

## PRIMARY MEDICAL SERVICES IN LEEDS WORKFORCE DEVELOPMENT

### 1. BACKGROUND AND NATIONAL CONTEXT

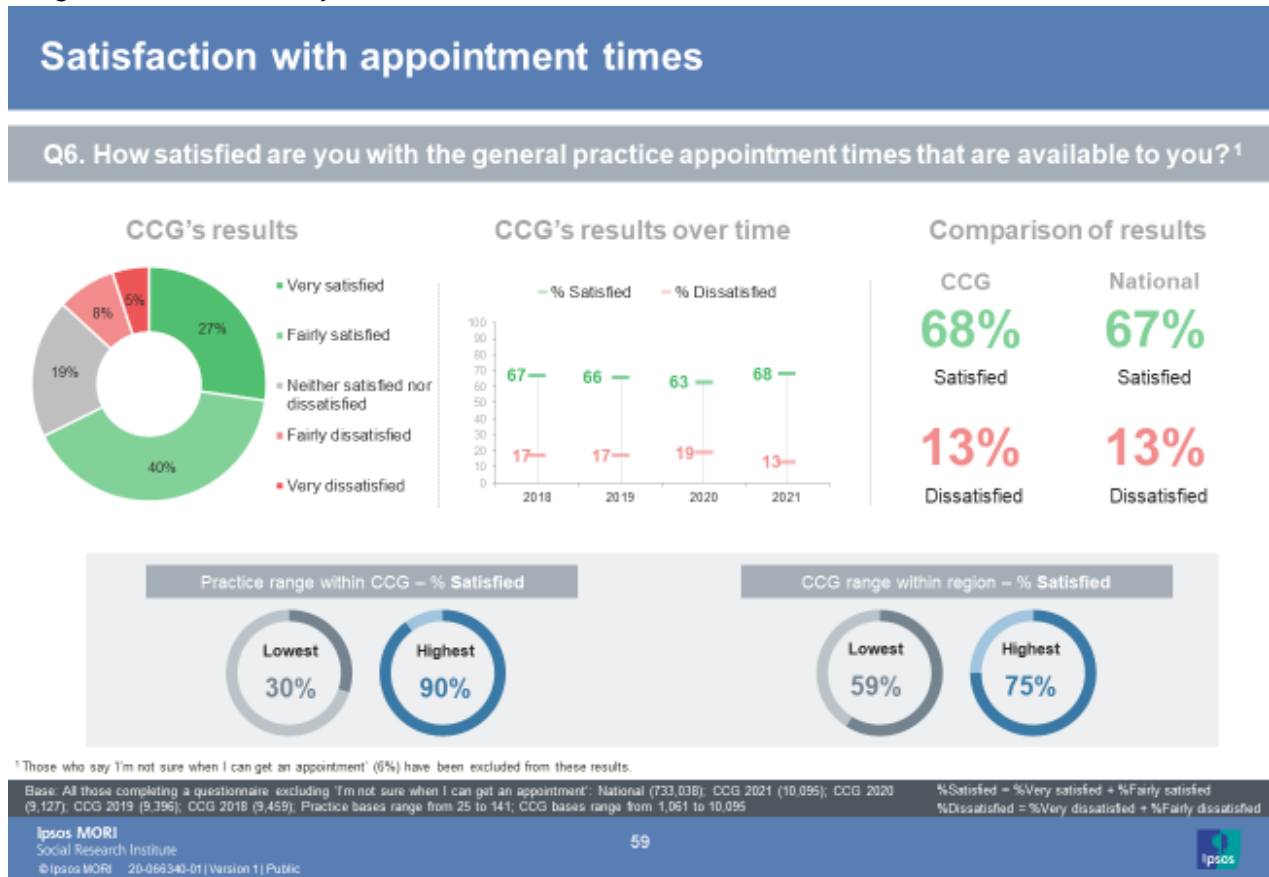
- 1.1 General practice in Leeds is currently served by 92 individual practices providing services to a registered population which continues to grow quarter on quarter with the current total at 898,846.
- 1.2 Core general practice is funded through a national GP contract, with each practice being an independent contractor responsible for the recruitment, training and development and individual terms and conditions of its staff.
- 1.3 Delivering high quality patient centred care relies on a large highly skilled workforce. A growing population living longer with more complex needs means that the workforce can not standstill and continue to meet demand. There is a need for more highly skilled members of the workforce and primary care is competing with the rest of NHS and the private sector to attract the right people.
- 1.4 A role as a GP is one of the most recognised roles within general practice, to become a GP requires 5 years at medical school, a further two years' training as a foundation doctor and then three years on a GP Speciality Training Scheme. This example is applicable for all registered clinical roles within general practice; it takes time to grow the workforce by first increasing training places.
- 1.5 In 2019 the government committed to increasing the number of GPs in post by 2024/25 by 6,000 and nurses by 50,000. Whilst progress has been made against this target there is also the challenge of an increasing trend of staff choosing to work part time or leaving the system early.
- 1.6 The Planning Guidance for 2022/23 has recently been published and reiterates the national commitment towards investing in the NHS workforce. A number of approaches are described:
  - Look After our people – A focus on retention and health and wellbeing of staff
  - Improve Belonging to the NHS – Improving the experience of minority groups working in the NHS and promoting equality
  - Work Differently – The creation of new and different roles working in innovative ways
  - Grow for the future – Expanding recruitment efforts including internationally, increasing training places and training and development opportunities for existing staff
- 1.7 This paper will describe the structure in place within Leeds and some of the initiatives underway to deliver this.

### 2. LEEDS POSITION

- 2.1 Practices are contractually obliged to submit staff data to the National Workforce Reporting Service. This data is extracted for practices on a monthly basis and PCNs on a quarterly basis. It is an important source of information that enables decisions to be made on where to invest, increase training and resources.
- 2.2 Whilst the service provides rich data on the current staff across practices and PCNs, it no longer collects information on vacancies which in Leeds we recognise as a gap. We are currently planning how we can supplement the data we have to include recruitment intentions for core general practice staff.

- 2.3 There is no specific standard within the contract which determines what workforce a practice should have in place other than that it is sufficient and safe to deliver core service as outlined in the contract.
- 2.4 As commissioners we are able to look at the workforce data alongside the results of the bi-annual patient survey to assess where there may be gaps. Figure 1 shows that as a CCG, 68% of patients reported in the last survey that they were fairly or very satisfied with the appointment times available to them compared to 67% nationally. Interestingly, this is an improvement on the 2019 pre-pandemic result of 66% for Leeds. This data is available to access online at practice level and along with other results can be used as a proxy to assess where there are issues with access and staffing.

Figure 1 – 2021 Survey Publication



- 2.5 According to the NHS Digital General Practice Workforce Statistics data as of September 2021 there were 2064 WTE roles in general practice which breakdown as follows:

Figure 2

Staff Group	Whole Time Equivalent	Head Count
<b>GPs – Fully qualified</b>	428.5	586
<b>GPs - Registrars and Trainees</b>	135.5	136
<b>GPs -Locums*</b>	0.6	3
<b>Nurses</b>	262	357
<b>Direct Patient Care</b>	204	280
<b>Administrative and Management</b>	1034	1406
<b>Totals</b>	2064	2764

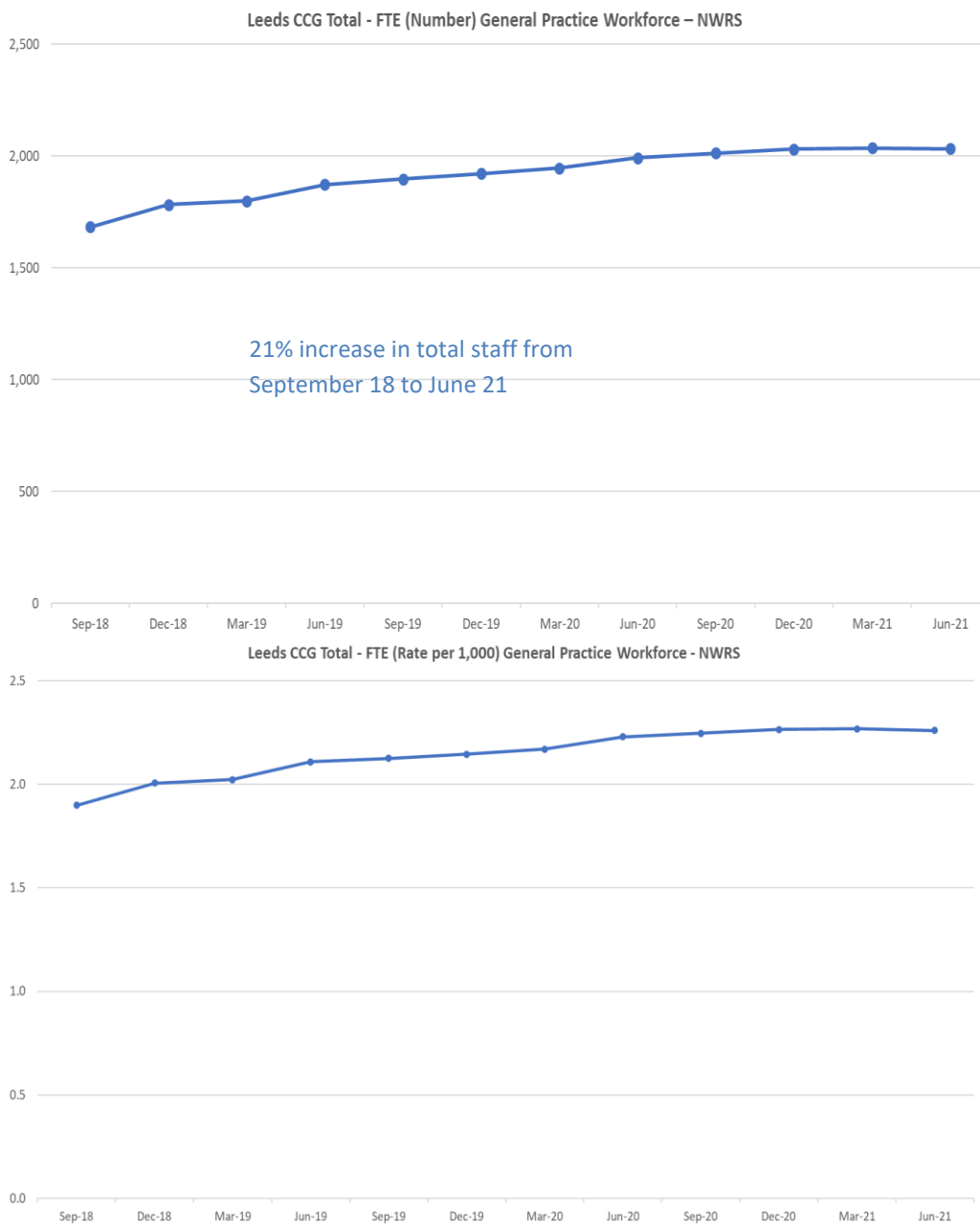
\*Likely to be significantly under reported as flexible staff is difficult to quantify

- 2.6 The data above demonstrates that on average staff work a 3–4-day week however, it is important to note that these days, particularly for GPs, tend to be much longer working days than the recognised standard. Whilst this potentially offers greater flexibility for both employee and employer and helps attract staff, it increases the requirements for training and development. It does not encompass all

staff working across primary care, some staff will be employed by other organisations such as midwives or social prescribers.

2.7 Despite the challenges seen nationally, reassuringly we continue to see an upward trend across practices in Leeds in terms of growth of staff, including when accounting for population growth. It is important to note that this trend will not be distributed evenly, and we know that recruitment is often more challenging in areas of deprivation. It is vital that we support practices who struggle to recruit in deprived areas so as not to further widen health inequalities; as an example, we are currently supporting practices in deprived areas to recruit through working collaboratively with the Health and Care Academy.

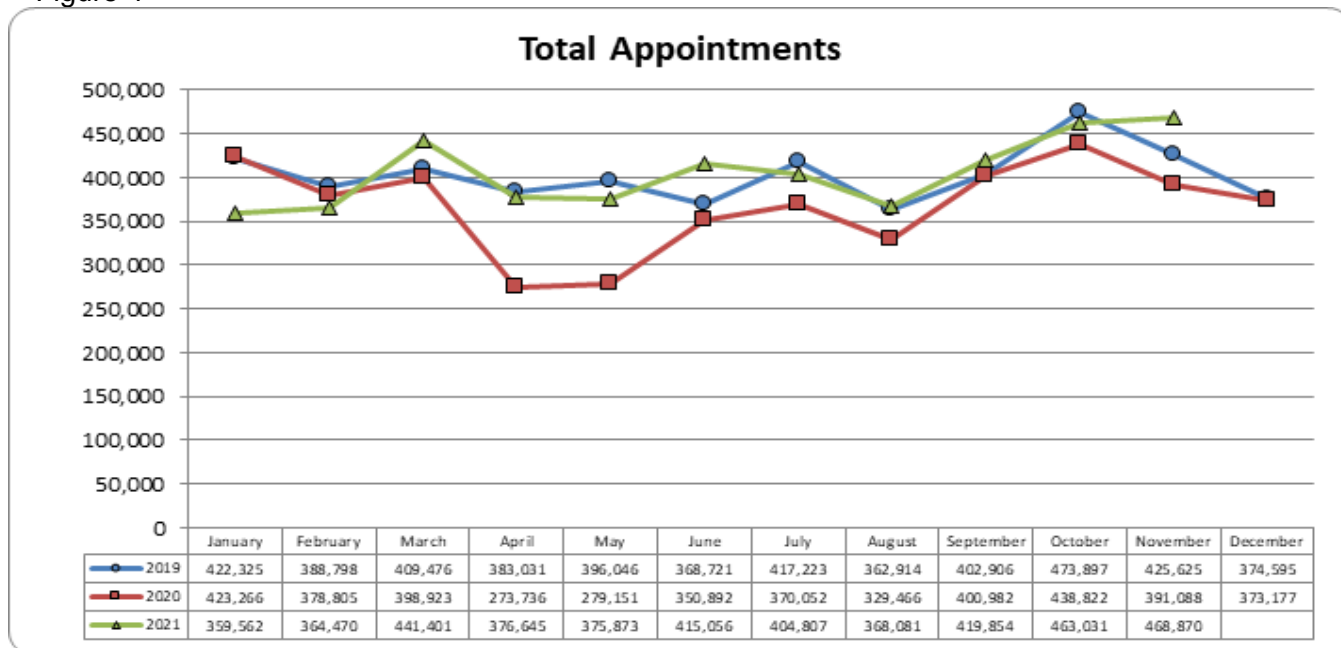
Figure 3



2.8 On reviewing the data, variation in workforce levels by PCN is not immediately obvious based on deprivation as there are other factors at play such as workforce models, access arrangements and population demographics. The data also does not enable us to observe staff turnover rates however, there are several scholarly articles noting the negative impact of deprivation on GP recruitment.

2.9 It is also important to observe that despite the reported difficulties reported in the media in accessing primary care, in Leeds we have seen an increase in contacts in 2021. Again, we recognise that this is not a universal pattern and we continue to work closely with practices who have experienced issues with access.

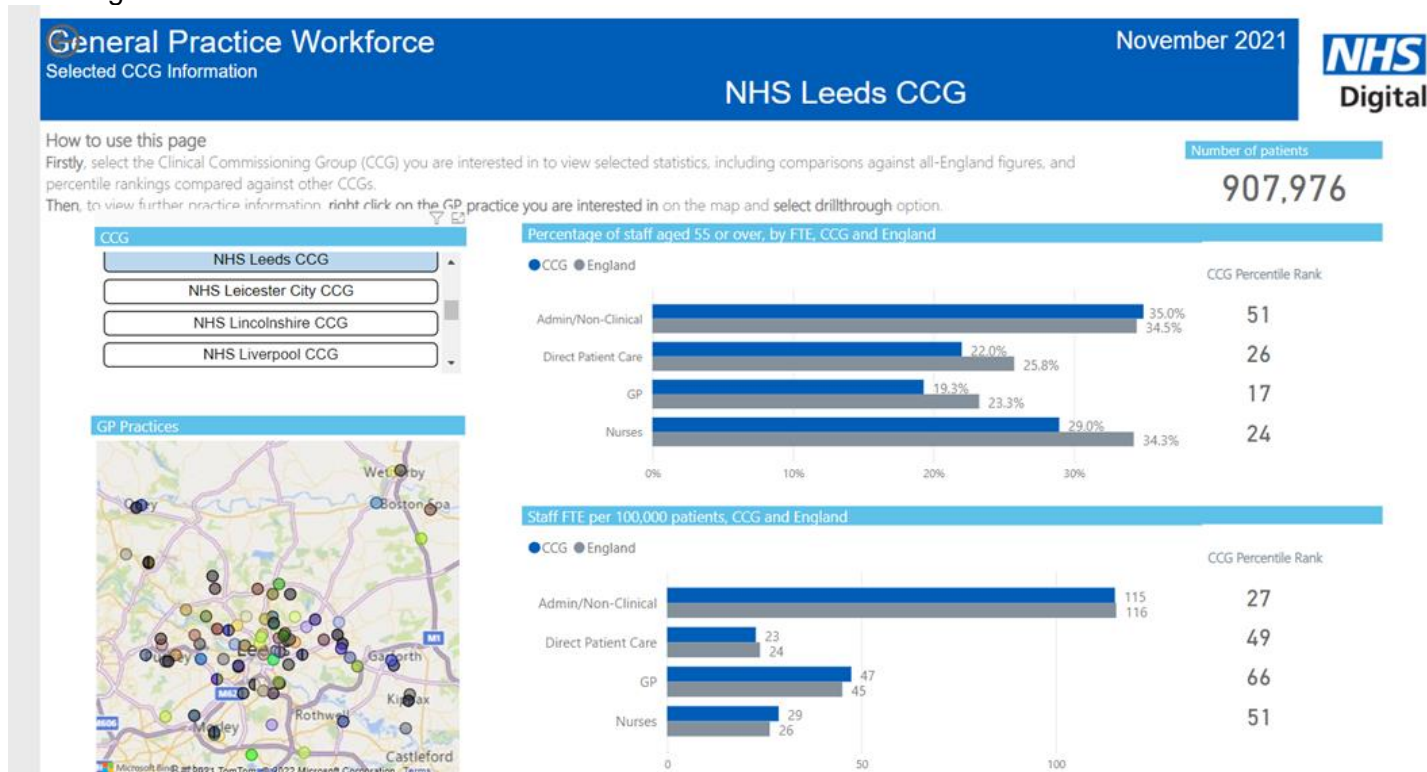
Figure 4



2.10 The value of a national reporting tool is that we are able to benchmark Leeds against the rest of the country. Figure 5 below demonstrates that comparatively, Leeds has more clinical capacity per 100,000 patients than England on average.

2.11 Figure 5 also presents data on staff over age 55 so that the risk of retirement is highlighted. Again, this is available at practice and PCN level and is important to be aware of so that we can work with practices to ensure that effective succession plans are in place.

Figure 5 – General Workforce Statistics for Leeds – November 2021



### **3. IMPACT OF THE PANDEMIC**

- 3.1 The pandemic has changed the workforce within primary care both positively and negatively. We have seen an increase of retired staff return to the frontline supporting general practice to deliver the vaccination programme. This has enabled general practice to make a huge contribution to the vaccination drive whilst still delivering essential services.
- 3.2 Consultations began to be delivered online almost instantly, a change that under business as usual would have taken a much longer implementation period. This has enabled practices to support staff to work more flexibly and use limited estate more effectively. Vitally, it has supported practice resilience by enabling staff to continue to work through the pandemic when isolating if they are otherwise well. Whilst many patients welcome the introduction of a virtual offer, there are some that prefer and indeed need a traditional face to face consultation and we must continue to understand and meet this change in demand and improve patient experience of accessing services.
- 3.3 Staff have been under huge amounts of pressure for a sustained period of time and some practices are beginning to experience staff shortages, particularly around administrative and clerical posts. Many of these staff have been working in patient facing roles throughout the pandemic and have sought other career opportunities because of their experience throughout the pandemic working on the frontline.
- 3.4 In April 2022, it will be law that any member of staff working in a patient facing role delivering CQC regulated activities will be required to provide evidence of double vaccination. Practices are working through the guidance to establish if any staff may be impacted by this guidance, undertaking 1:1's and looking at opportunities to redeploy staff. We are monitoring what impact this may have on practices, particularly mindful of any that may be disproportionately affected.

### **4. ADDITIONAL ROLES REIMBURSEMENT SCHEME**

- 4.1 In 2019 as part of the five year framework for GP contractual reform to support the implementation of The NHS Long Term Plan, additional investment in general practice has been identified to support the expansion of multi-disciplinary teams and create capacity within general practice through the Additional Role Reimbursement Scheme.
- 4.2 The scheme sees Primary Care Networks (PCNs), which are groups of practices working together in a geographical location covering on average a combined list of 30-40,000 patients, come together to jointly employ and share staff.
- 4.3 There are new to primary care roles that can be employed under the scheme; Social Prescriber, First Contact Physiotherapist, Occupational Therapist, Trainee Nurse Associate, Physician Associate, Pharmacist, Paramedic, Care Co-ordinator, Pharmacy Technician, Dietician, Podiatrist and Mental Health Practitioner and Health & Wellbeing Coach.
- 4.4 In addition to the roles described above, a care navigation role has been introduced in the last couple of years to support patients to see the right professional based on their needs first time. Staff such as receptionists have received training to enable them to help patients by directing them to the most appropriate service or person. They are not there to divert patients from a clinician or make any clinical decisions, but to support patients by using their detailed knowledge of the services available. For example, booking a patient with a midwife rather than a GP when they first contact the surgery which is quicker for the patient and avoids an unnecessary GP appointment.
- 4.5 In Leeds we currently have 225 WTE roles employed under the scheme. This is in addition to the core workforce numbers described above. PCNs have submitted plans setting out their intentions to recruit further based on their allocations which increases year on year. Plans submitted for 23/24 set out an ambition to employ in total, 530 additional roles.

- 4.6 This additional workforce is a welcomed and valuable part of the general practice workforce. It offers not just a significant increase in capacity (25% increase in the current WTE workforce by 23/24) but an opportunity for primary care to work differently and collaboratively across practices with a greater skill mix. Employing a specialist such as a dietician is not cost effective under the traditional general practice model however, working at scale as a group of practice enables a specialist to be employed and their expertise fully utilised.
- 4.7 A varied and multi-disciplinary workforce provides valuable additional capacity in primary care with opportunities to work differently. This workforce is able to support patients with less complex needs which frees up GPs to focus on more complex patients. Whilst, this 'left shift' enables GPs to better focus their expertise on complex patients; it does impact on the health and wellbeing of GPs who then see more complex patients requiring intensive input.
- 4.8 Figure 6 demonstrates the roles anticipated to be in place by March 2022. Clinical Pharmacists are the most commonly employed role, as a valued member of the clinical team they are able to complete tasks that may previously have been done by a GP, having perhaps the greatest impact of all the roles available in reducing a GPs workload. As with many of the additional roles, there is further training and development required to enable the full value of the role to be realised, for example to become a prescriber. This takes time and investment by the practice and the individual.

Figure 6 Plans to March 22

Primary Care Network (PCN)	Social Prescribing Link Workers	Clinical Pharmacists	Physician Associates	First Contact Physiotherapists	Pharmacy Technicians	Health & Wellbeing Coaches	Care Co-ordinators	Occupational Therapists	Dieticians	Podiatrists	Nursing Associate	Trainee Nursing Associate	Community Paramedic	Advanced Practitioner	Mental Health Practitioners (Adult - Band 8A) WTE	Mental Health Practitioners (Children - Band 8A) WTE	Total WTE
Armley	3.00	3.00	-	-	-	2.00	4.76	-	-	-	-	-	-	-	-	-	12.76
Beeston	2.00	2.80	-	2.00	1.00	-	2.49	1.50	-	-	1.00	-	1.00	-	1.00	-	14.79
Bramley, Wortley & Middleton	-	3.00	-	2.00	-	1.00	-	-	-	-	-	-	-	-	1.00	-	7.00
Burmantofts, Harehills & Richmond Hill	9.35	4.80	1.00	1.60	1.00	1.00	4.00	-	-	-	-	-	-	-	-	-	22.75
Central North Leeds	6.00	5.00	-	0.85	0.50	2.00	2.88	1.01	-	-	-	-	2.00	-	-	-	20.25
Chapelton	2.00	3.00	-	-	-	2.00	1.80	1.00	-	-	-	-	-	-	-	-	9.80
Crossgates	-	3.00	-	1.00	1.00	-	3.00	1.00	-	1.00	-	-	1.00	1.00	-	-	12.00
Holt Park	3.10	3.00	-	2.60	1.00	1.00	2.85	1.00	-	1.00	-	-	1.50	-	-	-	17.05
LS25/LS26	3.00	6.00	3.00	1.84	1.00	1.60	3.00	2.00	-	-	-	-	2.00	1.00	-	-	24.44
LSMP & The Light	4.61	6.00	-	1.50	-	1.50	1.00	1.00	-	-	-	1.00	-	-	1.00	1.00	18.61
Middleton & Hunslet	3.50	1.65	-	1.00	1.00	-	1.47	0.50	-	-	0.50	-	1.00	1.00	1.00	-	12.62
Morley	2.00	5.00	-	1.00	1.00	1.00	2.00	1.00	-	1.00	1.00	1.00	2.00	-	1.00	-	19.00
Otley	-	3.75	-	0.85	1.00	-	3.00	-	-	-	-	-	-	-	-	-	8.60
Seacroft	-	3.00	-	2.00	1.00	-	3.50	1.00	-	-	-	-	-	-	-	-	10.50
West Leeds	2.85	3.71	-	1.00	2.00	1.21	5.00	2.00	0.64	1.00	-	-	3.15	1.00	-	-	23.56
Wetherby	-	5.64	-	-	2.00	-	2.80	2.00	-	-	-	-	-	-	-	-	12.44
Woodsley	4.40	4.93	-	3.53	1.80	2.00	1.00	1.50	-	1.00	-	-	1.50	-	-	-	21.67
Yeadon	1.00	3.28	4.00	-	1.00	-	-	-	-	-	-	-	-	-	-	-	9.28
York Road	2.00	3.00	-	1.80	2.00	1.00	1.80	0.80	-	-	-	-	-	-	-	-	12.40
<b>Total</b>	<b>48.81</b>	<b>73.56</b>	<b>8.00</b>	<b>24.57</b>	<b>18.30</b>	<b>17.31</b>	<b>46.36</b>	<b>17.31</b>	<b>0.64</b>	<b>5.00</b>	<b>2.50</b>	<b>2.00</b>	<b>15.15</b>	<b>4.00</b>	<b>5.00</b>	<b>1.00</b>	<b>289.52</b>

- 4.9 Figure 7 details the ambitions of each PCN to increase their workforce further up to 23/24. The biggest growth area is in care coordinators. This is a staff group that can work flexibly supporting clinicians to manage complex patients. Primary Care are increasingly seeing the value of this role in its flexibility to support specific populations and programmes of work. As there is no formal training required unlike registered roles it is also easier to recruit and train staff in this role.

Figure 7 Plans to March 24

Primary Care Network (PCN)	Social Prescribing Link Workers	Clinical Pharmacists	Physician Associates	First Contact Physiotherapists	Pharmacy Technicians	Health & Wellbeing Coaches	Care Co-ordinators	Occupational Therapists	Dieticians	Podiatrists	Nursing Associate	Trainee Nursing Associate	Community Paramedic	Advanced Practitioner (Clinical Pharmacist)	Advanced Practitioner (Dietitian)	Advanced Practitioner (Physiotherapist)	Advanced Practitioner (Occupational Therapist)	Advanced Practitioner (Paramedic)	Advanced Practitioner (Podiatrist)	Mental Health Practitioners (Adult - Band 6A) WTE	Mental Health Practitioners (Children - Band 6A) WTE	Total WTE
Armley	3.00	3.00		1.00		4.00	4.76													1.00		16.76
Beeston	3.00	3.20		3.00	2.00	2.00	5.35	1.50	1.00		2.00									2.00	1.00	28.05
Bramley, Wortley & Middleton	1.00	4.00	1.00	2.00					1.00					1.00						1.00		11.00
Burmantofts, Harehills & Richmond Hill	14.00	8.00	3.00	4.00	3.00	6.00	6.00	2.00	-	-	3.00	2.00	2.00	1.00	-	-	-	-	-	2.00	1.00	57.00
Central North Leeds	8.00	6.00	2.00	1.50	2.00	2.00	1.33	2.00	2.00	-	1.00	1.00	4.00	-	-	-	1.00	-	-	1.00	1.00	35.83
Chapelton	2.00	3.00			1.00	2.00	1.80	1.00	1.00													11.80
Crossgates	1.00	3.00	1.00	2.00	4.00	1.00	6.00	2.00	1.00	-	6.00	2.00	7.00							3.00		39.00
Holt Park	5.00	3.50	-	4.00	2.20	2.00	5.80	1.50	2.50	2.00	-	-	2.50	-	-	-	-	-	-	-	-	31.00
LS25/LS26	5.00	8.00	6.00	3.87	1.00	2.00	5.00	2.00	-	-	2.00	-	3.00	-	-	-	-	-	-	2.00	-	39.87
LSMP & The Light	7.00	5.00		1.50	1.00	1.50	2.00	1.00	1.00		1.00									1.50	1.00	24.50
Middleton & Hunslet	3.00	1.65		2.50	3.00		2.20	0.50			1.50		1.50							2.00		17.85
Morley	3.00	7.00	2.00		3.00	2.00	5.00		2.00		4.00		3.00									31.00
Otley		6.55		1.85	2.00		6.00	2.00														18.40
Seacroft		4.00		2.00	1.00	2.75	8.00	2.00														19.75
West Leeds	2.85	7.00	3.00	3.00	3.00	2.60	9.00	4.00	3.00	-	-	2.00	3.40	-	-	-	-	3.00	-	-	-	45.85
Wetherby		7.60			3.00		6.80	4.00														21.40
Woodsley	6.00	5.43	-	5.00	2.80	5.00	7.20	2.50	4.00	2.00	-		3.50	-	-	-	-	-	-	-	-	43.43
Yeadon		4.28	6.00		3.00		3.00															16.28
York Road	2.00	3.00	2.00	0.80	2.00	3.00	2.80	1.80	1.00		2.00			1.00								21.40
<b>Total</b>	<b>65.85</b>	<b>93.21</b>	<b>26.00</b>	<b>38.02</b>	<b>39.00</b>	<b>37.85</b>	<b>88.04</b>	<b>29.80</b>	<b>19.50</b>	<b>4.00</b>	<b>21.50</b>	<b>8.00</b>	<b>29.90</b>	<b>3.00</b>	<b>-</b>	<b>-</b>	<b>1.00</b>	<b>6.50</b>	<b>-</b>	<b>15.00</b>	<b>4.00</b>	<b>530.17</b>

- 4.10 Whilst the roles under the scheme are a welcomed addition to primary care, it has created a number of challenges. Primary Care estate is already operating at a high utilisation rate and there is no additional space for this additional workforce. Practices have worked together to maximise the use of the estate they have however, the workforce is still growing and PCNs are highlighting that this is constraining their recruitment plans. As a system, there is agreement that we need to consider the most appropriate location for services across the breadth of estate which might not always be within a GP practice.
- 4.11 The roles are new to primary care and as such some have a complex set of requirements around training, development and supervision. Some of the roles have a roadmap that must be followed to enable them to meet the requirements of working in a primary care setting. This requires time out to complete the work required, placements and supervision capacity.
- 4.12 The CCG has provided funding to enable a number of staff within the roles to work towards completing the required training under a qualified supervisor, once these roles are fully qualified, they will be able to support new staff and provide supervision moving forward. There is further work to do to support this group of staff as the numbers grow further and until we have sufficient supervisory capacity within the system.
- 4.13 We have a great opportunity with the additional roles scheme to use the plans submitted to forward plan how we can support staff recruitment. We very much wish to do this as a city so that we are genuinely delivering on the ambition of the scheme to increase staff in the system as opposed to moving staff around organisations and creating staff shortages elsewhere.
- 4.14 The greatest area of challenge is in mental health roles that are so vitally important to support patients. The scheme requires practices to jointly employ the mental health roles in conjunction with Leeds & York Partnership Trust, to date one mental health role has been successfully recruited. Regional leads recently met to discuss how we might drive move forward and increase capacity within mental health roles and have identified some opportunities that may enable a more flexible approach. We are awaiting further guidance on how this could be implemented for example, by working in partnership with the third sector. In Leeds we already work closely with a mental health provider in the third sector and PCNs have used funding within the enhanced access service to increase the availability of mental health services.

## **5. WORKING AS A SYSTEM**

- 5.1 The issues presented highlight the need to work collaboratively around recruitment across primary care and the Leeds Health and Social Care system. We are working with a number of partners to identify opportunities to recruit, train, supervise and offer rotational roles across organisations through the Leeds One Workforce Group.
- 5.2 The group is a unique partnership bringing together health, local authority, further and higher education, and the third and independent sectors. It is vital to see through the step changes needed to tackle the national and local workforce challenges, and to benefit from all the opportunities a joined-up approach brings with it. There were 57,000 staff working in health and social care in Leeds when the group was established and the group aims to grow this to 60,000 over the next few years.
- 5.3 The Winter Workforce Recruitment is an example of partners working together across the system. The campaign aims to recruit into specific roles, one of which is Occupational Therapists which PCNs under the additional roles scheme have plans to employ. The campaign will be able to gain a wider reach and crucially seeks to find candidates from outside the Leeds system. Applicants will be collated and matched with suitable vacancies across the system.
- 5.4 Another key partner is NHS England and NHS Improvement; a number of workforce development initiatives are best implemented on wider, regional footprint. For example, the market for GPs has changed in recent years with more GPs choosing to work flexibly as locums. This has driven up the price of locum GPs nationally and reduced the pool of candidates for permanent posts. NHS England and Improvement are leading the procurement of a digital solution across West Yorkshire and Harrogate that will support the creation of a GP Pool. This will enable a much more local, responsive and familiar bank of locum to GPs to engage with practices when they need to employ locums. Colleagues in Wakefield already have a GP Pool set up using the same digital solution and this has delivered real added value to their system reducing reliance on agencies.
- 5.5 The pandemic has seen organisations working together more closely to ensure resilience. Primary Care is also able to access staff through the LCH nurse bank, other partners such as LTHT and LYPFT have offered primary care the ability to access their administrative staff banks. A pilot is being set up to look at offering primary care specific training to administrative bank staff so that if needed these staff are able to be deployed to primary care at pace.

## **6. TRAINING**

- 6.1 Training is a vast area that is critical to supporting the development of a skilled workforce. As detailed in the introduction, nationally, training places are being increased however, this has not happened fast enough to keep up with demand particularly for some disciplines. Increasing the breadth of roles that work across general practice should reduce some of the growth in demand for traditional roles such as GPs and nurses.
- 6.2 In Leeds, the GP Confederation is working closely with general practice to understand their training and development needs and has developed a number of programmes to support the upskilling of staff. For example customer service skills for receptionists, bespoke management training and care navigation training. Some of this has been delayed due to the pandemic with TARGET afternoons having to be cancelled due to system pressures. TARGET is dedicated time for practices to meet the learning and development needs of all staff and is highly valued by practices. TARGET is an important commitment to education and training that goes some way to ensuring retention of the workforce and positioning Leeds as an attractive place to work in primary care.
- 6.3 The confederation also works closely with partners from the Leeds One Workforce Group such to support candidates to come and work in general practice. For example, as part of the Kickstart initiative, 14 people will shortly complete Cohort 1 of a programme to upskill them to become receptionists through taught modules and on the job training. Two further cohorts are planned and this will support practices who are already struggling with capacity in this area.



- 6.4 Two PCNs are in the early stages of looking at how student placements could be managed on a PCN basis. An innovative approach will hopefully provide a catalyst for more PCNs to come on board to offer greater numbers of placements to prospective students which will for some convert to permanent employees. Supporting a student placement whilst worthwhile requires time and effort and so by working at PCN level there are economies of scale to be gained whilst offering the student a richer and broader experience. There are also opportunities for some of the students nearing the end of their training to provide supervisory capacity to some of the additional roles which as set out earlier is currently a gap.
- 6.5 The Kickstart scheme is similar to an apprenticeship in that it offers both taught and on the job experience. Apprenticeships are available for a growing number of roles within the NHS and through Health Education England, practice can access some funding and support to recruit to apprentice roles.
- 6.6 Apprentices can also be supported for existing employees. Leeds has a Collaborative Apprenticeship Programme which seeks to provide existing employees who meet the required criteria with further skills and development across all of the health and social care organisations in our city. As large organisations, Leeds City Council and Leeds Teaching Hospital pay 3% of their wage bill which then needs to be drawn down towards supporting apprenticeships. As part of this collaboration, partners have supported the transfer of this apprenticeship levy to allow practices to benefit.

## **7 RETENTION AND STAFF HEALTH**

- 7.1 The Health and Wellbeing of staff is more important than ever before. Staff are exhausted both physically and mentally due to the demands of working through the pandemic. NHS England launched a package of health and wellbeing support in 2020 for all NHS staff with support across a number of areas from work related stress to finance and relationships. Prior to this there are programmes of support for GPs and clinicians who may have been experienced stress or burn out. As laid out in the planning guidance, it is important that we move to a preventative rather than a reactive approach towards health and wellbeing of staff.
- 7.2 In 2020 Leeds undertook its first whole general practice workforce survey with a response rate of 17%. The report sought to understand the experience of staff working in general practice in Leeds and any forms of discrimination that they may have experienced. Whilst we are mindful of the response rate, 62% of staff reported that they had experienced at least one incidence of verbal abuse from patients and service users in the last 12 months. There are also positive themes emerging from the survey with 79% of respondents sometimes, often or always looking forward to going to work and 91% of respondents agreeing or strongly agreeing with the statement 'I am trusted to do my work' which form a sound foundation to implement positive change.
- 7.3 The report highlighted areas of serious concern regarding work related stress, incidences of verbal abuse and physical violence and many forms of discrimination including sexism, ageism and racism. It is the collective responsibility of the survey sponsors to take the lead in combating these problems and the responsibility of everyone working in general practice in Leeds to be open to positive change.
- 7.4 The report has identified a number of key themes that will now be aligned to existing groups to deliver on. It is vitally important that we address the issues and work in a proactive way to improve the experiences if we are to retain the high calibre staff that work within our practices.
- 7.5 As highlighted previously in the report we have seen a significant number of retired staff return to support general practice through the pandemic. Qualified staff have been able to deliver vaccinations whilst existing medical staff who have remained up to date have been able to focus on delivering the core service for patients. Nationally, we have been successful in receiving funding to build on this and look at how we might retain some of this retired workforce to continue to flexibly support general practice by completing tasks that are appropriate to their current level of experience and competencies.

## **8 SUMMARY**

- 8.1 The paper sets out a number of challenges particularly around the supply of registered posts. We must continue to work to influence the growth of training places both nationally and locally. We have a real opportunity with the significant funding available under the additional roles scheme to grow a broader and more specialist workforce in general practice and we are committed to looking at how we can support PCNs to do this whilst ensuring that we do not destabilise other parts of the system.
- 8.2 The pandemic has enabled practices to explore different ways of working that promote a better work life balance for staff and use of estate through digital solutions. Whilst this is something that we do not want to lose we must work closely with patients to understand their needs and preferences and ensure that they are supported and feel safe with the service they might receive. A digital approach will always be an offer alongside face to face consultations and we must ensure that the right option is available to meet patients needs.
- 8.3 Given the challenges of recruitment and the pressure that staff have been under throughout the pandemic, a key area of focus must be on staff retention and health and wellbeing. There is much support out there for staff however, we must continue to improve the experience that staff have and proactively improve working conditions rather than offer retrospective support.
- 8.4 In summary, we will continue to focus on developing a workforce strategy for primary care and build on the work that has taken place to date including strengthening our planning processes and working with our service and education providers to build a resilient, skilled and responsive workforce for the future.