

# PRIMARY CARE WORKFORCE DEVELOPMENT IN WALES

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## **1 Purpose and scope of this guidance**

The key objectives of this guidance are to:

- Support the need for new workforce planning processes for Health and Social Care in Wales
- Give an overview of the role of LHBs in Primary Care workforce development
- Define the principles and processes of workforce planning and development
- Provide guidance for LHBs and practices on developing the future Primary Health Care Team

## **2 Background**

The Wanless Review of Health and Social Care in Wales (June 2003) said: “The Welsh Assembly Government should review the current workforce planning mechanisms and put in place alternative methodologies which will ensure that NHS and Social Care is able to deliver the ambitious service strategy.” The Review also recommended that “workforce planning needs to be altogether more sophisticated, robust and based on future models of service provision.” The Review urges that the Primary and Community Care sector should take on an enhanced role in patient care, delivering a wider range of services designed around patient needs.

To take forward the Wanless vision of a Primary Care-led NHS Wales, the following elements are essential to ensure that expertise and resources are adequate to deliver patient care that is appropriate, timely and accessible:

- Increased capacity within Primary Care Teams
- Support and guidance for LHBs in workforce planning, remodelling and development
- A culture change towards new ways of working amongst frontline primary care staff, supported by Local Health Boards

Workforce planning is a complex, multi-dimensional exercise in managing change that aims to improve the balance between demand and supply of patient services whilst making the best use of available resources. The purpose of an effective workforce planning system is to ensure that patients receive consistently high quality care that is appropriate, timely and in the right setting. To do this effectively there needs to be an integrated, whole systems approach to planning that incorporates:

- Education and training
- Recruitment and retention both locally and nationally
- Service redesign and new ways of working

## **3 The need for new planning processes**

For many years, workforce planning within NHS Wales has been over-simplistic and inflexible, focusing primarily on predicting numbers for education and training commissions. There has been insufficient emphasis on the many other factors that influence the provision of health care, including workforce skills and training, recruitment and retention, changing ways of working and investment in technology. Furthermore planning methodologies have lacked dynamism, with failure to inform service planning of the gaps between supply and demand.

The use of this limited and inflexible planning model has resulted in significant inaccuracies and consequent shortages in capacity throughout the NHS. A new approach to developing the workforce is required that is responsive to change, allows for uncertainty and takes account of issues such as medical advances, demographic changes and the professional needs of staff.

One way of ensuring that workforce development is integrated with other aspects of planning, such as designing services, developing estates and determining budgets is to focus on patients and their pathway through the system. Putting patients and care pathways at the centre of planning ensures that services are designed around real healthcare needs, helps to avoid unnecessary duplication, and ensures that patients receive care from the most appropriate

person at the best time. This holistic approach reflects the clear message in *Improving Health in Wales – A Plan for the NHS with its Partners*, about the importance of a patient-focused approach to health care, putting service users at the forefront of service design and redirecting healthcare resources towards the direct care of patients.

Future workforce planning must recognise the independent contractor status of general practitioners and the unique employment relationship that exists within primary care. The role of Local Health Boards therefore is one of support and encouragement of primary care teams, as opposed to that of employer.

#### **4 Primary Care Workforce Development in Wales**

The vision for Primary Care is to offer prompt, convenient, high quality services to the people of Wales with greater involvement and choice in their care. The need for improvement, expansion and reform must underpin workforce development processes for Primary Care. Sharing best practice will increase the efficiency and effectiveness of services by disseminating experiences of innovative practice across Wales.

Box 1

#### **Key issues of Workforce Development**

##### ***4.1 Bring together local and national planning processes***

Robust forward planning is required to ensure that the needs of patient and communities provide the basis for planning at national, regional and organisational levels.

##### ***4.2 Integrate workforce planning with service planning***

Good workforce development has a shared and integrated approach bringing together service, estate and workforce planning across the range of Primary Care services.

##### ***4.3 Involve stakeholders***

Planning at local level must involve all relevant organisations delivering health and social care within NHS Wales, including front-line staff. A lead agency must take responsibility for developing plans and ensuring quality of the final product.

##### ***4.4 Establish robust information and data flows***

Effective workforce and service planning requires accurate, consistent data collections supported by high quality IM&T systems. Staff must be well-trained in data entry, retrieval and processing.

##### ***4.5 Liaise with education providers***

Providers of education should be fully involved in supporting local and regional workforce plans, contributing their knowledge and expertise to the planning process. Deficiencies in skills or competencies within Primary Care Teams must be addressed through education and training programmes.

##### ***4.6 Promote the principles of Agenda for Change***

Fair employment rights, levels of pay and good working conditions for all staff are essential to support the development of new roles and flexible working arrangements within Primary Care.

##### ***4.7 Facilitate a culture change within Primary Care***

Building adequate capacity within Primary Care teams will require the use of skill-mix, role redesign and new models of service delivery, moving away from traditional working patterns to more innovative methods.

## 5 The role of LHBs in Primary Care workforce development

The new organisational arrangements set up in Wales to take forward *Improving Health in Wales (2001)* incorporate 3 important elements to underpin Primary Care workforce planning and development:

- A **whole systems approach** to health, social care and well being at all levels of NHS Wales, under the leadership of the new Health and Social Care Department.
- The **establishment of LHBs as the statutory planning base** for Primary and Community Health Care, to develop Primary Care services and the workforce.
- The **joint responsibility given to LHBs and local authorities** to formulate, plan and implement a Health, Social Care and Well-being Strategy which responds to the health needs of their communities. This brings service planning closer to patients and responds to the diverse needs of populations across Wales.

### 5.1 LHB services and workforce planning

The service plans jointly drawn up by LHBs and local authorities should incorporate an assessment of resources, in particular staff, estates, finances and IM&T, to make service development realistic. They should aim to involve as many stakeholders as possible (see Appendix 2) including front-line staff, patients and the public to enhance ownership of the plans.

### 5.2 Workforce development function of LHBs

Successful implementation of the new GMS contract will depend on practices receiving support and guidance on the implementation of HR strategies and initiatives, such as *Agenda for Change*, to support their Primary Care development plan and facilitate the development of innovative models of service delivery and new ways of working.

LHBs should take a proactive approach to workforce development by promoting lifelong learning, facilitating recruitment and retention, and integrating workforce strategies into service delivery activities in order to ensure an adequate and effective Primary Care workforce. The essential LHB functions for workforce development are outlined in Box 2 below.

Box 2

#### Workforce Development Functions of LHBs

- Set up and maintain local workforce development systems
- Ensure workforce development is an integral part of frontline service development
- Establish a strong network between local stakeholders
- Identify local issues for workforce development policy in the context of community, labour markets and the local health economy
- Communicate local perspectives to inform regional and national policy decisions
- Use workforce development strategies to support local health plans
- Liaise with other LHBs to provide a unified approach to partnership working and community planning
- Identify, invest in and share local workforce development expertise and technical support
- Monitor and evaluate workforce development within Primary Care teams
- Promote life-long learning and recruitment & retention amongst Primary Care staff.
- Share in the regional co-ordination of workforce supply
- Encourage, identify and promote good practice and innovation within Primary Care
- Make robust workforce demand & supply projections and institute effective data collection systems

## 6 Primary Care Workforce Development

Workforce development is a dynamic process that supports service development and innovation in patient care. It involves not only workforce planning but also strategies to recruit, retain and develop staff to meet the challenges of future healthcare delivery. Getting the right workforce in place to deliver an agreed service model is a long-term task, requiring clear objectives and milestones.

Workforce Plans need to look at least 10 years ahead with short, medium and long-term estimates of future workforce numbers. This will improve accuracy of forecasting and provide realistic feedback to service planning.

### 6.1 Principles of workforce development

An effective system for workforce development must be founded on principles and methodologies that provide a sound information base, support for staff and allow for future unpredictability. The essential principles for developing the primary care workforce are defined in Box 3.

Box 3

#### Principles of Workforce Development

- **Define a vision** for the future service and provide clear leadership to realise that vision.
- **Balance workforce supply and demand** for services. Processes must have the flexibility to allow for planning error and unpredictable demands at short notice.
- **Work towards optimum workforce capacity and high standards of care.** This includes establishing and maintaining robust staffing data to inform planning and facilitate recruitment, retention and return initiatives.
- **Integrate workforce, services, estates and financial planning** so that decisions reflect the realities of capacity and resources.
- **Manage service redesign** through the use of skill mix and new roles within the Primary Care Team, maximising the contribution of all staff to patient care and promoting teamwork across professional and organisational boundaries. Achieving the right balance of generalist and specialist roles both within Primary Care and across the Primary and Secondary Care sectors is also important.
- Provide attractive **career development opportunities** for all staff through high quality education and training. The Knowledge and Skills Framework facilitates the analysis of the skills and competencies required to deliver high quality services.
- Promote **excellence in people management** including family-friendly working and work/life balance, attention to the health and welfare of staff and effective employment practices.
- Found all aspects of workforce development on expertise and **research which identifies best practice.**

## **6.2 Key Elements of Primary Care Workforce Development**

The methods below are used to develop healthcare services and ensure they address the needs of individual patients and communities.

### **6.2.1 Patient-centred care**

NHS Wales involves many different organisations and a variety of professional groups, each with a different perspective on how services should be organised. One way of ensuring coherence in planning services and workforce development is to focus on patients and their pathways through the system.

The central purpose of the patient-focused approach is to ensure that there are significant increases in the proportion of healthcare funding spent directly on patients. Resources used on 'unproductive' activities such as unnecessary paperwork, meetings and communication between staff, are redirected to improve patient care directly. Other methods of ensuring that patients needs are central to planning are through decentralising decision-making and services, focusing on service delivery rather than on individual tasks and developing a flexible workforce to improve the personalisation and continuity of patient care.

### **6.2.2 Robust information and data collection systems**

Detailed information about the work of GPs is essential for effective Primary Care workforce planning. Data is required to provide:

- a robust foundation for primary care workforce planning in Wales at national and local level
- accurate information accessible for LHBs to facilitate staff recruitment, development and training and to monitor performance against plans
- baseline data on capacity within Primary Care in Wales to enable evaluation of recruitment and retention initiatives
- information to assist decisions about the effective use of resources in developing the primary care workforce
- information for organisations responsible for commissioning Education and Training of Primary Care staff

There is an urgent need to establish new, effective systems of data collection and interpretation to facilitate primary care workforce planning in NHS Wales, providing LHBs with accurate records of the numbers and working commitment of all staff working within primary care. The Welsh Assembly Government is conducting research into methods of primary care data collection currently used across the UK and is actively involved in designing a robust system to underpin workforce modelling, the effective use of skill mix and the future development of primary care teams.

Effective planning requires a measure of workforce capacity within practices and methods of identifying under-capacity within individual practices and regions of Wales. The advent of the new GMS contract has introduced radical changes to the gathering of central information relating to the numbers of GPs and practice staff. In addition the function of the Medical Vacancies Committee, providing information on the numbers of partnership vacancies, is now obsolete.

A Code of Practice on Confidentiality and Disclosure of Information shortly to be issued by the Welsh Assembly Government provides guidance as to the circumstances where information about individual staff employed by practices may be accessed. The code states that individual data can be accessed by the Welsh Assembly Government for the purpose of:

- informing workforce planning policy
- forming a realistic view of the size of the primary care workforce
- measuring recruitment, retention and other flows.

Such data must be handled in line with the Data Protection Act 1998 and the Human Rights Act.

### **6.2.3 Workforce planning framework**

A workforce planning framework can assist health organisations in understanding their workforce needs and ensure that service development is fully integrated with workforce planning. A workforce action plan is useful to reflect current needs and to explore potential future demand. Appendix 3 includes methodologies used by workforce planners to match supply and demand, for instance scenario planning.

### **6.2.4 Care pathways**

Care pathways provide a method of achieving a managed care process by describing the activities required for a patient with a particular condition to move through the health system. A care pathway seeks to achieve the best clinical outcome within controlled costs, local needs and constraints. It can inform workforce planning because it highlights a range of workforce issues including the range of professionals involved, recording systems and shortages of key skills. Redesign of the pathway to improve the patient's experience should incorporate the workforce implications for the whole care pathway team, looking at skill mix, changing patterns of work and enhanced skills training. Thus pathways help to incorporate quality initiatives into workforce planning, education, research and development.

### **6.2.5 Clinical networks**

Clinical networks are whole-system, 'virtual' organisations that link multi-disciplinary groups of professionals and organisations from primary, secondary and tertiary sectors to work in a co-ordinated way to provide high quality services. They deal with a specific area of care, for example palliative care, and can be developed across boundaries to overcome the current barriers in care delivery.

It is important that networks are developed between Local Health Boards, Trusts and Local Authorities to ensure that there is adequate provision for all staffing needs integral to good quality patient care. These include matters relating to clinical governance, workforce development and high quality CPD for primary care staff which may be addressed most effectively at a regional or group level.

## **7 Developing the Primary Healthcare Team**

The new GMS contract is a strategic tool designed to facilitate the development of Primary Care Teams. It provides the opportunity to improve the quality of patient care, develop services that offer choice to individuals and local communities, and build the capacity necessary to deliver these services. The global sum funding arrangements promote the use of different service models for coping with workload, introducing a greater freedom to use the wide range of skills within the Primary Health Care Team. Role redesign and skill-mix are effective methods to delegate responsibilities to the most appropriate team member, increasing efficiency and helping to raise standards of patient care. The key elements of team development are listed in Box 4 below.

In order to benefit from the opportunities presented by the new contract there needs to be a culture change amongst Primary Care staff, service users, managers and workforce planners. A willingness to change conventional practices and be creative will drive reforms, moving away from the traditional hierarchical team structure to embrace different, more effective models of service delivery. Involving key stakeholders at every level of planning is essential to gain public and professional confidence in new ways of thinking and working.

Strong relationships between practices and LHBs will ensure that practice development plans are aligned with the LHB vision for healthcare services in their locality, with true integration of service and workforce planning. Practices will need support and guidance from LHBs to be successful in developing their healthcare teams, using methodologies such as those outlined in Appendix 4.

Box 4

### **Developing the future Primary Health Care Team**

- Promote team-working and leadership skills
- Encourage role redesign and skill-mix to improve efficiency and standards of care
- Develop new and extended roles for members of the Primary Care team
- Set up new models of practice through developing estates
- Ensure training for all staff is appropriate, timely and time-protected
- Provide relevant, accessible and up-to-date careers information and advice for staff
- Promote flexible working and a work-life balance
- Develop initiatives to improve recruitment, retention and return of healthcare workers
- Disseminate experiences and ideas between practices, LHBs and regions of Wales
- Implement patient management systems to reduce demands on Primary Care Teams

## **8 Conclusion**

The reforms underway within the NHS in Wales involve remodelling the health service to ensure that patients and their needs are at the heart of healthcare service design. The success of the Wanless agenda in improving the health of the people of Wales will, to a large extent, be dependent on building adequate capacity within the Primary Health Care Team to cope with increasing demands and changing priorities within the healthcare system.

The proposals for an enhanced role for the Primary and Community Care Sector within NHS Wales are particularly challenging given the current staffing shortages. This paper promotes a cultural change towards new ways of working and provides guidance on methods to develop a Primary Care workforce fit to provide consistent, high quality care for the people of Wales.

# APPENDICES

Changing workforce programme: new ways of working in healthcare (online)

[http://www.modern.nhs.uk/scripts/default.asp?site\\_id=65](http://www.modern.nhs.uk/scripts/default.asp?site_id=65)

Department of Health. 2003. National Workforce Dataset.

<http://www.healthcareworkforce.org.uk/WDC/Public/Documents/1067522695.87>

Healthcare Workforce Development Portal.

<http://www.healthcareworkforce.org.uk/index1.html>

Strategic Human Resource Intelligence Networks.

<http://www.shrine.nhs.uk>

County Durham and Tees Valley Workforce Development Confederation.

<http://www.adynamicworkforce.nhs.uk>

Future Healthcare Network.

<http://www.fhn.org.uk>

Modernisation Agency.

[http://www.modern.nhs.uk/home/default.asp?site\\_id=58](http://www.modern.nhs.uk/home/default.asp?site_id=58)

Research into Recruitment and Retention of GPs in Wales

<http://www.howis.wales.nhs.uk/gmscontract>

<http://www.wales.nhs.uk/gms>

## APPENDIX 2 Key Stakeholders in Primary Care Workforce Development

- **Patients** and other service users depend on having the right people with the right skills in the right place at the right time to deliver their services.
- **Individual Staff** have an obvious interest in the way the workforce is planned and developed.
- **Staff representative organisations** have a key role in working in ensuring that the potential of each staff member is used effectively within the principles of staff governance
- **Policy makers** can have a major influence on workforce demand and need to know the constraints generated by workforce issues
- **LHBs** have to cope with both the expectations for service delivery and the limitations of available resources. They are responsible for supporting, improving and developing Primary Care services in their areas.
- **NHS Trusts** work closely with LHBs, local authorities and others to deliver healthcare services in line with the local Health and Well-being Strategy. They also have an important role in professional education.
- **Business Services Centres** provide LHBs and other clients with support services to meet their business and service objectives.
- **Education providers**, including Universities and Colleges of Further Education, have a direct effect on the supply of health professionals and involvement in the determining the numbers of health professionals trained for NHS Wales.
- **Postgraduate education and training bodies for health professionals** have a significant effect on the medical and dental workforce, the nursing profession, pharmacists and optometrists
- **Regulatory bodies** set the standards for training and have an interest in the numbers and competencies of all health professionals engaged in service delivery
- **Local authorities** have joint responsibility with LHBs for formulating and implementing a Health and Well-being strategy for their area. They have involvement in community care and in the workforce aspects of health and social care.
- **Independent health sector** is in the same labour market for many staff. There is a shared interest in making the most effective use of trained health staff to benefit the nation's health.
- **Voluntary sector** includes voluntary organisations, community groups, volunteers, self-help groups, community co-operatives and religious organisations. They are the main provider for the hospice movement, mental health, and drug and alcohol services, playing an important role in working with disadvantaged groups and addressing health inequalities.
- **Workforce Development Steering Group** was established to oversee workforce planning for all staff groups across Wales.
- **The Health and Social Care Department** has been set up as a result of the structural reorganisation to transform the way the NHS in Wales works. National policy on workforce development will be drawn up within the Functional Divisions of the Department, with the Office of the Chief Medical Officer providing health professional support to the policy divisions.
- **The National Innovation and Leadership Agency for Healthcare** is a newly formed organisation, resulting from the merger of the Centre for Health Leadership Wales and Innovations in Care, and will be involved in leadership development, providing a strategic steer for service improvement and the establishment of good practice.
- **Health Departments of England, Scotland and Ireland** recruit many health staff from the same labour market as that for NHS Wales

Workforce planning is difficult because the world changes in ways that are sometimes unpredictable, making future forecasts inaccurate. This is compounded by the long lead times for workforce development, with training for health professions taking up to 15 years. Techniques are available to ensure that plans are robust and achievable, including the following methodologies.

### **1. Methods to estimate future demand and supply**

Scoping and matching workforce supply with future demand is one of the key components of effective workforce planning. Supply is predictable in the long-term whereas demand is not, and analysis of potential discrepancies will identify future gaps in workforce numbers, roles and skills. In this way planning can help the management of risks to service delivery in a changing environment. Methodologies used by workforce planners in matching supply and demand are outlined below.

#### **1.1 Demand forecasting**

The aim of demand forecasting is to estimate the workforce requirements that will be necessary to deliver service plans. Various methods have been used, including:

- Trend and regression analysis – statistical techniques which look at trends in workforce data to identify factors which impact on staffing levels
- Benchmarking – developing measures of workload which can be used to predict current and future workforce demands
- Workload modelling – methods designed to understand the characteristics and dynamics of workload so that the workforce can respond to changing demands.

#### **1.2 Mapping the existing workforce**

An accurate picture of the existing workforce is prerequisite to understanding the developmental needs of a workforce fit to meet future demands. The numbers, skills and roles of the current workforce should be quantified as outlined below:

- Quantify the types of staff available with details of responsibilities, staff categories, headcount and whole-time equivalents.
- Undertake an activity analysis, describing workforce roles relating to current services provided.
- Identify the skills and competencies of the workforce using skills development tools such as the Knowledge and Skills Framework and the Development Review process.
- Include a summary of workforce data information in the plan including data relating to supply and demand, employment trends, demographic changes and an assessment of relevant economic, technological and socio-political trends.

#### **1.3 Supply analysis**

To develop a workforce to meet predicted demands requires an understanding of the flows into and out of the workforce. Techniques used to estimate the future supply of workers include:

- analysis of the labour market from which staff are recruited
- estimating the competing demands of other employers
- researching wastage and turnover within the workforce
- forecasting output from training programmes

#### **1.4 Gap analysis**

Once forecasts have been made for demand and supply, they can be compared to predict whether the workforce will have adequate capacity and skills to meet service demands. Further action to remedy the deficiencies will depend on the impact of potential gaps; if a range of scenarios have been modelled, the size of the gap under different scenarios can be used to give an estimate of risk.

### **1.5 Scenario planning**

A method used by workforce planners to produce a range of options for possible future demands on healthcare, helping to determine how services can meet the vision for Primary Care. To develop scenarios, drivers and levers likely to impact on primary care services are identified including political, economic, social and technical factors. Developing different scenarios to suit geographical variations will assist the understanding of workforce needs within each area.

Scenario planning attempts to map out possible futures to assist in the development of robust contingency plans. Scenarios are imaginative pictures of the future world in which we work, where things can happen that are out of our control. The aim of scenario planning is to identify and plan for what *might* happen - often the unexpected scenarios are the most useful for planning purposes. Proposed policies and strategies can then be tested against these imagined futures to assess how well they would achieve their goals. The use of scenario planning requires those involved in service and workforce development to envisage potential circumstances affecting demand. Input from a wide range of organisations, each with different expertise and experience, is important for determining service provisions best suited to meet these demands.

The implications of a range of scenarios are tested against the workforce supply options to identify any staff shortages. Solutions should make the best use of existing resources and include recruiting additional staff, introducing new skills or new ways of working, and using skill mix teams. Education and training must be flexible and responsive, ensuring that staff are equipped with the appropriate skills and competencies to deliver high quality care.

The scenarios form the basis of an action plan that identifies models of delivery to meet the health needs of the population and highlights areas where innovation is required.

### **1.6 Service models**

By employing methods that identify patient needs and the appropriate care pathways, it is possible to look at various service models and the working patterns required to deliver them. This in turn identifies the roles, skills and competencies of staff required for service development. Analysis of how the current workforce supply matches up to these demands can generate an action plan for developing the required workforce.

## **2. Workforce planning framework**

A framework is a management tool for organisations to use and adapt to assist them in understanding their workforce needs and ensure that service development is fully integrated with workforce planning (see <http://www.healthcareworkforce.org.uk/index1.html>). A workforce action plan is then drawn up to reflect current needs and to explore potential future demand.

## **3. A Workforce Action Plan**

This stage in the planning process involves developing an action plan by applying knowledge of the existing workforce resources to inform the proposed scenarios. The aim is to produce a robust action plan that can cope with more than one future scenario, so that unpredictability is addressed through various solutions built in at an early stage. The action plan should prioritise activities most likely to be successful in achieving the strategic workforce development vision, stating the alternative options and rationale for choosing the preferred scenario.

The plan should identify the education and training required to support staff and underpin the development of new roles and service models evolving with the changes. Ownership of the plan by the key stakeholders is essential and is facilitated by their involvement throughout the planning stages.

A clear responsibility map detailing the activities and specific actions of each organisation involved in the development plan is needed, building in timescales and regular reviews. Clear

objectives and success criteria, with critical milestones, are helpful in the implementation process.

#### **4. Risk assessment and management plans**

Including a risk assessment in the workforce development process ensures that plans are realistic and clarifies responsibilities for risk management activity. A structured and systematic approach to identify, categorise and prioritise risks, involving a wide representation of stakeholders, is necessary. The potential risks facing the successful implementation of any plan are identified and prioritised, highlighting those requiring immediate action. Methods to assist in reducing risks for workforce development plans are identified.

The financial implications of the plans are explored as part of the reality check, with any resource constraints included in decisions that emerge from the scenario planning phase.

#### **5. Education and training**

Providers of education should be fully involved in supporting local and regional workforce plans, contributing their knowledge and expertise to the planning process. Educational and training plans are required to support existing staff in new methods of service delivery for the short-term, with the use of skill mix and an increase in training numbers in the longer-term. A system of development review should be in place for all members of the Primary Care Team. The outcome should include a personal development plan that identifies the learning needs of the individual consistent with the knowledge and skills required to perform their role effectively. Recruitment and retention can be improved through enhanced flexibility of training programmes and career structures for all staff.

Strong relationships between practices and LHBs will ensure that practice development plans are aligned with the LHB vision for healthcare services in their locality, with true integration of service and workforce planning. Practices will need support and guidance from LHBs to be successful in developing their healthcare teams, using methodologies such as those outlined below.

### **1. Team working**

Good teamwork is essential for practices to get full value from the new contract. The team leader could be a GP, nurse or practice manager, with responsibility for facilitating regular meetings to build a team identity and vision for the future. Leadership of the practice includes promoting team working skills and flexibility, so leaders need to be skilled in communication, motivation, conflict resolution, decision-making, change management and problem solving.

Support, encouragement and training for new roles and ways of working within the team are required, with consideration of appropriate rewards for delivering new models of healthcare. Involving staff in decision-making will promote ownership and commitment to change and development.

Multi-disciplinary working within the primary care team is beneficial to patients in many ways. Learning about the roles of other team members and sharing ideas improves the quality and co-ordination of patient care and promotes true collaborative working.

Practical aspects of running the team efficiently include:

- Good organisation of rotas and work schedules to improve productivity within the practice
- Learner-centred IM&T training to ensure all staff can use IT effectively and efficiently
- Providing team members with up-to-date information on practice performance
- Robust development review processes with personal development plans for all staff

The traditional general practice team can now offer a wider range of opportunities for its team members including possibilities for nurses, practice managers and pharmacists to become partners in practices. These new partnership arrangements are likely to increase the sense of ownership and commitment to drive forward change amongst the primary care team.

### **2. Increased productivity**

Methods to increase productivity include motivating staff, making better use of facilities and equipment, and introducing new technology. Effectiveness and efficiency of staff can also be increased through a review of the traditional ways in which health care is delivered, creating innovative roles for individuals or entire teams.

### **3. New models of practice**

A major change resulting from the new GMS contract is that primary care is now a commissioned rather than a contracted service, with LHBs responsible for the provision of services in their locality. As enhanced services develop, boundaries between primary and secondary care commissioning will blur and innovative service redesign is needed for patient-focused care.

The different demographic and geographical traits across Wales call for a variety of healthcare models and the new contract offers practices greater flexibility in service provision. Funding is based on factors that reflect local population needs and facilitates innovative approaches to service design, shaped around local circumstances and workforce capacity.

The NHS reforms in Wales are designed to stimulate co-operation between primary care teams, with opportunities for practices to work together and share resources to promote the development of services that are truly responsive to the local needs of the community.

#### **4. Skill mix and Role Redesign**

The aim of role redesign is to expand the capacity of the primary healthcare team to improve patient services through staff development. To meet the aims of the new GMS contract and develop a Primary Care workforce that is truly responsive to patient and community needs, traditional boundaries between different roles and professions within the practice must be removed. Successful skill mix is achieved by assessing staff on the basis of their skills and potential before delegating roles to team members that are best suited to their abilities and training.

Careful analysis of GP and nursing skills will help to identify tasks that can safely be transferred to other team members. Areas of patient care requiring skills only acquired through in-depth medical training and experience in managing complexity are critical to the role of 'risk manager' and should remain the responsibility of clinicians. Straightforward measurements and recording, however, along with other administrative work are skills that can safely be transferred to other team members. Generic skills required by all members of the practice team include respecting patients' rights, choices and confidentiality, awareness of health and safety issues, and communication skills.

#### **5. Extended roles**

The traditional roles of primary care staff are developing to enable them to take on enhanced skills and responsibilities within the team. Examples of the ways in which current professional roles can be extended are given below.

##### **5.1 General Practitioners**

The way that GPs work is likely to change with the development of the enhanced role for Primary Care, evolution of intermediate care and development of GPs with special interests. Although primary care structures may change, the fundamental importance of the general practitioner function is likely to remain the same; indeed, as co-morbidity increases with the ageing population, the role of the generalist will be central to managing the complexity of multiple pathologies and accompanying social issues. These core skills must be valued, respected and put to the best possible use in all future developments within Primary Care.

##### **5.2 Practice managers**

The practice manager will be central to the success of practices in implementing the new GMS contract. Managers will need particular skills in leadership, change management, creative thinking and communication, having a key role in developing innovative services and attracting high quality staff. There is a need to validate practice management as a legitimate career option within mainstream NHS management. Further skills development will be required using the competency framework appended to *Investing in General Practice 2003* as a baseline.

##### **5.3 Nurses**

There are opportunities for practice nurses to take on extended roles in screening, health promotion and the management of chronic diseases, including work towards quality indicators and enhanced services resulting from the new GMS contract. Opportunities for leadership and management roles for nurses are increasing – these are essential for improving healthcare and for professional development within nursing careers.

Nurse practitioners are being trained and regulated to diagnose and manage a broader range of conditions including aspects of chronic diseases, minor illness and contraceptive services. As these posts increase in number, nurse practitioners will be in a position to take over a greater proportion of the GP workload, thereby freeing up time for doctors to manage more complex cases.

The roles for specialist nurses are increasing, offering benefits for patients of improved access, reduced waiting times and improved quality of care. The Nurse with a Special Interest has interesting opportunities for career development and this may assist recruitment and retention.

The Royal College of Nursing has a vision of future nursing teams that deliver integrated nursing across care settings. These teams would be organised around integrated care pathways based on illness such as asthma, or population groups such as older people. Specialist teams could focus on services, such as emergency care or specific cancer care, and there would be a need for specialist knowledge and expertise to complement the work of nursing teams with a more generalist focus.

#### **5.4 Pharmacists**

Pharmacists are ideally placed to extend their role within primary care and become an integrated member of the practice team. The new pharmacy contract provides recognised standards of care and systems to facilitate good communication between pharmacies and practices. The key to successful collaboration between GPs and pharmacists lies in the ability to share and update information through a robust IT system and electronic patient records.

Experienced pharmacists are often keen to develop new ways of delivering patient-centred care. The new pharmacy contract enables pharmacists to:

- Expand their role in advising and treating minor ailments by training as supplementary prescribers and providing care from a consultation area within the pharmacy
- Take on more responsibility for patients through medication reviews and managing repeat prescriptions for up to a year without the patient needing to return to their GP

The emphasis on chronic disease management in general practice requires an appropriately skilled multi-disciplinary team. Many aspects of the quality framework of the new GMS contract require monitoring of treatment dosages and compliance which pharmacists are well placed to take on, managing patient reviews in collaboration with practice nurses and thereby freeing up GP time.

Other new systems, such as pharmacists overseeing medication changes for patients following hospital discharge, can prove very effective in reducing time spent by clinicians within the team on non-clinical issues.

#### **5.5 Administrative staff**

Innovative schemes to extend the role of the secretaries, receptionists and other administrative staff have been successful in saving time for clinical care. Extended roles for administrative staff could assist by, for example:

- Offering advice and information to patients and carers about benefits and support groups
- Dealing with hospital appointment issues
- Building a database of information and contacts to assist staff in providing advice on non-clinical issues

These roles are valuable as they would reduce the time spent within consultations on non-clinical aspects of care.

### **6. New roles**

The delivery of care to patients within Primary Care is changing in many ways, with the use of new technologies, increased patient expectations and changing staff working patterns. These changes need to be taken into account in planning and developing the Primary Care workforce, with role and service redesign integral to future team development.

#### **6.1 Health Care Assistants (HCAs)**

The role of the Health Care Assistant will be critical to the future primary health care team. Properly trained, supported and supervised HCAs can bring great benefits to patient care by undertaking work traditionally performed by nurses, thereby freeing up their time for treatment and technical nursing. An HCA could take on the following roles: measuring blood pressure, performing diagnostic tests, such as electrocardiograms and venepuncture, and providing clinical interventions such as wound care.

There is an urgent need to set up effective systems to train and employ HCAs. There is a need to engage with education providers to determine appropriate accreditation and regulatory processes for HCAs, thereby enabling them to become integral members of the Primary Health Care Team.

### **6.2 General Practitioners with a Special Interest (GPwSI)**

Through undertaking specific training these doctors are qualified and competent to provide not only the full range of generalist services, but also those of a special interest outside the normal remit of general practice care. In most circumstances, GPs with Special Interests will work in a community setting and different service models will be developed according to the local needs of patient populations. Benefits to developing this role are numerous and include:

- Improved waiting times
- Easier access for patients
- Interesting career development opportunities for GPs
- Increased job satisfaction for GPs
- Opportunities to integrate services effectively across primary and secondary sectors

It would be beneficial to have a consistent approach to the development of GPwSI services across Wales. A Welsh Health Circular providing a framework for establishing GPwSI positions has been circulated to LHBs offering guidance on training, accreditation, contractual issues and service design.

### **6.3 Physicians Assistants (PAs)**

PAs are fully trained professionals who take on a role equivalent to that of a junior doctor for their career. They account for around 10% of health workers in the USA, where they have been used for the past 40 years. In the UK, a 2 year honours level course has been set up at the University of Birmingham to teach the same skills as a medical graduate, but with a focus on general medicine rather than on specialities. Physicians' assistants are trained to think analytically, rather than working to protocols, to make diagnoses and set up treatment plans; they will not be able to prescribe. The role is designed for PAs to work alongside GPs, allowing doctors to focus on more complex cases and so improve the quality of patient care.

## **7. Career development**

Today's GPs look for flexibility, choice and quality of life in planning their future, so guidance and support in career development are essential resources for doctors at different stages of their working lives. The changes in the organisation of the health and social care systems, the new GMS contract and the redesign of services for the future provide a range of new career opportunities for GPs.

The new GMS contract promotes a new career structure for GPs with opportunities to develop special interests, clinical leadership and management skills. The new funding arrangements for the new GMS contract are likely to result in an increase in the number of salaried GPs in practice, offering flexibility and opportunities to develop skills in a variety of settings. Salaried jobs particularly suit doctors who wish to focus on the clinical aspects of general practice and who wish to combine general practice with other interests. Salaried schemes have been successful in attracting GPs to work in under-doctored areas by linking GP posts with sessions in teaching, research or special clinical interests.

Facilitating career development for doctors includes providing them with relevant, up-to-date information about the opportunities available, advice on how to prepare for new roles and support through the inevitable transitions. Career information, counselling and guidance is essential for all medical students and qualified GPs, with career planning an integral part of a doctor's personal development plan and appraisal. This will help to ensure that doctors find posts that suit their preferences and aspirations and that workforce planning incorporates the current trends in career choices of doctors.

All Primary Care staff will benefit from the professional opportunities offered by extended roles and skill-mix promoted by the new GMS contract. It will be easier for team members to transfer their skills between practice posts and different models of service delivery in response to the changing needs of patients, communities and healthcare workers. It is imperative that appropriate education, training and protected learning time are provided for staff development, enabling them to undertake new roles and ways of working with ability and confidence.

## **8. Flexible working**

The trends in society towards flexible working and portfolio careers are clearly evident in doctors entering general practice who need to juggle the demands of family commitments with their working lives. Flexible schemes are required to allow doctors to work part-time whilst keeping up-to-date, particularly those doctors with young families and senior GPs near to retirement. Doctors often wish to combine general practice with a particular area of clinical interest, research or management and therefore portfolio careers are increasingly popular.

Addressing the professional and support needs of all GPs is essential in the drive to recruit and retain the workforce. The provision of accessible and appropriate resources for education, with opportunities to meet with peers, is especially important for doctors working in remote parts of Wales to enable them to keep up-to-date and maintain enthusiasm for their work. Childcare should be flexible enough to accommodate short-notice arrangements and be accessible to healthcare workers throughout Wales.

## **9. Recruitment, retention and return**

The current shortage of GPs is increasing the pressure on primary care, resulting in general practice becoming a less attractive career option for newly qualified doctors and increasing numbers of senior GPs choosing to take earlier retirement. In addition, the trend towards part-time working arrangements is contributing to the loss of workforce capacity. Improving the recruitment and retention of doctors and nurses within Primary Care over the next decade is crucial for the success of health service reforms within NHS Wales.

Training greater numbers of GPs and practice nurses will help to increase workforce capacity in the longer-term, but in the short-term it is essential to optimise the working potential of all available qualified staff. Retaining the expertise of senior GPs, facilitating the return of GPs who have left the workforce and improving the working conditions for all primary care staff are essential to build workforce capacity. Innovation is imperative, with new ways of working devised to span traditional boundaries.

## **10. Education, training and appraisal**

Supporting staff to develop their roles through high quality educational programmes is essential for the development of the Primary Health Care Team. Training programmes should promote the personal and professional development of individuals alongside national and local service objectives, using a variety of educational styles. Assessing the learning styles of team members will help to identify effective methods of delivering education and training. The use of suitable practice placements in a range of settings is essential to offer the relevant experience in Primary Care and all staff should be given opportunities to develop skills and competencies to their full potential. All education and training programmes and practice placements should be quality assured, with benchmarks to define the learning outcomes required.

Inter-professional education for health professionals is a concept that will have a real impact on Primary Care workforce development. The aim is to introduce the principles of common learning programmes into all training and CPD education, teaching core skills to ensure that healthcare workers adopt a patient-centred approach in their work. A common understanding of the skills needed within a team promotes better team working and flexibility between staff groups.

The information technology service under development in NHS Wales will provide access to information wherever and whenever it is needed for the support of patient care. It is essential that the future plans for electronic health records, use of datasets, patient management support systems and electronic prescribing are underpinned by high quality training in IM&T for all Primary Care staff.

Teaching LHBs (tLHBs) are currently being established in Wales as an additional resource to support all healthcare professionals and other LHBs in the locality through a variety of activities to develop a culture of learning, sharing of knowledge and collaboration in research.

### **11. Systems for ideas, experience and best practice**

For innovation in the development of staff roles, new ways of working and service redesign to be effective across Wales there must be systems in place to disseminate ideas and experiences between practices, LHBs and regions. By sharing different ways of delivering care to patients, the transition from traditional practice to new methods will be more efficient, especially if guidance and support are available to assist Primary Care teams in their implementation. Change must be promoted through the provision of appropriate educational resources, tailored to the needs of individuals and organisations.

Possible methods of disseminating experiences of role and service redesign are by use of:

- A central IT database system
- Workshops and conferences across Wales
- Publication of newsletters for practices and LHBs
- Education and training sessions to support and encourage change and innovation

### **12. Patient management systems**

The new GMS contract recognises that, if the Primary Care sector is to expand and practices are to manage their workloads effectively, clinicians' time must be used efficiently. Examples of initiatives to reduce workload and patient demand are outlined below:

- Programmes which assist practices to measure capacity and demand within the practice, re-allocate work within the practice team, review booking arrangements and implement chronic disease management systems. *Coaching Access Wales* is an initiative that supports practices taking part in managing change and increasing efficiency in many areas of their work.
- Triage systems that direct patients to the most appropriate member of the Primary Care team for advice or treatment improve the effectiveness of staff time and skills within the practice.
- Freelance GP management systems are partnership arrangements between GPs who do peripatetic locum work. The doctors employ a business manager to manage the non-clinical aspects of their professional lives, freeing up more time for patient care and professional development.
- Working in partnership with patients:
  - a) Expert Patient Programmes provide training in self-management for patients with chronic conditions. They assist patients to manage their own conditions, use services more effectively and access health care outside the GP setting, thereby reducing the workload within Primary Care and building partnerships between patients and health and social care professionals.
  - b) A self-help guide for the public would be beneficial, offering healthcare advice and information on common health problems and treating symptoms at home where appropriate.
  - c) Self-help groups and networks could be set up to provide mutual support for patients in particular circumstances.