

“The future of primary care: Creating teams for tomorrow”:

Health Education England: Response

Foreword

We would like to express our thanks and gratitude to Professor Martin Roland and the Primary Care Workforce Commission (PCWC) for their dedication throughout their review of the primary care workforce, and for the comprehensive report: *The Future of Primary Care: Creating Teams for Tomorrow*, that they published in July 2015. Health Education England (HEE), have considered the recommendations made to us, and compiled our response in the following report. We are also working with partners regarding recommendations made to them.

In considering our response, we have communicated with our Local Education and Training Boards (LETBs), to ask their opinion on the recommendations and to evaluate what is currently taking place locally and to engage with their stakeholders on the recommendations. There has been collaboration with NHS England, the British Medical Association (BMA) and the Royal College of General Practitioners (RCGP) to ascertain their views, and we would like to thank them for their hard work and commitment to improving the primary care workforce.



Professor Ian Cumming OBE
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Background

Health Education England exists for one purpose – to improve the health and wellbeing of the people in England by developing a workforce, both professional and non-professional, with the right skills and values for them to deliver outstanding healthcare.

In December 2014, the Secretary of State for Health, Rt. Hon Jeremy Hunt MP, commissioned HEE to establish the independent Primary Care Workforce Commission (PCWC), chaired by Martin Roland CBE, Professor of Health Services Research, University of Cambridge. Through a literature review, call for evidence, site visits and panel meetings, the Commission identified innovative models of primary care that stand to meet the future needs of patients and the NHS. These were collated and a report was compiled: ‘The future of primary care: creating teams for tomorrow.’ In this report, the PCWC make 38 recommendations aimed at a variety of organisations within the NHS, and in the following document, HEE, as the education and training commissioner of the NHS, will respond to those in our remit. We cannot comment on the responses of other organisations, however, we are happy to work with them in order to implement innovations where necessary.

The NHS is undoubtedly facing a period of unprecedented pressure, and we too understand that positive change will best be effected through the integration, communication, and delivery of primary care in partnership with the wider healthcare system and our communities. In the following report, we therefore address the PCWC’s recommendations positively, and emphasise the role of high-quality primary care and innovative ways of working in improving outcomes and increasing the appeal of primary care to future healthcare professionals.

Response to recommendations

HEE offers the following response to the PCWC’s recommendations in the hope of agreeing a shared vision for the future of primary care. It is worth noting that many of the recommendations already comprise part of HEE’s strategy, and are being addressed by existing programmes of work.

1. A multi-disciplinary workforce for primary care

The PCWC’s recommendation concerning short- and long-term strategies to increase GP recruitment and retention (recommendation 1)

- 1.1 HEE agrees with the principle of needing to increase recruitment and retention amongst general practitioners, and is committed to enhancing recruitment into GP Specialty training. In particular HEE commissioned an independent review into the GP selection processes and methodology and has a group of senior educators working to radically enhance GP recruitment for the 2016 recruitment round under the leadership of a Director of Education and Quality. We have, in collaboration with our partners, produced *Building the Workforce – The New Deal for General Practice*, a ten-point plan to both address immediate issues and seek to build a workforce suitable for the delivery of future models of care supporting the NHS Five Year Forward View.
- 1.2 These actions are intended to complement extant local initiatives, which will themselves be accelerated through the co-commissioning of primary care by Clinical Commissioning Groups (CCGs) and NHS England. Our view is that whilst these programmes are embedded within our core business, we must also allow for flexibility and local autonomy if these problems are to best be addressed. National initiatives include reviewing Foundation Competence, Pre-Specialty training for GP, Stand-alone Foundation year 2 recruitment to support entry into GP training especially from within Europe, twice yearly recruitment rounds and enhanced opportunities to create portfolio training through Step on Step off training (SST).

The PCWC’s recommendation concerning a Ten Point Plan for nursing (recommendation 2)

- 1.3 In light of the current shortfalls, projected retirement rates and envisaged greater roles for nurses in Primary Care, HEE agrees that it will be necessary to increase the number of general practice and community nurses and to enhance their roles if increasing service demands are to be met, not least the changing societal demographic and the increasing numbers of people with multiple comorbid long-term conditions.

- 1.4 HEE is planning to develop the general practice and community nursing workforces; the Transforming Nursing for Community and Primary Care project is working in partnership with the Royal College of Nursing (RCN), RCGP and NHS England so as to develop a comprehensive and realistic plan for the future of primary care nursing services.
- 1.5 The ‘HEE District Nursing and General Practice Nursing Service Education and Career Framework’ has been developed and provides clear education and career pathways for District and General Practice Nursing for the current and future workforce. The framework is supported by an education commissioning service specification which defines educational standards and definitions of CPD requirements. The framework is currently being developed into an interactive web-based product and will be launched alongside the education commissioning service specification on 27th October 2015.
- 1.6 To further the transition of care from hospitals to primary and community settings, HEE has established the Workforce Project Steering Group (WPSG), which is to be chaired by the Chief Nursing Officer of England and the HEE Chief Nurse. It is expected that this group will develop a plan for practice nursing.

The PCWC’s recommendation concerning clinical pharmacists (recommendation 3)

- 1.7 HEE agrees that clinical pharmacists should be more widely utilised in general practice with regards to prescribing and consultations. We are working with NHS England and the Centre for Pharmacy Postgraduate Education (CPPE) in order to train clinical pharmacists in these areas. A pilot scheme has been implemented, intending to provide clinical pharmacists with a comprehensive training and development programme consisting of face-to-face courses, group learning sets, protected study days, and an e-learning module on the fundamentals of working in general practice as a clinical pharmacist. This pilot programme is to fund up to 250 clinical pharmacists, who will work in general practice over the next three years. This is a different model to community pharmacy supporting medicine management and relates to provision of care.

The PCWC’s recommendation concerning community pharmacists (recommendation 4)

- 1.8 HEE agrees that community pharmacists should be used more widely in supporting staff to manage minor illnesses and advising patients on medication optimisation. We, as part of our urgent and emergency care programme, we are investing in continuing professional development (CPD) for community pharmacists and technicians through the CPPE. This includes, ‘Advanced Training in Assessment and Management of Urgent Cases,’ a two-day residential course currently available to community pharmacists in the North West. We expect that this will allow community

pharmacists to develop new diagnostic skills, provide medication under patient group directions, and more confidently manage a wider range of cases.

The PCWC’s recommendation concerning the use of physician associates, healthcare assistants, and paramedics (recommendation 5)

1.9 HEE agrees that a broader support workforce and therefore multidisciplinary team in primary care, including the increased use of physician associates, healthcare assistants, and paramedics, may be of significant benefit. The PCWC report identified examples in which physician associates work well in primary care, and HEE is aware of a number of initiatives started by practices in order to employ and develop such staff. We are currently implementing the Secretary of State for Health’s strategy for making available 1,000 physician associates in general practice by 2020, and will continue to work through our local offices to expand the number of Primary Care focussed PA programmes across England.

1.10 HEE agrees that there is potential for community paramedics to substitute for GPs in the assessment of urgent home visits and possibly repeat assessments of such patients that might also reduce admissions where the GP does not have capacity to monitor patients. We will be evaluating this further. We are also aware of numerous examples of paramedics being successfully employed in primary care; especially senior paramedics with advanced skills, often able to work independently.

The PCWC’s recommendation concerning new support staff roles to reduce the administrative burden on GPs (recommendation 6)

1.11 HEE agrees that the administrative pressures placed upon general practitioners and nurses is a barrier to their efficiency and their focus on provision of high quality clinical care. As such, we are developing and evaluating new roles and ways of working to help combat this issue, and will be piloting new roles, such as Medical Assistants, in collaboration with RCGP and other partners in order to determine whether such roles might reduce the administrative burden placed upon GPs and nurses.

The PCWC’s recommendation concerning more evaluation of new approaches to using AHP’s in primary care (recommendation 7)

1.12 HEE fully supports this recommendation even though it has not been assigned to us. Exploring alternative models of care is essential to the future development of primary care and HEE agrees that Allied Health Professionals play a major part in this. HEE will work closely with partners to explore how this recommendation can be taken forward.

The PCWC’s recommendation concerning protected time and space to support effective team working (recommendation 11)

1.13 HEE agrees that protecting time for staff to engage in activities such as quality improvement and clinical governance will serve to improve the quality of patient care. Our view is that the implementation of a modern system of facilitation and leadership will better serve the teaching of and learning by healthcare staff than would self-directed learning.

1.14 We recognise that such protected time is in keeping with the current consultant contract and employment arrangements; HEE intends to continue to support the principle of life-long learning. Such “Protected learning Time” initiatives are in place in many areas supported by CCGs. We commend this model.

The PCWC’s recommendations concerning making better use of technology (recommendation 12, 13 and 14)

1.15 HEE recognises the benefits these recommendations can bring to the system and acknowledges that the recommendations will have to be agreed by partner organisations in order to drive implementation.

1.16 HEE will continue its work with the National Information Board and the relevant work streams to tackle the problem of support for health and care professionals to make the best use of data and technology. As part of this, a Faculty of Health Informatics is being established for medics.

2. Population groups with particular needs

The PCWC’s recommendation concerning inequalities in the distribution of healthcare professionals (recommendation 24)

2.1 HEE agrees that significant health inequalities exist in some parts of the country, and that robust measures will need to be taken if these deficits are to be reduced and equity achieved. As part of our workforce planning strategy, and alongside the systems used locally by our LETBs to engage with providers on expected workforce needs, we are exploring new initiatives to increase recruitment and retention in such areas and to look at appropriate distribution.

The PCWC’s recommendation concerning GP practices having access to a named paediatrician and children’s nurse (recommendation 25)

2.2 Whilst the commission made this recommendation to HEE this is not in HEE’s purview. In principle we support this recommendation and are looking at methods of increasing the presence of multi-professional roles in primary and community

care, however this is a recommendation that needs to be considered by commissioners and service providers including those providing paediatric and community services.

3. Education and training: creating learning organisations

The PCWC’s recommendation concerning training opportunities to develop clinical, academic or leadership roles (recommendation 32)

- 3.1 HEE recognises that well-structured opportunities for primary care staff to engage in further professional development are necessary for the development of a modern workforce capable of advancing the field. Leadership training and the provision of appropriate support for those staff with leadership roles are fundamental to achieving this.
- 3.2 We intend to build upon the existing fellowship schemes, such as post-CCT fellowships and clinical academic career pathways for medical leadership and quality improvement. These schemes are based upon the experience of HEE’s LETBs, and will be closely tailored to GP training. These doctors will be provided with enhanced training and educational opportunities in quality improvement and medical education, as well as experience of working with CCGs and universities. We expect that these opportunities will contribute to the improved recruitment and retention of doctors throughout general practice. We will also ensure that primary Care leadership development is included in the review of the NHS Leadership Academy’s provision as HEE takes on responsibility for this.
- 3.3 We agree that training staff in modern forms of consultation will prove significant, As such services are developed and commissioned support for the consequent educational needs will be required.

The PCWC’s recommendation concerning pre- and post-registration placements for nurses and pharmacists (recommendation 33)

- 3.4 HEE agree that pre-registration placements should be routinely made available for nurses and pharmacists. We have noted that, as highlighted in the report, this model may be effective in increasing the number of student nurses considering careers in general practice. This is discussed further in our response to recommendation 36 regarding the development of Community Education Provider Networks (CEPN).
- 3.5 We are considering the inclusion of community pharmacy placements as part of post-registration pharmacy training.

The PCWC’s recommendation concerning an increased number of pre-registration pharmacy placements (recommendation 34)

- 3.6 HEE agrees that it will be necessary to increase the number of pre-registration pharmacy placements if the enhanced roles for pharmacists are to be introduced. We also agree that additional emphasis should be placed upon ensuring quality assurance, and that placements should include experience in community pharmacies, general practices, and hospitals. We intend to liaise with pharmacy leads in order that an appropriate strategy to this end might best be developed.

The PCWC’s recommendation concerning the joint training of health and social care staff (recommendation 35)

- 3.7 HEE agrees that the joint training of health and social care staff stands to increase efficiency across primary care. Inter-professional learning and the attainment of core competences that traverse professional groups ensure superior team working, trust and empathy across professions.
- 3.8 HEE, Skills for Care and Skills for Health have already worked together to develop the Care Certificate. This has been designed to meet the requirements set out in the Cavendish Review and instils an identified set of standards that health and social care workers adhere to in their daily working life. It applies to those who work across both health and social care and links to National Occupational Standards (NOS) and units in qualifications.
- 3.9 We are mindful of potential barriers as regards to the integration of staff across seniority and professions, and as such are continuing to communicate this appropriately, remain flexible with its delivery and respond to regular feedback.

The PCWC’s recommendation concerning the development of Community Education Provider Networks (recommendation 36)

- 3.10 HEE agrees that the CEPN model is central to the concept of training hubs, as outlined in point three of the Ten Point Plan, and we are already building on currently successful examples of this model.
- 3.11 We intend that CEPNs will provide the infrastructure necessary for multi-professional training and education in primary care, and that they will support the recruitment, retention and return of all staff groups. We expect that CEPNs will also act as the mechanism for HEE to work across a wide range of providers, CCGs and Higher Education Institutions, to support delivery of the objectives of the NHS Five Year Forward View and the HEE Mandate.
- 3.12 We expect that CEPNs will support HEE’s national workforce planning processes by providing data and local expertise so as to best align training placements to local population needs.

Conclusions

We believe that, with primary care at its foundation, the NHS is in an outstanding position to fulfil its potential as a truly world-class healthcare system and to remain the number one healthcare system in the world. The shared vision looks to ensure that we will provide challenging and fulfilling careers as part of a modern, innovative primary care system, and that together we deliver a standard of care of which the NHS can continue to be truly proud.

In preparing this response, we have been encouraged by the fact that many of the recommendations are not only achievable, but that they might be implemented quickly. We accept that staff need to be empowered to both evaluate their own work and to improve the systems in which they work if primary care is to remain at the heart of the NHS. We must, however, echo your views that those requiring cultural change or the development of cross-organisational boundaries, although attainable, will take more time.