



North East London

# Primary Care workforce update – Havering HOSC

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Date: December 2022

# Workforce strategic aspirations

## System:

### We will deliver

- annual increases in the size and scope of the PC workforce across NEL to deliver minimum targets
- reduced rates of attrition across the workforce through retention initiatives by improving the training, supervision and educational infrastructures available to Primary Care (PC) employers and their teams
- further reduction in attrition by offering wellbeing resources and interventions that improve the working lives of PC staff
- increases in the number of Salaried Portfolio Innovation (SPIN) scheme opportunities in each PCN as part of the development of a blended generalist and specialist workforce drawn from all sectors.
- local pipelines to recruit, train and retain Personalised Care ARRS (Additional Roles Reimbursement Scheme) roles
- reduced inequity in the ratios of Staff : Population ratios across NEL through targeted investment into borough and hyper local interventions

## Neighbourhood and Primary Care Network (PCN):

### We will enable

- each PCN shall develop its own improvement targets based on population needs as part of the NEL Infrastructure Toolkit
- PCNs to improve their training and educational capabilities through local and hyperlocal interventions based on the workforce needs and to have access to staff wellbeing resources
- PCNs to offer protected time, wellbeing resources and reduce individual workloads through different ways of working
- PCNs to offer SPIN roles to all professional staff roles working in specialisms linked to local health need.
- PCNs to have access to primary care provider (PCP) staff pipelines and modular training resources that enable them to develop MDT delivering proactive care aligned to local health needs
- PCNs with low staff: Population ratios to co-design interventions based on their bespoke needs that will improve their staff offer in line with peer organisations

# Havering data – change and improvement

PCN	Staff Rates Per 100K patients											
	GP (excluding TG)			Nurse			HCA			GP (excluding TG)		
	Jun-22	Sep-22	Change	Jun-22	Sep-22	Change	Jun-22	Sep-22	Change	Jun-22	Sep-22	Change
<b>HAVING CREST PCN</b>	44.03	44.07	↑	14.17	15.10	↑	6.37	6.38	↑	103.01	100.49	↓
<b>HAVING MARSHALL PCN</b>	43.83	39.70	↓	16.22	13.60	↓	3.74	5.74	↑	109.69	90.52	↓
<b>HAVING NORTH PCN</b>	32.47	31.77	↓	13.84	14.37	↑	2.69	2.32	↓	103.48	102.58	↓
<b>HAVING SOUTH PCN</b>	37.50	40.65	↑	16.98	18.62	↑	3.85	3.70	↓	105.02	106.94	↑

ARRS 22/23 Recruitment	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Average WTE
<b>HAVING CREST PCN</b>	11.43	12.43	12.43	12.43	12.43	12.23
<b>HAVING MARSHALL PCN</b>	12.48	12.48	12.48	12.48	13.48	12.68
<b>HAVING NORTH PCN</b>	19.81	20.81	20.81	19.67	19.62	20.14
<b>HAVING SOUTH PCN</b>	14.60	15.92	15.92	16.94	18.99	16.47
<b>Spend</b>	223.00	234.00	242.00	240.00	246.00	237.00

Currently projecting spend of over 60% of devolved allocation:  
Expect to see increase to 100% of devolved allocation

Aspiration is to improve:

- GP rates to at least 44 per 100K
- GPN to at least 15 per 100K
- ARRS at least utilisation of 80% of total allocations or full utilisation of devolved allocation
- To be achieved as part of local and hyperlocal investment

# Improvements in workforce size and scope

## NEL plans to deliver against the following workforce standards

- For GPs to achieve a ratio of 44 GPs per 100K by 2025
- For General Practice Nurses (GPNs) to achieve a ratio of 15 GPNs per 100K by 2025
- For ARRS staff we wish to utilise over 80% of current funding by 2025

## To do this we shall

- Expand the GP fellowship scheme with an aim to ensure that fellowships are offered in all PCNs. This will be achieved through flexed offers and hyperlocal interventions to expand supervision and training capacity
- Through strengthened nursing leadership, training and supervision across boroughs and within PCNs we shall offer new nursing opportunities and roles that are more attractive to newly qualified staff and which help retain existing staff
- Develop recruitment pipelines, training and improved job opportunities for PCP roles
- Work across our partnerships to expand our SPIN / Fellowship offer beyond GP roles to ARRS staff and nursing staff. During 2022/23 we plan to have up to 10 SPIN clinical pharmacists and to develop an offer to other AHP (Allied Health professional) roles
- Offer mentoring and guidance to newly qualified staff and existing staff to support them in finding roles with NEL suited to their career needs. During 2022/23 we intend to achieve 90% conversion of trainees within the system footprint
- Ensure that PCN and GP employers have access to workforce planning tools and information by offering a planning tool in 2022/23 and making practice and PCN workforce intelligence available via dashboards

# Reducing attrition and improving retention

Reduce the rates of staff turnover by 2% (from c10% to c8%)

- Expansion of SPIN offers to existing staff within and across the NEL system to support Fuller recommendations on development of integrated teams
- Support with recruitment and job design particularly in relation new ARRS roles
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- Enhancement of locally led retentions schemes offered via our Training hubs
- Hyperlocal interventions within practices to facilitate improvement in their workforce offers
- Well-being training and resources offered to all practices
- Up-skilling and personal development offers aligned to local needs and career opportunities
- Mentorship and supervision offered to all practices
- Strengthened professional leadership and supervision
- Development of a Training and Supervision mapping tool to support future infrastructure investment and planning
- New employment offers – flexible fellowships and spin
- Expansion of the flexible pools offers

# Hyperlocal Programme

## Background and progress

- NEL reviewed the variation of staffing rates per 100K across East London Boroughs, PCNs and Practices. It found that variation across borough and also within boroughs.
- As a consequent we have implemented a Hyperlocal work-stream that shall work with PCNs identified from heat maps and local discussions to develop Hyperlocal and bespoke interventions to develop sustainable recruitment pipelines.
- During 2022/23 we shall agreed interventions and MOUs (memorandum of understanding) with the hyperlocal practices and PCNs aimed at facilitating intensive improvements in their recruitment and retention offers

# Fuller Response: SPIN, PCP and improvements in Workforce intelligence and data

## Expansion of new role offers within NEL

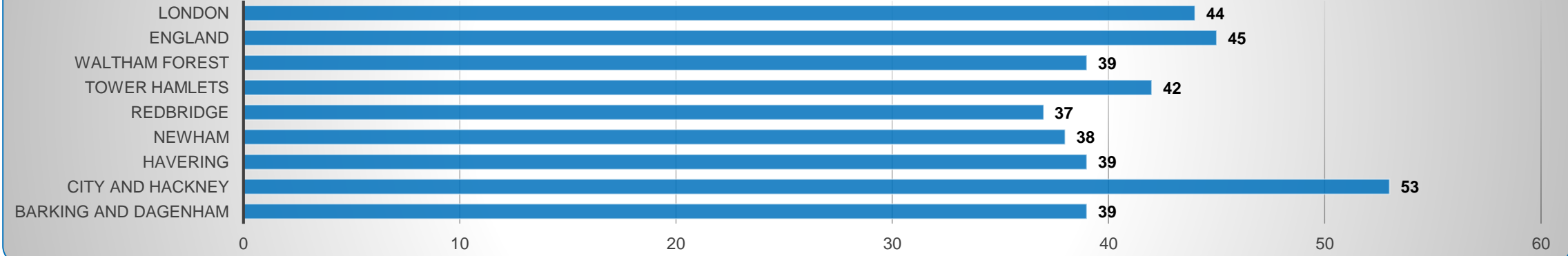
- For 2022/23, we have developed new SPIN opportunities for Clinical Pharmacists working across primary and secondary care. These roles are aligned to a local PCN health need and are being co designed with the PCN leadership and our Trust partners
- We intend to further expand SPIN across other AHP roles
- For 2022/23, we shall build a new PCP pipeline to support local recruitment that offers training based around neighbourhood plans and needs.

## Improvements in Data and Intelligence

- We are currently working to improve the quality of data recorded within the National Workforce Reporting Service (NWRS) to ensure that all GP employers are regularly reporting changes to their workforce information
- During 2022/23 we shall providing all PCNs with **ta Workforce Analysis and Planning tool (included)** to improve workforce planning that identifies their infrastructure needs into the future in line with Fuller recommendations
- We are developing a new ARRS information report for each PCN to enable to track utilisation of their ARRS resources
- All practices will have access to workforce information as part of our NEL dashboard which shall provide analysis of the impact of workforce as an enabler for access and delivery

# Borough comparison of GP and GPN Staff per 100K

### GP Per 100K



### GPN Per 100K

