



Datblygu Cynllun Gweithlu Strategol ar gyfer Gofal Sylfaenol

Development of a Strategic Workforce Plan for Primary Care

**Engagement
March – June 2023**



**GIG
CYMRU
NHS
WALES**

Addysg a Gwellu Iechyd
Cymru (AaGIC)
Health Education and
Improvement Wales (HEIW)



Developing a Strategic Workforce Plan for Primary Care in Wales

We want to engage with people working in primary care and other stakeholders as part of the development of a Strategic Workforce Plan for Primary Care. The purpose of this is to:

- understand the **key challenges** and issues that are impacting on people working in primary care and on the delivery of care
- **look ahead** and explore the key drivers for change and their impact on the future workforce requirements for primary care
- generate **ideas and actions** that will support workforce solutions.

Engagement will run from March to June 2023



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Section 1: Introduction



Key messages

- There is a strong case for change as we know that there are significant workforce challenges in primary that are impacting on patients
- We are developing a 5 year plan but recognising that we need to consider the longer term issues that will impact on the delivery of primary care including demographic factors and technological advances
- The scope of the plan covers the primary care workforce including those working in urgent primary care
- We will be engaging on the plan during spring 2023 and aiming to complete the plan by November 2023 so that it aligns with the plans being developed for 2024/25.





The case for change

We are developing this strategic workforce plan because:

- we know that demand in primary care is increasing and will continue to change as our population ages
- we have recruitment challenges across the primary care workforce with multiple factors also impacting on retention which is leading to sustainability challenges
- there are opportunities to deliver care differently which need additional skills and capabilities, different workforce models and new ways of working supported by advancements in technology



This impacts on:

- the quality and accessibility of care for people in Wales
- health and well being of our staff
- the cost and sustainability of our services

This is everyone's business





What is primary care?



Primary care services provide the first point of contact in the healthcare system, acting as the 'front door' of the NHS in Wales. Primary care includes general practice, community pharmacy, dental, and optometry (eye health) services and includes urgent care. ***Around 90% of healthcare in Wales is delivered in primary care.***



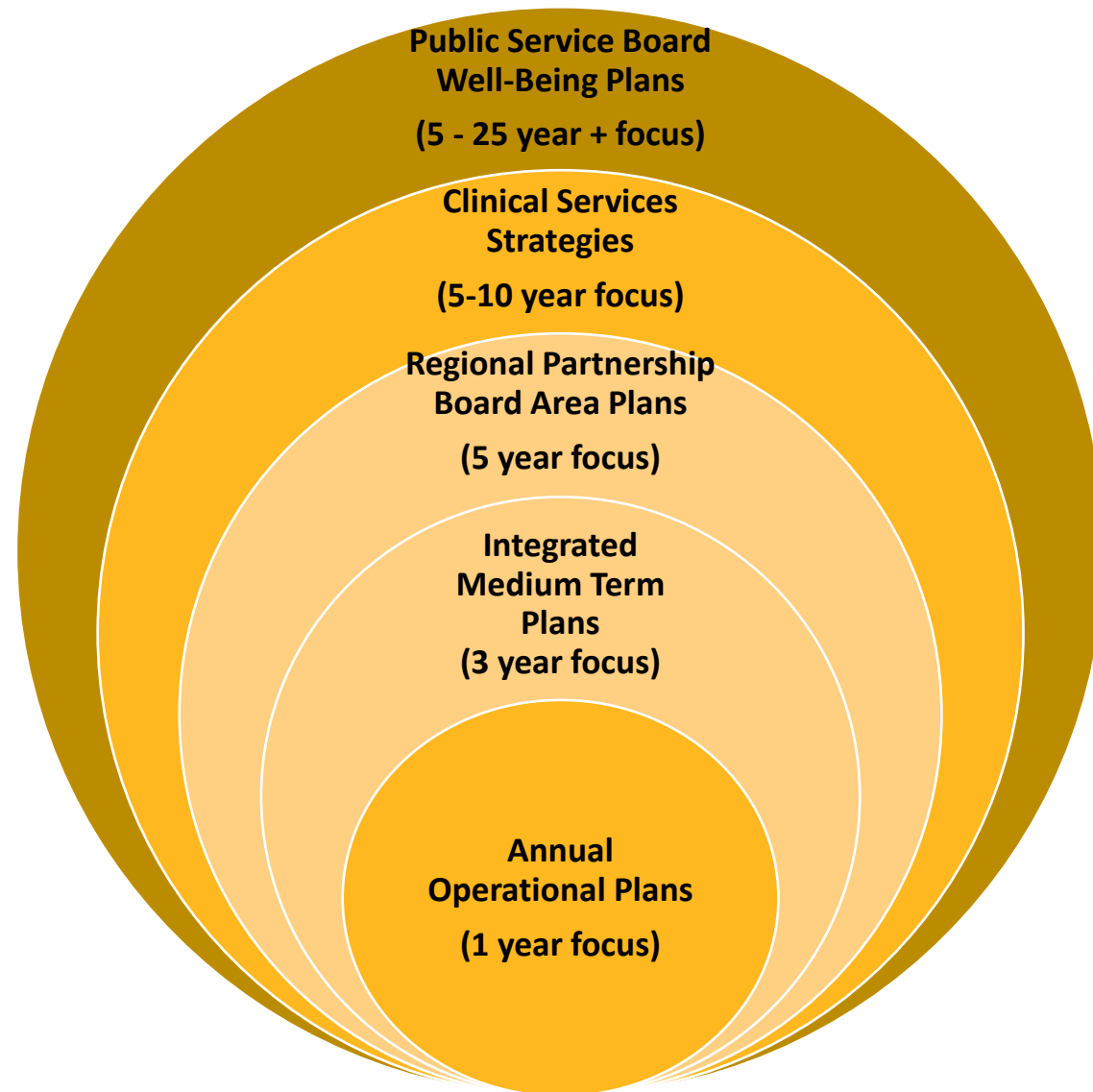


Planning horizon

We are focussing the development of this plan on workforce needed over the next 5 years taking into account the longer term factors that will impact on the workforce.

This means that we are aligning with the end of the long term plan for NHS Wales *A Healthier Wales* in 2028 and also with the planning period for the Regional Partnership Board Area Plans which have a 5 year focus and were published in 2023.

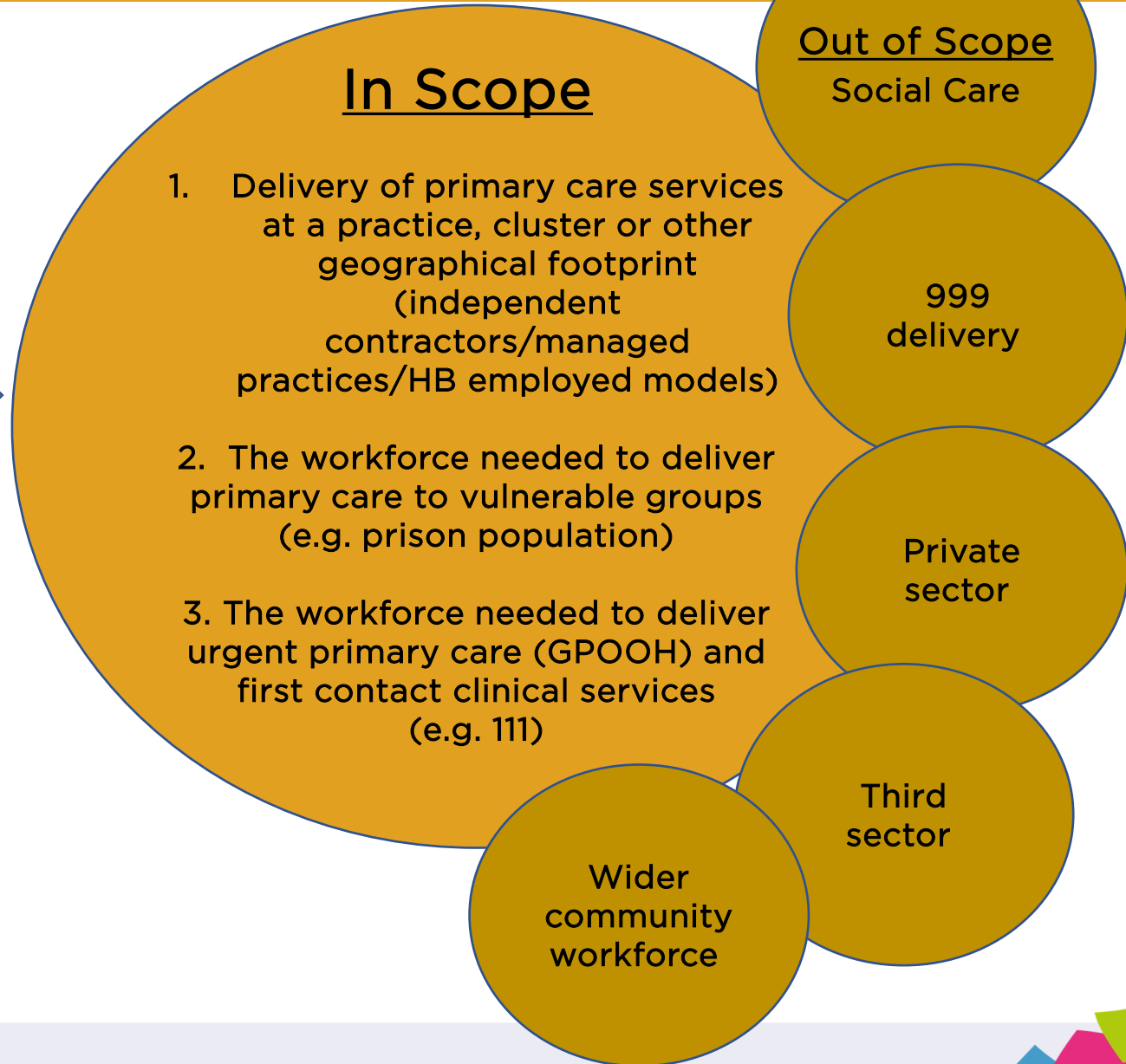
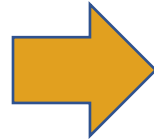
We will refresh our planning assumptions periodically to ensure that we are agile to factors that will change the demand for, and supply of our workforce.





Scope

We have agreed this scope so that are focussing on the workforce that are directly working in primary care recognising that there are other areas of work being taken forward to look at the workforce needed to deliver wrap-around community services including those provided in social care and by the independent and non-statutory services.





Alignment with workforce plans & frameworks



Everyone working together to ensure services are stronger and better coordinated, to improve the wellbeing of people in Wales.

OUR STRATEGIC WORKFORCE PLAN

The plan will focus on the multi-professional team within the context of the Primary Care Model for Wales identifying the workforce needed to deliver effective services within a cluster footprint. Our aims are to:

- Identify the key factors that are impacting on the demand for primary care over the next 10 years.
- Understand how advances in healthcare (including technology, science, data and precision medicine) could impact on the delivery of primary care.
- Consider the workforce supply needed for the future to deliver a sustainable workforce model.

We will do this by working with stakeholders including the delivery of a broad range of services that are aligned with primary care.



This visual sets out the work within HEIW that is **aligned** to the development of the workforce plan.



More Information
Please scan the QR code or visit
Primarycareone.nhs.wales

DEVELOPING OUR STRATEGIC WORKFORCE PLAN FOR PRIMARY CARE IN WALES

Health Education & Improvement Wales (HEIW) working in partnership with the Strategic Programme for Primary Care (SPPC) are aligning programmes of work and developing our Strategic Workforce Plan for Primary Care (SWPPC).



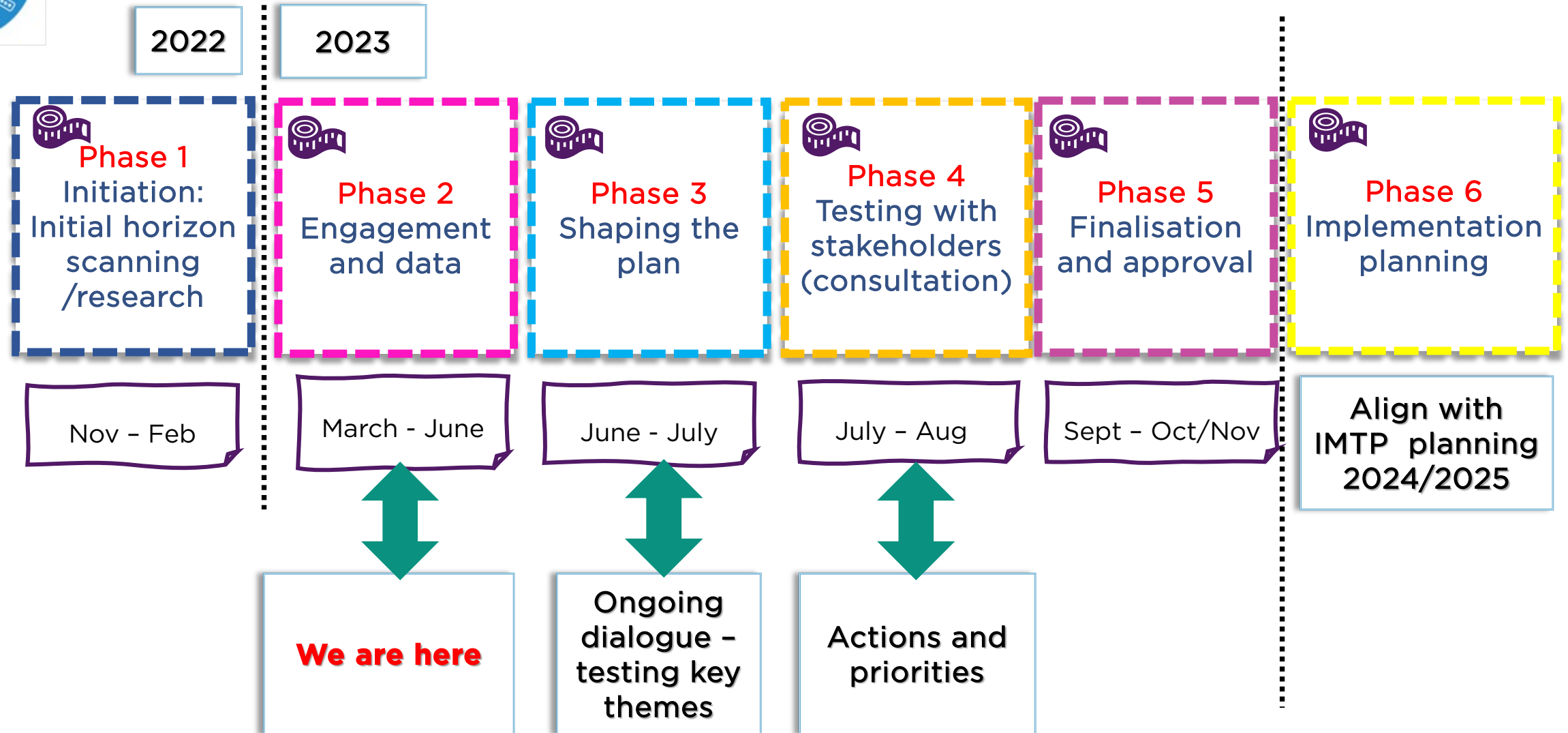
The 8 inner jigsaw pieces fit together to help form and develop our SWPPC.

The 7 outer ring pieces are other work plans and programmes that relate to the delivery of primary care services and are important SWPPC connections.

Supporting delivery of the National Workforce Implementation Plan, and the Welsh Government Ministerial Priorities and National Programmes



Timeline





Section 2: Context

Key messages

- Wales has had a consistent policy direction and an ambition to deliver a strong network of primary care services since 2010 when *Setting the Direction* was first published.
- This was reinforced in *A Healthier Wales*, the long term plan for the NHS and social care in Wales.
- The primary purpose of developing this plan is to ensure that we can fully implement the *Primary Care Model for Wales*.
- Securing the right workforce with the right skills is central to our ambition to accelerate the pace of cluster development in Wales whereby Clusters have flexibility and freedom to deliver care that meets the needs of local people.
- The plan will be framed around the 10 year *Workforce Strategy for Health and Care published in 2020* with the themes of Welsh language, inclusion and workforce well being as golden threads.





Policy Context: A clear vision and policy direction for primary care in Wales

Click Here



2010

Setting the Direction provided a roadmap for primary care in Wales with a focus on primary care practices working together in Clusters and the delivery of new community models including Community Resource Teams

2017

The *Primary Care Model for Wales (PCMW)* recognised the importance of the development of new approaches to delivery of services that are founded on basis of multi-professional team working

2018

The ambition of our long term plan *A Healthier Wales* is to deliver more care closer to home and this relies on a strong and effective foundation of primary care services

2022

Accelerated Cluster Development (ACD) is a key policy driver to develop place-based approaches to delivery and integrate care at a local neighbourhood level that focus on improving population health outcomes





Overall strategic direction: Workforce strategy for health and care

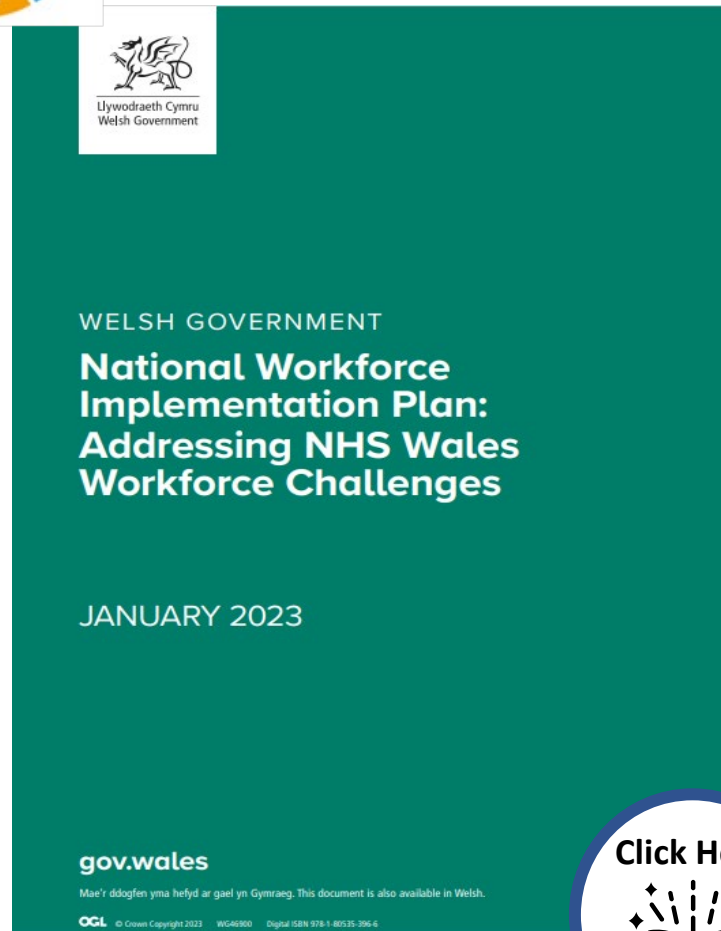


- Launched in 2020 following substantial engagement and research
- Ambition was to provide direction and “hooks” for workforce planning in Wales
- 10 Year direction based on 7 interdependent themes
- Workforce well being focus- recognition that this is not just about the numbers
- Strategy aims to drive increasing synergy and alignment across health and social care
- Currently in Phase 1 – 33 Actions
- Scoping phase 2 which will be published in 2023

7 themes + wellbeing, inclusion and Welsh language as golden threads



National Workforce Implementation Plan



Launched January 2023

Focused on this government term

NHS focus

Aligns with the workforce strategy

Recognises the importance of developing a Primary Care Workforce Plan



Strategic programme for primary care

Click Here



ABOUT THE STRATEGIC PROGRAMME FOR PRIMARY CARE (SPPC)

All-Wales health board-led programme that works in collaboration with the Welsh Government, addressing the emerging priorities highlighted within 'A Healthier Wales'.



The SPPC coordinates the implementation of the Primary Care Model for Wales, which is the primary care component of placed based care.

HOW THE SPPC IS DELIVERED

SPPC has 6 workstreams:

- Prevention and Wellbeing
- 24/7 Model
- Data and Digital Technology
- Workforce and Organisational Development
- Communication and Engagement
- Transformation and the Vision for the Clusters

The SPPC work is coordinated by a Strategic Programme Board and supported by a National Programme Management Office.

WHAT IS THE STRATEGIC PROGRAMME FOR PRIMARY CARE (SPPC)?



SYSTEM COORDINATION

The SPPC works collaboratively with health, social care and other partners and stakeholders.

Developing and sharing resources to support and add value to primary care service delivery, on a 'once for Wales' basis.



KEEPING IN TOUCH WITH THE SPPC

The SPPC web pages include a library of products and toolkits.

You can email the team at SPPC@wales.nhs.uk to be added to our mailing list to receive the monthly SPPC newsletter.

Scan the QR code or visit Primarycareone.nhs.wales

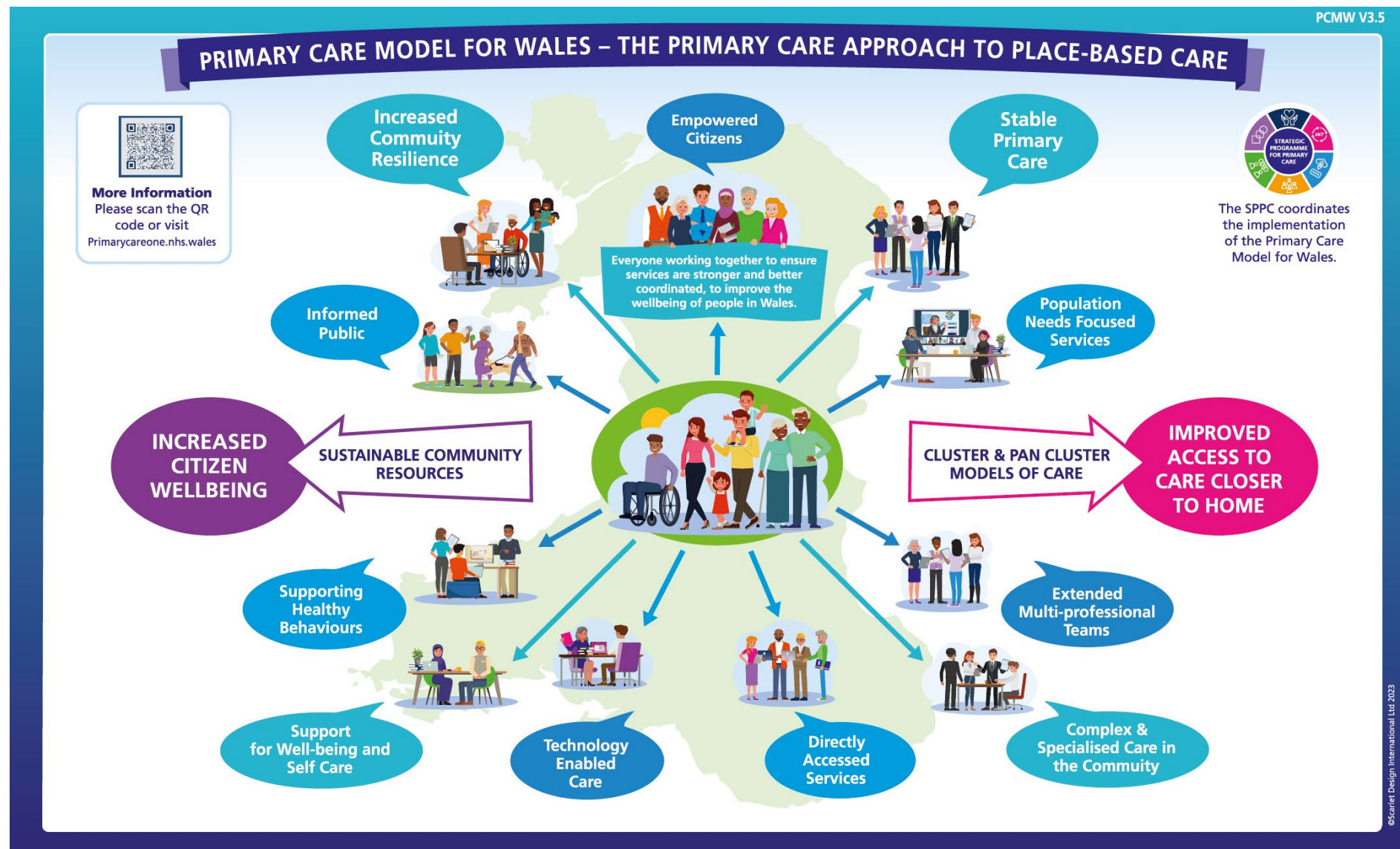


INTERACTIVE KEY: click on the computer icons to access more information.



Primary Care Model for Wales

The Primary Care Model for Wales describes how care will be delivered locally, now and in the future, as part of a whole system approach to deliver, *A Healthier Wales*.





Accelerated cluster development

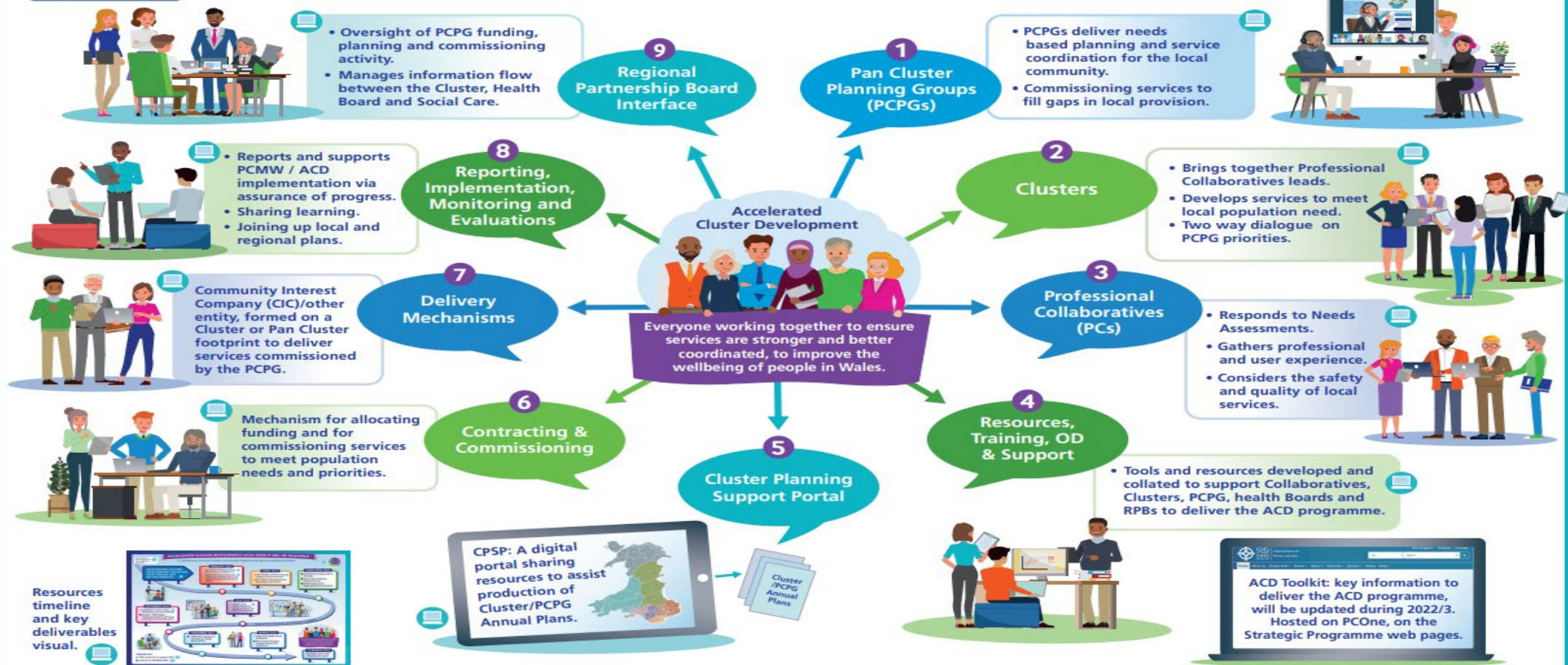
Principles for Cluster working set out in 'Setting the Direction' in 2010, key to delivering 'A Healthier Wales'.

ACCELERATED CLUSTER DEVELOPMENT (ACD): WHAT DOES THIS MEAN?

The Accelerated Cluster Development Programme is the Primary Care component of Place Based Care, delivered through Professional Collaboratives and Clusters. Collaboratives bring together General Medical, Dental and Optometric Practitioners, Pharmacists, Nurses, Allied Health Professionals (AHPs) and Social Care professionals, within their professional groups, to assess population needs and service improvement priorities. Solutions are developed within Collaboratives and through multi-disciplinary Cluster working.



Interactive Map: To access more information click on icon.





HEIW methodology for workforce planning

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



Using WFS as a
framework





Section 3: Thematic review



Key messages

- We have reviewed a range of written material including reports from Government, professional bodies, think tanks and other organisations to distil key themes and issues that the plan needs to address
- The key drivers for change over the short, medium and long term are covered in these slides and include the impact of demographic changes as the population of Wales ages; and the impact of this in terms of ill-health
- A significant driver are healthcare advances that cover a broad spectrum of issues including digital, technology, science, data that have the potential to reshape care and will impact on the workforce
- This section also provides a brief overview of current workforce challenges in primary care; a more detailed data review will follow as part of the development of the plan.

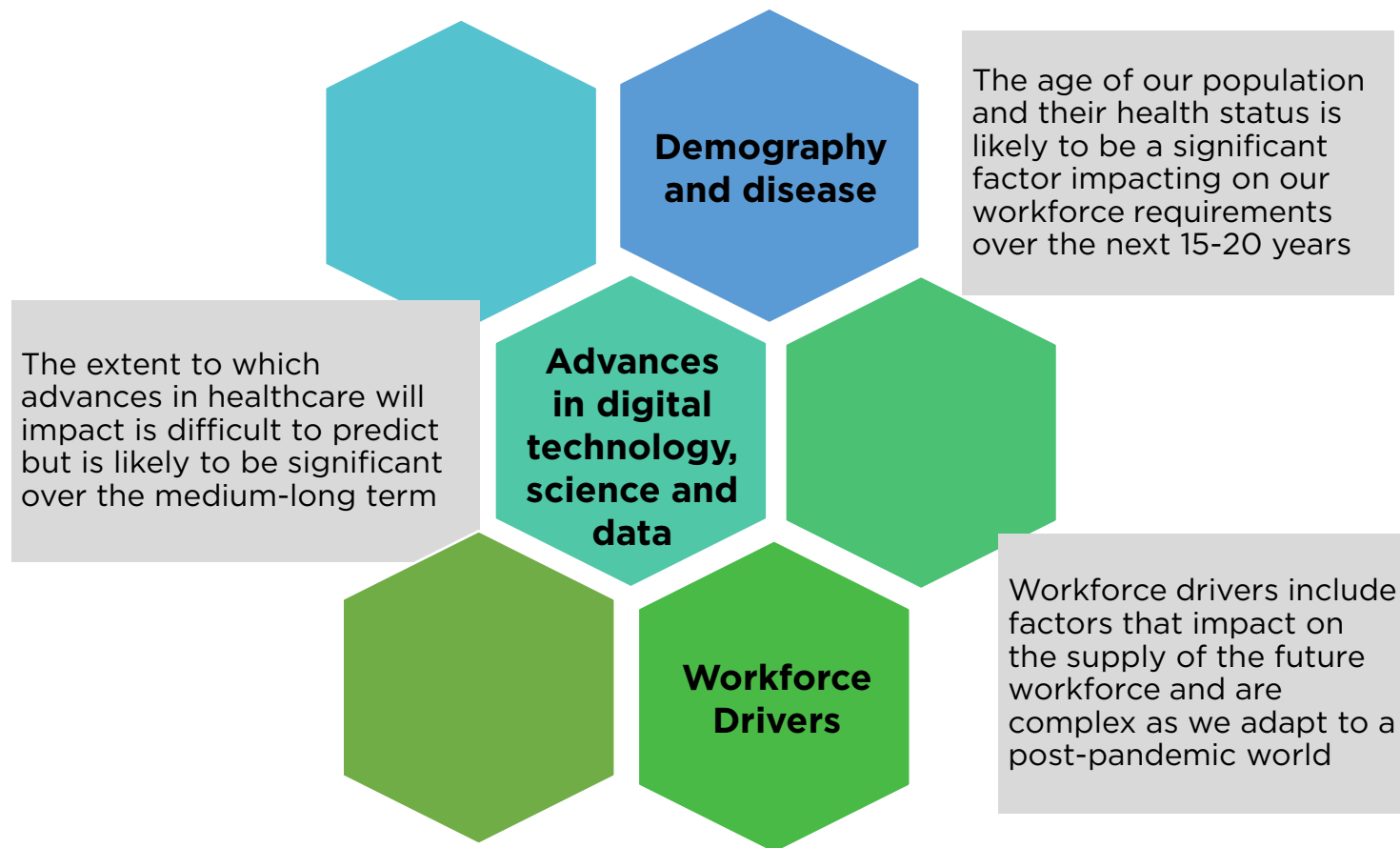




Horizon scanning: Key drivers for change

Process

- We reviewed a wide range of material produced by Professional Bodies, 'think tanks', policy and government documents and reviews produced by respected organisations inside and outside the UK
- These slides contain a high level summary of the key themes arising from the horizon scanning and research work
- A full summary of all of the documents reviewed can be found on our website
- We'd like to hear your views to help us shape the plan – find out how to get involved by visiting our <https://heiw.nhs.wales/workforce/strategic-workforce-plan-for-primary-care/>

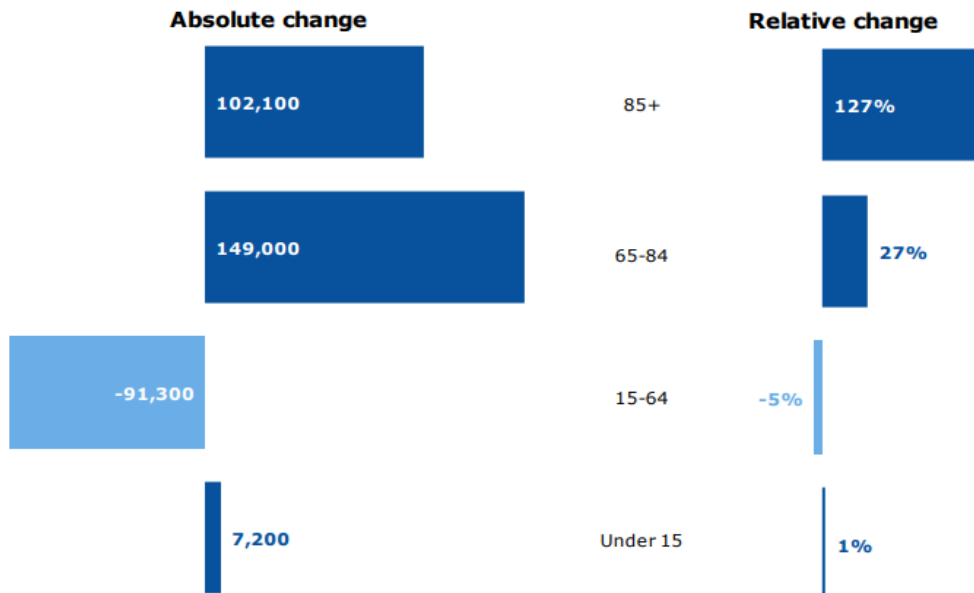




Key drivers for change: Demography and disease

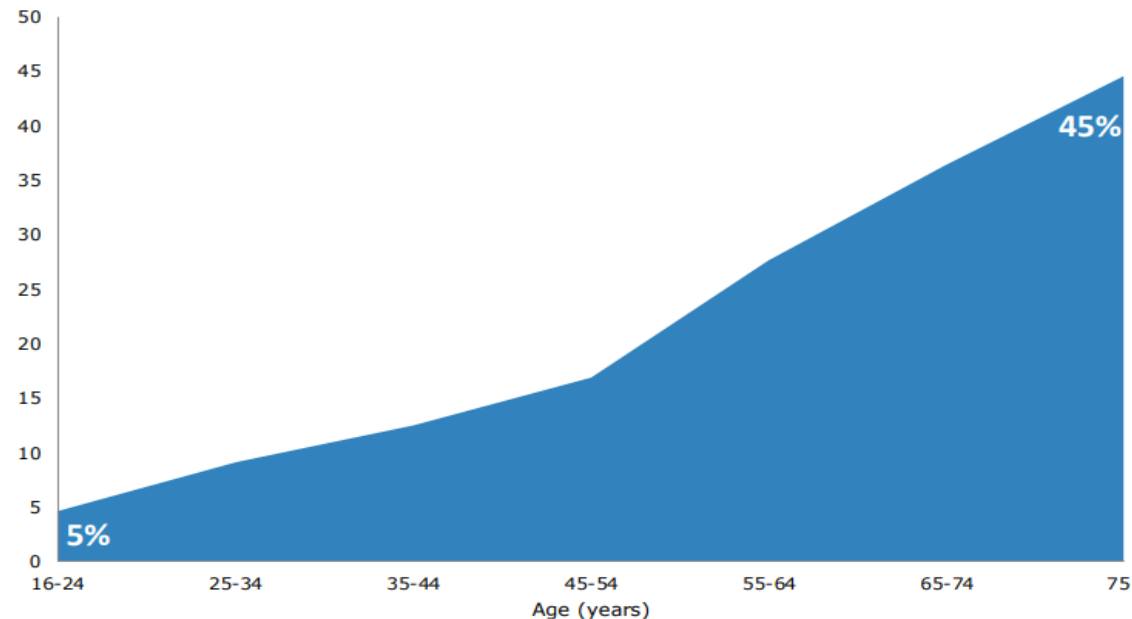
Population projections by broad age group, absolute (count) and relative (percentage) change since 2016, Wales, 2039

Produced by Public Health Wales Observatory, using MYE & 2014-based population projections (ONS)



Percentage who have two or more longstanding illnesses, all persons aged 16+, Wales, 2016/17

Produced by Public Health Wales Observatory, using NSW (WG)



- Wales has an ageing population and over the next few years the proportion of people aged over 85% will increase significantly. This is likely to have a significant impact as the burden of disease grows as people age. Over the next 20 years we will approach 'peak death' where the baby boomer generation grows older.
- There will also be a modest increase in the 18 year-old population over the next few years so we have a narrow window to offer as many routes into social and health careers to school leavers as possible.





Advances in healthcare: science, data, digital and technology

Health Education England commissioned a review to support development of the Long Term Workforce Plan for NHS England (due to be published). This review highlighted the types of technological advances that could impact on workforce demand and numbers taking a 5 and a 15 year horizon in 3 areas: diabetes, cancer and frailty.

Sir John Tooke (on behalf of Health Education England) suggests that:

- developments in technology and AI could increase productivity and give people '**the gift of time**' augmenting rather than replacing professions
- advances will not materially lessen the need for staff but will demand **greater adaptability**, more working towards top of licence and acquisition of **new skills and capabilities**; CPD will be crucial
- upskilling in understanding health related behaviour, imparting risk information and involvement in shared decision making will be required
- **new roles will emerge** – e.g. care coordinators, quality assurance, assistive technology support and expansion of specialist roles (eg data scientists)
- confidence of clinicians and users is key to take up – need to expand **digital literacy** in workforce and citizens
- a degree of **citizen engagement** with their own health and technology is likely to be a key factor in bending the curve on demand.



Remote consultation – where the user and clinician are not in the same room such as synchronous consultations (e.g. phone/video) or asynchronous (e.g. email/text)



Remote surveillance and support – technology to support remote monitoring plus assistive technology to support independence at home (e.g. wearables, monitoring apps)



Decision aids – integrating high quality information into care pathways to support person-centric, rational decisions



Machine learning and AI – automation of administrative/routine tasks to free up clinician time (e.g. by auto-populating structured data fields from open-ended clinician notes, querying relevant data from prior clinical records and transcribing recorded patient encounters) and perhaps improved/standardised diagnoses and screening and/or providing insights for focussed review.



Precision medicine (diagnosis, treatment, and care) – scientific developments in genomics may make it possible to individualise risk, determine treatment based upon molecular pathology, with scope for earlier diagnosis and better treatment/outcomes

Advances in healthcare webinar,
24 April 2023

Concluding information
to follow





A profile of the primary care workforce in Wales

Community Pharmacy

- 716 community pharmacies with 155 employers
- Around 6,600 staff in community pharmacy
- Around 150 pharmacists and pharmacy technicians employed in General Practices (included above)
- 82.8m prescriptions dispensed in 2021/22 which is the highest on record
- **HEIW has developed a Pharmacy Workforce Plan which is now open to consultation – [Your chance to shape the Strategic Pharmacy Workforce Plan for Wales - HEIW \(nhs.wales\)](#)**

Optometry Practices

- 344 community optometry practices who delivered around 750,000 sight tests in 2022
- Circa 800 optometrists (FTE) registered with HBs in Wales resulting in around 1.78 optometrists per 10,000 people
- 268 dispensing opticians of which 35 are contact lens opticians
- 97% practices offer Eye Health Examination Wales (EHEW) services with around 200,000 EHEW examinations in 2022
- New Optometry contract will be launched in 2023 which will enhance the delivery of clinical services and optometrists involved in the provision of care;
- HEIW is investing in supporting Optometrists with higher qualifications to support contract reform

Urgent Primary Care

- The 111 service is fully operational across Wales and operates 24/7
- Demand on the service is growing; 111 service dealt with nearly 1m calls in 2022; a significant increase in GPOOH demand over the winter of 2022 compared to 2021
- GPOOH services operate for 2/3 of the week; the service is mostly staffed by GPs with around 20% of patients supported by other clinicians

Vulnerable Groups

- Primary care services are delivered in 4 prison locations in Wales
- Primary care services are delivered to the population in different ways depending on their needs –for example, through dedicated services to homeless people and other vulnerable groups

General Medical Services

- 386 practices (July 2022) caring for 3.26 million patients
- 7,760 full time equivalent staff
- Circa 1,150 Doctors (FTE) (excluding those in training)
- 20.9m appointments in 2019/20
- 600+ doctors in training
- Range of staff working in primary care: nurses, pharmacists, allied health professionals; administrative & management staff, support workers & phlebotomists, physician associates & others
- The GMS contract was updated in 2022 with a move towards a more unified and streamlined contract

General Dental Services

- Information on the size and shape of the dental workforce in Wales is patchy but will improve with the development of a new information system in 2023/24
- In 2021/22 just over 1.1m courses of NHS treatment were recorded which is below the level recorded before the pandemic; with 20% of these treatments for urgent care.
- 1,420 dentists delivered NHS treatment in 2021/22
- There is significant system reform taking place in dentistry across all sectors of primary, secondary and community dental services
- HEIW is developing a Dental Workforce Plan – *for more information please visit:*
HEIW.dentalworkforceplan@wales.nhs.uk

There are a range of staff employed by health boards who support primary care services including Community nurses, allied health professionals nurses, community dental service & specialist services that work directly in support of primary care – these are outside the scope of this plan





Workforce challenges in primary care in Wales

Summary

- There are challenges with gaps in the workforce that are impacting on staff morale with increased pressures on staff which impact on their health and well being
- There are workforce shortages and difficulties in attracting and retaining staff across primary care which is leading to challenges in sustaining access to some services
- Some areas of our workforce have an older age profile and this coupled with other factors could lead to increased numbers of people leaving the workforce over the next few years
- There are more choices and opportunities so although we are training more people through our education system it can be difficult to retain staff

Community Pharmacy

- The number of **pharmacy 'leavers'** has been increasing in all roles and sectors and pharmacists were added to the Home Office 'Shortage Occupation List' in 2021
- There was an increase in **'temporary closures'** of community pharmacies in 2021 due to no 'Responsible Pharmacist' being available; pharmacists are in high demand across all sectors including in new areas e.g. urgent care settings.

General Dental Practice

- There are **workforce shortages** impacting upon patient care resulting in low morale, high stress and continued pressures across the workforce which has led to some practices changing how they deliver care and reducing access to NHS services. There are difficulties in attracting dentists to work in certain parts of Wales particularly rural areas.

General Medical Practice

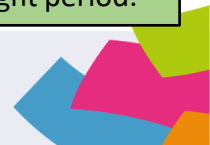
- Around half of the GP workforce are aged over 45 and there are a significant number of **GPs aged over 55**
- **Newly qualified GPs** want more flexible working and are opting to locum or take salaried posts rather than become partners so only 10% of newly qualified GPs are now becoming partners; **40% of Wales GP trainees** are training Less Than Full Time (LTFT); **47% of GP trainees** (in UK) are International Medical Graduates which is an issue for the future in terms of retention
- **Sustainability** issues are resulting in contracts being handed back to HBs, as at October 22 there were 24 managed practices in Wales; and there are 32 single handed practices in Wales
- Of the **1,000 or so nurses** employed in General Practice, nearly **half are aged over 50** and **10% are aged over 60**.

Optometry

- Recruitment challenges in rural areas – difficulty in attracting, especially younger optometrists and dispensing opticians
- Retention, difficulty in retaining younger optometrists in rural areas
 - Placement challenges for higher qualifications – often placements need to be at least partly in secondary care
 - Since 2021 there have been at least 6 practices that have closed.

Urgent Primary Care

- **Workforce challenges** are significant across urgent care services including GPOOH, 111 & urgent primary care centres, which causes gaps in rota's and competition across services for skills, this is a particular issue during the overnight period.





Section 4: Our future workforce



Key messages

- This section sets out the future workforce drivers and summarises the issues and areas that we want to explore as part of the engagement including what citizen's want from primary care.
- We set out a vision for our future primary care workforce over the next 10 years and explore the key issues arising from the horizon scanning across 7 key areas:
 - How we create **seamless workforce models** that makes multi-professional working the norm
 - The future **supply and shape** of our workforce needed to deliver care and improve population health
 - How we **attract and retain** the workforce that we need in the right numbers
 - What we need to do to **educate and train** the workforce
 - How we develop our **leaders** in primary care
 - Ensure that we have the right skills and capabilities to embrace **digital technology**
 - How we look after and support our workforce so that they are **engaged, healthy and motivated**
- Under each theme, we summarise the key issues and set out areas that we are interested in getting your views on to support the development of the plan

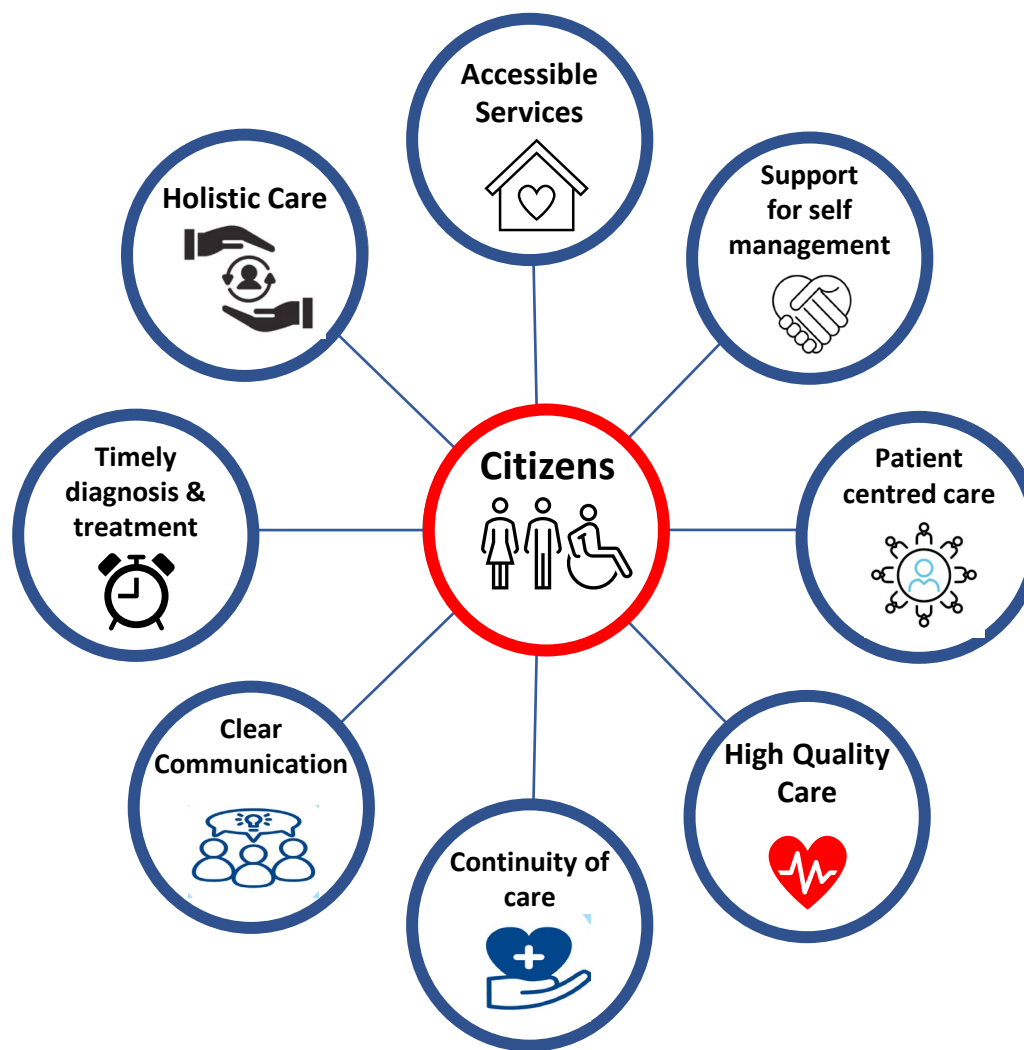




Citizens perspective on primary care

Key messages from CHC survey October 2022 (5,500 respondents):

- Many people liked being able to access care from different professionals (for example nurses, pharmacists and optometrists) but the breadth of roles across primary care are not always understood and many people like to see a GP
- Many experience inequity in provision and access to primary care as not all services are consistently available
- Accessing appointments remains a consistent and increasing problem (dental & GP)
- Digital services don't suit everyone and need tailoring more to patient expectations
- The patient experience and what is important to them should be a key feature of service provision and measuring performance
- The rapid pace of change accelerated by the pandemic has been difficult for some patients because its been fast and confusing



Engagement

We will be engaging with citizens as part of the development of this plan, working alongside organisations who represent citizens in Wales.





Our vision for the primary care workforce over the next 10 years

Our Vision for the Primary Care Workforce over the next 10 years



Services in primary care will be delivered by **multi-professional teams** working together to deliver holistic care



There will be more clinicians and care professionals with **generalist skills**, providing more personal, preventive and holistic care working alongside specialists who are supported to maintain their generalist skills



There will be a greater **focus on skills** rather than roles, with people supported to extend their skill sets rather than creating lots of new roles



There will be a **more equitable distribution of the workforce** so that all citizens benefit from a consistent range of services available in primary care, with the **size of the workforce** reflecting local population health need



Technology will play a bigger role by freeing up clinical time to spend with patients, and will help to deliver more joined-up and seamless care through shared records, and provide easier access to care



There will be more **flexibility** for the workforce and people will be supported to deploy their skills when and wherever they are needed to support prevention, support or treatment across the 24/7 period



People will have more choice and flexibility within their careers and be supported along their career pathway with **high quality education and training**. They will be able to work more flexibly blending work and lifestyle choices



1. Seamless workforce models

A Healthier Wales: Our Workforce Strategy for Health & Social Care Ambition
By 2030, multi-professional and multi-agency workforce models will be the norm

What does the literature tell us?

- **Multi-professional working** is central to the vision for primary care in future in order to provide holistic, patient-centred care aligned with a need to ensure that we have the right numbers of medical staff in the workforce to support people with complex care needs;
- Although there has been a significant diversification of the workforce with primary care we have not focussed enough on how to **embed multi-professional working** and to consider how we support people to work effectively within multi-professional teams
- The **roles of individual professionals** working within primary care teams are not necessarily well understood and this leads to confusion about the scope of individual professions and the ability to maximise benefits from the investment in new models
- People '**working at top of their license**' is a common theme but needs to be balanced with a need to ensure that people have rewarding and fulfilling roles and that we manage the risk of 'burn-out' particularly amongst professionals who care for patients with **complex care needs and operate with significant workloads**
- **Time to supervise** others needs to be properly considered as part of assessing the overall demand for labour
- There has been a **lack of sustainable investment** into new models resulting in difficulties in attracting and retaining people within the sector

Key themes for engagement

- Does the way that primary care is organised allow care to be delivered appropriately? If not, why?
- Are the roles of individual professions within the team well understood?
- What have been the main benefits of multi-professional working?
- What are the barriers have you experienced in multi-professional working?
- What are the key learning points from your perspective?
- What additional skills are needed in primary care to address any gaps in meeting population health needs?





2. Workforce supply and shape

A Healthier Wales: Our Workforce Strategy for Health & Social Care Ambition

By 2030, we will have a sustainable workforce in sufficient numbers to meet the health and social care needs of our population

What does the literature tell us?

- A report by **The Kings Fund in 2022** highlights that planning for the future health care workforce is difficult for a number of reasons largely because the length of time it takes to train a health care professional is long – 3 years for a nurse, 5 years for a pharmacist and 10 years for a GP. The likelihood is that by the time those in training enter the workforce, the world will look very different for a number of reasons:
 - **Technological developments** may render skills gained in training redundant by the time health care professionals enter the workforce
 - The **workforce preferences** of staff may change in ways that are hard to predict (for example, the trend towards more flexible working and different career pathways)
 - Unforeseen **legal and policy changes** may have an impact on the needs of the workforce (e.g. the McCloud remedy which addresses unlawful age discrimination may lead to some health care professionals exiting the workforce earlier than anticipated, EWTD created shortages of junior doctors)
 - The **composition of the workforce** may change in ways that are difficult to plan for (for example, the pandemic led to people returning to the workforce to support with the COVID vaccination programme)
 - **Organisational disruption** which impacts on the stability of workforce planning (this may not be a significant factor in Wales due to the more stable organisational landscape which has been in place since the last reform in 2009)
- In primary care, these issues are compounded where workforce intelligence is not vested in one organisations due to multiple employers so creating workforce plans at an aggregate level is challenging
- Work from Health Education England suggests that creating more '**pluri-potential**' and **generalist roles** would offer high benefit/low risk investment and support the creation of an adaptable, flexible workforce that can work across sectors (acute and primary); different parts of the pathway (prevention, support and treatment) and across physical and mental health work. Examples of these roles are: nursing, physician associates, clinical practitioners, allied health professionals and doctors (before they enter specialist training)
- We need to consider adjustments to training programmes to create a more flexible and adaptable approach but these are typically not within the gift of one organisation but require joint working across regulators, Government, academic institutions and strategic education bodies





2. Workforce supply and shape (continued)

Factors that influence the size and shape of the workforce

The literature review doesn't provide a handbook that can help us right size the workforce in primary care. Invariably this will depend on a number of factors:

- The service and delivery model in Wales but also influenced by local delivery models and the configuration of services that relate to primary care (such as the size and shape of community and hospital provision)
- Population health need and size
- Geographical factors (rural, urban etc)
- Professional bodies and educational standards/curricula set by regulators (that influence how the workforce are trained)
- Plus a host of other factors such as professional judgement

Key themes for engagement:

- Are there opportunities to think about how we **organise some elements of our multi-professional workforce to maximise benefit across a cluster footprint?** What are the barriers to this?
- What is the **optimal multi-professional team model** at a cluster level in terms of skill sets?
- How does this **need to change over the next 5 years** to reflect population health need?
- What **opportunities are there to redesign roles** or ways of working?
- Are there areas that where you think we particularly need to **increase our domestic supply** to address particular challenges?

Supply quadrant

Education and Training	Retention
Securing a future pipeline of people through education and training	Retaining our current workforce
Recruitment	Redesign
Attracting people to work in primary care in Wales including through international recruitment	Redesigning roles that reflect what we need in the workforce and maximising technological advances

Demand and supply modelling

- The 'supply' of our workforce generally comes through 4 quadrants
- We will need to consider all 4 dimensions in terms of developing a sustainable workforce model particularly as enhancing our domestic supply via education and training is lengthy (up to 10 years)
- HEIW is commissioning work to help to develop a demand model to drive the creation of modelling scenarios that will feed strategic workforce plans. This will be developed early in 2023/24 and will be used to inform the later stages of this plan.





3. Attraction and recruitment

A Healthier Wales: Our Workforce Strategy for Health & Social Care Ambition

By 2030, the health and social care will be well established as a strong and recognisable brand and the sector of choice for our future workforce

What does the literature tell us?

- **Routes into careers** in primary care are not as accessible partly due to the different employment models in place
- Other than GPs, there are **limited formalised training pathways** into primary care for other members of the multi-professional team
- **Different terms and conditions** for primary care staff may act as a barrier to recruitment within the sector and there are differences in employment policies and practices
- Our **future workforce** don't necessarily understand primary care or what it has to offer in terms of careers

Key themes for engagement:

- Would you recommend your career to others? If not, why?
- What are the key barriers that this workforce plan needs to address in terms of making primary care a sector of choice for our future workforce?
- Do you find it difficult to recruit staff? What roles cause particular challenges?
- Do you find it difficult to retain staff? What roles cause particular challenges?
- Do you feel that primary care is understood and portrayed to the public, so that it appeals to new candidates?
- Is there anything else your profession specifically requires for clinicians/practitioners to work in primary and community care in Wales?
- What are the barriers and challenges for your profession in developing and progressing roles in primary and community care in Wales
- Are you able to access training to support your career development?





4. Excellent education and learning

A Healthier Wales: Our Workforce Strategy for Health & Social Care Ambition

By 2030, the investment in education and learning for health and social care professionals will deliver the skills and capabilities needed to meet the future needs of people in Wales.

What does the literature tell us?

- There is a trend towards people wanting to train more flexibly with an increase in people training on a Less than Full Time (LTFT) basis
- We need to skill up a range of educators within primary care and to offer more opportunities for all healthcare professions to spend time in primary care as part of their training journey
- Traditional routes into education and training in healthcare may not deliver the future workforce that we need; we need to increase the opportunities for people to train in different ways by enhancing work-based learning opportunities such as apprenticeships and providing flexible training opportunities
- There was a theme from doctors in training and professional bodies that the current GP training scheme should be longer and that it needs to focus more on preparing GPs to work within, and to lead multi-professional teams.

Key Themes for Engagement:

- What are the gaps in education and training provision across our workforce in primary care?
- Should the GP training scheme be extended so that it more comprehensive in preparing GPs to enter the workforce?
- How could we encourage more people to become educators and trainers; are there opportunities to consider new models – e.g. hub and spoke; cluster models
- How do we increase exposure to primary care for a range of healthcare professionals early in their training journey?
- How can we maximise work-based learning opportunities for both registered and non-registered groups such as apprenticeships?
- How do we improve the CPD offer for all staff working in primary care?
- Please describe the professional requirements to fulfil the potential of your roles in primary and community care with consideration of the following:
 - Qualifications
 - Skills and competencies
 - Training and development
 - Supervision and mentorship
 - CPD opportunities
 - Career pathways
 - Other (not identified above but of importance to your profession)





5. Leadership and succession

A Healthier Wales: Our Workforce Strategy for Health & Social Care Ambition

By 2030, leaders in the health and social care system will display collective and compassionate leadership

What does the literature tell us?

- There is a strong theme within the literature for enhanced leadership skills and the need to invest in leadership development across all sectors
- Compassionate and collective leadership is the agreed leadership model for Wales as it is evidence based and provides the framework within which our primary care leaders can grow
- There needs to be sufficient support and skills to allow the system to grow* – this requires investment in leadership and organisational development and protect time for team development (*Clusters, Collaboratives and Pan Cluster Planning Groups)

Professor Michael West: Compassionate & Collective Leadership



Key Themes for Engagement:

- How should we consistently measure staff engagement and well being in primary care?
- How can we strengthen the leadership offer for people working in primary care?
- What support is needed to develop multi professional working in primary care?





6. Building a digitally-ready workforce

A Healthier Wales: Our Workforce Strategy for Health & Social Care Ambition

By 2030, the digital and technological capabilities of the workforce will be well developed and in widespread use to optimise the way we work, to help us deliver the best possible care for people

- Research indicates that the speed at which technology is growing is doubling every 18 months (computing) and over 89% of big data has been produced in the last 2 years
- Artificial Intelligence and Precision Medicine (Genomics) are likely to play a big role in how we deliver care in the future and people will need to develop new skills
- Other technology (remote surveillance and consultation, decision aids etc) will impact on how we deliver care and how people receive care
- The technology may not change the numbers of people in the workforce but will have a big impact on how they work and on relationships between patients and healthcare workers
- Technology and automation of routine tasks could provide the 'gift of time' and will augment rather than replace workers.

Key Themes for Engagement:

- How should primary care grasp the opportunity that digital advancement offers?
- What are the key challenges and barriers?
- How do we create the right learning environments to help embed technology?
- How can clusters support the digital revolution by providing 'at scale' solutions – eg skills, learning opportunities, back-office functions?
- How do we reflect 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?

Advances in
healthcare webinar,
24 April 2023

Concluding
information
to follow





7. An Engaged, Healthy & Motivated Workforce

A Healthier Wales: Our Workforce Strategy for Health & Social Care Ambition

By 2030, the health and social care workforce will feel valued, fairly rewarded and supported wherever they work.

What does the literature tell us?

- Staff are fatigued, partly as a result of the pandemic, but compounded by other factors such as the economic crisis and global events leading to increased **demand**; people working in primary care frequently report that they have **unmanageable workloads**
- Support for **wellbeing** is not always available or accessible; there is a gap in terms of how employers well think that they support wellbeing compared to how their workers perceive that they are supported with their wellbeing
- The post-millennial generation (typically known as Generation Z) are much more conscious about their **mental health and wellbeing** and they indicate that access to MH resources are important in selecting an employer and also important in terms of retention; they value flexibility and will strive for a work-life balance that prioritises their mental health

Key Themes for Engagement:

- What, if anything, prevents you from working to the best of your ability? Examples: Environment, staff, workload, collaboration, personal wellbeing, ability to network with peers, other
- How can we ensure primary staff feel valued, supported and rewarded in their roles?
- On a scale of 1-10 (1=high; 10=low) How valued and supported do you feel the primary care workforce is currently?
- Do you have access to support to help you with your mental health and wellbeing (Examples: access to online resources, health and wellbeing services, dedicated apps etc)
- Have you accessed Canopi (previously called Health for Health Professionals) and what was your experience?





Section 5: Engagement

Key messages

Your experience, view and opinion are vital to the development of this Strategic Workforce Plan for Primary Care.

- This section sets out the various ways in which you can get involved and details key dates for your diary.
- If you are unable to attend any of the engagement events please feel free to send any comments to our dedicated email inbox: heiw.primarycarewfp@wales.nhs.uk



To get involved please visit our website: [Strategic workforce plan for primary care - HEIW \(nhs.wales\)](https://www.nhs.uk/primarycare/strategic-workforce-plan-for-primary-care-heiw/)

