Strategic Workforce Plan for Primary Care

Summary of engagement and consultation

January 2024

1.0 Purpose

The purpose of this document is to provide a summary of the engagement and consultation as part of the development of the Strategic Workforce Plan for Primary Care (SWPPC). It should be read as a companion document to:

- a review of the literature and strategy mapping - Strategy mapping document
- project initiation document
- communication and engagement plan

2.0 Introduction

Health Education and Improvement Wales (HEIW), working jointly with the Strategic Programme for Primary Care (SPPC) and the Directors of Primary, Community and Mental Health Services (DPCCMH), developed the Strategic Workforce Plan for Primary Care (SWPPC). This work commenced in November 2022.

The aim of this plan was to:

- understand the current demand drivers for primary care services and identify the key factors that will shape demand over the next 10 years including technological advances and changes in healthcare delivery using a scenario-based approach to future proof the delivery of care
- identify the challenges and key supply-side issues across a range of professional groups and areas across Wales and provide a framework for future supply pipelines
- develop a costed action plan to develop a sustainable workforce model to deliver the Primary care Model for Wales
- provide a framework for local, regional and national action
- underpin future decisions on education and training commissioning requirements (pre-registration through to advanced practice).

Primary care services are estimated to provide over 90% of all healthcare contacts to the population of Wales, 24 hours a day. Following early engagement with key stakeholders, the agreed scope of the plan was:

- the delivery of primary care services at a practice, cluster or other geographical footprint including those delivered through independent contractors, managed practices or health board employed models

- the workforce needed to deliver primary care to vulnerable groups such as those within the prison population, or where there are barriers for vulnerable groups in accessing care

- the workforce needed to deliver urgent primary care including first contact clinical services such as those delivered by the 111 service and GP Out of Hours.

Areas that were excluded from the scope include social care, 999 delivery, health board (HB) employed community workforce and the delivery of services by the independent and third sectors.

3.0 Strategic context

Health care provision is under strain with many countries reporting workforce pressures and sustainability challenges. Other key drivers include:

- the previous workforce plan (2015) for primary care is now out of date
- there have been significant changes in workforce diversification since 2015, with no overarching plan that provides the context for future workforce development
- increasing sustainability issues across primary care driven by increasing demand for care and a range of issues impacting on workforce supply, such as recruitment and retention challenges
- there is a clear need for significant expansion in primary and community care capacity to respond to "peak death" over the next 20 years
- current age profile of key professional groups such as general practice nurses, who are critical to the effective delivery of primary care services
- changing expectations of our "new" workforce –increase in Less Than Full Time (LTFT) training / working patterns
- economic and financial context impacting on the delivery of care
- global and national trends impacting on the supply of the future workforce
- technological advances changing the shape of care
- changes in education and training standards, changing the shape of the future workforce
- contract reform of independent contractor models in Wales which offers significant opportunities to transform care
- immigration policy and the impact of Brexit which could have long-lasting implications on the supply of workforce in primary care.

4.0 Plan methodology

The methodology used to develop the plan aligns with HEIW three pillar approach to workforce planning inclusive of three key areas; *workforce intelligence / analysis, research and best practice and engagement.*

In terms of pillar one, alongside digital colleague's workforce intelligence data was collected and analysed. Throughout the process horizon scanning took place with a review of the literature, professional bodies, research organisations and academia, to meet pillar two and can be found here with regular reviews and updates. In relation to pillar three in-depth engagement took place gathering feedback from staff, partners, people and service users.

Service or profession specific deep dive eg. Mental health, nursing etc..

Pillar 1 Workforce intelligence and analysis

Pillar 2 Research innovation evidence

Pillar 3 Engagement

Costed and prioritised actions

5 year workforce plan

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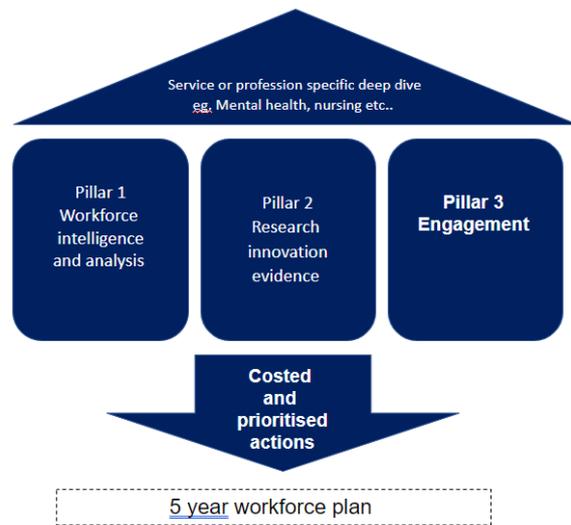
5.0 Stakeholder mapping

A list of stakeholders was generated and grouped as follows (not an exhaustive list):

Figure 1: Stakeholder mapping

Professional stakeholder forums and organisations • Professional bodies • Regulators • Trade Unions • Advisory groups and forums (e.g. GPOOH, Senior nurse forum, practice managers etc) across professional groups • Employers – health boards / NHS trusts including staff working within or aligned to primary care at all levels	**People** • Our citizens • Patient groups / formal bodies – e.g. CHC/CVB • Organisations that work with citizens – e.g. third sector
Our workforce • Contractors (GPs, dentists, pharmacists and optometrists) • Directly employed in primary care including staff of independent contractors and HBs • Future workforce – students and trainees • Clusters and professional collaboratives	**Others** • Welsh Government • Partners (eg RPBs) • Others – eg universities, colleges • Other all Wales programmes – e.g. Strategic Programme for Primary Care

6.0 Engagement approach

Engagement with stakeholders took place throughout the development of this plan. A dedicated engagement period ran from 1 March 2023 until 18 July 2023 engaging with over 1500+ people across primary care. Seven different engagement methods were used and are identified below:

Figure 2: Engagement approach
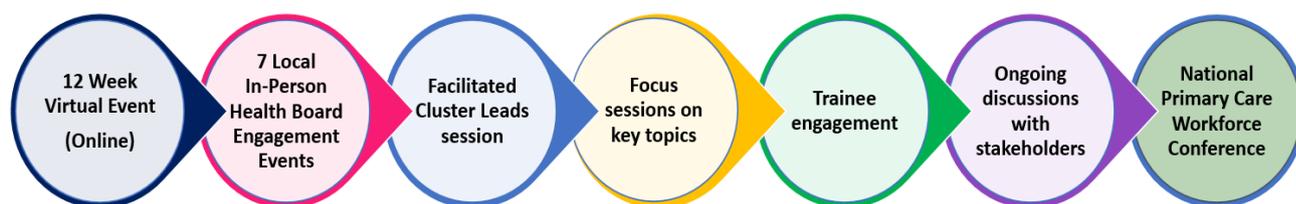
To support the engagement phase, an assessment of the core issues was shared via an interactive **resource pack**. The purpose of this was to stimulate thinking and discussion. The resource pack contained a description of the current workforce and data to illustrate the identified challenges, an assessment of the demand and supply issues and a summary of the key themes from the horizon scanning. As the engagement phase progressed, individuals were provided with supplementary information on emerging themes. Engagement event information was shared and

communicated via our dedicated website, emails, dedicated primary care newsletters, posters and communicated verbally through multiple forums. Below provides a conclusion of each engagement method:

Virtual events

To maximise the opportunity to engage, virtual engagement events were held over an eight week period. These included drop-in sessions, website updates, online resources and an engagement poll.

Engagement poll

The engagement poll aimed to gather views relating to key areas. 308+ responses were received from people working in employed and contractor roles across primary care. Health boards, clusters and other partner organisations were represented. Feedback provided through the engagement survey is summarised **here.**

Local health board engagement events

Seven local, in-person engagement events were held in partnership with all health boards across Wales. These events saw senior leaders come together to discuss local issues and challenges. The purpose of these events was to provide a local and regional view on the key issues / priorities for the development of the plan.

Presentations were delivered at each event which reviewed the national and local context for the delivery of primary care services and setting the scene in terms of the development of the plan. Following these presentations participants were asked to participate in two breakout sessions in order to shape key actions for the plan. Breakout sessions included:

Session 1 – Exploring the suggested primary care vision for the next 10 years:

- Does the vision make sense?
- Would you change anything?
- Are there elements missing?

Session 2 – Explore the seven themes within the 'Health and Social Care Workforce Strategy'.

1. Seamless workforce models
2. Workforce supply and shape
3. Attraction and recruitment
4. Excellent education and learning
5. Leadership and succession
6. Building a digitally ready workforce
7. An engaged, motivated and healthy workforce
8. Three golden threads – inclusion, wellbeing and Welsh language

The events were a success attracting excellent attendance from a range of individuals across the primary care workforce. Following these events feedback, potential actions, comments, and views were captured and summarised into '7-minute briefing' documents which are available on our website here: **Engagement feedback - HEIW (nhs.wales)**.

Focused sessions

Webinar - Exploring the impact of digital transformation on the primary care workforce

190+ participants from across the primary and community care sector attended this webinar. There were great engagement levels and enthusiasm in relation to the topic area. The event allowed us to explore views on how the future of digital, artificial intelligence (AI) and robotics have the potential to change how care is delivered.

The key themes explored during the session were:
- how can primary care grasp the opportunity that digital advancement offers?
- what are the key challenges and barriers in doing this?
- how can we create the right learning environments to help embed technology within primary care?
- how can clusters support the digital revolution by providing 'at scale' solutions – e.g. skills, learning opportunities, back-office functions?
- how can we reflect that the new generation of our workforce will be more 'tech savvy' than the majority of the population they serve - how do we bridge the tech gap with patients and citizens?

This event provided the first of many opportunities for the primary care workforce and wider stakeholders to think digital. A summary of the event including a recording of the speakers who attended can be found **here.**

Practice manager drop-in session.
50+ people attended on 3 May 2023. Interactive MS Teams polls, breakout sessions and an open Q&A forum enabled practice managers to share their perspectives on the key workforce challenges within general practice. This **7-Minute Briefing** document summarises key themes which emerged / were discussed during the session.

Multiprofessional education and training workshop
A dedicated multiprofessional education and training workshop was held on 3 May. This summarised the work taking place around academies and provided an update on the plan, gathering feedback on current issues within primary care.

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GP specialty trainee engagement

Engaging with our future workforce was vital to the development of the plan. GP trainees (ST2/3) across primary care were given the opportunity to complete an engagement survey. With the support from GP specialty training programme directors, HEIW attended ST3 teaching sessions throughout June and July. Background information was presented followed by an interactive Mentimeter® survey. 104/244 ST3 GPST trainees participated in the sessions, across each health board area.

The session explored:
- working pattern preferences of our future GP workforce
- what attracts trainees to work within primary care and engage in future career opportunities
- how we can improve the quality of GP's work life balance
- what do our future workforce see as the key challenges over the next three - five years?

The feedback gathered from the GP specialty trainees will be used to inform key actions in the plan.

National Primary Care Workforce Conference

To conclude the engagement phase, a national primary care workshop was held in Cardiff with a parallel broadcast to colleagues in North Wales on 18 July 2023. This final event was an opportunity to present the emergent themes from the preceding events and provide another opportunity to gather experience, views and opinions. The event was successful with 250+ people in attendance. Workshops and Mentimeter® sessions were held throughout the day to allow for in-depth discussions. The **digital event pack** provided attendees with further information. The **event day presentation** and '7minute briefing' feedback summary provide further event detailed below. The conference helped to shape the final actions in the plan.

Other engagement activities

Engagement took place with a multitude of stakeholders across primary care at multiple forums, meetings and boards between November 2022 – November 2023. To date we presented at 80+ forums and engaged with 1500+ people across primary care. The list below illustrates the breadth of engagement and involvement that has taken place in developing the Primary Care Workforce Plan:

HEIW internal engagement including (but not limited to):
Executive team / Board / Vice Chairs
Primary and community care multi-professional education and training unit (PaCCET)
Workforce and organisational development
Medical deanery / GP training
Nursing and health professional education directorate
Workforce planning / strategic workforce oversight group
Healthcare science
Deputy and Deans group (representation nursing, medical, dental, pharmacy, optometry, AHP)
HEIW Stakeholder Reference Group (which includes a wide range of external stakeholders)
Equality, Diversity and Inclusion Group
Enabling teams (e.g communications, Welsh language, digital etc)
Dental Steering Group
Welsh Government
Welsh Government policy leads
Contract Reform Alignment Group
Policy and Programme Alignment Group
Policy leads working on health inclusion issues
NHS Wales
NHS Wales Shared Services Partnership (NWSSP)
Welsh Ambulance Services NHS Trust (WAST)
Public Health Wales (PHW)
Digital Health and Care Wales (DHCW)
Independent contractors (pharmacy, dental, GMS, optometry via NWSSP)
Health boards in Wales
All Wales Vice Chairs
All Wales Director Peer Groups
National programmes - 6 Goals Urgent and Emergency Care National Team / 111 Programme Board / GP OOH / Strategic Programme for Primary Care (including individual workstreams) / Strategic Programme Board (SPB) / National Primary Care Board (NPCB)
Health board primary care teams
Directors of primary care
Heads of primary care
Associate Medical Directors
GP Practice Managers (dedicated webinar)
Primary Care Reference Group (PCRG)
Allied Healthcare Professionals (AHP) Workshop
Other organisations
Llais
Canopi
Professional bodies and representative Committees
British Medical Association General Practitioners Committee Wales (GPC)
Royal College of General Practitioners (RCGP)
Community Pharmacy Wales (CPW)
Welsh Dental Committee (WDC)
Optometry Wales
Royal College of Podiatrists (RCPOD)
Welsh Dental Committee (WDS)
Welsh Therapy Committee
Other
All Wales GPST3 trainees
Multi-professional focus group
Multi-Professional Education and Training Stakeholder Engagement Event

We would like to thank everyone that has supported the work and taken time to share their views and ideas. Engagement will continue to take place as work progresses and the plan moves into implementation stage.

7.0 Engagement findings

This section summarises all feedback gathered throughout the engagement phase. The findings are presented in accordance with the described methodology and the below seven key themes:
1. Seamless workforce models
2. Workforce supply and shape
3. Attraction and recruitment
4. Excellent education and learning
5. Leadership and succession
6. Building a digitally ready workforce
7. An engaged, motivated and healthy workforce
8. Wellbeing, Welsh language and inclusion

Theme 1: An engaged healthy and motivated workforce - Ambition: By 2030, the primary care and urgent primary care (UPC) workforce will feel valued, fairly rewarded and supported wherever they work. Key themes identified throughout the engagement phase are as follows:

- No consistent way of measuring employee engagement in primary care
- 'Unmanageable workload' driving high levels of stress and impacting on the wellbeing of the workforce
- Inequitable access to health and wellbeing services including occupational health
- Primary care staff feel undervalued –by patients, colleagues and / or the wider NHS
- An exhausted post-pandemic workforce which impacts on morale and staff retention
- Other factors identified as important in ensuring effective employee engagement include:
    - o career pathways and opportunities
    - o equitable terms and conditions
    - o access to Continuing Professional Development (CPD)
    - o a supportive working environment
    - o good leadership and an inclusive culture
    - o flexible working opportunities
    - o appreciated by the public and other professionals.

Theme 2: Attraction and recruitment - Ambition: By 2030, the healthcare workforce within primary care and urgent primary care will be well established as a strong and recognisable brand. Key themes identified during the engagement phase are as follows:

- Different terms and conditions for staff in primary care which presents barriers in terms of recruitment and retention
- Engagement is needed with young people to build awareness of the different careers within primary care. Investment is needed in work placements
- Limited formalised training pathways into primary care for all members of the multi-professional team
- Capacity within primary care
- Incentives to train in 'harder to recruit' areas in Wales have proved effective in both attracting and retaining trainees post-qualification although the length of the conditions placed about this may need review to ensure that the incentives are beneficial in the long term
- Current schemes may need to be expanded to other professional groups particularly in areas where there are significant sustainability issues.

Theme 3: Seamless workforce models - Ambition: By 2030, multi-professional and multi-agency models will be the norm across primary care. Key themes identified throughout the engagement phase are as follows:

- Workload - additional demands on primary care as a result of an older and sicker population but also because of backlogs that have arisen from the pandemic
- There is a recognition that we need primary care to shift towards a preventative, and pro-active model of care to help address health needs
- There is significant support and enthusiasm for multi-professional models across primary care with really clear evidence of the benefits and outcomes for patients and the healthcare system; people generally enjoy working as part of a multi-professional team
- Across most areas of primary care there has been a diversification of the workforce over the last 10 years with many more skills now available in a primary care setting
- Time to supervise is a key theme particularly for senior decision makers. GPs in particular can often be expected to supervise a range of staff including making decisions on prescribing review consultations, general support and advice, audit, teaching, mentoring and so on. This has a significant impact on workload and also a cognitive burden as teams have expanded and the supervisory component has become more complex. This element needs to be factored into the overall demand for labour
- Although there is a desire for people to work at the top of their license, there is a recognition that people also want rewarding and fulfilling roles and that this requires a balance of workload to avoid burn-out
- There is a need for professionals to understand each other's roles and scopes of practice to ensure effective multi-professional working. We need to do more to

educate the public about the different range of professionals working in primary care

- The infrastructure within primary care has not kept pace with the development of multi-professional teams. Clinicians need appropriate spaces to work together effectively and to train the future workforce
- Providing continuity of care for people with complex needs to be cared for by a team that knows and understands them is challenging in the current climate
- More care coordination is needed to help people with complex needs to receive integrated and holistic care particularly where a range of different health and care professionals are involved. This may require an increase in the types of roles that can support this such as care coordinators, care navigators
- We don't prepare people adequately to work in or lead multi-professional teams. Hence, team working is not always as effective as it could be
- Inter-disciplinary training opportunities need to be increased at undergraduate and postgraduate stages of training
- There should be protected time for multi-professional education and training and a focus on organisational development for multi-professional teams which is appropriate to their working context (ie. practice and cluster development)

Theme 4: Building a digital ready workforce - Our ambition: By 2030, we will have a digitally capable workforce in primary care which will be using technology and data to help provide high quality care for people. Key themes identified throughout the engagement phase are as follows:

- Historically, GP practices have been early adopters of technology but across the rest of the NHS in primary care, there has been a lag in creating even a basic infrastructure (such as email accounts)
- The pandemic drove a digital transformation but responses to the engagement survey findings suggest that some of the initial adoption has been taken forward and embedded
- There are some examples where GP practices have taken on board new systems with significant effect (AccuRx) but others where there have been issues
- There are a large range of IT systems and applications in use. However, the lack of inter-operability between systems has caused significant challenges to use, embedding and integrating these systems into current practice
- The top issues issued identified as barriers in terms of the workforce were noted as:
  - fear of new systems - managing change and overcoming resistance to new systems; with particular reference to older people not adapting well
  - lack of time to train and having access to good training packages
  - need to build up confidence in new systems and time to learn as a team about how to best utilise technology to transform patient care
- There appears to be an appetite for thinking about how AI could be used to transform working practices – particularly in dealing with repetitive tasks that could release time for the workforce to provide care more prudently

- There are opportunities for the significant data available in primary care to be utilised to generate more targeted care and service delivery. This requires the development of data analytics skills sets and capacity that are not readily available in primary care
- GDPR noted as a specific barrier as people are afraid to share information given the legislative framework
- The roadmap in terms of the digital infrastructure in primary care is not clear and this hampers our ability to understand how we need to skill up primary care staff to be able to respond and the impact on the core workforce
- In our digital seminar, the areas that participants thought could have the biggest impact:
    - Telehealth / telecare – the key areas identified were triage; medicines management; remote patient monitoring and prevention activities
    - Automation – automated documentation; empowering patients; time saving and productivity

Theme 5: Excellent education and learning - Our ambition: By 2030, staff working in primary and community settings will have the skills and capabilities needed to meet the healthcare needs of the people of Wales. Key themes identified throughout the engagement phase are as follows:

- We need to increase primary care experience within core undergraduate programmes. This will attract and prepare new registrants to work in primary care
- Improved education and training in managing risk is needed to support people to work effectively as autonomous practitioners when they come into primary care. This has been emphasised throughout the engagement as a key issue and our education models need to reflect that this is an important skill in primary care 24/7
- Staff in primary care need generic skills such as Making Every Contact Count, Shared Decision Making and Quality Improvement so that we embed these skills throughout the workforce
- Mental health education and training should be embedded into all programmes across the workforce
- Protected time and opportunities for CPD are not equitable across our workforce
- Need to increase number of clinical placements and postgraduate training posts within primary care. Educator capacity, physical space and funding are noted as key constraints
- The value of rotational training and employment models was highlighted as a success – there are examples from pharmacy (multi-sector foundation training) and also paramedicine (rotational training)
- The value of work-based learning was highlighted. There is a desire to extend the apprenticeship model to other groups of staff and increase the availability of apprenticeships in primary care
- Some specific gaps were noted in terms of preparing individuals to work with health inclusion groups – for example, there is no specific training that prepares

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our multi professional teams to work with people with complex needs such as prisoners, people with complex presentations around substance misuse, combined mental and physical health problems
- Student debt is a critical issue in preventing people from undertaking further or higher education. The NHS bursary is not as attractive as it was and other factors such as the cost of living crisis may prevent people from accessing higher education
- Opportunities to retain our most experienced workforce to help train others was noted as an opportunity; creating 'slow lanes' to help people step down from significant workloads whilst making a valuable contribution to helping to train and educate others

Theme 6: Leadership and succession - Our ambition: By 2030, our leaders working in primary and community settings will display collective and compassionate leadership. Key themes identified throughout the engagement phase are as follows:

- Practice managers lack a structured and accessible training programme that supports their roles which have changed significantly over the last few years. There needs to be opportunities to develop other management roles within the practice and provide flexible opportunities to facilitate succession planning
- Our engagement has indicated that there is a lack of opportunity for those in leadership positions to undertake formal leadership and management training and development
- Increased opportunities to undertake leadership development either as part of core training or soon after qualification should be considered
- Time is a barrier to taking up formal opportunities and some employers are not supportive of people taking time away from service provision when it is perceived that the practice may not benefit from the investment
- Other barriers reported included a lack of provision within rural areas and the significant distance to travel for leadership events that are held in central locations. Increased remote and flexible opportunities should be considered
- Consideration should be given as to how we scale up the delivery of programmes for primary care given that there is a lack of a central infrastructure (ie such as that available in HBs) to support this
- Many people who responded to the engagement survey have undertaken study in their own time and have benefited from PHW, HEIW and other programmes, such as those delivered by Academi Wales

Theme 7: Workforce supply and shape - Our ambition: by 2030, we will have a sustainable workforce in sufficient numbers working in primary care to meet the health and social care needs of our population. Key themes identified throughout the engagement phase are as follows:

- No integrated approach to workforce planning in primary care with different systems in place across professional groups, organisations and at system level
- Demand for some skills has increased in primary care over recent years and this has led to more opportunities being available for some professional groups
- There is a lack of robust data available on the primary care workforce. Recent improvements in the collection of data on the workforce within primary care services through WNWRS is a step forward with plans to develop a similar approach across dentistry, optometry and community pharmacy
- The shape and size of the primary care workforce needs to change to reflect population health need – a population that is getting older and with more complex needs
- The engagement has identified some key issues:
  - Particular challenges in some areas - securing an adequate number of trained general practice nurses given the ageing profile of the workforce
  - Other factors that will impact on the supply of the workforce include: Increasing numbers of professionals are applying for training and working on a Less Than Full Time (LTFT) basis – this means that we need to train more people to accommodate changes in working patterns
  - We need a workforce who can manage complexity, including people with multiple long-term conditions and polypharmacy
  - A focus on health inequalities and the gap between healthy life expectancy between least and most deprived areas is needed in deciding which key skills are needed to support people to lead healthier lives
- There should be a specific focus on retaining our most experienced workforce (dental, community, pharmacists and optometrists) to help us train the future workforce
- The development of flexible workforce models and supporting people to work flexibly is a major theme throughout the engagement phase
- A survey of GP specialty trainees in Wales who are in the last year of training indicated that they wanted to blend GP work with portfolio opportunities in healthcare including specialist settings and urgent care, whilst achieving a healthy work life balance. The median number of sessions that people thought that they would work post-CCT was six (survey of over 80 trainees)
- Doctors in GP specialty training have indicated that they find managing patients with complex needs in 10 minute appointments a real challenge
- Other recurring factors that were identified as being of importance to attraction and retention were:
  - career progression opportunities and support / access to CPD
  - a supportive team environment
  - manageable workload and a reduction in stress
- Terms and conditions including pay and pensions

The strategic workforce plan for primary care will include the fundamental principles of wellbeing, Welsh language, and inclusion, across all actions.

The key findings identified above, alongside the horizon scanning process helped the project group to understand the key issues currently impacting on the sustainability of primary care services in Wales. Following this phase, a multi-professional focus group took place allowing consolidation of the engagement phase and further thought in relation to a set of actions. A set of 32 actions were derived and approved at multiple boards, in line with the plan's governance arrangements before formal consultation.

8.0 Consultation findings

Actions were tested through a consultation process that began on 6 September 2023 and ended at midnight on 6 October 2023. In parallel with the development of the overarching primary care plan, key actions around NHS primary care dental services were developed and consulted on with stakeholders. To meet the needs of all, stakeholders were offered multiple ways to comment as outlined below:

- Completion of an online MS Forms survey
- Completion of a dedicated Equality Impact Assessment MS Forms
- Submission of comments via a dedicated email inbox
- Opportunities for dedicated discussions, when requested
- Dedicated consultation discussions with professional bodies

As part of our wider engagement and consultation activities, we invited stakeholders to comment / feedback as part of our Equality Impact Assessment (EIA). This EIA is an opportunity for stakeholders who share one or more protected characteristics to identify any potential positive or negative impacts which need to be considered as part of shaping this plan.

Consultation responses received.

MS Forms 105 responses   Email Inbox 11 responses   EQI MS Forms 29   Dedicated Discussions 5+

There were excellent levels of engagement throughout the consultation period, with in-depth submissions from invidiuals and organsations across primary care. The consultation demonstrated an overall agremeent with all actions (appendix 1), with helpful suggestions and areas for consideration. Stakeholders expresed the need to see operational delivery plans for each action which will be developed, discussed and shared in order to envisage each action in more detail. Helpful suggestions were also made in terms of the EDI Assessment.

9.0 Conclusion

The engagement findings outlined in this document have resulted in the development of a core set of actions that will inform the basis of the strategic workforce plan for primary care. Engagement and consultation has been very positive and this will continue when moving into implementation.

Appendix 1: Consultation responses

No	Action	Yes	No	Partly	No comment
**Theme 1: An engaged, healthy and motivated workforce**					
1	Develop a bespoke scheme to measure staff experience, engagement and wellbeing in primary care (all contractors, all settings).	76%	1%	19%	4%
2 (a)	Support newly qualified staff when they take up roles. Early priorities include: Preceptorship that is appropriate to the role including preceptorship for newly qualified general practice nurses in line with WG approach.	86%	7%	0%	8%
(b)	Develop a formal mentorship scheme for newly qualified GPs to help transition into partnership roles.	80%	6%	6%	10%
(c)	Mentorship for newly qualified staff in urgent primary care settings to ensure successful integration.	83%	4%	5%	8%
(d)	Improve the transition from training into the workplace for all dental roles.	46%	1%	5%	49%
(e)	Supporting roles within the non-clinical workforce to improve recruitment and retention.	85%	2%	10%	4%

No	Action	Yes	No	Partly	No comment
3	Develop a supervision framework for staff that facilitates access to high quality supervision appropriate to people's roles covering both professional and restorative supervision including staff working in urgent primary care settings.	85%	4%	9%	3%
4	Support primary care to access to wider staff benefits that are available to other NHS staff (e.g. Blue Light scheme).	94%	2%	4%	1%
Theme 2: Attraction and recruitment					
No	**Action**	**Yes**	**No**	**Partly**	**No comment**
5	Develop primary care specific guidance on flexible working to increase opportunities for different models such as rotational roles (e.g. in the deployment of advanced paramedic practitioners) and career portfolio models (e.g.the Integrated GP Fellowship) across the multi-professional workforce to improve choice and flexibility and support career development.	81%	9%	8%	3%
6	Develop career pathways for roles in primary care: learning from NHS England, develop a national, multi-professional, integrated community and primary care core capability and career framework to support workforce development in all settings.	85%	6%	7%	3%
7	Increase number of placements in primary care settings for students and trainees and consider support requirements e.g. practice educator facilitation roles (links with theme 5: Excellent education and learning).	87%	2%	10%	2%
8	Review and remodel current incentive schemes (e.g. #TrainWorkLive) to attract and recruit people where recruitment is challenging and consider applicability across all professional groups.	80%	3%	11%	7%

No	Action	Yes	No	Partly	No comment
9	Actively promote careers in primary care to attract our future workforce through the continued development of Careersville and ensure primary care is considered within the development of an all-age careers strategy by HEIW.	87%	1%	9%	4%

Theme 3: Seamless workforce models

No	Action	Yes	No	Partly	No comment
10	Working with Llais, develop and launch a national communication campaign for citizens on the Primary Care Model for Wales to aid understanding of the multi-professional workforce working within and across primary and community settings.	76%	7%	11%	6%
11	Develop a toolkit that supports primary care employers in understanding individual professionals scopes of practice, regulatory and supervisory requirements to support multi-professional team development.	83%	5%	10%	3%
12	Develop a programme to support professionals who are or will be supervising other professionals to develop their skills in multi-professional team leadership.	87%	3%	8%	3%
13 (a)	Support the development of integrated teams who have shared ownership for improving the health and wellbeing of the local population and ensure that new roles in primary care / UPC are effectively embedded.	81%	5%	11%	4%
(b)	Establish the 'use case' for the successful deployment of Physician Associate (PA) role in primary and urgent primary care settings and associated professional governance infrastructure required.	48%	11%	17%	24%
(c)	Develop competency profiles, standardised job descriptions and education and training pathways that support the development of health coaches, care navigators and social prescribers.	80%	7%	9%	5%

No	Action	Yes	No	Partly	No comment
14	Ensure that supervisory requirements for multi-professional teams working are reflected into 'demand for labour' calculations for all professionals.	80%	4%	9%	8%

Theme 4: Building a digitally ready workforce

No	Action	Yes	No	Partly	No comment
15	Develop dedicated analyst roles that can support the creation of an advanced analytics function for primary care to support cluster and Pan Cluster Planning Groups in utilising 'big data' to drive population health management.	71%	11%	14%	4%
16	Roll out the new HEIW digital competency tool in primary care through the use of champions and roadshows.	66%	7%	20%	8%
17	Improve access to immersive technologies for the workforce during their healthcare education and development in Wales.	72%	5%	16%	7%

Theme 5: Excellent education and learning

No	Action	Yes	No	Partly	No comment
18 (a)	Improve access to education and training for the current workforce: Through the multi-professional primary care academies, facilitate a structured annual approach to ensuring the HEIW CPD strategy is utilised to support the education and learning across all contractors and settings.	84%	0%	12%	4%
(b)	Provide access to core skills training in Shared Decision Making (SDM), Quality Improvement (QI), Making Every Contact Count (MECC) and mental health training utilising the academy infrastructure and Y Ty Dysgu learning management system.	84%	2%	11%	3%

(c)	Provide staff working with health inclusion groups with appropriate training and education pathways that meet the complex needs of citizens (for example, prisoners, homeless people).	87%	2%	10%	2%
(d)	Implement training programmes to support a new optometry contract including MECC, QI and Infection Prevention and Control (IPC).	54%	1%	7%	39%
(e)	Develop a training plan and career pathways for all staff working in current long term conditions models.	80%	4%	11%	6%
(f)	Increase number of independent prescribers in primary care across all setting.	73%	8%	13%	6%
(g)	Develop a competency framework and training / education pathway for practitioners in primary care who are working with people with mental health needs (aligned with Mental Health Strategic Plan).	77%	5%	12%	6%
(h)	Commission specific education and training that supports Remote Clinical Decision Making (RCDM).	69%	9%	15%	8%
(i)	Embed the Urgent Care Practitioner Framework.	66%	8%	9%	18%
19 (a)	Develop our future workforce by expanding education and training provision in primary care: Increase the number of pre-registration training placements in primary care for pharmacists, nurses, AHPs, healthcare scientists and other professionals and ensure high quality placements are available considering other requirements such as the need for practice education facilitator roles.	79%	7%	10%	4%
(b)	Increase the number of foundation doctors who have placements in primary care at F1 and F2.	75%	3%	7%	15%

(c)	Expand post-registration (including GP specialty) provision in line with education and training pipeline and demand modelling (links with action 26a).	79%	1%	5%	15%
(d)	Ensure that the multi-professional workforce has access to programmes that support their successful integration into primary care (including newly qualified staff and those transitioning from other part of the health and care system). Priorities include expanding GPN Foundation programme, new programme for AHPs and healthcare scientists and embedding changes in pharmacy initial education and training requirements.	86%	2%	8%	5%
(e)	Develop Advanced Training Practice model in optometry to support the delivery of at least two practices offering higher qualifications in every cluster area across Wales.	46%	3%	6%	46%
(f)	Develop an educator development plan to drive quality and consistency in standards, recognise and value the educator workforce, and enable the development of a multi-professional, cross sector approach to ensuring the deliverability and quality of the future workforce supply.	80%	3%	6%	11%

Theme 6: Leadership and succession					
No	Action	Yes	No	Partly	No comment
20	Develop a bespoke leadership programme for practice managers and deputy practice managers across primary care settings (GMS and dental).	73%	6%	10%	11%
21	Provide equitable access to national leadership programmes for our senior primary care workforce (for example, Advanced Clinical Leadership Programme) to embed a compassionate and collective leadership model and continue to develop self-directed learning and professional development opportunities through the Gwella leadership portal for all contractors.	84%	5%	9%	3%
22	Continue to offer a bespoke leaderships programme for cluster leads and collaborative leads including those aspiring to these roles to support accelerated cluster development and	75%	9%	8%	9%

No	Action	Yes	No	Partly	No comment
	further develop the leadership officer and support for leads using the Gwella leadership portal.				
23	Develop an education and training programme for HB employed primary care management staff to equip them with the right skills and competencies and to create a succession pipeline into senior primary care management roles.	81%	3%	7%	10%
24	Create a clinical fellowship in health inequalities / population health to identify actions that should be embedded in pre and post registration programmes.	70%	6%	14%	11%
25	Develop and deliver professional leadership solutions that align with the leadership strategy for health and care in Wales.	77%	3%	10%	11%
Theme 7: Workforce supply and shape					
No	**Action**	**Yes**	**No**	**Partly**	**No comment**
26 (a)	Develop a sustainable pipeline of workforce to reflect demand and local need to deliver equitable outcomes for citizens in Wales: Undertake demand modelling to identify size of education and training pipeline increases needed using scenario-based planning (aligned with wider demand and capacity work programme) across all settings.	87%	1%	7%	6%
(b)	Increase the number of people working in enhanced, advanced and extended roles within primary care settings.	76%	6%	14%	4%
27	Implement all Wales retention guidance and ensure that guidance appropriately reflects the needs of those working within primary care settings.	87%	1%	8%	5%

28	Create a national role for apprenticeship development in primary care to increase the number of apprenticeships in primary health services and expand the number of people recruited through the apprenticeship route.	72%	9%	10%	11%
29	Support the development of sustainable medical workforce models reviewing levers to encourage increase in salaried and partnership roles decreasing reliance on locum/temporary staffing solutions.	81%	5%	7%	8%
30	Develop a simplified workforce planning methodology for adoption through practice, cluster and PCPG level.	76%	4%	11%	10%
Additional actions					
31 (a)	In line with the 'More Than Just Words' action plan: Promote the availability of Welsh language training to all staff within primary care.	67%	10%	12%	10%
(b)	Develop sustainable training and recruitment plans to ensure that the delivery of services in Welsh are enhanced across primary care.	71%	10%	12%	7%
32	Ensure that under-represented and socially disadvantaged groups have access to appropriate support and mentoring to support them in accessing and developing careers in primary care.	86%	1%	9%	5%