

# The Greater Manchester Primary Care Workforce Strategy

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2019 - 2024

## **OUR VISION FOR PRIMARY CARE**

**Across Greater Manchester (GM) we aim to deliver the fastest and greatest improvement in the health and wellbeing of our whole population, by enabling the fastest and most comprehensive improvements in capacity and capability of the Greater Manchester primary care workforce.**

The five-year GM primary care strategy aims to expand the traditional concept of primary care to create a much wider integrated health system to achieve the broader, long-term vision for Greater Manchester. This will improve the health and wellbeing of GM residents and contribute to the further economic viability of the region. The traditional model of primary care will evolve, with more focus on digitally enabled, multidisciplinary, integrated and preventative support, based in the right place for local populations. This will not only improve the quality of primary care delivery and improved population health outcomes, it will also ensure its future sustainability. Having the right workforce is essential to the delivery of the GM primary care strategy.

The NHS Long Term Plan (2019) commits to whole scale community service redesign. It describes plans to 'boost' out of hospital care, reduce pressure on emergency hospital services and digitally enable primary and outpatient care. It reflects the need to provide more care closer to home, improving the links between primary, community and secondary care, and improving support to care homes.

In Greater Manchester, our ambition exceeds this.

Our people and communities will have access to high quality, fully integrated, place-based care, provided across established neighbourhoods of 30-50,000 people. The power of our 67 Primary Care Networks (PCNs) will be integral to the design and delivery of these and will collaborative, as a vital part of their local communities, with general practice, pharmacy, dentistry and optometry operating as a single system. Multidisciplinary working will be commonplace, with strong relationships and seamless care across primary, community and secondary care, Local Care Organisations and the VCSE sector.

Greater Manchester will have a resilient paid and unpaid workforce that feels sufficiently motivated, supported and empowered, equipped to deliver high quality services and able to drive sustainable improvements that positively influence the health and wellbeing of the population.

The primary care workforce will be much broader in terms of roles and skills. They will feel recognised and valued, with parity of esteem across organisations and sectors. They will enjoy fulfilling work that provides opportunities for development and career progression.

This primary care workforce strategy signals a renewed focus on integrated delivery across neighbourhoods, population health and working at scale, while making the best use of the collective skills in primary care and the community to meet current challenges and maximise the opportunities to improve people's healthy life outcomes. It is about people and places, not organisations and boundaries.

# INTRODUCTION

On 1 April 2016 Greater Manchester became the first region in the country to have devolved control over integrated health and social care budgets, a sum of more than £6bn. A year later, Greater Manchester got a mayor and extra powers to make decisions locally to tackle wider problems that affect people's health and everyday life.

The vision for Greater Manchester is “to ensure the greatest and fastest possible improvements to the health and wellbeing of the 2.8 million population of GM”. Key to achieving this vision is having the right GM workforce.

## GM Context

Across GM there are 10 local authorities, 15 NHS trusts, a GM police service, a GM fire and rescue service, 10 Clinical Commissioning Groups, over 15,000 voluntary organisations, community groups and social enterprises and over 2000 points of primary care delivery (including general practice, community pharmacy, community optometry and general dental service). As the only city region with health devolution, we are able to remake the connection between health and other public services that has been lost over the years.

Because devolution means decisions are now made right here, in Greater Manchester, we can do something about the issues that affect all 2.8 million of us – such as helping children have the best start in life, improving our physical and mental health and helping us stay well for as long as possible. Primary care has a major role to play in this.

The GM plans for devolution reflect a clear and distinct philosophy – that the NHS is part of a wider system of population health, accountable to the people through the framework of local democracy. Devolution continues to offer the unique opportunity to take charge and do things differently to meet local people's needs.

‘Taking Charge of our Health and Social Care in Greater Manchester’<sup>1</sup> (2015), described primary care as the driving force behind a new approach focused on predicting and preventing ill health, and at the heart of new models of care that enable this approach to be embedded in all 10 Greater Manchester localities.

The refreshed five-year strategy for primary care focuses on the GM neighbourhood model of care, improving the quality of primary care and ensuring that primary care is sustainable and fit for the future. The delivery of the primary care strategy will not be possible without the transformation and sustainability of the workforce.

In 2017, the GM workforce strategy was published, focusing on four key priorities:

- **Talent Development and System Leadership** – proactively invest in nurturing the skills and competencies of our workforce
- **Grow our own** – widening access for and accelerating talent development across a range of new and existing roles

<sup>1</sup> Taking Charge <http://www.gmhsc.org.uk/wp-content/uploads/2018/05/The-big-plan-Taking-Charge.pdf>

- **Employment offer and brand** – nurturing a vibrant employment environment that makes GM the best place to work for health and social care professionals
- **Filling difficult gaps** – co-ordinated action to address specific long-term skills and capacity shortages across health and social care.

The GM workforce strategy aims to offer the current and future workforce a supportive and inclusive working environment where staff are recognised and valued, with opportunities to develop and flexible and attractive benefits. This is reflected in the plans for primary care.

## National Context

The Five Year Forward View<sup>2</sup> (2014) describes how the NHS needs to evolve in order to meet the challenges of people living longer with more complex needs as well as take advantage of the opportunities brought by new technologies to improve care. It acknowledges the need for an appropriately skilled workforce that is able to deal with today's challenges and adapt to changing models of care.

The General Practice Forward View<sup>3</sup> (2016) focuses on the transformation and stabilisation of General Practice. It describes a bold ambition to create an extra 5,000 GPs and 5,000 non-medical staff across England over five years, growing the workforce and improving the use of wider, multidisciplinary workforce.

The Interim NHS People Plan<sup>4</sup> (2019), which was published in 2019 outlines plans to make the NHS the best place to work, improve the leadership culture, tackle the nursing challenge, deliver 21<sup>st</sup> Century Care and embed a new operating model for workforce.

Primary Care Networks (PCNs) were introduced as part of the NHS Long Term Plan. GP practices were able to join networks with populations of around 30,000-50,000 populations to create fully integrated community-based health services. The PCNs will be required to deliver seven national service specifications and will receive funding for new roles.

## Challenges

Greater Manchester (GM) has many strengths as well as many challenges. With around 2.8 million people living in GM, the population grew by over 170,000 in the last decade. There is a £7 million gap between public spend and tax income. Around 65,000 people are out of work, which includes 1/4 of 16-19 year olds. Currently the life expectancy of women in GM is 81.3 years compared to the England average of 83.1. For men, the life expectancy in GM is 77.8 which is below the England average of 79.5. Around 441,000 of GM residents are aged 65 and over. That figure grew by over 50,000 in the last 25 years. 268 people are rough sleeping in GM, with another 18,000 at risk of becoming homeless.

Many people are seen by GPs when they could be supported in a different setting. Care between teams is sometimes not joined up, with patients having to explain their story multiple times. Medicines related queries are regularly dealt with in general practices, when they could be managed more conveniently in community pharmacy. Ophthalmology is the highest specialty with

<sup>2</sup> <https://www.england.nhs.uk/publication/nhs-five-year-forward-view/>

<sup>3</sup> <https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf>

<sup>4</sup> [https://www.longtermplan.nhs.uk/wp-content/uploads/2019/05/Interim-NHS-People-Plan\\_June2019.pdf](https://www.longtermplan.nhs.uk/wp-content/uploads/2019/05/Interim-NHS-People-Plan_June2019.pdf)

the highest cause of attendance at hospital outpatients when a number of these appointments could be proactively managed in primary care optical practices. People regularly attend A&E when there is provision in the community. With better communications and engagement with the public, more of these cases could be seen closer to home in a timely manner.

Although there are pockets of good practice, there is little insight into the primary care workforce in terms of capacity and workload. In General Practice, where data is routinely collected, it is often not provided in a consistent manner. While data collection has improved, completion rates are still not at a level which enables robust and detailed analysis. The pace in which employment and vacancy rates can fluctuate across hundreds of individual providers makes it more difficult to gain up to date information. In dental, optometry and pharmacy the provision of workforce data is not a contractual obligation. Work is ongoing with Local Professional Networks and Local Representative Committees to facilitate workforce data collection solutions.

## General Practice

According to the BMA, nine out of 10 GPs feel their workload had a negative impact on the quality of care they give to their patients<sup>5</sup>. Primary Care Networks will enable at-scale working which brings resilience to general practice and economies of scale across both workforce and estates alike.

Increasingly the needs of patients are a blend of physical and mental health needs, social and environmental factors that require coordinated responses – well beyond the traditional medical model of care – which places further demands on practices both to navigate the system for their patients and to coordinate the response. It requires practices and GPs to work in different and more integrated ways with colleagues from across the public, community and voluntary sectors. Workload is higher than ever, with GPs and practice staff working long hours and struggling to maintain a sustainable work/life balance. Morale in general practice is low. More GPs are now entering the profession on a salaried basis or choosing to leave partnerships to take up salaried positions<sup>6</sup>.

Problems with recruitment and retention create further workforce challenges. A third of GPs hope to retire within the next five years, and a fifth of current GP trainees plan to move abroad. A large proportion of practice nurses are aged 50-59, with a third hoping to retire in 2020. Outcomes from the Ninth GP Worklife Survey undertaken in 2017<sup>7</sup> are outlined below.

<sup>5</sup> BMA (2014) General practice in the UK media brief. BMA, London.

<sup>6</sup> Oxtoby K. (2019) GP partnerships versus salaried roles: what to consider when choosing a career path. *BMJ*. 2019 Aug 7;366:l5001. doi: 10.1136/bmj.l5001

<sup>7</sup> <https://www.clahrc-gm.nihr.ac.uk/projects/addressing-long-term-workforce-challenges-general-practice-greater-manchester>

### The Ninth GP Worklife Survey, 2017

The GP Worklife Survey is a national survey of GPs in England. It focuses on GPs experiences of their working lives, asking questions about satisfaction, physical working conditions, remuneration, variety, pressures, demands, workload and future intentions.

- A slightly higher percentage of GPs in GM reported satisfaction with their working hours than the national sample and were 7% more likely to agree their work was flexible.
- 61% of GM GPs reported high/considerable pressure due to worry about patient litigation, which was almost 8% more than the national sample.
- Just over three quarters of GM GPs agreed/strongly agreed that their work provided variety which was 4.49% less than the overall sample
- Almost 30% of GM GPs felt a considerable/high likelihood of leaving the medical profession and 34% said they were likely to leave direct patient care in the next 5 years

Other parts of the primary care workforce face similar challenges, for example in practice nursing, over 64% of practice nurses are over 50, and only 3% are under 40. There is variation in employment models, qualifications and access to continuing education and development across Greater Manchester primary and community nursing workforce. This is compounded by variation in pay terms and conditions, integration of nursing roles into primary care networks, and lack of sustainable funding for nursing development. Policies and information supporting best practice in primary care could be more robust. There is a risk that the population will not receive care and treatment of a consistent quality and safety.

In December 2017, the National Institute for Health Research Collaboration for Leadership in Applied Health Research and Care (NIHR CLAHRC) Greater Manchester undertook a study to explore the workforce challenges facing General Practices across GM.

In GM, female staff account for 86% of the General Practice workforce. There are very few men working in non-GP roles, including 1% of nursing staff, 7% of other clinical staff and 5% of administration staff. The data suggests that more female GPs tend to work part time than men, although this varies by age. The retention of practice nurses is an issue across the whole of GM.

Administration staff make up the largest staffing group, accounting for 60% of the general practice workforce. 21% of staff are GPs, making them the second largest staff group. Nursing and other clinical roles make up the remainder of the general practice workforce.

For the non-medical workforce, the largest age group is 50-54, followed by people aged 55-59. 20% of Greater Manchester Practitioners (excluding registrars, retainers and locums) are aged over 55.

## Dental

The General Dental Council regulates dental professionals in the UK and holds the professional registers for dentists and dental care professionals (DCPs). The term DCP covers a range of registered professions including dental nurse, dental technician, dental therapist, dental hygienist, orthodontic therapist and clinical dental technician, all of which require different qualifications and have different scopes of practice.

The dental workforce is diverse, and GM encourages the use of skill mix in dental practices, such as Dental therapists and Dental nurses with extended duties. There is a shortage of dentists both nationally and locally, some of this is attributed to a cultural change in working patterns where clinicians are choosing to work fewer days to improve their work-life balance. It is difficult to establish the actual NHS dental workforce for Greater Manchester as there is no explicit comprehensive dental workforce survey. Furthermore, the workforce delivers a mixed economy of NHS and independent private services.

Many newly qualified dentists prefer to become associates, meaning they complete their usual dentist duties but do not own the business. There has been recent growth in the private sector and many dentists are choosing to treat private patients and/or provide private treatment in addition or as an alternative to NHS care for NHS patients, leaving a shortage of NHS dentists.

70% of Dentists responding to the NHS Confidence Monitor Survey<sup>8</sup> (2018) do not envision being in the NHS in five years' time, 27% intend to leave the profession altogether. There has also been a trend towards dentists working fewer hours. 51% of registered dentists are male and 49% female. The majority are aged 31-40 years with 7% aged 61 or over. There are opportunities to work with the dental profession to develop new options and flexible models of working.

The role of dentist as a clinician is dependent on having an adequate supply of dental care professionals, particularly dental nurses. A dentist can only increase the number of patients seen within a practice by increasing the number of practitioners in the practice. Recruitment of dental nurses is an increasingly worrying problem for many dental practices. Dental nursing must be made a more attractive employment option to ensure that numbers increase across Greater Manchester, in order to meet the rising demand and support skill mixing.

The British Dental Association survey found that, of those practices seeking to recruit a dental nurse, over half (55 per cent) had experienced difficulties. The only source of funding for dental nurses is dentists themselves. The cost of GDC registration and indemnity fees, may make the profession less attractive.

## **Pharmacy**

Pharmacists in primary care deliver a wide range of roles and work within community pharmacies, general practice, clinical commissioning groups, care homes, out of hours and community services teams. The last 5-10 years have seen an increase in pharmacists working in general practice as well as becoming independent prescribers.

The last 5-10 years has also seen the introduction of Accredited Checking Pharmacy Technicians (ACPTs), who are empowered to undertake the final accuracy check on a dispensed prescription. Pharmacy technicians have also been employed to assist pharmacists in practice-based medicines optimisation work.

Other members of the community pharmacy team include Dispensers, Pharmacy Assistants, Healthy Living Champions and Delivery Drivers. Their career paths and motivations are neither well-defined nor understood, despite the significant contribution that they make to primary care pharmacy practice.

<sup>8</sup> <https://blog.practiceplan.co.uk/wp-content/uploads/Confidence-Monitor-6-Report.pdf>

Demand for places on the Master of Pharmacy degree course, nationally and even the well-established University of Manchester programme, is falling amongst school leavers.

Pharmacy Local Professional Network Workforce Group members report a shortage of pharmacists and other team members across all sectors and frequent movement across sectors and localities to take advantage of better salaries and terms/conditions resulting in low retention. Again, due to the lack of meaningful workforce data, the actual workforce numbers are not known. The Pharmacy Local Professional Network has plans to address this gap in information.

## Optometry

There are a broad range of professionals and skill sets working across the eye health system, with over 2000 people working across several roles. This includes over 800 clinicians – with 571 optometrists and 235 Dispensing Opticians/Contact Lens Opticians across GM.

The majority (87%) of the workforce is permanent, with a very small proportion of the workforce comprising bank or temporary staff.

It is nationally recognised by the Royal College of Ophthalmologists that there are capacity and demand concerns within secondary care ophthalmology departments across the country and a need to explore new ways of working across the boundaries of primary, community and secondary care to meet these needs.

One of the recommendations is to upskill the workforce to enable them to work across organisational boundaries, delivering new models of care as part of multidisciplinary teams to deliver co-ordinated services such as glaucoma monitoring.

## Progress to Date

There is significant work to do to support the GM primary care workforce. However, progress has already been made in a number of areas:

£41.2m of the Greater Manchester Transformation Fund has been invested in general practice, over four years, to deliver the Primary Care Reform Programme – the GM response to the General Practice Forward View.

People can now access general practice for routine appointment as well as urgent contact any day of the week, with all Greater Manchester localities offering full population coverage during evening and weekends. Care is provided by a range of people including GPs, nurses, Health Care Assistants and Pharmacists. This also means there is greater scope to provide a wider range of services outside of traditional daytime hours.

There are now over **100** pharmacists working as part of general practice teams and PCNs, providing direct patient care for both acute and long-term conditions with a particular emphasis on supporting patients to get the best outcomes from their medicines.

So far, **5,000** primary care professionals have been trained as part of the Pride in Practice<sup>9</sup> (PiP) quality assurance service that supports primary care providers to strengthen relationships with the lesbian, gay, bisexual and transgender (LGBT) community.

Administrative and clerical staff at Greater Manchester general practices are better prepared to actively signpost people to appropriate services and manage clinical correspondence, with over **1,700** of them having received specialist training. Care navigation and active signposting services are increasing the use of services out in the Community, reducing GP appointment times and ensuring people receive the appropriate care in the right place at the right time.

The GM GP Excellence Programme, in partnership with the Royal College of General Practitioners (RCGP), continued to support general practice in important areas such as rescue, resilience, improvement and excellence. So far this has included helping GP practices with their Care Quality Commission (CQC) compliance, delivering organisational resilience, development and GP management training and courses on 'working at scale'. At least **160 practice managers** are being supported in management development and education through diploma courses. Our ambition is to expand GP Excellence to all primary care providers by 2020.

The Greater Manchester Health Care Academy has been established to provide training and support to Community Pharmacists and their wider teams, to ensure that the workforce going forward is fit for purpose, its potential maximised, and staff are developed and supported to meet the needs of the population. Although developed for community pharmacies, there is scope to extend this model to all primary care.

Across GM we are actively promoting primary care to new recruits through initiatives such as the first Greater Manchester-wide primary care careers event, which was attended by more than **200 school and college** aged young people.

Tier 2 sponsorship licences enable the recruitment of non-EEC nationals. We have actively worked with GP practices to increase the number of licences from **five to 58**.

## The GM Primary Care Workforce Strategy

The GM primary care workforce strategy signifies a move away from the traditional approach to care, which will ensure people have access to the most appropriate professional and service. This might include physiotherapy, midwifery, podiatry, work advisers or social care, as well as voluntary, community and social enterprise (VCSE) organisations. New and enhanced roles in primary care, such as pharmacists in General Practice, social prescribing link workers and physician associates, will further ensure that people are always seen by the most appropriate person, and in the most appropriate setting.

A wider, more flexible workforce means that primary care will be able to concentrate on what they do best i.e. to provide high quality and accessible care for patients. This will provide not just better care for our population but offer our workforce more satisfying work and improve their work-life balance.

The primary care workforce strategy aims to tackle the workforce challenges as well as develop a workforce that is fit for the future. It provides a framework for a range of initiatives, solutions

<sup>9</sup> Pride in Practice <https://lgbt.foundation/prideinpractice>

and interventions. It focuses on practical and deliverable long-term solutions to key challenges, bringing together local, GM and national priorities.

To make these plans a reality, this strategy focuses on:

- Delivering **21<sup>st</sup> century care** by embracing neighbourhood working and making the workforce sustainable while ensuring they are fit for the future
- Addressing **workforce shortages** by identifying critical gaps, attracting new talent to primary care and supporting and optimising new roles
- Making primary care in GM **a great place to work** by engaging our staff, supporting and retaining the current workforce, supporting wellbeing, promoting diversity and supporting career development
- Improving the **leadership culture** by developing staff and managing talent and succession
- Developing a **new operating model** for the primary care workforce ensuring they have the capacity and capability to deliver

## **DELIVERING 21ST CENTURY CARE**

In Greater Manchester we want to create a system that understands the relationship between health and the wider determinants of health. This will mean people can access support to identify and address their medical, social and emotional needs in one process, so they receive more timely and appropriate help from the professionals and services best placed to provide it. Primary care will embrace the opportunities for the VCSE sector to be partners in the delivery of health and wellbeing.

### **Care Closer to Home**

Increasingly primary care providers are expanding their services to accommodate the needs of people who would previously have been treated in hospital.

Population-level services are both cost effective and make a real difference to local people, so our primary care providers will be given the necessary skills and competencies to deliver a range of services in the community that have traditionally been provided in hospital. For example, provision of glaucoma repeat measures and pre and post cataract referrals will become commonplace in the community, as will services such as dermatology, endoscopy and musculoskeletal clinics. Across Greater Manchester, primary care will be upskilled to deliver these services.

More of the primary care workforce, including nurses, pharmacists, optometrists and physiotherapists, will be supported to become independent prescribers, improving peoples' access to medication. Social Prescribing Link Workers will also be embedded across neighbourhoods, connecting people to community assets.

### **Primary Care Networks**

There are 67 newly formed Primary Care Networks (PCNs) across Greater Manchester. These PCNs are based on GP-registered lists, typically serving natural communities of around 30-50,000 – as described in our Greater Manchester neighbourhood model. They are designed to be small enough to provide the personal care valued by both patients and GPs, but large enough to have impact and economies of scale through better collaboration between practices and others in the local health and social care system.

GM will embrace the evolution of PCNs, as an integral part of the GM model of integrated neighbourhood working. PCNs and the neighbourhood model present opportunities for integration with wider primary care and public sector services to create 'one public service'. They also present opportunities for our workforce to operate differently – such as GPs, pharmacists and nurses working in rotating roles across general practice, community settings and the acute sector. As part of the PCN Directed Enhanced Service (DES), there will be a number of new roles. These include Clinical Pharmacists, Social Prescribing Link Workers, Community Paramedics, First Contact Physiotherapists and Physicians Associates. Work is underway to ensure new staff are primary care ready. Ensuring the appropriate employment models are in place will be a key enabler to embedding new roles across PCNs.

The increased capacity and resource brought by the establishment of the PCNs will enable more personalised care, longer consultations and support early diagnosis. Although PCNs are a

national construct, each PCN and surrounding neighbourhood is individual and will need to develop models of care specific to their local needs. As the PCNs become more established they will be able to bring in specialists, for example paediatric consultants or drugs and alcohol workers, on a subcontracting arrangement to tackle the specific health inequalities in their local neighbourhood.

### **Digitally Enabled Primary Care**

Currently most people access primary care services face to face and one to one, however the way people access care is likely to change over time. Digital technology is a part of our everyday lives, improving the way we socialise, shop and work. It also has the potential to transform the way we deliver health and care services. We will deliver consistent digital and online services to the population of Greater Manchester. People will be able to choose how they access services. Online services will help people to manage their health and wellbeing needs, backed up by face-to-face care when needed. We will develop digital solutions to promote healthy living and self-management.

Our ambition for GM is to go further, faster – providing virtual as well as face-to-face services via a computer or smartphone. Increased use of technology will promote wellness and encourage people to attend appointments and comply with their medication.

Embracing digital technology will require a culture change for patients and the workforce. The workforce will be supported to enable them to work with new technologies and innovations while continuing to provide quality services that are accessible to all.

Digitally enabling primary care will free up frontline staff to focus on providing care navigation and active signposting. By providing health and care teams with the right technology we will support them to complete administrative tasks more efficiently, freeing up time to spend with patients.

### **The Contribution of the Voluntary, Community and Social Enterprise sector**

The GM approach to care delivery is both person and community-centred. It allows the use of wider community assets, engage local people in non-traditional ways and settings, and adopt peer support and other techniques.

The dedication and effort of people working in the Voluntary, Community and Social Enterprise (VCSE) sector makes an extremely valuable contribution to the delivery of health, care and support in Greater Manchester.

Across GM, volunteers and the VCSE sector contribute to a number of health and care roles and services, from patient participation groups, to the delivery of services and everything in between. The VCSE sector makes a valuable contribution to the local economy and an immeasurable difference to the lives they touch. Volunteering, for example, not only benefits the GM health and care system, it also brings multiple benefits to volunteers themselves, including better career prospects and improved mental and physical health.

The GM asset-based approach recognises and builds on the strength of local communities and will also help to develop and sustain a strong and vibrant VCSE sector. Organisations within the VCSE sector often must operate within extremely tight financial constraints. There are opportunities for public services, including primary care, to better support the sector including providing training alongside primary and community care teams, being advocates for the VCSE

sector and the services they provide, promoting the recruitment of and benefits for volunteering in primary care.

## **Nurse Associates**

The development and sustainability of Primary Care Nurses is a key GM priority. Nurses play a critical role in delivering high quality care across health and care settings. Nurses need to be supported and developed in their careers, ensuring there are a diverse range of options for career progression.

In Greater Manchester, we will develop the nurse associate role in primary care. This role bridges the gap between healthcare assistants and the registered nurse. This role provides additional capacity as well as increase and improve skill mix. Trainee Nurse Associates will be trained to work independently under both direct and indirect supervision of the registered nurse.

### **Greater Manchester Nurse Associate Programme**

Greater Manchester is developing an apprenticeship programme that will embed the Nurse Associate role. The programme will offer trainees a new perspective on nursing across a community, ensuring skills are shared across sectors and population health outcomes are improved through focused care delivery built around patient needs. A devolved system has enabled nurse leaders to explore a new approach; offering reciprocal placement arrangements with key partners to support the development of multi- discipline, multi-skilled community focused individuals.

## **Population Health**

Primary care is at the heart of the GM population health model and will work alongside wider public services to tackle health inequalities and promote better population health outcomes. Primary care providers play a very important role in prevention and early detection. GP practices already deliver many prevention services like flu immunisation and cancer screening programmes. Regular eye or dental checks can identify the initial indications of some health conditions such as diabetes, high blood pressure and cancer. The advice and support of pharmacists can help people at higher risk to self-care or better manage medicines to protect themselves. Where possible, care will be provided away from traditional settings for example, inhaler techniques and supervised tooth brushing in schools.

GM Local Professional Networks (LPN) will continue to develop the role of Healthy Living Champions across primary care, giving our non-clinical workforce additional skills in brief advice and brief intervention on a range of population health topics such as smoking and weight management. More of the non-clinical general practice staff will also be upskilled to become care navigators.

## **Supporting Resilience**

Primary care is predominantly comprised of a series of small to medium enterprises and multiple providers, meaning that in many cases there is no overarching HR or Organisational Development function to support employers and staff. The primary care voice is not represented within existing GM Human Resources networks, as they are predominantly acute sector led. This

means that HR leads may be unaware of the issues and challenges faced by primary care, which is a potential barrier to true integration.

GM could explore mechanisms to support primary care with practical HR advice and ways to share best practice, for example the GM GP Nurse Resource pack. There are opportunities that neighbourhoods and local care organisations bring to create a pool of 'bank' staff or additional resource, to provide support when members of staff need to take time off suddenly for sickness or caring responsibilities etc.

The GP Excellence Programme<sup>10</sup>, delivered in partnership with the Royal College of General Practitioners (RCGP) since 2017, supports general practices to become more sustainable, resilient and better placed to tackle the challenges they face now and into the future, and to secure continuing high-quality care for patients.

The GM Excellence Programme will support all of primary care through a delivery of a wide menu of support which will help primary care to become more sustainable and resilient, better placed to deliver new models of care.

This programme supplements existing mechanisms of support to Primary Care and will work with localities to ensure alignment with existing quality improvement initiatives. The model has already been tried and tested across General Practice. The next phase of the programme will be to expand the model to all of primary care.

There is variation in employment practices, qualifications and access to continuing education and development across Greater Manchester primary and community nursing workforce. This is compounded by variation in pay terms and conditions, integration of nursing roles into primary care networks, and lack of sustainable funding for nursing development. Policies and information supporting best practice in primary care could be more robust. There is a risk that the population will not receive care and treatment of a consistent quality and safety.

<sup>10</sup> GP Excellence <https://gpexcellencegm.org.uk/>

# CREATING A SUSTAINABLE WORKFORCE

Primary care should be the best possible, most suitable, primary care for the 2.8 million population of Greater Manchester, ensuring it is adaptable and has underlying support to continue to be so for many years to come.

However, certain things are necessary to achieve this level of sustainability. First and foremost is having the right number and type of organisations and workforce to provide primary care. Primary care needs leaders who can develop systems and local responses fit for both current and future needs. It must have the infrastructure in place to meet the changing demands of primary care provision as it evolves over time.

Generally, people are more likely to leave the NHS at the beginning or end of their careers. Newly qualified staff do not always receive the support they may need, particularly while they are going through their preceptorship (the period of supervised practical experience and training required to develop their practice further once they are no longer students) and during other transitional periods. This can have a negative effect on people's engagement and mental wellbeing and make them more likely to leave.

Improving the retention of existing staff, including utilising people towards the end of their careers in a different way will reduce the reliance on new staff or locums to meet increasing demands. Opportunities presented through from 'Return to Practice', retire and return programmes and international recruitment must be maximised.

To retain our workforce, there needs to be competitive rates of pay and improved terms and conditions wherever possible. More flexible working arrangements are required – be it hours of work or the range of employing organisations, improving work/life balance and ensuring people can fit work around their lives. More wrap-around support for new members of staff will help to ensure they feel supported to fulfil their roles. Opportunities for training and development will help staff to feel valued.

Health and care services on the whole are struggling to attract enough new recruits, and this is true in primary care. Being part of the Greater Manchester primary care workforce should be seen as the 'career of choice', and the changes detailed below will help attract the best talent by providing flexible, multidisciplinary work options.

## Understanding the Workforce

GM will develop a tool to support workforce data collection. The tool will aim to provide baseline intelligence, support workforce planning and support real time workforce management. It will facilitate workforce planning at a locality and PCN level while providing a simple process for GP practices to collate workforce data, avoid duplication while meeting local and national requirements for information.

## Attracting the Best Talent

The ambition for GM is to increase training places for a number of roles across the whole of primary care. The system needs to ensure the infrastructure is in place to increase this capacity. This will enable trainees to have high quality supervision and mentorship and feel supported in their roles. By utilising the GM Careers Hub, we will be able to raise the profile of all primary care.

Targeted recruitment campaigns for school leavers will introduce them to roles across primary care. Earlier than that, creating work experience placements in a range of primary care roles will give young people a detailed overview of the range of opportunities in primary care. Increased access to fellowships and pre-registration placements will also create more opportunities within primary care.

### Greater Manchester Health and Care Careers Hub

A new, integrated health and care careers hub is being launched. The new service will build on the current NHS careers hub to include social care and primary care in its offers and will be hosted by Manchester University NHS Foundation Trust. The service will include engagement sessions with schools, colleges and other target groups supported by a network of ambassadors, as well as launching a new health and care careers website for Greater Manchester.

Work is already underway to develop an online primary care platform which will bring together general practice, dentistry, pharmacy and optometry, to support them to address recruitment and retention challenges. The online portal will act as the first port of call for workforce related matters including offering an additional recruitment method, a single point of access for career and workforce related information, guidance relating to schemes and initiatives (e.g. GP retention scheme) and signposting to other relevant sites.

GM will work much more closely with higher education institutions to get the best from primary care. New training programmes need to be developed that truly support a primary care neighbourhood delivery model. Undergraduates also need to increase the amount of exposure they have to primary care. Working closely with Health Education England will maximise clinical placement opportunities for non-medical colleagues.

The NHS England International GP Recruitment Programme will continue to be rolled out across GM. Where possible, the learning from the GP programme and the secondary care approach will be adapted to target international recruits for nursing and other key roles such as dentists. We will continue to support primary care to increase the number of Tier 2 sponsorship licences across GM.

### **Train in GM, Remain in GM**

Apprenticeships provide on the job training, leading to a national qualification. Anyone over the age of 16, who is not in full time education, can apply to be an apprentice. Developing a Primary Care Apprenticeship Programme is a key priority of the GM Primary Care Workforce Strategy.

We aim to maximise the apprenticeship offer and develop collaborative working to support apprenticeship roles across localities and sectors, taking advantage of devolution opportunities that enabling levy sharing and rotational roles. There are still challenges with using the levy, including the fact it cannot be used for backfill. However, there is more that can be done to use the opportunity to expand the workforce and enhance skill mix. Engagement has already commenced with the Apprenticeship team at the Greater Manchester Combined Authority, with discussions regarding a number of roles including the Holistic Worker model, Assistant Practitioner, Peripatetic Nurse and Care Navigator.

The increased roll out of apprenticeships will contribute to bridging gaps in certain career pathways. The ambition is to see apprenticeships embedded across the whole of primary care.

## Retention

Research shows that a complex combination of factors are leading to poor job satisfaction within general practice including workload, remuneration, perceived lack of recognition, increasing bureaucracy and lack of peer support. This is leading to an increase in the rate at which general practitioners are choosing to leave the workforce, or work on a more part-time basis. The NHS England Regional Retention programme aims to support local schemes to improve retention in general practice, through promoting new ways of working and offering additional support.

The workforce will have opportunities to improve their skills. This will include rotational working, opportunities to undertake research, mentoring and enabling backfill to undertake training, especially for our practice nurses and wider primary care teams who are not currently released for training with pay. There will be more defined career pathways for a range of roles. We will proactively engage with GP registrars and other primary care roles, prior to them completing their training to ensure they feel supported and are matched with employment opportunities.

### Greater Manchester Employment Charter

Greater Manchester's Employment Charter aims to help ALL employers reach excellent employment standards and become more successful as a result. The Charter sets out a vision of good employment – jobs which are secure, fairly paid and fulfilling, with opportunities to progress and develop. Health and care employers will be engaged and supported in order to meet the required standards. Our aim is to ensure health and care employers are leading the way in delivering good employment practices to their workforce.

## Embedding New Roles

Understanding the current skill mix is the first step towards introducing the most appropriate new roles. Primary care will be supported in embedding these new roles by creating 'ambassadors' as advocates for the new roles, expanding the number of clinical supervisors available, creating a mechanism for peer support and working with employers to develop supportive preceptorship programmes for new roles

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# MAKING PRIMARY CARE IN GM A GREAT PLACE TO WORK

Work is ongoing to develop a consistent offer for talent in GM and a future talent pipeline for leaders and workforce across the breadth of public services.

## **System Leadership**

Good person-centred care requires close collaboration between a range of multidisciplinary professionals to ensure care is co-ordinated, appropriate, timely, avoids duplication or unnecessary interventions, and is cost effective. This is especially important across organisational and professional boundaries.

Primary care leaders in GM will need specific expertise required to lead a 'place' across organisational and professional boundaries, and a system in which people take priority over process.

GM is developing programmes that supports emerging system leaders to develop the skills and knowledge they will need. For instance, they will have to focus more on approaches that draw on local strengths.

GM will engage with the workforce to support them through this period of culture change, providing the necessary tools and competencies to enable new ways of working.

## **Equality, Diversity and Inclusion**

In GM we must ensure that everyone contributing to our health and care services is fairly treated. Despite much good practice, there is still evidence that some staff may experience difficulties in developing their careers in the public sector. Some staff feel excluded from some occupations and grades. Bullying and harassment in the workplace can have a greater impact on some types of staff than others and staff disciplinary processes can focus on particular types of staff. Health and care in GM should be fair and accessible to all. This includes training and development opportunities being taken up and positively evaluated by all staff, staff free from abuse, harassment, bullying and violence, and flexible work policies consistently available to all staff, supporting the needs of the service as well as the way people live.

## **Group Consultations**

Greater Manchester General Practice Nurses were among the first in the country to trial group consultations, these are an alternative way to deliver planned clinical care to people with long-term conditions that supports continuity and consistency of care and benefits both patients and professionals.

In group consultations, healthcare providers can see up to 10 patients at a time in a supportive group setting, usually in one 40-60 minute session. Working this way not only doubles capacity to deliver high-quality care, it systemises proactive follow-up care and is an opportunity to integrate primary care specialist and community services.

In studies, group consultations were shown to improve patient knowledge, improve quality of life, reduce bed days and A&E use. For the workforce, group consultations have been able to improve staff wellbeing, personal development and freeing up time to support people with more complex needs.

In the future Group Consultations could be the routine model for supporting people with long term conditions across primary care networks and neighbourhoods. It is our ambition to expand the workforce that delivers group consultations, so that these consultations can be delivered by a range of roles, including pharmacists and community paramedics.

## **Training and Education**

Educational transformation is needed to support and encourage all professionals, ensuring they experience meaningful learning in primary care. GM will take the opportunity to influence Higher Education Institutes, colleges, Health Education England and NHS England to further support and prioritise primary care.

Undergraduate training needs to better reflect the changing needs of the population and the move to integrated neighbourhood delivery models of care. By transforming the way that training is delivered, it gives the opportunity for key professionals to train and develop together, building relationships and working towards common goals.

The GM ambition is to see Integrated Training Hubs spanning the breadth of primary care, in all 10 localities. This could be through the existing Enhanced Training Hubs or the Academy model and form part of the Greater Manchester Training Hub. The hubs would provide the career and skills development of all staff, reducing the burden on individual practices or providers. These training hubs will provide an opportunity to meet the educational and training needs of the multidisciplinary primary care workforce, working closely with PCNs to enable regular training rotations through primary care.

## **Training and Employment**

Partnership working with educational institutes will ensure that primary care trainees are supported into employment across Greater Manchester; developing flexible and attractive roles with the potential for development. This will include working across geographical boundaries and in a range of sectors.

# A NEW OPERATING MODEL FOR WORKFORCE

## **The Greater Manchester Training Hub**

Our ambition for the future primary care workforce including clinical, non-clinical and academic will be to embrace and display a range of key skills and behaviours.

Facilitating the development of these skills will be a multidisciplinary GM focussed training hub. The hub will co-ordinate training, supervision and development across all localities, working closely with the 10 Locality Integrated Training Hubs and supported by Health Education England.

The GM Training Hub will be central to the development of primary care careers, co-ordinating multi-professional work experience placements, traineeships and apprenticeships – working closely with schools, Higher Education Institutes and the Primary Care School. They will advocate and support the principle that primary care is the ‘career of choice’, with GM seen as an exemplar for developing careers in primary and community care.

## **The Primary Care School**

Primary Care will work closely with schools and colleges, creating a pipeline for the future health and care workforce, creating routes into primary care through traineeships, apprenticeships or formal education.

As the majority of health and care will take place in the community, all undergraduate training places will need to be weighted in favour of community and primary care, with trainees gaining skills across all sectors.

Following undergraduate training for primary and community care, further postgraduate studies will be through the ‘Primary Care School’, where undergraduates will be able to continue their generalist or specialist training in their career of choice. The Primary Care School will enable a number of key professions such as medicine, pharmacy, dentistry, optometry and nursing, to train alongside each other to develop the skills and behaviours needed for integrated, patient focused, preventative care.

## HOW WE WILL DELIVER THE STRATEGY

Primary care is essential to the delivery of 'Taking Charge' and improved population health outcomes across Greater Manchester. In order to achieve this, a radical shift in the way health and care is delivered is required and this starts with our workforce.

By implementing the vision, a sustainable, integrated workforce will be created, which is able to work seamlessly across practices, networks, neighbourhoods and localities. The workforce will experience greater resilience and improved work-life balance while our people and communities will be able to access a wider range of services closer to home.

The implementation of this strategy will be locality driven. However, it may make more sense that some initiatives are delivered once at a Greater Manchester level. The design and delivery of the strategy will happen at a system wide level.

The primary care workforce team of the Greater Manchester Health and Social Care Partnership will work with stakeholders to deliver the ambition to transform the primary care workforce

A 3-5 year implementation plan will be developed, with a series of measures and outcomes in order to quantify the benefits that result from the transformation of primary care.

# GET IN TOUCH

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