

NHS Workforce Development: Primary Care and Nursing Workforce

To: Adults and Health Committee
Meeting Date: 14th December 2023
From: Claudia Iton, Chief People Officer
Cambridgeshire & Peterborough Integrated Care System
(C&P ICS)

Electoral Divisions: All

Key Decision: No

Forward Plan Ref: n/a

Outcome: To review the work being undertaken by the Cambridgeshire and Peterborough Integrated Care System on the development of the local NHS primary care and nursing workforce.

Recommendation: The Committee is recommended to:

- a) Review and comment on the work being undertaken by the Cambridgeshire and Peterborough Integrated Care System to develop the local NHS primary care and nursing workforce.

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1. Background

- 1.1 Over the past few years, we have seen unprecedented challenges across health and care, with significant workforce challenges and cost pressures.
- 1.2 Primary Care was delegated in its entirety to ICBs on 1 April 2023 including medical (general practice), dental, community pharmacy and optometry services.
- 1.3 NHS England has mandated all Integrated Care Systems to develop a system level primary care access recovery plan (PCARP) which aims to implement modern general practice access and increase capacity to meet demand.
- 1.4 Cambridgeshire and Peterborough (C&P) ICB has developed its PCARP, which builds on the GP Contract changes announced in March 2023, and sets out our local approach to support Primary Care to ‘tackle the 8am rush’. It also reaffirms our commitment to embed the Fuller Stocktake vision for integrated primary care within a modern general practice access model.
- 1.5 General practice is delivering more appointments per day than they were pre-pandemic. In January of 2023, practices in Cambridgeshire and Peterborough offered 510,099 appointments, an increase of over 15% on the same period in 2022.
- 1.6 The NHSE affects the C&P primary care workforce through two additional bodies: the East of England Deanery and the C&P Training Hub - NHSE’s delivery arm for workforce in primary care.

2. Main Issues

2.1 Workforce

- 2.1.1 The National Workforce Reporting System for August 2023 evidences growth across Cambridgeshire and Peterborough for all roles except fully qualified GPs when compared to August 2022.

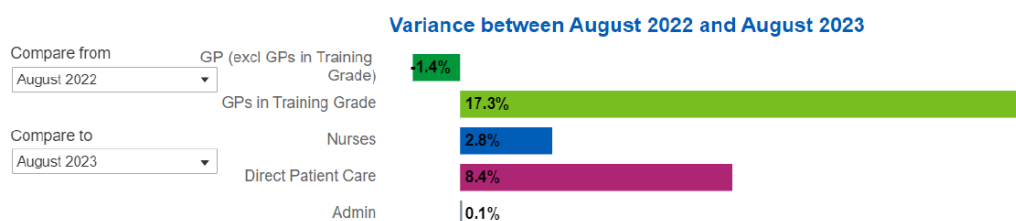


Table 4: Workforce variance recorded between August 2022 and August 2023

Role	Variance (full time equivalent)
General Practitioner (excl GPs in training grade)	-42
GP in training grade	+149
Nurse	+51
Direct Patient Care	+149
Admin	+132

By September 2023 there were 3027 full time equivalents (FTEs) working across 22 primary care networks (PCNs) in 87 GP practices. This comprised 417 FTE GPs (excluding GPs in training) and 377 FTE nurses. The practices are also supported by the additional roles reimbursement scheme (ARRS) for other disciplines used to deliver services. By September 2023, there were 564 FTEs deployed in ARRS roles.

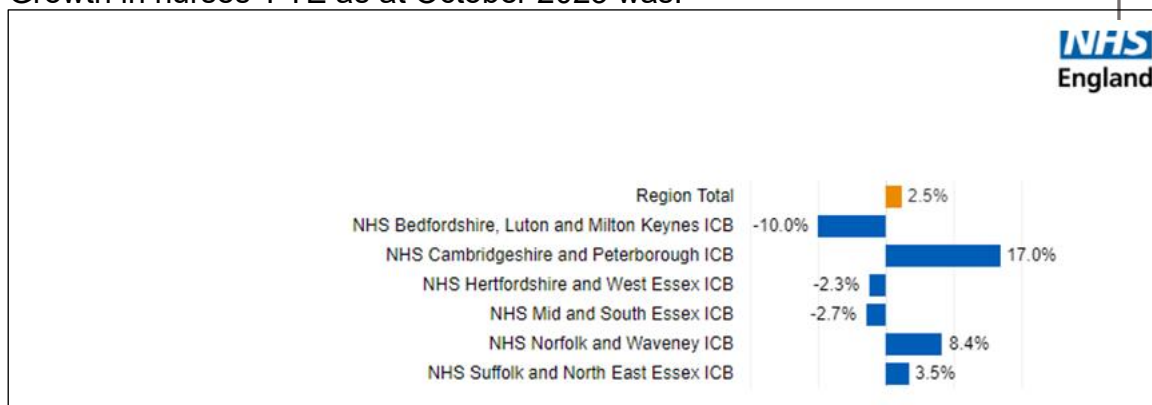
2.2 Workforce Issues by Professional Groups:

2.2.1 GPs

Our fully qualified GPs are leaving active service in concerning numbers. NHS England has responded by increasing the number of GPs in training and the C&P Training Hub has rolled out numerous initiatives to enhance GPs retention, including enlisting them for educator training, and deploying fellowship and mentorship programmes.

2.2.2 Nurses

Our primary care nurses buck the trend. Unlike other primary care nursing workforces nationally, C&P has had an FTE that exceeded plan in September 2023. The C&P Training Hub, has earned a 3 year quality mark for its nursing preceptorship program. Growth in nurses' FTE as at October 2023 was:



C&P has recorded the second highest growth in primary care nursing workforce, nationally. This has been positively influenced by the strong engagement from the Training Hub that includes promoting learning opportunities, legacy nursing, mentoring and apprenticeship opportunities.

2.2.3 Additional Roles Reimbursement Scheme (ARRS)

As part of the move towards modern general practice, practices are taking on staff roles that can deliver care to patients that does not come from the GPs themselves. These roles can include pharmacists, social prescribers, physiotherapists nursing associates, paramedics etc. Successful deployment of this multi-disciplinary approach, requires re-education of the public along with a continuing level of supervision by GPs. In C&P, uptake of ARRS funding has been high with 93% usage in 22/23 and up to 97% by September 2023 ytd, enabling effective provision of services by multi-disciplinary teams. In the month of August 2023 alone,

511,845 appointments were delivered to approximately 50% of the C&P population.

2.3 Going Forward / Next Steps

The ICB will continue to implement its

- Joint Forward Plan (JFP) 2023-28 as well as its
- Primary Care Access Recovery Plan (PCARP).
- The national Long Term Workforce Plan will also affect changes in Cambridgeshire & Peterborough GPs in training numbers, with specific plans that will deliver the national targets in aggregate, currently in development.

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2.3.1 The ICB will maintain a focus on recruitment and retention as part of JFP rollout. The Deanery and the Training Hub are driving retention through enhanced continuous professional development (CPD) of our GPs. Their programmes on fellowship and mentorship have had good uptake and favourable results.

2.3.2 The Deanery will identify the increase in training it will deliver, based on national targets for postgrad GPs in training by 12.5% August 2025, a further 12.5% by August 2026 and yet a further 25% by August 2031. Specific numbers for C&P are in development.

2.3.3 The Training Hub will aim to continue its successful engagement with the primary care nursing workforce that has resulted in its outstanding growth.

2.3.4 The ICB will continue to facilitate the planning and uptake of the ARRS funding to support the reshaping of service delivery within the practices.

2.3.5 In addition, the ICB will roll out the PCARP which will:

2.3.5.1 Transform general practice to simplify and modernise access, implementing pharmacy first and expanding community pharmacy service and by addressing gaps in dental service provision. As well as educating patients and staff about what is available and use of multi-disciplinary teams to deliver services.

2.3.5.2 Deploy a multi-faceted approach, investing in workforce development, expanding primary care capacity, leveraging digital tools to improve patient access and communication, utilising cutting-edge technologies such as artificial intelligence (AI) and robotic process automation (RPA) to work more efficiently, and implementing effective patient flow management strategies.

2.4 Key Challenges and Risks

Aside from the core challenge of adequate funding, our primary care workforce ambition will be challenged by:

- 2.4.1 Estates – an increasing number of practices will need to be designated as ‘learning organisations’ before they can be used in educating qualified GPs. Changes to physical infrastructure may be required to attain this classification.
- 2.4.2 Accommodation – for people from various professions to be part of new service provision, C&P needs to provide safe, suitable and affordable accommodation to all practitioners who dispense primary care services, across a range of household types – singletons as well as families
- 2.4.3 Communication – to successfully deliver effective quality care from multi-disciplinary teams within primary care or increase the uptake of ‘pharmacy first’ requires an extensive communication effort to re-educate and change behaviour of a significant number of residents who see the GP as their preferred source of service delivery.
- 2.4.4 Communication – to drive the uptake of integrated neighbourhood teams’ offerings, to increase the level of preventative health activity across the community.

3 Source Documents

[Item 5.2 - Cambridgeshire & Peterborough Joint Forward Plan Summary](#)

[NHS Long Term Workforce Plan](#)

[Cambridgeshire and Peterborough Primary Care Access Recovery Plan - Item 02.1](#)

3.1 Location of Source Documents

3.1.3 Claudia Iton c.iton1@nhs.net

4 Accessibility

4.1 An accessible version of the information contained in this report is available from c.iton1@nhs.net on request.