the number of FTE by 3.94 and 7.08 respectively. Currently HCAs are employed by the practice, which limits their ability to pick up an extra session at a different practice either on a temporary or full time basis. Not all HCAs will want to work additional shifts, however for those that do, addressing this hurdle will be important. It is anticipated that changes in indemnity in April 2019 will help with this. OCCG and OTN are also committed to addressing this to enable sharing of staff when desired by the individual and practices.

- **Development and Retention**

   As a number of the initiatives for the development and retention overlap, we have grouped them into one section.

Clinical Skills Training

Training is required to upskill HCAs to take on some of the responsibilities of Practice Nurses. This training will ensure that they have the clinical skills and competencies to deliver these services to patients, as their counterparts are already doing in other practices.

A recent survey of Practice Nurses and HCAs identified that Wound Care (Tissue Viability) and Diabetic Foot Checks should be prioritised. Currently these training courses are not scheduled, which can make it difficult for an individual HCA to access the training. This training should be scheduled on a regular basis to enable new HCAs and HCAs ready to develop an additional competency to attend. OCCG and OTN are committed to providing this.

In addition, it is recognised that some training could be offered by local hospital trusts. To better increase access to this training, OTN and OCCG will link with these providers to create partnerships so that staff from the different organisations can attend the relevant training courses.

Care Certificate

All HCAs should have obtained a care certificate within the first 3-6 months of starting their role. This certificate shows that they have the basic knowledge, skills and behaviours required for a HCA. It is currently not understood how many of our HCAs have this and how they are trained on it. The 18/19 Workforce and Estates Survey will identify this so that the right support can be scoped by OTN/OCCG.

Locality Supervision Groups

Locality Supervision Groups have been very successful in other areas, including Lambeth where 70% of their HCAs are now regularly attending supervision groups provided by the CCG. There are often only 1 or 2 HCAs in a practice, which can make it isolating. Therefore these supervision groups not only maintain and develop the HCAs clinical skills, they also provide a community to support retention. It is envisaged that Oxfordshire will develop supervision groups for its HCAs to offer them similar support.

HCA Summary

The table below shows schemes that could impact on HCAs:

Summary of potential impact of HCA Recruitment, Development and Retention Schemes

Scheme	2022 Additional FTE	2027 Additional FTE (Cumulative)
Increasing Participation Rates	3.94	7.08
Supporting Admin and receptionist Staff into HCA roles	56.00	126.00
Up skilling HCAs to take on work nurse clinics (shown as negative as additional HCAs will be needed)	-20.80	-22.56
Total	**39.14**	**110.52**
Number of additional HCAs recruitment required due to population growth/retirement/vacancy (2022 figures taken from *'Do Nothing'* Scenario, Appendix 3 and 2027 figures taken from *'Do Nothing'* Scenario, page 15)	**33.20**	**78.20**

Schemes where impact to HCA FTE is currently unknown

- Portability of Care Certificate
- Development of Career Pathways
- Locality Supervision Groups
- Care Certificate

It is anticipated that 78.20 additional FTE HCAs will be required in 2027 due to population growth and retirements. This means that if the investments are rolled out as above, the number of HCAS required would be reached.

6.4.4 Nursing Associates

Nursing Associates[29] fulfill a skill gap between the Health Care Assistant and registered nursing workforce and the role has recently been developed and supported within the NHS - the aim is to have 7,500 Nursing Associate trainees cross England each year from 2019 onwards, about half of whom will go onto train to become a registered nurse after the initial two year training programme. In 2017/18 HEE Thames Valley supported over 100 Nursing Associate trainees and whilst currently there aren't any Nursing Associates within Oxfordshire Primary Care, we plan to explore if this role could contribute to meeting our estimated workforce skill requirement.

- **Recruitment**

  The nursing associate role is in its infancy with the first nursing associates qualifying in 2019. This is a new role for the NHS and therefore the first step to recruiting nursing associates will be the creation of these posts. OTN will work with practices to help them understand the role of the nursing associate and provide guidance of how they can work in their practice.

  A key to recruitment will be placements during training. Nurse associates are expected to have a placement in primary care/community. OTN will work with practices to identify opportunities for placements. This will help to make primary care an attractive option for nursing associates.

- **Development and Retention**

  OTN/OCCG will look to NHSE/HEE to provide guidance on development needs of newly qualified Nurse Associates. Currently these training plans have not been created in Oxfordshire and will be important to provide these when nursing associates start in primary care.

  It is expected that nationally, this scheme will result in 4,600[30] additional nurses due to nurse associates going on to qualify as nurses. If they are supported to train to become a registered nurse, engaging Nurse Associates has the potential of building longer-term sustainability into the wider nursing workforce. Again, as it is a new role, OTN/OCCG will need to look at national guidance and examples from other areas to understanding what support is needed to support this.

6.4.5 Paramedics

We recognise that there are benefits of having paramedics working within primary care to undertake tasks that are usually performed by general practitioners or other healthcare professionals. Paramedics are currently being successfully employed in the primary care home visiting service. Some practices have also taken on paramedics to staff urgent care clinics where recruitment of nurses has been difficult and paramedics could also undertake minor illness clinics. However we are aware there is pressure on the availability of paramedics and that recruitment could prove increasingly difficult.

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[29] https://www.hee.nhs.uk/our-work/nursing-associates

- **Recruiting**

  It is important that as Paramedics take on more of a role in Primary Care that their recruitment doesn't destabilize other services such as South Central Ambulance Service (SCAS). Currently PML and OxFed are working with these organisations to ensure this is sustainable for both services by introducing a rotation system however as demand for Paramedics increases, OTN/ OCCG may need to take a lead in understanding this.

- **Developing and Retaining**

  Paramedic Fellow - With the paramedic role being fairly new to Primary Care, a training development and retention plan hasn't been fully formed. However the following OTN has funding to recruit a Paramedic Fellow role to support the development of the role of paramedics within general practice and primary care. This role will help define the potential opportunities and threats of encouraging more paramedics to consider working in this sector. It will establish how this can be done in a way that is sustainable for the ambulance service and offers career development opportunities for paramedics.

  Maintaining Skills: Rotation Opportunities - To ensure paramedics retain their skill level we would work with our ambulance colleagues to look to support rotation opportunities between primary care and the ambulance service.

6.4.6 First Contact Practitioners (Musculoskeletal)

First Contact Practitioners (FCPs) are usually an Advanced Practice Physiotherapist. They are currently being successfully deployed in extended hours Hubs in the county and have been well received by patients who value timely assessment and advice. We will look at how this service can be rolled out across Oxfordshire, learning from the experience of the extended hours Hubs. Where GP recruitment has been difficult, a number of practices have decided to employ physiotherapists directly as this provides the option for patients to see a physiotherapist for Musculo-skeletal services (MSK) problems. Recruitment of physiotherapists is currently not an issue.

It is estimated that 1 in 5 primary care consultations are by patients with Musculo-skeletal services (MSK) difficulties[31]. If a FCP rather than a GP saw 10% (1 in 10) of all patients consulting with MSK instead, it is estimated that it would reduce GP appointments by 304,587 by 2022 and 328,654 by 2027across primary care in Oxfordshire; it is estimated that this could equate to releasing more than 30 FTE in GP time which could be focused where needed more. In Oxfordshire, consideration needs to be given to how this integrates with the MSK secondary care service, in which patients will be able to self refer so as to avoid overlap.

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[31] HEE, 2018

FCP (MSK) Estimated Activity Levels – 2022 and 2027

FCP/MSK					
Year	Total Appointments	MSK/FCP Percentage of all GP Appointments	MSK/FCP 10% of Total Appointments	Reduction in GP Time - Annual Total Hours (12 mins appointment)	Reduction No. GPs FTE
2017	2,740,959				
2022	3,045,868	10%	304,587	60,917	31.15
2027	3,286,541	10%	328,654	65,731	33.62

Recognising the role FCP[32] can have within primary care, we are working to appoint a MSK Fellow to support roll-out across Oxfordshire.

- **Recruiting**
  Anecdotally there currently haven't been challenges with recruiting Advanced Practice Physiotherapists into these roles, however this needs to be monitored in partnership with HEE, so that potential recruitment challenges can be anticipated.

- **Developing and Retaining**
  MSK Fellow
  We will ensure we learn from our and others experience of introducing a FCP MSK service. Coordinating with the Thames Valley FCP MSK Fellow working across the training hubs in Oxfordshire and Buckinghamshire, we will work to promote and support the adoption of FCP MSK models across the county. We are not experiencing retention issues we will explore what other areas are doing to ensure continuity of service.

  Clinical Training
  Over the next few years, as MSK FCPs become a larger part of the workforce, consideration will need to be given to support for clinical skills training. At present this hasn't been evaluated due to the very small numbers, however the MSK Fellow role will enable more detailed evaluation of the challenges and opportunities for recruiting more MSK FCPs to work in primary care.

  Primary Care MSK Network
  Currently there isn't a network for MSK professionals working in Primary Care due to the small number of people employed. As this grows, consideration will be given by OTN and OCCG on whether this network should be created, given the potential isolation of the role in general practice.

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[32] Fist Contact Practitioner for MSK Services, NHS England, April 2018 & First Contact Physiotherapy posts in General Practice, Chartered Society of Physiotherapy, RCGPs and BMA, May 2018

6.4.7 Clinical Pharmacists

Clinical Pharmacists are currently being employed directly by practices and the federations to work with a range of patients. The number of pharmacists employed varies between the different localities with a significant number in the North and City and much fewer in the South East and South West. Clinical Pharmacists are seen as valuable addition to the skill mix in general practice providing specialized medicines advice, managing complex polypharmacy and supporting best practice in prescribing, reducing GP workload and improve the health outcomes to patients.

OCCG pump primed Clinical Pharmacists in the localities by providing non-recurrent funding for 7.2 FTE equivalents in Oxfordshire, to enable practices to see the benefit of employing a Clinical Pharmacist. As part of the NHSE funded Wave 2 Clinical Pharmacists in General Practice pilot OxFed has recruited three clinical pharmacists and one senior clinical pharmacist (with another two expected to be recruited this year). The pharmacists are working across nine practices in Oxford City and have supervision and training through the national scheme, the senior clinical pharmacist and their host practices. The three clinical pharmacists will undertake prescribing training in 2019

- **Recruiting**

  There is currently a good supply of pharmacists who wish to transition to working in Primary Care. Therefore recruitment has not been an issue. It is unclear how demand will match supply over the next 10 years. OCCG will need to work with HEE to understand this. If it is foreseen that there will be an issue, then further options for Pharmacist recruitment, in conjunction with the rest of the health system will need to be designed by OCCG/OTN.

  Pre-Registration Clinical Pharmacy Student placements in General Practice
  OTN is working with HEE and OxFed to support two pre-registration pharmacy student placements in general practice for the year 2019-2020. It is expected that if the model is successful, the scheme will be replicated in the other localities.

- **Developing and Retaining**

  Clinical Pharmacist Network
  The OTN and OCCG are supporting the establishment of a network of clinical pharmacists in General Practice which will provide peer support and access to resources and training opportunities. This will be available to all pharmacists working in general practices across Oxfordshire.

  Clinical Pharmacist Prescriber Training
  Clinical Pharmacists on the NHS Scheme will undertake prescriber training. OTN needs to evaluate the need and demand for prescriber training, to understand the benefits to offering it more broadly on the new model of care. It is also understood that there may be other training that Clinical Pharmacists require.

  It will be important to embed the learning and continue to provide support and career development opportunities for general practice pharmacists to ensure they remain

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within primary care once they have completed their training and do not return to community pharmacy.

Career development options could include rotation through Care home support teams, working with the CCG prescribing support teams or developing rotations with the hospital trusts to improve communication between primary and secondary care.

OTN have had early conversations with OUH about developing a primary care pharmacist consultant role.

6.4.8 Practice Managers:

- **Recruiting:** Although the role of Practice Manager can vary in general practices, the role comes with a high level of complexity and responsibility. We recognise the crucial role practice managers play in the smooth operation of primary care - they have a key role in co-ordinating access to appointments, managing practice workload, determining workforce requirements, managing staff and being the visible face of a practice. Having a good practice manager is essential for the sustainability of a practice as well as maintaining good patient care, therefore it is important that there is a good candidate pool to recruit from.

  Practice Manager Induction Scheme
  One proposed solution is a centrally co-ordinated induction programme to give experienced managers in other sectors the ability to gain the NHS specific knowledge to be successful as a Practice Manager. OTN/OCCG will need to keep aware of when it is becoming more difficult to recruit good practice managers, so a proper evaluation of whether this scheme would be beneficial can be carried out.

  Practice Manager Training
  NHSE awarded OCCG with a training fund of £18K in 18/19 to train practice managers. It is anticipated that further budget will be available next year. OCCG has expanded the scope to include other managers within a practice e.g. operational managers, reception managers etc so that they can receive development both in their current role but also to enable them to take on a future practice manager role. OCCG will consider promoting this aspect of the fund further to train this group of people.

- **Developing and Retaining**
  We will continue to develop practice managers to enable them to fully support general practices and ensure GP partners can focus on their clinical roles while being provided with a clear overview of practice functions and finances.

  Practice Management Development
  OCCG has received funding from NHSE to support practice management development with a number of practice managers applying for diploma, HR training and data protection officer training (which will be rolled out to all practices). This

builds upon the Change Management and HR Training that practice managers did in 2017/18.

OTN is also providing a leadership academy course to practice managers and other primary care staff to build skills that will help them to deliver primary care at their practices.

Practice Manager Groups

There are a number of practice manager groups in Oxfordshire, including a central one with representation from each locality. Some localities don't have a regular practice manager meeting. OTN/OCCG will explore whether this is something that would support practice managers both in gaining knowledge for the job but also a support network of other people in similar positions.

Collaboration Tools

GP TeamNet has been rolled out to Oxford City practices as a platform for practices to share policies and procedures as well as an intranet to store information. OCCG will evaluate whether this or a similar system should be extended to other localities

Back Office Functions

OxFed are developing back office functions to support Practice Managers with expertise including finance, HR, communications and practice development.The aim is to provide flexible options to reduce duplication, support efficiency and to free up Practice Manager time, but to also enable them to get the right advise quickly. Once established, this model could be replicated in other areas.

6.4.9 Receptionists and Administrators

- **Recruiting**

It is anticipated that 371 administrators/receptionists are due to retire, equating to 61% of the current workforce. Recruiting high quality workforce is therefore a necessity, which can be a challenge due to the high cost of living in Oxfordshire.

Apprenticeship

To support recruitment of new people into primary care administration the OTN has developed guidance for practices that wish to engage an apprentice.

- **Developing and Retaining**
Active Signposting and Communication Training

To support the embedding of new roles in General Practice and new ways of working in primary care it is essential that practice receptionists receive training to ensure that patients see the most appropriate clinician each time.

OTN have rolled-out receptionist active signposting training to practice teams across the county as well as an HEE funded frontline communications course. The aim of the courses is to improve patient experience and provide a more consistent approach as

well as ensure practice reception teams have the skills needed to make sure patients are able to access the care they need from the right professional in the practice and in the wider health service.

The Workforce and Estates Survey in 2018 will capture which practices have successfully rolled out signposting and which may require more support to do this. OCCG will look to support these practices with refresher training.

Workflow Optimisation Training

To enable GPs to optimise their time, Oxfordshire is encouraging practices to train administrators to process incoming correspondence to the practice appropriately coding it and directing it to a clinician when needed. In Brighton and Hove, this has been found to save 40 minutes a day per 1 FTE GP, equivalent to 1 session a week. OCCG has rolled out training to 55 practices. It is also partnering with the SCW CSU for their training team, as part of their existing training contracts with the CCG, to deliver refresher training to practices that need some additional support in implementing this.

Technology - Self Check- in Kiosks

The majority of practices are currently using Self Check-in kiosks to save receptionist time in checking in patients and freeing up their time for more complex issues. For practices struggling to recruit and where they currently don't have Self Check-in, this could be explored as an option.

On-line Appointment Booking

In the GP Patient Survey 2018[33] of those patients sampled only 14% of OCCG patients had booked appointments and 19% had ordered repeat prescriptions on-line in the previous year. Although the number responding to the survey was small (7,485) there would be benefits to releasing administration time if more appointments were booked on-line. We are setting ourselves an ambition to achieve 25% of appointments booked on-line by 2022 and 30% by 2027 - it is estimated that this could save up to 42 FTE of administration time (based on each appointment taking 5 minutes to book over the phone).

Estimated Impact of Patient On-line Appointment Booking – 2022 and 2027

On-Line Appointments					
Year	Total Appointments	On-Line Appointment Booking Target %	On-Line Annual Total Appointment Booking Target	Onlne Appointment Booking - Annual Total Hours (Estimate 5 mins Appointment)	Online Appointment Booking - FTE
2017	2,740,959				
2022	3,045,868	25%	761,467	63,456	32.45
2027	3,286,541	30%	985,962	82,164	42.02

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[33] GP Patient Survey, NHS England with Ipsos MORI, 2018

Any benefits from improving digital operability maybe offset initially as patients may not book the correct practice staff member to meet their needs. Active patient education will be needed to ensure they understand the on-line booking system and accept that skilled staff, other than GPs, can deliver the care and advice needed. A technology solution would also assist this.

Electronic Referrals and Communication

Generally, all consultant led clinic referrals from primary care into secondary care are done electronically. However we're not aware of the amount of other referrals that are done electronically. Also, practices receive large quantities of documentation that must be acted upon in a timely way and stored in the patient record. While electronic communication of information into primary care from secondary care can ease the burden on practice administration saving time on scanning and sorting, there are still significant inefficiencies in the system with documents frequently being duplicated on paper and electronically. Although we need to understand more about the extent to which electronic communication is currently used we know anecdotally there is scope to improve. Streamlining workflows within the practice once documents are received is another area requiring change and training within practices that can save significant amounts of GP time. To achieve this Oxfordshire practices have completed workflow optimization training. The IT teams are reviewing the number of documents not submitted electronically so that it can be prioritsed as part of the Primary Care Digital Roadmap as needed.

6.4.10 Impact of Recruiting, Developing and Retaining Staff Schemes

The potential effect of some of the options discussed throughout this strategy are summarised in the following tables.

The first table below summarises the impact on Establishments (in FTE) of the changes to role responsibilities as discussed in earlier sections. These are indicative numbers, based on an Oxfordshire-wide workforce view; it is recognised that the size, make up and structure of practices influence the impact locally.

In representing staff numbers these are based on one FTE being equivalent to 37.50 hours/week; with GP appointments represented as 12 minute in duration and administration tasks (booking appointments, filing) represented as 5 minutes in duration. Where available nationally recognized data/figures are used and referenced. Where we have identified local ambitions we have adopted a conservative approach.

All identified changes to workforce numbers are an indication of what could be achieved and further work would need to be undertaken as part of implementation to validate these.

Estimated Primary Care Workforce (FTE) – 2027

Category	2027 Staff Est. Required (FTE)	2027 Workforce Initiatives (FTE)							2027 New Staff Est. Required (FTE)
		PC Home Visiting	FCP (MSK)	On-Line Consult	HCA Role Development	Nursing Associate	On-Line Apts.	Social Prescribing	
GP's	497.4	-26.1	-33.6	-0.6				-39.1	397.9
Nursing	180.5				-22.6	-18.1		39.1	179.0
Direct Patient Care - HCAs	92.1				22.6				114.7
Direct Patient Care - Pharmacist	7.5								7.5
Direct Patient Care - Other	72.8	26.1	33.6			18.1			150.6
Admin	726.9						-42.0		684.9
Total	**1,577.1**	**0.0**	**0.0**	**-0.6**	**0.0**	**0.0**	**-42.0**	**0.0**	**1,534.6**

Based on these skill mix figures, the estimated 2027 workforce FTE would reduce by 42.5 FTE.

The table below summarises the impact for GPs, nurses and HCAs and highlights the gap between the summary of those schemes explored, where it has been possible at this stage to identify the impact on the workforce (Total 2022: 134.28 FTE and Total 2027: 347.04 FTE) and the estimated workforce required, taking account of increases to meet population growth, retirement and vacancies (Total 2022: 239.23 FTE and Total 2027: 566.50 FTE). This demonstrates that there remains a shortfall to meet the workforce numbers required and will require further exploration of the additional schemes highlighted.

Summary of potential impact of Proposed GPs, Nurses and HCA Recruitment, Development and Retention Schemes

Scheme	2022 Additional FTE	2027 Additional FTE (Cumulative)
GP Schemes	39.14	110.52
Nursing Schemes	56.00	126.00
HCAs	39.14	110.52
Total	**134.28**	**347.04**
Number of additional GPs, nurses and HCAs recruitment required due to population growth/retirement/vacancy (2022 figures taken from *'Do Nothing' Scenario,* Appendix 3 and 2027 figures taken from *'Do Nothing'* Scenario, page 15)	**246.00**	**566.50**

The table below summarises all of the projects described in the document with the potential impact (if identified). Project Status is categorised as:

- **Green:** Project in roll out to all practices
- **Amber**: Rolled out to some localities/practices and/or more investment needed for further return.
- **Red:** At Risk
- **Grey:** Project needs to be scoped

Workstream	Project	Potential Impact in 2027	Status
New Models of Care	Primary Care Visiting Service	- If extended, could save 21.01 FTE GP time - Require more paramedics	Live in 3 federations
	Social Prescribing	- GP Time- Unknown - May require care navigators	Available to city practices
	Mental Health Workers	To be scoped	Piloted in some localities
	Active Signposting	May save approx. 27% GP appointments, however audit needs to be done	Rolled out to 60 practices
	Online Consultation (triage)	19.7 FTE GPs saved if 15% shifted to Online	In Roll Out

GP	Recruiting Newly Qualified GP	190.8 FTE based on current placement numbers	Live- Filled all available places
	International GP Recruitment	2 GPs FTE equivalent estimated due to slow central recruitment	Recruitment Slower than normal
	Recruiting Returner GPs	To be scoped	Currently live with 20 on scheme in Oxfordshire, could be expanded.
	Mobile Working	To be scoped	To be Scoped
	Department of Health enhanced recruitment scheme	To be scoped	Not a priority
	Clinical Skills Development	To be Scoped	In Design for new clinical programme next year
	Organizational Soft Skill Development	To be Scoped	To be Scoped
	GP Locum Chambers	To be Scoped	In Roll Out
	RGCP First 5 Network	To be Scoped	Live- To Scope extra Support
	HEE Post Certificate of Completion of Training (CCT)	To be Scoped	To be Scoped
	GP Career Flex	To be Scoped	To be Scoped
	GP Mentoring and Support Networks	To be Scoped	To be Scoped

	GP Workload	To be Scoped	To be Scoped
	DNA Appointments	To be Scoped	To be Scoped
	GP Retainer Scheme	0.6 FTE GPs	Live
Practice Nurse	Pre Registration Primary Care Placements	To be Scoped	In Progress
	Partnering with Brookes on Community Pathway	To be scoped	To be Scoped
	Newly Qualified Nurse Training	70.2 FTE Nurse by 2027	Live- Need to increase numbers to realise benefit
	Nurse Career Pathways	To be scoped	To be Scoped
	Nurse Associate Role	18.05 FTE worth of work taken away from nurses 2027	To be Scoped
	Participation Rates	13.88 Additional FTE Nurse	To be Scoped
	Consolidating Terms and Conditions	To be scoped	To be Scoped
	Minor Illness Training	To be scoped	In Design
	Nurse Prescribing Training	To be scoped	In Design
	Chronic Conditions Training	To be scoped	In Design
	Mentoring Training	To be scoped	In Design

		To be scoped	To be Scoped
	Clinical Skills Updates (Nurse)	To be scoped	To be Scoped
	Soft Skills Training (Nurse)	To be scoped	To be Scoped
	Career Pathways	To be scoped	To be Scoped
Health Care Assistant	Extending scope of HCA role	22.56 additional HCA will be needed	In Design
	Portability of Care Certificate	To be scoped	In Design
	HCA Career Pathway	To be scoped	To be Scoped
	Supporting Administration and Receptionists into HCA roles	126 FTE additional HCAs	To be Scoped
	Increasing HCA Participation Rate	7.08 FTE additional HCAs	To be Scoped
	Clinical Skill Training (HCA)	To be scoped	In Design
	Care Certificate	To be scoped	In Design
	Locality Supervision Groups	To be scoped	To be Scoped
Nurse Associate	Nurse Associate Training	To be scoped	To be Scoped
	Nurse Associate Recruitment	To be Scoped	To be Scoped

Paramedic	Paramedic Fellow	To be scoped	In Design
MSK Practitioner	MSK Practitioner	To be scoped	To be Scoped
	MSK Fellow	To be scoped	In Design
	MSK Clinical Training	To be scoped	To be Scoped
	Primary Care MSK Network	To be scoped	To be Scoped
Clinical Pharmacists	Clinical Pharmacist Skill Mix	To be scoped	Live- Pilot in All Localities
	Newly Qualified Pharmacists	To be scoped	To be Scoped
	Clinical Pharmacist Network	To be scoped	Live
	Clinical Pharmacist Prescriber Training	To be scoped	To be Scoped
Practice Managers	Practice Manager Induction Scheme	To be scoped	To be Scoped
	Practice Manager Training	To be scoped	Live
	Practice Manager Groups	To be scoped	Live- In some localities
	Collaboration Tools	To be scoped	Live- In City Locality
	Back Office Functions	To be scoped	In Design

Receptionist/ Administrator	Primary Care Apprenticeships		To be Scoped
	Communication Training		Delivered
	Workflow Optimisation Training		Delivered- additional may be provided
	Self Check in Kiosks		In Roll Out
	Online Appointment Booking		In Roll Out
	Electronic Referrals		In Roll Out

7.0 Delivering Our Vision

In order to ensure a workforce that meets the needs of patients it is important to develop education and training offers which form part of an Oxfordshire wide recruitment, development and retention strategy. We will explore further how we can work with our partners to create a resilient workforce where we train for both new roles and ensure we utilise the skills staff currently have. This strategy is seen as the first step in this.

A small team within OCCG works in partnership with OTN to deliver our vision and we consider our workforce needs as part of the wide remit of the CCG.

Training and education projects are underway that support our current approach to securing the workforce needed across primary care, as well as supporting service transformation programmes aimed at ensuring continued good patient care at a time of increased patient numbers

We have begun implementing our plans for 2018/19. We will review our plans and ambitions annually to ensure that they are timely and actions will continue to meet our goals for the Primary Care workforce. The OCCG and OTN will prioritize the schemes and their impact to workforce above so that further funding investment can be sought. It is important that this is started now, to enable the workforce to develop before workforce shortages become more severe.

In addition to the current workforce education and training projects of c£1.2m, the CCG has also supported service transformation projects totaling £4.7m that have workforce as an integral element of their success.

Workforce projects supported by funding via the LWAB are led by OTN (Appendix 6). Additionally OTN have developed a Primary and Community Care HCA and Nursing Workforce Development Plan 2018/19 (Appendix 4) and a GP Workforce Development Plan 2018/19 (Appendix 5).

Our *Primary Care Workforce Strategy 2018/19 – 2026/27* outlines our vision and goals. OCCG is working together with system partners as we continue to prioritise actions to recruit, develop, and retain the primary care workforce, ensuring patient care is at the centre of the workforce decisions we make. We will need to continue to review our priorities as we understand more about the challenges faced in securing the primary care workforce and the impact of schemes outlined within this strategy.

8.0 Strategy Review

This Workforce Strategy informs the work programme of OCCG and OTN and has been agreed by both OTN Steering committee and the OCCG Primary Care Workforce Group.

To ensure that this Workforce Strategy remains relevant we will undertake an annual review to test the basis and parameters of our decisions. As individual project plans are developed, we will expand the scope and timeframe that is covered by this strategy.

9.0 Appendices

Appendix 1: BOB STP Primary Care Workforce, March 2018

BOB Primary Care Footprint:

- NHS Aylesbury Ale CCG
- NHS Chiltern CCG
- NHS Newbury and District CCG

- NHS North and West Reading CCG
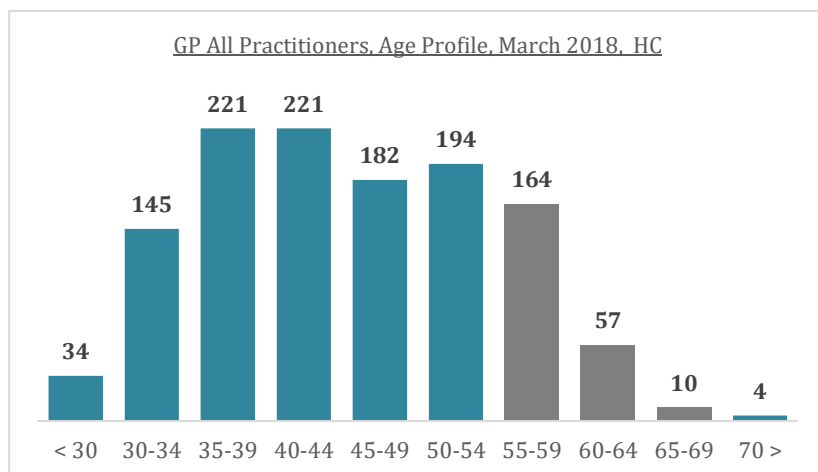- NHS Oxfordshire CCG
- NHS South Reading CCG

- NHS Workingham CCG

BOB STP - All Staff in Post, March 2018

BOB STP	2016 HC	2016 WTE	2017 HC	2017 WTE	2018 HC	2018 WTE	Diff Acutal 2016 Vs. 2018 HC	Diff Acutal 2016 Vs. 2018 WTE	Diff % HC	Diff % WTE
Total GPs	1,291	1,009.00	1,304	991.5	1,311	998.6	20	(-10.4)	2%	-1.0%
Total Nurses	663	435.00	660	431.0	681	441.0	18	6.0	3%	1.4%
of which Advanced, Special, and Ext. nurse roles	127	91.70	124	87.0	132	90.0	5	(-1.7)	4%	-1.9%
of which District Nurses	0	0.00	2	2.0	2	2.0	2	2.0	0%	0.0%
Total DPC	532	335.09	588	375.0	591	381.7	59	46.6	10%	13.2%
of which Therapists	2	2.00	3	2.0	2	2.2	0	0.2	0%	9.1%
of which Pharmacists	22	14.00	40	23.0	41	25.6	19	11.6	46%	45.3%
Total Admin & Management	2,804	1,871.17	2,713	1,807.0	2,763	1,844.6	(-41)	(-26.6)	-1%	-1.4%
Total	5,290	3,650.26	5,265	3,604.5	5,346	3,665.9	56	15.6	1%	0.4%

BOB STP - All GP Practitioners, March 2018

BOB STP	All Prac's HC	All Prac's WTE	All Prac's Part. %	Provider HC	Provider WTE	Provider Part. %	Salaried HC	Salaried WTE	Salaried Part. %	Retainers HC	Retainers WTE	Retainers Part. %	Registrar HC	Registrar WTE	Registrar Part. %	Locums HC	Locums WTE	Locums Part. %
BOB	1,319	998	76%	721	611	85%	435	272	63%	14	6	45%	89	81	91%	65	27	41%
NHS Aylesbury Ale CCG	173	130.9	76%	87	71.4	82%	59	35.5	60%	1	0.5	50%	22	20.0	91%	4	3.4	57%
NHS Chiltern CCG	229	174.7	76%	135	116.1	86%	68	43.7	64%	3	1.5	50%	9	8.9	99%	14	4.5	32%
NHS Newbury and District CCG	78	71.7	92%	54	53.1	98%	15	11.7	78%	2	0.8	0%	5	4.9	0%	2	1.3	65%
NHS North and West Reading CCG	78	59.5	76%	43	35.1	82%	24	16.3	68%	0	0.0	0%	6	5.9	0%	5	2.2	44%
NHS Oxfordshire CCG	572	415.8	73%	302	244.4	81%	201	120.7	60%	8	3.5	0%	44	38.8	0%	19	8.4	44%
NHS South Reading CCG	84	60.2	72%	35	29.9	85%	35	24.3	69%	0	0.0	0%	1	0.9	0%	14	5.1	36%
NHS Workingham CCG	105	84.8	81%	65	61.4	94%	33	20.1	61%	0	0.0	0%	2	1.7	0%	5	1.6	32%

BOB STP - All GP Practices , March 2018

GP All Practitioners, Age Profile, March 2018, HC

Age	Count
< 30	34
30-34	145
35-39	221
40-44	221
45-49	182
50-54	194
55-59	164
60-64	57
65-69	10
70 >	4

BOB STP - All Nursing Staff, March 2018

All Nurses, Age Profile, March 2018, HC

Age	Count
< 25	6
25-29	18
30-34	24
35-39	56
40-44	66
45-49	93
50-54	119
55-59	144
60-64	75
65-69	12
70 >	5
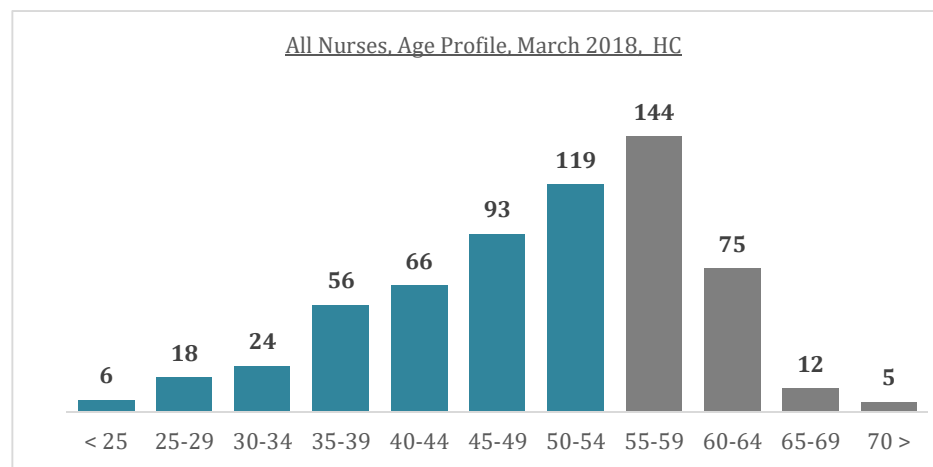
BOB STP - All Direct Patient Care, March 2018

All DPC, Age Profile, March 2018, HC

Age	Count
< 25	16
25-29	29
30-34	44
35-39	40
40-44	53
45-49	66
50-54	84
55-59	93
60-64	52
65-69	23
70 >	5
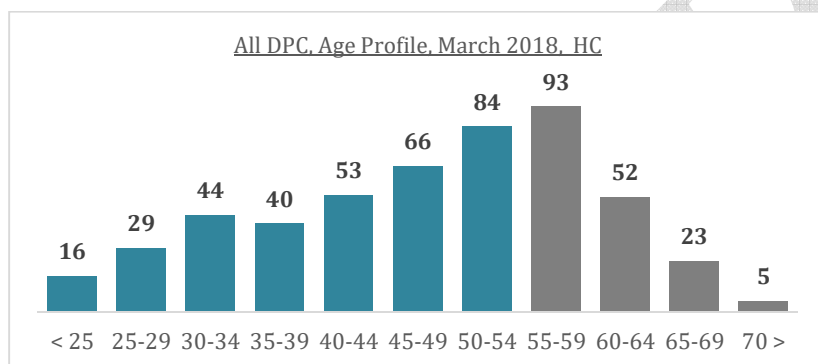
Appendix 2: OCCG Primary Care Workforce, Staff in Post, March 2018

All general practices and staff who have submitted data.

OCCG Primary Care Workforce - Staff in Post, March 2018 - Gender Profile

NB. Only provides details of those staff who recorded their gender

	HC				
	All Prac's	Male HC	Male %	Female HC	Female %
GPs	477	172	36%	305	64%
Nurses	237	4	2%	233	98%
Direct Patient Care	227	12	5%	215	95%
Admin	896	36	4%	860	96%
TOTAL	1,837	224	12%	1,613	88%

OCCG Primary Care Workforce - Staff in Post, March 2018 – Age Profile

	HC											
	All Prac's	< 25	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70 >
GPs	538		20	64	100	98	68	89	75	22	2	0
Nurses	235	1	4	13	27	21	40	57	42	24	4	2
Direct Patient Care	227	6	14	23	18	29	28	26	53	21	6	3
Admin	896	47	44	53	54	60	102	165	176	137	37	21
TOTAL	1,896	54	82	153	199	208	238	337	346	204	49	26

Appendix 3: Estimated Staff Establishment at 2022: *'Do Nothing'* Scenario

Staff Group	Staff in Post (FTE) March 2018	2022 Staff Establishment Required (FTE)	2022 Recruitment Requirements (FTE)			
			Increase due to Population Growth	Number to replace Staff Retirement	Vacancy Levels (5.21% for GPs, 10.30% for other Staff)	2022 Total Recruitment Requirements by Staff Group (FTE)
GP	415.8	458.5	45.7	79.5	23.9	**149.1**
Nurse	149.8	166.4	16.6	30.0	17.1	**63.7**
Direct Patient Care - HCAs	76.4	84.8	8.5	16.0	8.7	**33.2**
Direct Patient Care - Pharmacists	6.2	6.9	0.7	1.3	0.7	**2.7**
Direct Patient Care - Other	60.4	67.1	6.7	12.7	6.9	**26.3**
Admin	603.3	670.1	66.8	195.0	69.0	**330.8**

Appendix 4: OTN Primary and Community Care HCA and Nursing Workforce Development Plan 2018/19

OTN Oxfordshire Training Network **Primary and Community Care HCA and Nursing Workforce Development Plan 18/19**

The members of the Oxfordshire Training Network include organisations that plan, commission, provide, facilitate and support education, training, research and workforce development across the primary and community care workforce in Oxfordshire. Building on the existing arrangements, infrastructure and relationships the OTN has developed a comprehensive plan to support the development of the primary and community care HCA and nursing workforce in 2018/19 in line with the 10 point plan for General Practice Nursing.

The OTN has a programme approach to training and workforce development. This considers the whole career lifecycle and ensures professionals are able to access appropriate training, development and career support throughout their professional life.

The OTN's 4 strategic programme areas are: **1.Collaborating and partnership, 2.Attracting and recruiting new people, 3.Developing and retaining current workforce, 4.Supporting new roles and models of care**

OTN Programme area	Nursing and HCA career development pathway	OTN focus/activity	Role in implementation	Timescale for implementation
2	Prospective nursing/HCA students	• Outreach into schools and colleges and job fairs to promote primary care as career destination • Produce guidelines for practices wishing to take work experience students	OTN initiative OTN signposting	Autumn 2018 Available on OTN website – Launching June 2018
2,3,4	HCA's	• Actively engage in development of Centre of Excellence for training the support workforce • Develop and deliver a GP HCA training programme, aligned with the RGCP HCA Competency Framework, for those planning to work as HCA's in GP or those switching from another health care setting, Basic and advanced level skills with accreditation	Collaborative partnership – HEE and other stakeholders Associate model - provider	Ongoing – Workshop planned Course development in progress with delivery aimed for 2019

		• Develop competency framework for HCA's working in GP	OTN	Ongoing
		• Co-develop and deliver NE locality Pilot for Support worker training	Partnership with Oxford Health and PML – provider	Successful delivery of pilot programme to support recognition of deteriorating patient, wound care and dementia care - ongoing Funding sought for county wide delivery in 2019
2	Nursing student placements in GP	• Develop a register of OTN recommended GP surgery placements for Student nurses	Collaboration with Oxford Brookes University	Ongoing
		• Improve support, for nurse mentors	Collaboration with OBU and OCCG locality lead nurses	Ongoing
		• Improve training and annual updates for nurse mentors in order to increase the number of nurse mentors in each GP Practice		
2,3,4	Nursing Associates	• Work with local providers to facilitate access to nurse associate training and apprenticeship opportunities	OTN facilitation and signposting – website information	Clinical apprenticeships will be available in Oxfordshire from September 2018
		• Outreach to schools and colleges the role of the Nursing Associate and the career development opportunities		

3	Nursing Degree Apprenticeships	• Work with local HEIs to enable staff working in GP to access opportunities for advancing career to full nursing degree level qualification	OTN activity – website information for practices	Ongoing – working with Local HEIs to identify opportunities for GP practices to support development of HCAs towards nursing qualification.
2,3	Newly qualified nurses	• HEE TV funded placements for Postgraduate certificate in General Practice - Bucks New University • To ensure a recognised, competency based preceptorship programme is available for all nurses new to general practice	Signposting via website, new letter Collaboration with OCCG locality nurse leads	Ongoing Ongoing
3	Continuing professional development for qualified nurses in primary care	• Accredited Minor illness course for Oxfordshire • Chronic disease management for GPNs • Comprehensive CPD events listing	Associate model – provider Associate model– provider OTN website Collaboration with OCCG	Course development in progress with delivery planned for Q1 2019 Working with recognised local training courses to support ongoing delivery of respiratory update course. Planned to extend to other chronic disease areas. New Website

		• Development of locality based General Practice nurse Forum	locality lead nurses – OTN Website to carry information about events and support training provision	launch June 2018 Ongoing
3	Advanced nurse practitioners	• Prescribing training support • Develop a structured supported approach to enable GPNs to attain ANP accreditation	Working with Oxford Brookes University OTN lead nurse - Collaboration with OCCG lead nurses and OBU/other HEI providers	Ongoing - funding sought for funded places Ongoing
2,3	Return to nursing	• Improved access to return to practice programmes	Working with Oxford Brookes to provide placement opportunities in GP for nurses on Return to Practice course	Ongoing
4	Careers Flex	• Development of flexible working opportunities for nurses wishing to develop portfolio working	Scoping exercise and business case development	Roll out anticipated during 2019
4	Multidisciplinary and cross organisational training	• Improving opportunities for cross-organisational training • Work with three Oxfordshire GP Federations and Oxford Health Foundation Trust as plans to develop a Oxfordshire Care Alliance are established to ensure that multidisciplinary training is embedded in the new structures and models of integrated care provision.	Collaboration with Oxford School of Nursing and Midwifery to ensure primary care organisations are involved as training providers and future employers. Collaboration with OUH for cross organisational training Collaboration	Ongoing Ongoing

Appendix 5: OTN GP Workforce Development Plan 2018/19

 GP Workforce Development Plan 18/19

The members of the Oxfordshire Training Network include organisations that plan, commission, provide, facilitate and support education, training, research and workforce development across the primary and community care workforce in Oxfordshire. Building on the existing arrangements, infrastructure and relationships the OTN has developed a comprehensive plan to support the development of the General Practitioner workforce in Oxfordshire.

The OTN has a programme approach to training and workforce development. This considers the whole career lifecycle and ensures professionals are able to access appropriate training, development and career support throughout their professional life.

The OTN's 4 strategic programme areas are: **1.Collaborating and partnership, 2.Attracting and recruiting new people, 3.Developing and retaining current workforce, 4.Supporting new roles and models of care**

OTN Programme area	Nursing and HCA career development pathway	OTN focus/activity	Role in implementation	Timescale for implementation
2	Prospective medical students	• Outreach into schools and colleges and job fairs to promote primary care as career destination • Produce guidelines for practices wishing to take work experience students	OTN initiative OTN signposting	Autumn 2018 Available on OTN website
2	Medical Students	• Working with Oxford Deanery and Medical school to promote General Practice as a career destination for medical students	Collaboration with Oxford GP school and deanery	Ongoing
2,3	Oxford GP Vocational	• Work with Oxford GP Vocational training scheme to promote GP career pathway	Signposting via website, new letter, attend training session	In development

	Training Scheme	opportunities in Oxfordshire		
3	First 5 years	• Work with the TV First 5 Network to promote career development opportunities • CPD training for First 5 GPs	Liaise with First 5 Reps OTN website Building relationship with Next Generation GP Thames Valley	Ongoing Meeting planned Nov 2018
3	Continuing professional development for GPs	• OCCG funded update training • Establish GP education and career development forum to support, map and plan future training opportunities for GPs across Oxfordshire	Work with OCCG to plan future delivery and procurement of CPD for GPs 2nd meeting planned for Nov 2019 Themes: - Leadership - Mentoring skills - Frailty - Chronic disease management - General Updates - Protected learning	Course procurement in progress with delivery planned for Q1 2019 Ongoing

3	Mentoring and support	• Co-ordinator/signposting/organiser of support groups for:
		  a. GPs needing careers advice/support at all stages of career
		  b. GPs planning to retire/retired – options to retain
			Work with other TV training hubs and CCGs to develop funding bid to NHSE for GP retention funding	Ongoing

3	GP Locums	• Develop new Locum Chambers model for Oxfordshire	Work on going with Oxford Locums and NASGP – bid for funding submitted to NHSE GP retention fund	Awaiting decision on funding
3, 4	Careers Flex	• Develop flexible working opportunities for GPs at all career stages wishing to develop portfolio working	Scoping exercise and business case development Working with other Training Hubs and CCGs in Thames Valley to plan delivery	Funding available for GP retention.
2	International GP recruitment programme	• Working with NHSE to promote opportunities for International GPs and to support integration and future career development	OTN website signposting	Ongoing
2	Induction and Refresher scheme	• Working with HEE to support GPs returning to practice after a career break	OTN website signposting	Ongoing
3, 4	Academic careers	• Work with Oxford University Nuffield Department of Primary Care Health Sciences	GP Academic Fellowship programme promotion via OTN website	Ongoing

Appendix 6: 2018/19 OTN Led Projects

The following projects are led by OTN and supported with funding via the LWAB:

Project	Overview	Progress to Date	Allocation
OTN education environment Lead	To support the development of the OTN nurse career development plans	Scope of work agreed	£27.5k
Pharmacist Independent Prescribing	Support provision of Independent Prescribing training to pharmacists in Primary Care	Awaiting direction from HEE regarding around course content	£7.5K
MDT Development Programmes	Development of specific integrated workforce development programmes in primary and community care	PID under development	£12.5K
MSK & Paramedic Fellow Roles	Support for development of the treatment of musculo-skeletal problems and paramedic roles in Primary Care	Engagement of two Fellows / Ambassadors to promote the role of First Contact MSK and Paramedics in general practice by OTN and Bucks Training Hub	£25K
End of Life Care	Improve End of Life Care planning/provision	Led by West Berkshire TRAINING HUB for all Thames Valley Training Hub. Likely to hold Oxfordshire-wide GP End of Life care training day and separate training for other vocational groups. Approach to be confirmed October 2018.	£4K
Apprenticeships	Increasing the number of apprenticeships in Primary Care	Review undertaken to understand opportunities and increase number of apprenticeships being offered across primary care, in both clinical and non-clinical role	£15K
Total			**£91.5k**