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Health Education and Improvement Wales (HEIW)

GIG CYMRU NHS WALES

Y Weithrediaeth Executive

Strategic Workforce Plan for Primary Care

2024/25-2029/30

Contents

Foreword

We are pleased to present the Strategic Workforce Plan for Primary Care which is the product of a strong partnership approach between Health Education Improvement Wales (HEIW), the Strategic Programme for Primary Care (SPPC) and our many partners across Wales.

Primary Care is at the heart of our communities. However primary care services are under significant strain due to increasing demand. The NHS in Wales is still in a recovery phase following the global pandemic which has taken its toll on our workforce.

There are workforce shortages across primary care services that are impacting on access and on the quality of care that can be delivered. We face significant demographic challenges as the population of Wales ages, and we know that there are persistent inequities in both access to care and in health status across Wales. These are significant challenges to address particularly in view of the outlook for public finances.

The SPPC has an ambitious programme to address these challenges by delivering the Primary Care Model for Wales which underpins the delivery of A Healthier Wales, the long-term plan for health and care.

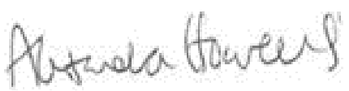
As the strategic workforce organisation in NHS Wales, HEIWs role is to develop comprehensive plans for our current and future workforce. Working collaboratively with our partners in NHS Wales and beyond including our workforce, employers, independent contractors, professional bodies, unions, regulators, education providers and Welsh Government (WG).

Together we have developed this plan to respond to these challenges and to set a clear roadmap for the primary care workforce over the next five years. We know there are opportunities to reshape how we deliver care, ensuring we empower and equip our current and future workforce to deliver the best care for the people of Wales.

Technological and scientific advances through digital innovation, artificial intelligence and precision medicine offer real potential to impact positively on the health and wellbeing of our workforce as well as our citizens and to support the delivery of personalised, holistic, and integrated care.

This plan sets out a workforce plan for the next five years up to 2030. It is a workforce plan designed to stabilise, renew and transform to build a sustainable workforce model fit for the 21st century.

The NHS is nothing without the people who work within it. We are grateful for the hard work of our primary care teams who work tirelessly to support the citizens of Wales.



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Executive summary

This plan has been developed to address the significant workforce challenges within primary care in Wales. It has been developed in partnership between Health Education and Improvement Wales (HEIW) and the Strategic Programme for Primary Care (SPPC).

'A Healthier Wales',[1] the long-term plan for health and care, clearly maps out the journey for the next 10 years in terms of system transformation, to meet the needs of the people of Wales.

The plan has been developed following an extensive review of the literature, a review of available workforce intelligence and a comprehensive period of engagement and consultation with key stakeholders including people working within primary care.

The plan sets out a number of key drivers for changing including:

- demographic changes which will impact on the demand for care and the range of services and skills needed in primary care to care for an ageing population and an increase in the number of people living with multiple long-term conditions
- technological and scientific advances that are reshaping the delivery of care models including digital transformation, use of data and scientific advances and precision medicine
- workforce drivers that impact on current and future workforce.

The scope of this plan is wide ranging, encompassing multiple professions, services and settings. It sets out practical action that focuses on how to continue to grow and shape multi-professional workforce models that respond to the needs of the population of Wales.

The plan focuses on ensuring that the primary care workforce has the breadth of skills needed to respond to the long-term plan for Wales.

There are twenty-six key actions that are aligned with the themes of the National Workforce Strategy for Health and Care. The key areas of focus are:

An engaged healthy and motivated workforce

- Measuring staff engagement, motivation, wellbeing and satisfaction
- Supporting staff who are new to primary care through preceptorship, mentoring, support and supervision

Seamless workforce models

- Aiding citizens understanding of primary care and the wider multi-professional team
- Embedding multi-professional team working and maximising the use of skillsets across teams

Workforce supply and shape

- Improving workforce planning to better align demand and supply of the workforce
- Developing attractive and flexible working arrangements and career opportunities to improve recruitment and retention

Excellent education and learning

- Improving access to education and training for the current and future workforce with a focus on expanding education and training capacity in primary care
- Developing flexible educational opportunities and career development across the multi-professional workforce

Attraction and recruitment

- Promoting careers and inspiring future generations of people to work in primary care

Leadership and succession

- Developing a compassionate culture, role modelled by excellent leaders and managers
- Delivering professional leadership solutions for primary care

Building a digitally ready workforce

- Considering the digital roadmap for primary care, assessing implications on future workforce requirements, identifying training and education requirements
- Improving access to immersive technologies for the workforce

Additional actions

- Promoting the availability of Welsh language training to all staff within primary care whilst developing sustainable training and recruitment plans
- Supporting under-represented and socially disadvantaged groups to access and develop careers in primary care

Success will look like:

- High quality patient care, delivered by multi-professional teams working in partnership with citizens and communities to delivery safe, timely, effective, efficient, equitable and patient-centred care
- High levels of staff engagement, motivation, wellbeing and satisfaction
- Improved recruitment and retention of staff through attractive and flexible working arrangements and career opportunities
- Flexible education opportunities and career development across the multi-professional workforce
- Intelligence led workforce planning to ensure that we have sufficient number and skills in the workforce
- A compassionate culture, role modelled by excellent leaders and managers
- An infrastructure that supports education and training helping to inspire future generations of people to work in primary care.

This plan will support implementation of the Primary Care Model for Wales (PCMW) to ensure that Wales has a robust and resilient suite of services available in the community, supporting citizens to live healthy lives and providing integrated and accessible services to those in need.

The plan will be implemented over a five-year period starting in 2024/25 and will be delivered in partnership with the Strategic Programme for Primary Care and HEIW, working together with other organisations and Welsh Government.

The work will be taken forward alongside the implementation of other workforce plans including profession-specific action plans that respond to regulatory changes and primary care contract reform.

Section 1: Purpose and overview

This document sets out how the plan has been developed through a collaborative partnership between Health Education and Improvement Wales (HEIW) and the Strategic Programme for Primary Care (SPPC).

1.1 Health Education and Improvement Wales

HEIW[2] is the strategic workforce and education body for NHS Wales. HEIW's unique contribution or "added value" is to:

- address strategic workforce issues that require All Wales solutions, both demand and supply
- make Wales a great place for our health and care staff to be educated, trained and employed
- maximise the contribution of all professions and occupations.

Our strategic objectives are set out below:

1.2 Strategic Programme for Primary Care

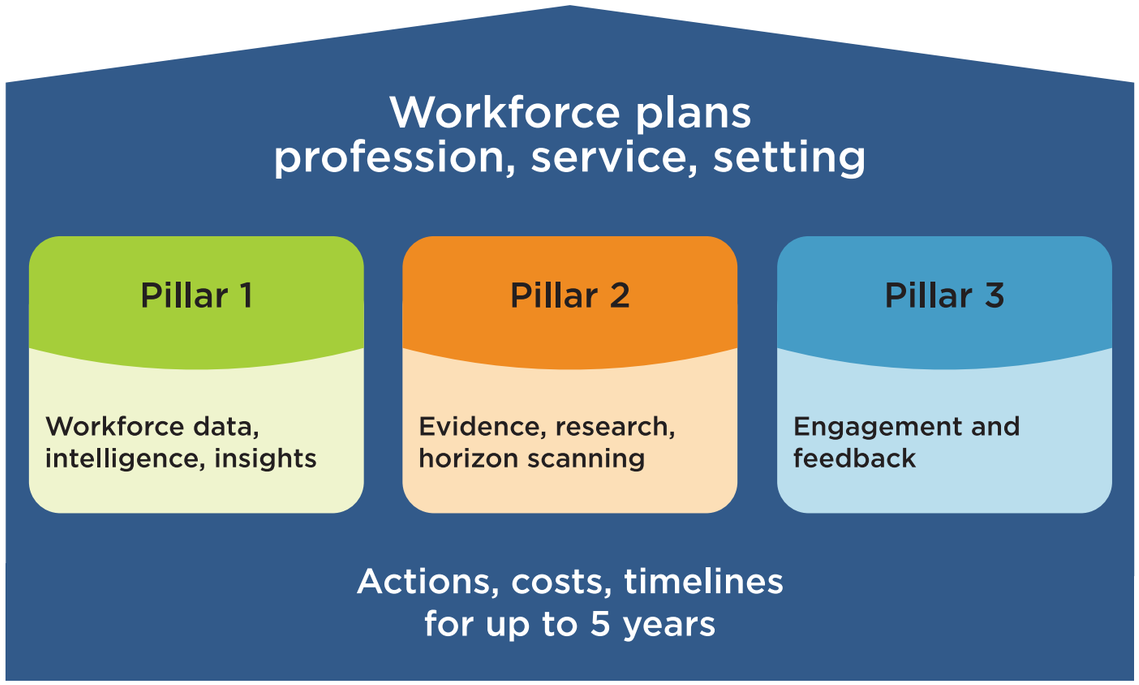
The SPPC is an All-Wales health board-led programme that works in collaboration with Welsh Government. The programme[3] aims to bring together and develop primary care strategies to address the priorities set out within 'A Healthier Wales'. The programme has five overarching priorities that are delivered through six workstreams.

The priorities are:

- Mental wellbeing
- Community infrastructure
- Urgent primary care
- Accelerated cluster development
- Strategic Workforce Plan for Primary Care.

1.3 Development of the plan

The methodology adopted for the development of this plan aligns with HEIW's three pillar approach to workforce planning:



1.4 Governance

This plan has been developed jointly by HEIW as the national strategic workforce body for Wales and the SPPC. The National Primary Care Board (NPCB) has overseen its development, and the work has been led by a small project group reporting to the workforce and organisational development workstream within the SPPC.

1.5 Plan scope

The plan covers the following areas:

- The delivery of primary care services at a practice, cluster or other geographical footprint. Including those delivered through independent contractors, managed practices and staff employed directly by health boards
- The workforce needed to ensure primary care is available to all, including people within defined 'health inclusion' groups
- 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 (GPOOH) services.

1.6 Strategic and policy context

There has been a clear and consistent policy direction in Wales since 2010 when 'Setting the Direction'[4] set out ambitious plans to develop primary and community care services through a whole system, integrated approach, with a focus on the delivery of care through networks of practices and professionals working together. This led to the development of 'clusters', generally serving a population base of between 40,000 and 100,000.

In 2015, the Welsh Government became the first country globally to develop a legislative framework that focusses on the needs of future generations. The Well-being of Future Generations Act (2015)[5] sets out an ambition for a prosperous, resilient, sustainable, healthier, more equal Wales with cohesive communities, a vibrant culture and thriving Welsh language.

In 2018, Welsh Government published its final report following the Parliamentary Review of Health and Social Care.[6] The review was established to explore how Wales should respond to changing needs, expectations and new forms of treatment and care. The review articulated that this vision should be underpinned by a quadruple aim to deliver **clear outcomes, improved health and wellbeing, a cared for workforce, and better value for money**.

In response to the parliamentary review in 2018, Welsh Government produced its long-term plan for health and care in Wales, 'A Healthier Wales'. The ambition within 'A Healthier Wales' is to deliver care closer to home which requires a strong and stable system of primary care.

The Workforce Strategy for Health and Social Care[7] was jointly developed by HEIW and Social Care Wales and launched in October 2020.

It sets out the ambition to have a motivated, engaged and valued health and social care workforce with the capacity, competence and confidence to meet the needs of the people of Wales responding to 'A Healthier Wales'.

In March 2020, the World Health Organisation (WHO) declared a pandemic as a result of the widespread and rapid circulation of Covid-19. The pandemic has significant, devasting and far-reaching consequences for citizens, the workforce and society as a whole. Whilst the 'emergency phase' of the pandemic was declared over in May 2023, Covid-19 remains in circulation and continues to impact people, services and society as a whole.

Wales will continue to face challenges arising from the pandemic into the foreseeable future. The challenges faced by the NHS as a result of the pandemic are significant both in terms of direct harm, but also indirect harm caused by measures taken to control the spread of disease which resulted in large-scale cessation of service provision creating backlogs in the delivery of care across all parts of the NHS.

In 2022, Welsh Government published a National Workforce Implementation Plan (NWIP).[8] This sets out key actions for Government and the NHS to take forward to address the significant workforce challenges. The NWIP refers to the development of a Strategic Workforce Plan for Primary Care.

In April 2023, Welsh Government introduced the Health and Social Care (Quality and Engagement) Wales Bill.[9] The bill strengthens the existing Duty of Quality on NHS bodies, extending it to Welsh ministers for their health service functions, also introducing a Duty of Candour.

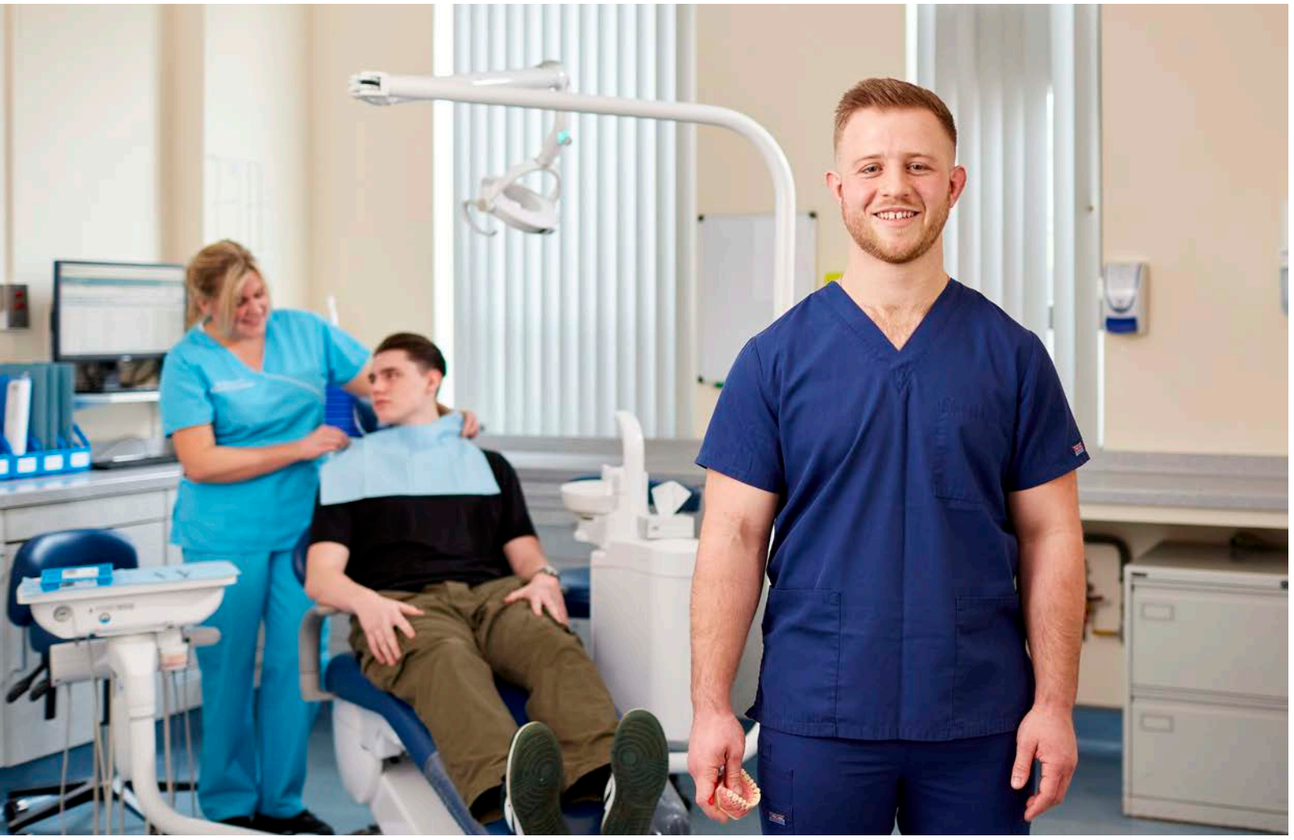
There are new health and care standards that will underpin the delivery of functions for all organisations in Wales. These new duties are important in the context of workforce development as continuous quality improvement becomes embedded at the heart of the NHS.

As a result of the Act, the new All-Wales citizen body for health and social care, Llais,[10] came into being on 1 April 2023 replacing the previous Community Health Council arrangements. Llais aims to reframe the relationship between the NHS and the citizens that it serves.

Aside from the policy context there are other factors that are impacting on the delivery of care. The UK has experienced a period of unstable employee relations over the last 18 months which has impacted across multiple sectors including the NHS. This has led to strained relationships with employee organisations in Wales and formal disputes have impacted on the delivery of care which places further pressure on the system.

In the wider economic context, there are significant challenges with contributory factors such as Brexit, the war in Ukraine and inflationary pressures in the economy leading to a cost-of-living crisis but also on the delivery of public services that are suffering from significant financial challenges as a result of economic instability.

The cumulative effect for the NHS is significant, not just in terms of the availability of resources to support service delivery, but also in terms of the impact on population health. This is likely to have a multi-faceted impact on population health affecting not only physical health but also mental health, access to essential services and overall well-being.



Section 2: Case for change

This section sets out the case for change and why we have developed this plan.

2.1 Introduction

A workforce plan for primary care was developed by Welsh Government in 2015 and this led to innovative workforce solutions with a range of actions that supported recruitment and retention. Much has changed since 2015 and given the increasing sustainability issues within primary care, a new plan is needed.

Whilst the focus of this plan is on primary care, it is recognised that workforce challenges are not unique to primary care or indeed to Wales. The National Workforce Implementation Plan (NWIP) recognises that NHS Wales is experiencing health and social care workforce challenges which are replicated globally.

A report[11] by the World Health Organisation (WHO) reviewing workforce challenges in Europe, identified chronic staff shortages magnified by recruitment and retention issues due to stress, fatigue, burnout, unattractive working conditions and poor professional development opportunities.

Primary care is experiencing difficulties in responding to an increase in demands which are articulated in this section with evidence of the impact on services and access to care. At the same time, public dissatisfaction[12] with the NHS is growing, and there are challenges in meeting the expectations of citizens, particularly in terms of ensuring timely access to care.

Of the £11bn budget for the National Health System (NHS) in Wales, just over £0.9bn is allocated to primary care contractors (pharmacy, dental and General Medical Services) and workforce costs constitute the majority of this spend whilst primary care services account for around 90% of NHS activity.

The NHS in Wales faces significant challenges in being able to provide care for an ageing population particularly as the burden of long-term conditions grows. The demands on primary care services are significant as the NHS continues its recovery post pandemic and this is impacting on workforce wellbeing, and on the ability to deliver safe, timely and effective care.

There has been investment into the primary care workforce over the last few years including:

- establishment of a new infrastructure to support multi-professional education and training with a central HEIW function and local health board academies
- introduction of a new national training programme for General Practice Nurses (GPNs)
- investment in education and training – extending the number of GPs, dentists, pharmacists and other professional groups trained in Wales
- embedding new workforce models – for example, the deployment of advanced paramedics working in primary care settings; a new mental health workforce linked to the 111 service and developing extended roles for health care support workers
- improved data capture on the size and shape of the primary care workforce.

However, a fragile and unstable primary care system poses significant risks which could have devastating consequences for people in Wales. There is strong international evidence that inadequate and poor-quality primary care impacts on health outcomes, increases heath inequalities, adds pressure to acute care and results in higher system costs. Conversely, high quality primary care services contribute significantly to the overall health and wellbeing of citizens but also make an important societal and economic contribution. The human and financial cost of failing to deliver on the long-term ambition is immeasurable.

The plan has been developed through extensive engagement, with primary care contractors and their staff, stakeholders, trades unions, professional bodies, royal colleges and government, all of whom were encouraged to contribute to its development.

We captured what we heard from the people who deliver primary care services to help assess and understand what is important to the workforce and this insight, together with the research, workforce intelligence and horizon scanning, has shaped the actions within this plan.

2.2 Implementing the Primary Care Model for Wales

The Primary Care Model for Wales (PCMW)[13] was developed in 2017 to provide a clear route-map for the delivery of care to support the ambitions of 'A Healthier Wales'.

The PCMW supports the vision in 'A Healthier Wales' and contains 13 key components[14] required for transforming services. These include effective collaboration at community level to assess population need to both plan and deliver seamless care and support to meet that assessed need.

The local workforce is best placed to understand the needs and experience of local communities and to inform and influence wider public service plans. Clusters were established in 2010 to gather that intelligence and encourage the testing of new models of care to meet local needs. Whilst significant progress has been made, there is variation between clusters in relation to the maturity of collaborative working.

For 2021/24 the Strategic Programme for Primary care (SPPC) introduced an Accelerated Cluster Development (ACD) Programme to ensure more rapid implementation of the PCMW and to address system barriers.

The programme includes the introduction of Professional Collaboratives (PCs)[15] and Pan Cluster Planning Groups (PCPGs)[16] to broaden and strengthen clinical engagement and to increase the influence from the community to Regional Partnership Boards (RPBs) which bring together health, local government and other key stakeholders. As part of this programme, the planning role of PCPGs and delivery functions of clusters is being reinforced.

This plan sets out how the workforce should be developed to deliver the Primary Care Model for Wales.

2.3 Primary care in the wider system

For generations, primary care has been at the heart of communities in Wales. In 2023 the NHS marked its 75th birthday with primary care remaining a highly valued and critical part of the wider health and care system estimated to be delivering 90% of total contacts within the NHS. Each month, there are millions of contacts with NHS primary care services in Wales.

Primary care's contribution to the wider system of health care is not in doubt and there is an extensive body of evidence that recognises the contribution of primary care to promoting health, preventing illness, managing ill-health, and delivering improved health outcomes at an individual and population level.

It is also worth reflecting that beyond the contribution of primary care to the wider NHS, there is also an economic benefit. An assessment by the NHS Confederation[17] considered the economic impact of NHS spending by care setting and provides an economic case for investment in primary care. It highlights that changes in spend (in England) were associated with significant growth in economic Gross Value Added (GVA) through gains in productivity as improved health outcomes make individuals more productive within the economy and increases employment. The report makes a powerful argument that further investment in primary care contributes towards improving population health, supporting people to remain in work, improving local infrastructure and providing good jobs.

Currently around 15% of the budget for the NHS is allocated to primary care services equating to around £1.6bn which includes the cost of medicines prescribed in primary care. The budget allocation for independent contracts for pharmacy, dental and general medicines services in 2023/24 is under £1bn.

2.4 Population health and the impact of demographic change on the demand for primary care

By developing a deep understanding of the health needs of our population, we can develop services and supply a workforce to meet those needs. Key factors include: age profile, prevalence of disease across age groups, social deprivation, populations with significant unmet need and health inequalities.

Wales has an older population than the rest of the UK nations. The census for 2021[18] paints a picture of the impact of demographic changes on future demand for health and care and indicates that:

- over the next 25 years, the number of people of pension age living in Wales will increase by nearly 18% with a projected 13% reduction in the number of children
- over the 30 years between 2020 and 2050 the number of people aged over 90 will increase by 121%, whilst the number of people aged 80 to 89 will increase by over 80%
- by 2038, 1 in 5 people in Wales will be aged over 70.

Despite significant increases in the NHS workforce since 2011, demand is outstripping supply which is likely to worsen as the population ages. Over the next 15-20 years the UK will approach "peak death" as the baby boomer generation born just after the second world war reach the end of their life, and this will increase the demands on health and care impacting directly on workforce requirements.

People in Wales are living longer which is to be celebrated, but for too many people life is experienced with many years in poor health and this has a direct impact on the workforce needed in primary care.

An ageing population also brings additional challenges due to the inter-relationship between age and health status. A recent publication[19] by Welsh Government from the Chief Scientific Officer for Health examines the projected impact of long-term conditions and risk factors in Wales on the NHS in the next 10+ years.

The report highlights that:

- diagnoses of several long-term conditions (LTCs) are projected to increase, especially where age is a factor (some cancers and dementia)
- current projections predict an increase in multimorbidity (patients with 2 or more LTCs) which brings additional complexity, and polypharmacy (multiple prescriptions) plus increased pressure on secondary care/specialist services.

The report identifies that based on current trends, projections of some LTCs will increase faster than demographic effects alone would predict including: atrial fibrillation; dementia; heart failure; chronic obstructive pulmonary disease (COPD); osteoporosis; chronic heart disease (CHD); inflammatory bowel disease; peripheral vascular disease (PVD); asthma; hypertension; anxiety disorders and diabetes.

These conditions are primarily managed in primary care settings with support, when needed, from specialists. The predicted growth in long-term conditions will have a significant impact on primary care and the report points to the need for a continued focus on the development of expert generalists and investment in the workforce to respond. Having a broad knowledge base, a holistic approach to patient care, a focus on continuity and coordination of care, an emphasis on prevention and the ability to adapt to diverse health care needs is fundamental to providing high-quality, patient-centred care in the primary care setting.

There is a further challenge as deprivation is a risk factor for many preventable long-term conditions. Wales has significant levels of deprivation and although the latest census of 2021 suggests some improvements since 2011, deprivation (measured by one or more indicators) remains higher than the majority of areas in England.

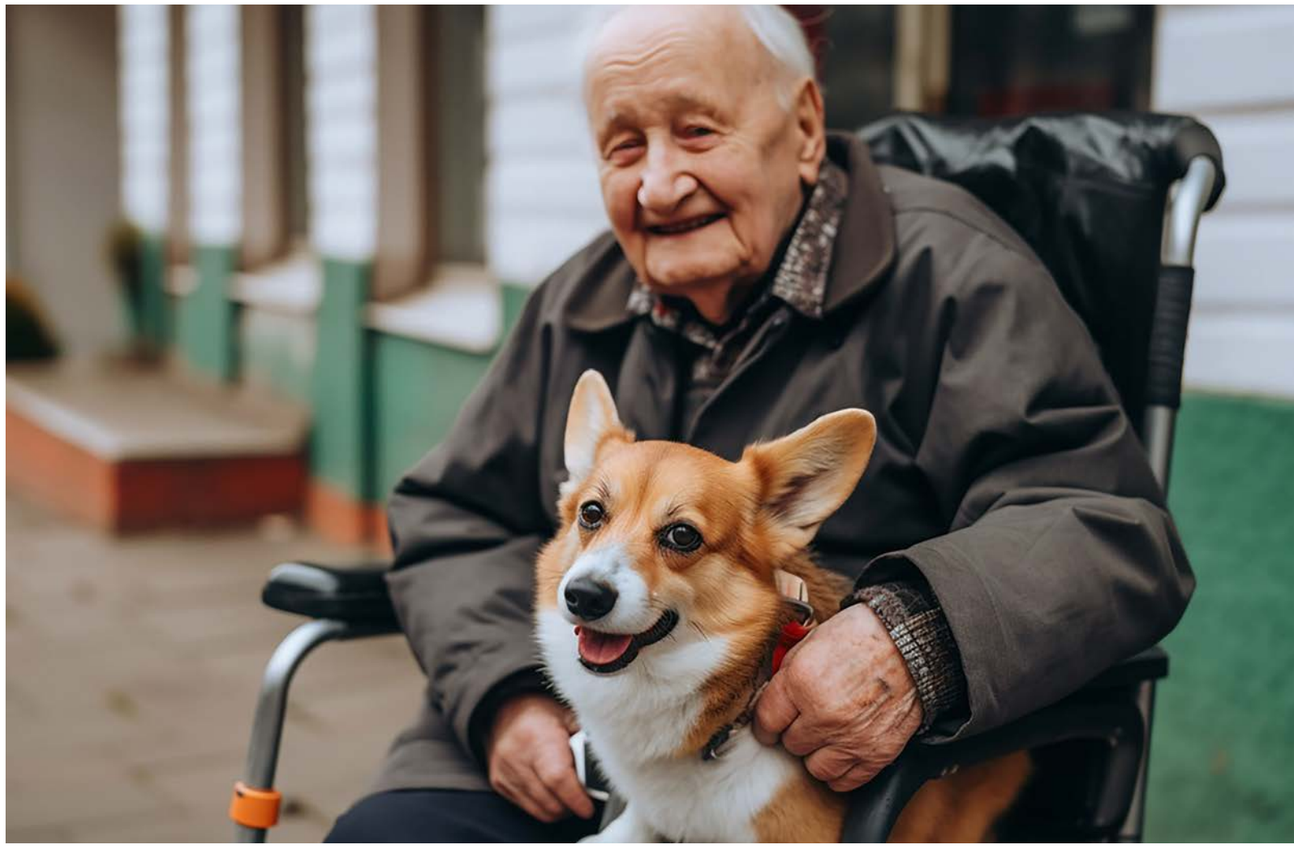
The COVID-19 pandemic exposed significant inequalities. An assessment of the cost of health inequality in GP service use identified that prior to the pandemic, those living in more deprived areas used GP services more frequently compared to those living in more affluent communities. This situation changed during the pandemic which suggests that a greater level of unmet needs emerged among deprived communities. The pandemic also exposed inequalities in GP service use, suggesting the need to tackle issues such as access to care, gender gaps, and healthcare investments in more deprived areas to reduce health inequality and create a stronger, fairer healthcare system going forward.

Deprivation has implications for workforce planning and workforce supply. In December 2021, Public Health Wales (PHW) carried out a review of workforce information[20] for general medical practices and concluded that, perversely the areas in greatest need in Wales had lower staffing levels than practices working in least deprived areas. It highlighted that practices operating in the least deprived areas of Wales had the greatest number of GPs, nurses, direct patient care staff and administrative support per 10,000 population. This means that practices in the most deprived areas in Wales are caring for greater numbers of patients per full-time equivalent GP, which is mirrored for other staff groups providing direct patient care such as pharmacists and nurses.

There is also an impact in terms of the provision of palliative and end of life care as the population ages. Twice as many people need end of life care compared to new cancer diagnosis each year and the number of people who die in Wales will increase from its current level of 35,000 per year over the next 25 years which will increase the need for primary care and access to specialist palliative care services.

The census also points to challenges in terms of workforce supply and provides a reminder that are different challenges across Wales. In south-east Wales, the population is growing and there are additional demands on primary care services due to migratory patterns and population characteristics. Elsewhere in Wales, population levels are stable or declining. In rural areas, the dependency ratio (which compares younger and older dependent population to working-age population) is changing. Across Wales, in 2021, the dependency ratio is 60.9% but in Hywel Dda and Powys it is 68.3% and 73.4% respectively.

The NHS in Wales employs around 4.6% of the total working-age population[21] but against a backdrop of increasing economic inactivity and a decrease in the number of working-age adults as the population ages, organisations will need to be creative in developing plans to recruit and develop the talent needed to grow the workforce to match increasing demand.



2.5 Science, digital, data and technological change

A Healthier Wales envisaged significant changes through scientific advances and technological change as an enabler for improved service delivery and better patient outcomes. The recent pandemic undoubtedly accelerated the pace of digital innovation and facilitated the delivery of new care models across the NHS.

Digital services are rapidly advancing and artificial intelligence (AI) and the use of generative artificial intelligence tools that have emerged since 2022 offer potential benefits to the NHS.

Primary care services have traditionally been 'early adopters' of technology, particularly in computerising medical records during the 1990's ahead of other parts of the NHS. However, progress is not uniform across all primary care services and there are still examples whereby some services lack even a basic digital infrastructure and don't have access to NHS email systems.

Sir John Tooke (on behalf of Health Education England) undertook a review of the landscape which suggested that developments in technology and AI could increase productivity and give people 'the gift of time' augmenting rather than replacing professions. This review followed a similar piece of work called the Topol Review,[22] which considered how to prepare the healthcare workforce for changes in digital technology.

Both reviews indicated that 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. Continued Professional Development (CPD) will be crucial to upskill the workforce in understanding health related behaviour, imparting risk information and involving citizens in shared decision making. New roles will emerge such as care coordinators, quality assurance, assistive technology support and expansion of specialist roles including data scientists.

The pace of change is likely to continue with advances in genomic and precision medicine becoming part of the way in which treatment and health care is delivered in future. The rapid development of vaccines during the pandemic demonstrated how quickly scientific advances can drive transformational change.

A Genomics Delivery Plan[23] was published in 2022 and sets out key actions for Wales to align with the UK Genome Strategy which provides the overarching 10 year framework. Precision medicine is becoming more widely delivered, particularly in rare diseases and cancer, but advances in genomic medicine will impact more widely in future into other major conditions including dementia, mental health, and cardiovascular disease (including stroke and diabetes), respiratory and musculoskeletal conditions. This will impact on pathways for care and the way in which primary care services are provided.

2.6 Workforce drivers

There are current challenges in being able to deliver comprehensive primary care services and growing sustainability pressures with gaps in the workforce that are impacting on staff morale and on health and wellbeing. Challenges include:

- workforce shortages and difficulties in attracting and retaining staff across primary care which are leading to challenges in sustaining access to some services resulting in changes to service provision and access to care
- ageing workforce profiles in some areas and this coupled with other factors (such as pension changes) which could lead to increased numbers leaving the workforce over the next few years
- people have more choice and opportunities in the wider economy so although there are increases in training pipelines it can be difficult to attract and retain staff in a tight labour market where there is competition from other sectors for skills
- supply of the workforce is impacted by wider issues in the economy. Not all healthcare training courses are filled and the cost of living crisis could lead to people making different decisions about further and higher education.

There are trends in the labour market that are impacting on health services globally. Our future workforce are likely to have different expectations and there is evidence of the need to expand flexible working and grow portfolio style careers. Increasing numbers of health care students and trainees are choosing to study on a Less than Full Time (LTFT) basis and when they enter the workforce, their expectations for flexible working continue.

Finally, immigration policy and the impact of Brexit could have long-lasting implications on the supply of workforce in the NHS, particularly in areas where historically Wales and the UK has relied on overseas recruitment to plug gaps in the domestic supply. This raises significant questions about how to grow the workforce supply within Wales and the UK and ensure a sustainable pipeline of workforce that will meet future needs.

Section 3: Key findings

This chapter sets the key findings from the horizon scanning and literature review, engagement phase and workforce intelligence.

3.1 Horizon scanning

As part of the development of this plan published reviews, articles, reports and other material produced by a wide range of bodies including professional bodies, think tanks, policy documents and academia were reviewed. These documents have been summarised and can be accessed here.

There is general consensus that primary care services have adapted significantly and will need to continually to evolve in order to meet population health needs. There does not appear to be an appetite for a wholesale shift in terms of the policy or the organisation of primary care services beyond a recognition that larger-scale models of delivery can offer advantages in terms of delivery.

There is also a recognition that multi-professional team-based models of care where professionals work together can improve both quality, access and efficiency of care. This applies to all sectors – medical, dental, optometry, pharmacy, nursing, AHP and healthcare science, as well as across the urgent primary care system and health inclusion services.

As identified earlier, workforce challenges are not unique to Wales or the UK. Excessive workload, early burnout, and the shortage of the primary care workforce are interconnected factors representing the significant challenge illustrated by a recent workforce statement produced by WONCA Europe.[24] There is a significant theme within the literature around the need to focus on humanistic workforce planning which means focusing on a range of factors that contribute to workforce well-being.

Technological change and the ability to do things differently is a key theme within the literature and it is evident that there are opportunities to embrace technological advances.

Finally, there is a significant theme in the literature that recognises that addressing workforce challenges requires investment. A debate on the proportion of funding spent on primary care is beyond the scope of this plan but it is recognised that whilst there are opportunities for primary care to become more efficient and to use resources prudently, there are also limitations as to how much can be achieved without investment. The need for a longer-term approach to future workforce planning has been articulated widely and an area that many professional bodies and think tanks advocate.

3.2 Workforce intelligence

As part of the development of this plan available sources of workforce intelligence across the primary care system in Wales were reviewed. There are limited sources of data and intelligence for some elements of primary care. Further information is set out in section 5 under workforce supply and shape.

Workforce data is captured in a national system called the Wales National Workforce Reporting System (WNWRS). There are plans to ensure workforce data covering general medical services (including nursing and other health professions), general dental services, community pharmacy and ophthalmic provision is captured within this system during 2023/24. However, at the current time, data is limited to general medical services.

Key workforce challenges

General medical services

There are difficulties in recruiting to clinical and non-clinical roles:

- Around 75% of GPs in Wales work in partnership arrangements but this proportion has been in decline over the last 10-15 years. Newly qualified GPs seem to prefer working in non- partnership arrangements after qualification, particularly where there are flexible career options such as salaried and locum roles
- The lack of clear succession plans and development programmes for practice managers where a significant proportion are aged 50+
- Challenges in recruiting and retaining non-clinical administrative and other support staff due in part to the competitive labour market.

General dental services

Recruitment and retention challenges:

- Significant workforce gaps with on average a third of practices reporting dentist vacancies and a quarter of practices reporting dental nurse vacancies
- Geographical variations with higher levels of both dentist and dental nurse vacancies in north, mid and west Wales
- Contractual changes coupled with wider economic pressures mean that the delivery of NHS services is vulnerable in a mixed economy of provision where there is an alternative option for practices to choose to focus on private practice.

Pharmacy

Workforce pressures within pharmaceutical services which have been explored through the Strategic Pharmacy Workforce Plan[25] with:

- Increasing vacancies across all sectors including community settings, partly due to the success of new service models which have highlighted the added value that pharmacy professionals deliver
- Workload intensification, long working days, long working weeks, lack of rest breaks and lack of locum availability. Staff are leaving jobs with the highest proportion of time spent in public facing roles because as these roles are so demanding, physically and mentally to deliver full time.

Optometry

There are fewer workforce challenges in optometry:

- It is estimated that there are around 1,000 optometrists practicing in Wales, and the majority of optometrists are employed, with around a third who are either self-employed (or a combination) working in 344 practices
- This work suggests that over half of all optometrists are aged under 40 with around 20% aged over 50. Approximately 110 new students train in Cardiff each year with a success rate of around 100 per year suggesting a healthy pipeline of future students into the profession
- There is a lack of training capacity within primary care optometry.

Urgent primary care

Demands on these services are significant and workforce sustainability was a key theme in the Peer Review Annual Report 2023. The challenges of attracting and retaining senior clinical workforce was a common theme and whilst there are examples of innovative multi-professional models, there remains an over-reliance on GPs to provide who provide the backbone of the service.

Inclusion health

In March 2021, the Senedd Health and Social Care Committee published its report following an inquiry on Welsh prisoner's experience of health and social care in adult settings. The report highlighted that: there were particular recruitment and retention challenges in respect of the prison health and social care workforces. Underlying factors were thought to include the extent to which a career in the secure estate was attractive, the level of security checks required, and the challenges of working in a secure environment.

Nursing

- The age profile of General Practice Nurses (GPNs) is a concern with around 50% of the 1,400 GPNs in Wales aged over 50
- A lack of career pathways and development opportunities impacts on recruitment and retention of primary care nursing
- The nursing profession working in the community encompasses a wide range of staff working across both primary and community settings

3.3 Engagement and consultation

The engagement phase of the development of this plan including discussions with people across Wales who work in primary care settings to better understand the challenges that people face. There is more detail available here.

Following the engagement phase, key actions were developed and tested with stakeholders in September and into October 2023.

Responses were received from stakeholders including health boards (HB), professional bodies as well as individuals working within primary care and other key stakeholders. There was significant support for the range of actions as well as positive suggestions for new actions.

Key messages from engagement and consultation

Retention, workload and wellbeing

Workload was raised as a consistent theme. Research confirms that having an excessive and unmanageable workload impacts negatively on the health and wellbeing of individuals, increasing the risk of burnout and acting as a trigger for people to leave their job.

The continued impact of the pandemic is also a factor, with GPs in particular, highlighting in their appraisals the impact of chronic waiting lists exacerbating demand pressures, with increasing requests to expedite appointments and workload shift from secondary to primary care. These issues are articulated in a publication by the Royal Colleges marking the 75 year anniversary of the NHS.[26]

The engagement highlighted concerns that the system is not doing enough to focus on retention. Whilst there are many factors that lead people to leave the workforce, workload, stress and exhaustion are considered critical.

There is an economic argument for focusing on addressing workload issues to improve retention as this would stabilise the current position. The cost of replacing people by attracting them from elsewhere and/or training additional new people is higher than the cost of focussing on retaining the current workforce.

There are examples within primary care where new service provision has created a competitive environment which results in the movement of a workforce from one service to another, effectively transferring the workforce shortage.

Whilst recognising the need to improve workforce planning to better match supply with demand, there is also a need to focus on creating working environments where people want to stay.

Compassionate leadership, developing the right culture, providing flexible working environments, supporting staff to grow, creating interesting and varied roles and career opportunities are all critical.

The increase in both the number and range of professionals means that there are additional responsibilities placed on senior decision-makers who are required to provide supervision and support and that this supervisory burden contributes towards stress.

A focus on prevention

There is recognition that primary care needs to play a role in addressing the population health challenges within Wales through delivery of a pro-active and preventative model of care that focusses on keeping people healthy for as long as possible.

There is a need to significantly ramp up the focus on prevention and population health and to consider the service and workforce models that will best meet future population needs particularly where there is an opportunity to modify individual risk factors at an individual patient and population health level.

There are many examples of prevention within the NHS which are delivered systematically, such as immunisations and screening programmes. These programmes are successful, not just because the interventions are evidence-based, effective, and deliver value, but because they are underpinned by a systematic approach.

The UK Chief Medical Officer (CMO) BMJ Editorial "Restoring and extending secondary prevention"[27] highlighted that "evidence that secondary prevention can substantially reduce disease incidence and progression is some of the strongest in medicine".

Prevention activities can be delivered opportunistically, as part of routine care, and through dedicated services and activities such as 'Help Me Quit'.

The existing health and care workforce deliver prevention as part of normal care, but it is recognised that additional capacity is also needed for delivering prevention activities at scale, with emerging evidence helping to understand exact capacity needs.

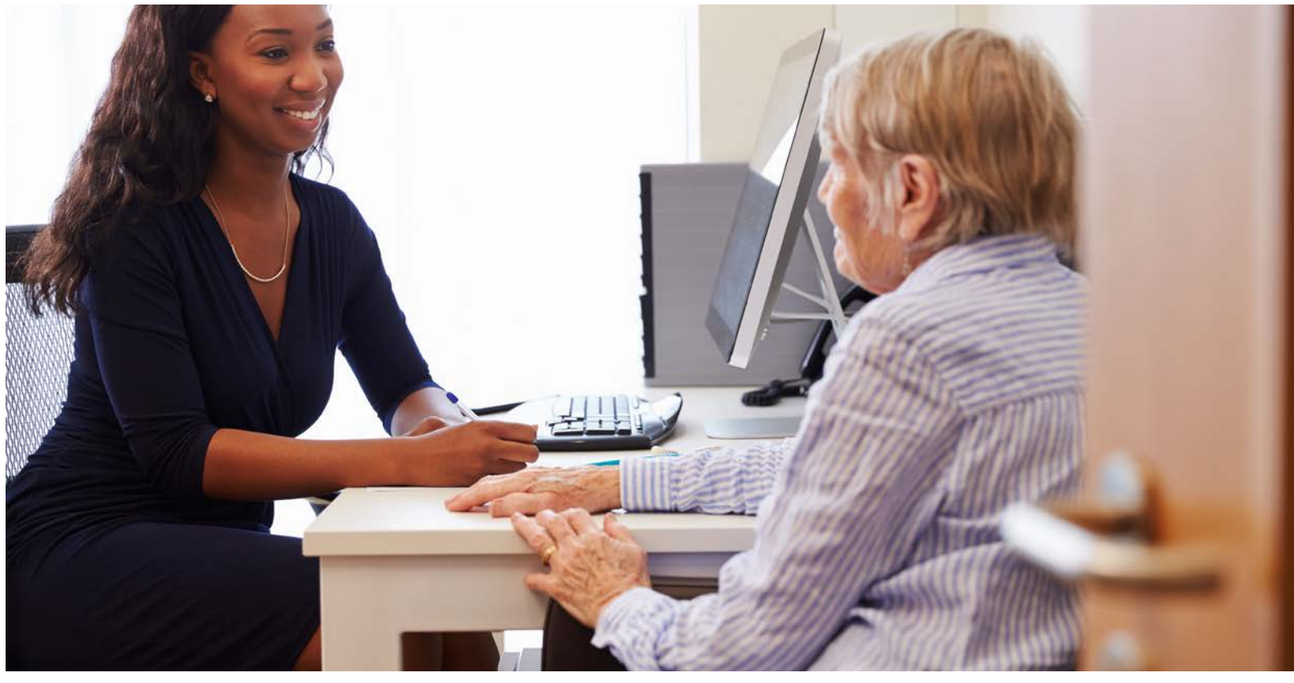
The Prevention Based Health and Care model, being developed by Public Health Wales (PHW) and the NHS Executive, identifies the key considerations to embed prevention in the health and care system. Workforce implications of the new model will need to be carefully assessed and consideration of the implications in terms of skills, capacity and role development within primary care.

Infrastructure

One of the most frequently raised discussion points throughout the development of this plan was around physical capacity. The infrastructure within primary care has not kept pace with the development of multi-professional team working, with pressures on space hampering effective working. Respondents reported that a lack of appropriate accommodation is the single biggest constraint to expanding primary care provision.

A lack of space to support teaching, training and education is a major risk which will hinder future recruitment and this was raised frequently. Creative solutions are needed to address this issue and to ensure that future plans recognise the need for sustained investment in the primary care estate.

It is critical that education and training is regarded as a key enabler of future recruitment and retention by RPBs who are tasked with developing integrated capital plans across health and care within their regions.



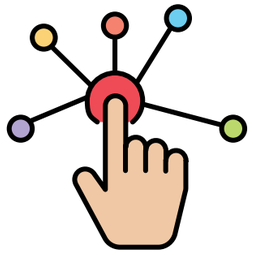
Section 4: Our vision and key actions

This section sets out actions that we are proposing to take forward over the lifespan of the plan. These are presented under the themes of the overarching Workforce Strategy for Health and Social Care published in October 2020.

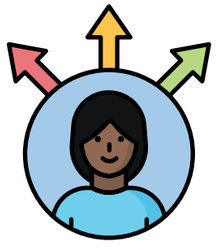
The next 10 years: Our vision for the primary care workforce

People will be supported by multi-professional teams working together to deliver holistic and integrated care

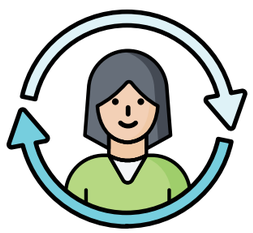
People wil benefit from a consistent range of services available in primary care, with the size and shape of the workforce reflecting local population health needs delivering equitable outcomes



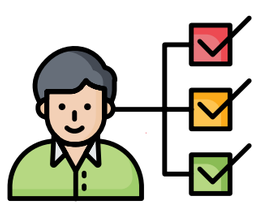
Technology and the use of data will play a bigger role and will help to deliver accessible, high quality care that is targeted at the needs of people



People will be attracted to work in primary care and will have choice and flexibility to develop along their career pathway with access to high quality education and training



Our workforce will deliver care that applies across a broad and holistic perspective to people's needs focussing on prevention, care and treatment



Our workforce will have a greater range of skills available and will be supported to develop to meet the needs of their communities

Our workforce will be supported to deploy their extended skills across a range of settings, blending work and lifestyle choices

This vision was developed and refined with stakeholders. It reflects the key messages from the evidence review in terms of the principles that will underpin the successful delivery of this plan.

4.1 An engaged healthy and motivated workforce

Our ambition: By 2030, the primary care and urgent primary care (UPC) workforce will feel valued, fairly rewarded and supported wherever they work.

We heard from a wide range of people working in primary care services who raised significant issues around workload and retention. Workload is a theme that runs across a number of areas and emphasises the importance of ensuring that there is sufficient capacity in the workforce to meet the needs of the population which is addressed later in this plan. People working in primary care also reflected that they don't always feel valued by patients, other professionals or the wider system. The engagement work has highlighted factors that are important in terms of ensuring effective employee engagement including:

- career opportunities
- terms and conditions (reward and recognition)
- access to CPD
- a supportive work environment
- good leadership / inclusive culture
- flexible working
- feeling valued by the public and other professionals.

However, there is no consistent way of measuring workforce engagement in primary care so it is difficult across the multiplicity of over 1,000 employers to understand levels of engagement. This is an area is important to address within the lifespan of the plan. The General Medical Council (GMC) highlight these issues in their 2023 workplace experience report.[28]

There are also inequities between the arrangements for staff working in primary care compared to those employed by NHS bodies. At a simple level, this can be frustrating in terms of primary care staff being unable to access employee benefits such as the NHS Blue Light Discount scheme.

More fundamentally, however there are differences in the level of reward and recognition. The engagement identified that there is limited access to occupational health services and to health and wellbeing support into occupational health provision by Welsh Government. Primary care does not have the same level of support into health board delivered health and wellbeing services.

To deliver the vision as set out in 'The Workforce Strategy for Health and Social Care' work is taking place to introduce a health and wellbeing framework across the health and social care workforce including primary care. This work will provide a reliable, evidence-based guide to good practice, reliable and high-quality measures of staff wellbeing and a repository / bank of high-quality resources and case studies for use by all. This work is being lead by HEIW and will be published in 2024.

Canopi[29] is funded by Welsh Government and provides confidential mental health support for staff working in the NHS and social care. Demand on the service has increased since the pandemic and in 2023/23 around 2,500 directly accessed the service in addition to over 50,000 website hits.

Key message:

We heard that staff need better support when they take up roles within primary care particularly when they are newly qualified.

This will help to integrate them successfully into the workplace and to help them feel supported and valued.

There is also a need to ensure that staff have access to high quality and proportionate supervision to allow them to grow professionally but also restorative supervision.

Key actions

1. **Working with independent contractors and their representatives, develop a bespoke scheme to measure staff experience, engagement and wellbeing in primary care (all contractors, all settings). (Lead: HEIW)**

2. **Deliver an effective programme of support for staff who are new to primary care including those who are newly qualified. Early priorities include:**

   a. Preceptorship that is appropriate to the role including preceptorship for newly qualified general practice nurses (in line with WG guidance) **(Lead: HEIW)**

   b. Formal mentorship scheme for newly qualified GPs, including GPs working in areas of greater deprivation, to help transition into partnership roles reviewing good practice within Wales and elsewhere **(Lead: HEIW)**

   c. Mentorship for newly qualified staff in urgent primary care settings **(Lead: 6 Goals Workstream)**

   d. Improving the transition from training into the workplace for all dental roles through mentorship training schemes **(Lead: HEIW)**

   e. Proving appropriate induction and learning modules for the non-clinical including population health and health inequalities workforce **(Lead: HEIW)**

   f. Develop a structured induction programme for pharmacy professionals (pharmacists and pharmacy technicians) who transition to new roles in primary care **(Lead: HEIW)**

   g. Develop a structured programme for newly qualified staff working in areas of greater deprivation and/or with health inclusion groups learning from similar programmes elsewhere in the UK **(Lead: HEIW)**

3. **Produce supervision guidance to support high-quality supervision within multi-professional teams and develop a programme to upskill the workforce in supervision practice being mindful of regulatory, HEI and WG requirements (Lead: HEIW)**

4. **Working with NHS Wales Shared Services Partnership, review and expand staff benefits that are currently not available to primary care staff and to explore potential to expand access (Lead: HEIW).**

Outcomes

These actions will:

- support us in measuring engagement in primary care
- help to embed new people and new roles within primary care to focus on retaining staff
- ensure that the primary care workforce is treated equitably with the rest of the NHS supporting recruitment and retention.

Areas for further exploration

Within the NWIP there is an action to explore the provision of occupational health services. HEIW and SPPC will work with WG to identify how this action can be delivered in a way that is consistent with the ambitions within this plan.

4.2 Seamless workforce models

Our ambition: By 2030, multi-professional and multi-agency models will be the norm across primary care.

Multi-professional working was widely raised through the engagement. There is widespread support for the development of multi-professional teams and recognition that the workforce has diversified significantly over the last 10 years.

Stakeholders recognised that there are opportunities to accelerate multi-professional models and to embed prudent healthcare and 'top of license' working whilst recognising and respecting the need for roles to be fulfilling and for individuals to have a balanced workload.

The engagement also considered the future skills that may be needed in primary care to shift towards and preventative and proactive model of care. This applies again to all areas recognising the challenges that an ageing population will impact across all primary care sectors in terms of growing demand.

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 and care navigators, as well as the continued development of roles that support social prescribing.

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 (if the staff member is not an independent prescriber) hot reviews, 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 burden has become more complex. This element needs to be factored into demand for labour calculations.

Key message:

There is a need for citizens and professionals to better understand each other's roles and scopes of practice to ensure effective multi-professional working. This is an area flagged in the literature review and covered extensively in a Kings Fund report which reviewed lessons learned on multi-professional working in England.

The report concluded that more attention needs to be paid as to how to successfully integrate roles and the need for effective support mechanisms including supervision, manager and HR support and crucially organisational development support to embed effective team working and address cultural issues.

The King's Fund[30] review also highlighted the need to consider how best to prepare people to work in or lead multi-professional teams particularly when individuals may be asked to lead and supervise large teams comprising people from a number of different professional backgrounds.

Increasing inter-disciplinary training opportunities at under and post graduate levels and facilitating more shared CPD could contribute to improved team working.

Consideration needs to be given to protecting time for multi-professional education and training with a focus on organisational development for multi-professional teams to create the conditions for teams to flourish.

More needs to be done to educate citizens about the different range of professionals working in primary care and how service models are changing. This was flagged as a particular issue during the engagement as being a barrier to successful integration of roles and the delivery of prudent healthcare. This is an area that will be of interest to Llais, the new citizen's voice body for Wales.

Key actions

5. **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 including the role of other prescribers, using multiple methods to reach all population groups, including those seldom heard (Lead: SPPC/WG)**

6. **Working with primary care academies, 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 (Lead: HEIW)**

7. **Embed new roles, in primary care that support population health and wellbeing:**

   a. Develop an exemplar model for the successful deployment of Physician Associate (PA) role in primary and urgent primary care settings and associated professional governance infrastructure required **(Lead: HEIW)**

   b. Develop competency profiles, standardised job descriptions and education and training pathways that support the development of non-registered roles including health coaches, care navigators and social prescribers, social welfare advisors and others **(Lead: HEIW)**

Outcomes

These actions will:

- help patients to understand the roles of different professionals and how to access them
- help teams work together effectively, maximising the use of the different skillsets available
- support the delivery of care that meets the quality standards for Wales (Safe, Timely, Effective, Efficient, Equitable and Person-Centred).

4.3 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.

4.3.1 Workforce planning in primary care

The future supply and shape of the workforce needs to adapt to respond to changes in population and be responsive to new service models. Advances in technology, science and digital are also likely to impact on the skills needed within primary care.

As a result of the large number of employers within the primary care workforce, integrated workforce planning in primary care with different systems in place across professional groups, organisations and at system level is challenging.

There is a lack of robust data available on the primary care workforce, albeit recent improvements in the collection of data on the workforce within primary care is a step forward.

Workforce planning is a complex process with a significant number of variables. To be effective, it depends on an accurate assessment of future trends including the demand for specific skills, workforce supply and how these align with service models.

Demand modelling is not straightforward as health outcomes are determined by a wide range of factors including social determinants. Within primary care the position is compounded by the lack of a central repository for data.

Unlike the rest of the NHS, although clinical systems are procured and supported centrally, datasets are held at an individual/contractor practice level with separate links into the NHS to support financial flows (for example the payment of fees and for work linked to individual contracts). They do not currently provide workforce intelligence to support demand modelling.

Over a planning horizon of 10 years or more, broad demand signals can be used to identify population trends but detailed modelling and projects over this time horizon are inherently risky due to the impossibility of predicting how key trends will impact on workforce requirements. This is increasingly challenging given the speed of scientific and technological advance.

However, the Science Evidence Advise (SEA) examining the projected impact of long-term conditions and risks factors in Wales clearly articulates the need for an expanded primary care sector as the population ages and needs becoming more complex. Addressing current workforce gaps should be prioritised.

Demand and capacity modelling

A key priority for NHS Wales is to develop a structured approach to demand and capacity modelling within general practice to underpin the design of the optimal MDT workforce model for each cluster which, in turn, will support workforce planning.

A business case has now been approved and work has started to scope the product which will be delivered over the next two years. The product will be a tool that will provide insight for GP practices, clusters, HBs and NHS Wales into need and demand within practice and to understand the breakdown of need and what would be required to meet evidence based clinical standards.

It will also provide insight as to how much of this demand is presently being met within GP practices. The tool will help the system to understand what skills are needed to help build the multi-professional workforce supporting the delivery of prudent healthcare. In this way, it will assist in exploring how services could be re-designed to make them more clinically and cost effective – such as through workforce re-design, alternative service models and use of the voluntary sector.

Key actions

8. Improve workforce planning in primary care, including non-traditional roles, to develop a sustainable pipeline of workforce to reflect demand and local need to deliver equitable outcomes for citizens in Wales:

- **a.** Develop a simplified workforce planning methodology at all system levels within primary care to support workforce matched to health needs to help address the Inverse Care Law **(Lead: HEIW)**
- **b.** Undertake demand modelling to identify size of education and training pipeline increases needed over the medium to long-term using scenario based planning across all settings including consideration of supervisory requirements within 'demand for labour' calculations (aligned with wider demand and capacity work programme) **(Lead: HEIW/SPPC)**
- **c.** Embed the new framework for enhanced, advanced and consultant practice to increase the number of people working in enhanced, advanced and extended roles within primary care settings **(Lead: HEIW/Employers)**
- **d.** Include recommendations for increases in specific roles considering population health need and equity of access as part of future education and training plan submissions as outlined within the Strategic Workforce Plan **(Lead: HEIW)**

9. Aligned with the national retention programme and specific actions identified within the Pharmacy and Dental Workforce Plan, establish a task and finish group to focus on primary care retention issues:

- **a.** Explore options for improving understanding about why people stay in or leave their roles in primary care (including urgent primary care settings) focussing initially on professionals who are on the Performer's List **(Lead: HEIW)**
- **b.** Explore options for development of a bespoke scheme to support retention in key areas including reviewing the scope and scale of the current GP retainer scheme - **(Lead: HEIW)**
- **c.** Support health boards to consider local action on primary care retention as part of the local retention plans and national community of practice **(facilitated by HEIW)**
- **d.** Promote good practice in retention through the adaptation of tools and guidance appropriate for primary care settings **(Lead: HEIW/SPPC).**

10. Create a national role to increase the number of apprenticeships in primary care covering both clinical and non-clinical roles, considering any policy changes (Lead: HEIW)

11. Develop sustainable GP workforce solutions with a specific focus on:

- **a.** Identifying levers to encourage the workforce to take up partnership or salaried roles including exploring roles for experienced GPs that help to retain them in the workplace **(Lead: HEIW)**
- **b.** Reviewing levers to decrease reliance on locum or temporary staffing solutions including development of all Wales locum guidance **(Lead: HEIW).**

12. Working with NHS Wales Shared Services Partnership (NWSSP), undertake a feasibility study to facilitate temporary staffing solutions for other groups of staff working in primary care (Lead: NWSSP)

An analysis of the current shape and supply of the workforce is set out in section 4.9 and provides an assessment of the future workforce supply needs.

Outcomes

These actions will:

- ensure a supply of the workforce that is able to meet growing demand within primary care as a result of demographic challenges and the impact of an increase in long-term conditions
- support the delivery of a prudent healthcare model by facilitating a growth in extended, advanced and consultant level skills
- improved workforce planning at all levels of the system, resulting in a better match between demand and supply
- ensure that quality is at the heart of the delivery of primary care services.

Areas for further exploration

The current model whereby individual practices have the responsibility for employing individual skill sets, particularly within a general practice context, can lead to inequitable access to specialist skills. This is a particular issue where these are in short supply or where there are imbalances in the distribution of staff particularly in considering the needs of people in areas with high levels of deprivation.

It can also lead to challenges in being able to effectively lead, support and supervise a wide range of practitioners. A new model may need to be considered that reflects the need to ensure that citizens benefit from a wide range of skills being available within primary care. It is recognised that there are contractual barriers to be considered but the development of cluster models may help to overcome challenges. There should be an increasing focus on ensuring that the workforce is distributed to areas of greatest need.

4.4 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 needs of the people of Wales.

Throughout the engagement, a wide range of stakeholders commented on the current challenges of delivering education and training. Issues were identified that applied to all professions and staff groups drawn from clinical and non-clinical backgrounds and from a wider range of registered and non-registered staff. A common theme identified was the need to ensure that the workforce is better prepared to work in primary care.

In 2022, HEIW invested in a new infrastructure to support education and training across the multi-professional workforce. The framework has two elements. A new function was established within HEIW to provide a focus for coordination and planning the delivery of multi-professional education across primary and community care. Secondly, within each HB an academy model is now in place. Collectively, the central function and the network of seven academies will help to ensure that the needs of the multi-professional workforce across all contractors is better coordinated alongside the existing GP Speciality Training Programme, pharmacy and dental deaneries and the optometry workforce transformation team.

As part of the core function, academies can make a broader contribution to recruitment and retention, and workforce planning as well as being a ‘go to’ resource for education and training.

As part of the development of this new model, a five-pillar framework was developed to focus on:

- commissioning and development of training for all established roles
- golden threads – integration of educator development, equality, diversity and inclusion, Welsh language, quality and leadership.

Pillars underpinning multi-professional education and training in primary care

The actions that follow recognise the need to consider education and learning through two lenses. Firstly, the needs of people currently working within primary care and secondly responding to the needs of the future workforce.

For the current workforce, priorities including ensuring that people working in primary care have a common and core skillset in areas that contribute towards priorities within ‘A Healthier Wales’. These include generic skillsets such as Making Every Contact Count (MECC), Shared Decision Making (SDM) and Quality Improvement (QI) skills.

It is also recognised that given the importance of improving mental wellbeing and managing mental health, there will be a range of people in the workplace who need specific education and training on mental health issues and this should be embedded widely in under and post-graduate curricula which links to the Strategic Mental Health Workforce Plan.[31]

At a system level, important points were raised around the need to enhance the volume and type of education and training able to be delivered within primary care settings. This offers two advantages.

Firstly, it will help to create a sustainable workforce pipeline by providing opportunities for people to experience high quality primary care placements as part of their education journey, inspiring them to consider a future career in the sector.

Secondly, given the importance of primary care within the wider health eco-system, experience of working in different sectors helps to break down barriers promoting a deeper understanding of primary care amongst new practitioners whatever their chosen field or specialty.

Key message:

There are constraints in expanding placement capacity further. Premises, as articulated earlier, present a significant challenge. There is also a need to grow the number of educators and trainers drawn from all professional backgrounds and to recognise the need for specific support to value and educate the educator workforce.

Thirdly, there are currently systemic differences in how education and training in primary care is funded with a complex range of funding models and responsible organisations. None of these barriers are insurmountable and there is a need to consider how these issues can be addressed at a strategic and operational level. The advancement of cluster working could create the potential for new models to be developed to facilitate an expansion in training capacity.

At an individual level, one of the key areas that was identified is the lack of equitable and consistent arrangements that support CPD. For some professionals, CPD is supported through time and/or access to resources. For other people, there is a lack of such support and CPD activities are addressed within an individual's personal time.

There are also differences in approach between regulators in terms of CPD and revalidation and appraisal requirements. As part of the development of the NWIP, HEIW are leading the development of a CPD strategy for Wales which provides an opportunity to address some of the broader points. Development of the strategy is a priority for 2023/24 and work is already well advanced.

One of the key issues raised throughout the engagement and covered in the broader literature is the need to consider different models of education and training and to extend work-based learning opportunities. Rising levels of student debt are likely to be a factor in preventing people from undertaking further or higher education and the cost-of-living crisis means that people are making different choices about how to enter the workplace.

There are positive examples showing how the apprenticeship model has attracted people into roles within primary care and how it can continue to support people to progress in their careers. There are opportunities to extend the apprenticeship offer in Wales both in terms of the type and volume of apprenticeships that are available.

Detailed work is being taken forward under the auspices of the NWIP to explore this area further and to consider whether degree-apprenticeships should be available in Wales.

The value of rotational training and employment models was highlighted as a success there are examples from pharmacy (multi-sector placement as part of foundation training) and also paramedicine (rotational training model) which provides opportunities for students and trainees to experience different parts of the health system as part of their training journey.

Improved education and training is needed to help support people to work effectively as autonomous practitioners able to manage risk when they come into primary care.

Specific gaps were noted in terms of preparing individuals to work with health inclusion groups – for example, there is no specific training that prepares our multi professional teams to work with complex patients such as prisoners, people with complex presentations around substance misuse, mental health problems and physical health problems.

Finally, the engagement highlighted the opportunity to retain the most experienced workforce to help train others. This could provide a way of creating 'slow lanes' to help people step down from significant workloads whilst making a valuable contribution to helping to train and educate the broader multi-professional team.

Inclusion health

There are no specific programmes commissioned to support individuals working within health inclusion services. One of the recommendations of a Senedd Committee Inquiry into prison health is that a Welsh competency framework for prison nurses and healthcare support workers should be established. Postgraduate education for the wider workforce working within health inclusion services should be considered.

There are opportunities to increase the number of GP registrars (and by extension other members of the primary health care team) who have exposure to inclusion health so that key skills are developed for all GPs through self-directed learning and placement opportunities as well as additional courses. The new proposed dual GP/public health training programme will also be explored.

Key actions

13. Improve education and training for the current workforce:

a. 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 **(Lead: HEIW)**

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 **(Lead: HEIW)**

c. Provide staff working with health inclusion groups and in communities with significant socioeconomic deprivation with appropriate training and education pathways that support inclusion health including the development of a competency framework for prison health staff **(Lead: HEIW)**

d. Consider the opportunities offered by the new dual qualification route for GPs and public health practitioners and the GP with an Extended Role (GPwER) Framework for population health and health inequalities **(Lead: HEIW)**

e. Implement training programmes to support the optometry contract reform including MECC, QI and Infection Prevention and Control (IPC) **(Lead: HEIW)**

f. Develop a training plan and career pathway for staff who are working to support patients with long-term conditions recognising the need to continue to develop the 'expert generalist' workforce and those working in specialist roles (such as specialist nurses and AHPs) **(Lead: HEIW)**

g. Provide education and training programmes that increase the range of people in primary care who can prescribe independently **(Lead: HEIW)**

h. 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) **(Lead: HEIW)**

i. Commission specific education and training that supports remote clinical decision making (RCDM) for all professionals **(Lead: HEIW)**

j. Deliver education and training to expand the range of competencies for clinical and non clinical staff working in urgent care settings as part of the Urgent Care Practitioner Framework. **(Lead: HEIW)**

14. Develop our future workforce by expanding education and training provision in primary care:

a. Increase the number of pre-registration training placements in primary care for pharmacists, nurses, AHPs, healthcare scientists and other professionals to support high quality placements considering other requirements such as the need for Practice Education Facilitator roles **(Lead: HEIW)**

b. Increase the number of foundation doctors who have placements in primary care during foundation training (F1 and F2) **(Lead: HEIW)**

c. Expand post-registration (including GP specialty) provision in line with education and training pipeline and demand modelling (links with action 8b) **(Lead: HEIW)**

d. Provide equitable access to programmes that support successful integration into primary care for the multi-professional workforce (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 embedding changes in pharmacy initial education and training requirements **(Lead: HEIW)**

e. Develop Advanced Training Practice model in optometry and support the delivery of at least two practices offering higher qualifications in every cluster area across Wales **(Lead: HEIW)**

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 **(Lead: HEIW)**

Outcomes

These actions will:

- improve recruitment and retention into primary care by supporting more people to experience primary care placements as part of their under and post-graduate education pathway; it will also lead to staff across the NHS having a better understanding of primary care
- upskill staff within primary care in areas that will make the biggest impact on population health
- ensure that staff are equipped with the skills that they need to undertake roles particularly in working with patients who have complex need
- support more equitable access to CPD.

Areas for further exploration

The arrangements for planning, funding and managing education and training placements within primary care are complex with HEIW, Higher Education Institutions, Welsh Government all having separate, and not necessarily aligned, responsibilities. The ambition to grow training capacity within primary care requires a more strategic approach as there are competing demands on primary care to accommodate students and trainees from different partners.

This will take dedicated planning, a focus on growing the educator workforce and measures to address some of the other barriers (such as premises and funding models). In particular the long-standing arrangements for the oversight of historic SIFT (Service Increment for Teaching) funding need to be considered to develop models that support multi- professional education and training.

4.5 Attraction and recruitment

Our Ambition: By 2030, the healthcare workforce within primary care and urgent primary care will be well established as a strong and recognisable brand.

There is a limited understanding of the potential career opportunities available amongst existing health and care professionals and those considering a career in primary care. A future careers strategy is being developed by HEIW and will be published in April 2024.

This strategy will be applicable to current staff by offering career development opportunities and potential to take up different roles and opportunities at any stage of their career.

Draft actions to be included in the strategy are emerging, centred on four overarching themes:

- High quality and age-appropriate information and resources to inform individuals on NHS careers
- Great work and taster experiences – by working with employers, schools, colleges and universities to create inspiring opportunities
- Support and guidance from a pool of mentors and coaches to support individuals in accessing appropriate information and expertise relating to specific careers
- Utilising digital technology including Careersville, to provide innovative simulation and virtual reality experiences.

The engagement highlighted that for many staff groups there are limited formalised training pathways into primary care.

Historically, aside from GPs and dentists, there were formal training pathways into the sector.

A new multi-sector foundation programme for pharmacists now ensures that pharmacists have experience of general practice, community pharmacy and acute hospital pharmacy services as part of their undergraduate journey.

Similarly, a new national scheme launched in 2023, supports nurses with a structured education and training programme to enable them to become a GPN with a blend of academic and vocational training, with appropriate supervision and mentorship.

These are models that can be replicated across a wider number of staff.

Measures to attract people into areas that have struggled historically to recruit a skilled workforce have also proved successful.

The #TrainWorkLive campaign offers a payment for GPs to train in rural areas within north and west Wales, providing that they commit to continuing to work within the area post-qualification.

Within hard to recruit areas (rurality is one example but there are also examples of challenges in recruiting into areas where deprivation is a factor) there are other staff groups that are increasingly difficult to attract staff to.

This scheme could be rolled out into other professional areas subject to resource availability.

The engagement highlighted challenges because of the different terms and conditions for staff who are employed by health boards and those employed directly by independent contractors.

Only staff working in general medical services have access to the NHS pension scheme, other colleagues working in NHS dental services (aside from dentists), community pharmacy and optometry are not covered by these arrangements.

Staff working across primary care are not employed on Terms and Conditions that are aligned with agenda for change (AfC) though some employers will offer equivalent conditions.

This can mean differences in pay but also in accessing other benefits such as parental and sick leave.

The lack of support for CPD for some staff working in primary care was raised as a particular issue.

Key actions

15. **Develop primary care specific guidance to increase opportunities for different models such as rotational roles, career portfolio models and flexible working across the multi-professional workforce to improve choice, flexibility and career development (Lead: HEIW/SPPC)**

16. **Working with Welsh Government, review, with a view to remodelling, current incentive schemes to attract and recruit people and consider applicability across all professional groups in areas where recruitment is challenging (Lead: WG)**

17. **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 ensuring services in more deprived areas are positively represented. (Lead: HEIW).**

Outcomes

These actions will:

- develop new models that support recruitment and retention
- open up new career pathways and work-based learning opportunities.

Areas for further exploration

Exploring the potential for differences in Terms and Conditions to be aligned under Agenda for Change that could be reviewed as part of a broader review into the sustainability of primary care sector in Wales.

4.6 Leadership and succession

Our ambition: By 2030, our leaders working in primary and community settings will display collective and compassionate leadership.

Effective and high-quality leadership is critical to the delivery of quality primary care.

Leadership development shouldn't only focus on those in the hierarchy of management roles, compassionate leadership is needed right across the system.

The engagement highlighted that not everyone has an opportunity to participate in formal leadership development within primary care and there are perceived and real barriers to achieving this.

Because of the nature of primary care, there are constraints, for example, access to funding that recognises the costs of filling gaps caused by absence or difficulties in securing cover even if backfill provision is available.

Practitioners report that to participate in leadership programmes, they sometimes have to utilise annual leave which has a consequence in terms of work / life balance.

Time is a barrier, and some employers are not supportive of people taking time away from the coal face when it is perceived that the practice may not benefit from the investment.

There are other barriers reported including the lack of provision within rural areas and the significant distance to travel for leadership events that are held at central locations; more remote and flexible opportunities should be considered alongside the continued development of Gwella, the leadership portal for Wales.

More opportunities to undertake leadership development either as part of core training or soon after qualification should be considered so that we are embedding the right behaviours for those who are starting their careers.

With the focus on making decisions as locally as possible and accelerating the pace of cluster development, there is a need for more primary care practitioners to step into system-wide roles.

Within each cluster area in Wales there are six professional collaboratives covering GP, dental, optometry, pharmacy, nursing and allied health professionals.

Across 60 clusters, this means 360 leadership roles, in addition to cluster leads (60).

It is recognised that the professional bodies have a key role to play in leadership development including royal colleges and other professional bodies who have dedicated programmes to support leadership development.

The leadership offer across Wales should be complementary.

The engagement highlighted the need for more visible and accessible opportunities for individuals to develop their leadership skills in a structured way and to develop a cadre of leaders who can promote team engagement, embed learning and develop cultures that are founded on collective and compassionate leadership.

Key Message:

The engagement highlighted gaps in terms of succession planning within individual areas that if left unattended, will create future sustainability challenges. Managers working in primary care roles (either through employment with independent contractors or a health board) lack a structured and accessible training programme.

Further opportunities are needed to grow other management roles in primary care and provide flexible opportunities to develop so that there is a succession pipeline. Specific actions have been included to support the development of management and leadership skills within all managers working in primary care, irrespective of their employer.

Key actions

18. **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 (Lead: HEIW)**

19. **Evaluate and further develop existing bespoke leadership programmes and support for cluster and collaborative leads and those aspiring to these roles (Lead: HEIW / SPPC)**

20. **Create a clinical fellowship in health inequalities / population health to identify actions that should be embedded in pre and post registration programmes (Lead: HEIW)**

21. **Develop and deliver professional management and leadership solutions for primary care that align with the leadership strategy for health and care in Wales. Early priorities include:**

    a. Building a collection of development opportunities for management roles across primary care settings including a menu of learning interventions and extending opportunities (formal and informal) to meet specific needs including options for accredited training and development **(Lead: HEIW)**

    b. Reviewing succession requirements for staff working in primary care management roles and career development pathways including apprenticeship opportunities **(Lead: HEIW)**

Outcomes

These actions will:

- develop primary care managers who have the right compassionate and collective management and leadership skills
- develop clinical leaders in primary care who provide effective professional but also system leadership to deliver the ambitions within A Healthier Wales.

4.7 Developing a digitally 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 the best possible care for people.

The world is changing rapidly and continually adapting to digital transformation. The pace of acceleration of new digital technology, the use of big data and the development of precision medicine has never been seen before.

It is estimated that the speed at which technology is growing is doubling every 18 months in computing and over 89% of big data has been produced in the last two years. In the last six months, AI has come to the forefront of public and expert debate with a wide range of opinion about the benefits, challenges, and risks.

The pandemic drove significant digital transformation within the NHS borne out of necessity to find new and innovative means of delivering care during a period of significant restraint in the ability to deliver face to face care.

The rapid adoption of technology to conduct remote consultations, to support virtual working and facilitate communication with patients and across the workforce introduced a new era of change. Primary care and patients had to adapt rapidly.

Whilst many of the changes offered positive benefits, it is recognised that digital services don't suit everyone and need tailoring to patient expectations. Some patients found the rapid pace of change accelerated by the pandemic difficult because it's been so fast and confusing.

Frustrations were expressed around system development in the NHS. Historically, primary care has been a rapid adopter of new technology, but this isn't a uniform position across primary care and there are some sectors that haven't been prioritised even in the provision of a basic infrastructure (such as access to email or clinical systems). Some of the biggest issues relate to the range of systems in use and the lack of inter-operability between them.

Key message:

The engagement highlighted a range of issues and barriers. The most significant issues raised were around the fear of new systems and managing change to help overcome resistance to new systems. There was particular reference to older age-groups not adapting well to change and this applied to staff as well as to patients.

A lack of time to train and having access to good training packages was highlighted as was the need to ensure that teams have the opportunity to build confidence in new systems and time to learn as a team about how to best utilise technology to transform working practices.

The impact of new data protection requirements in light of General Data Protection Regulation (GDPR) was noted as a specific barrier creating fear in sharing information and further work is needed to support primary care practitioners in discharging their data controller functions.

A digital seminar took place to explore some of these issues, it is available to view here. This confirmed that there is an appetite to consider how artificial intelligence could be used to transform working practices, particularly in dealing with repetitive tasks that could release time.

This is a key conclusion reached in two key reviews commissioned to reviewing the potential for the NHS to adapt to technological change.

The Topol review in 2019 identified that digital healthcare technologies defined as genomics, digital medicine, artificial intelligence, and robotics should not be seen as increasing cost but rather as a new means of addressing the big healthcare challenges of the 21st century.

It suggests that technologies will not replace healthcare professionals but will augment them giving people more time to care for patients. The Topol review estimates that in 20 years, 90% of all jobs in the NHS will require some element of digital skills and that staff will need to be able to navigate a data-rich environment and will need digital and genomics literacy.

The Tooke Review[32] commissioned by NHS England to support the development of the long-term workforce plan reaffirmed these points and identified that CPD will be crucial to upskill staff to understand health related behaviour, impart risk information and sharing decision-making with patients as well as expanding digital literacy in the workforce.

It also highlighted that new roles are likely to emerge to support technological advance – e.g. quality assurance, assistive technology roles and an expansion in specialist roles such as data scientists.

In the digital seminar, the areas that participants thought could have the biggest impact in primary care were:

- telehealth / telecare – the key areas were identified as triage; medicines management; remote patient monitoring and prevention activities
- automation – automated documentation; empowering patients; time saving and productivity.

The rapid development of Point of Care Testing (POCT) and genomics will require working with the programmes progressing these diagnostic developments and specific focus on education and training for the primary care workforce.

Further work is needed with Digital Health and Care Wales (DHCW) and the Chief Digital Officer to align the digital roadmap and make effective links with this workforce plan.

The engagement highlighted that data analysis within primary care is not well developed and there are opportunities for the significant data available in primary care to be utilised to generate more targeted care and service delivery.

This requires skills and capacity that are not readily available in primary care. There are opportunities to work with DHCW to enhance the availability of digital tools (such as the Primary Care Information Portal) to facilitate improved analysis of practice level data at cluster level (subject to data sharing agreements).

Key actions

22. Working with the Chief Digital Officer and DHCW, develop a digital roadmap for primary care, assessing implications on the future workforce requirements including education and training (Lead: DHCW/WG)

23. Roll out the new HEIW digital competency tool in primary care through the use of champions and roadshows and through primary care academies identify training and education requirements (Lead: HEIW)

24. Working with DHCW Digital Futures Team, improve access to immersive technologies for the workforce during their healthcare education and development in Wales (Lead: DHCW)

Outcomes

These actions will:

- develop a vision that will support the adoption of technological solutions that improve access to care for citizens and also free up time to care for patients
- ensure that the primary care workforce is equipped with the right skills to respond to digital transformation.

Areas for further exploration

DHCW is also proposing development of a health informatics research and reporting function as part of the DHCW Primary Care Strategy, with a focus on developing capability that will combine different sources of data to create rich information, to support improving patient outcomes.

It is anticipated that the strategy will be formally published in December and HEIW will work with DHCW to identify how maximise collaborative working in this area.

DHCW is proposing development of a digital futures team as part of the DHCW Primary Care Strategy with the aim of improving access to immersive technologies for the workforce during their healthcare education and training.

DHCW is also working with policy development teams and other stakeholder strategy groups to bring forward new ideas and research-based advice to help shape policy objectives and delivery options at an early stage and HEIW will explore with DHCW the opportunity to take forward actions that complement workforce objectives.

4.8 Cross cutting actions

This workforce plan includes the fundamental principles of wellbeing, Welsh language and inclusion across all actions.

Welsh language

This plan will build on the foundations of the Well-being of Future Generations (Wales) Act 2015 and Cymraeg 2050: A million Welsh Speakers[33] to create an engaged, healthy, flexible, responsive and sustainable workforce for the future that is reflective of Wales' diverse population, Welsh language and cultural identity. The actions in this plan aim to support our workforce to deliver care using the Welsh language where needed across primary care.

Inclusion

There is clear evidence of deepening poverty and growing gaps in experience and opportunities for people born into different socio-economic backgrounds and those with protected characteristics. Creating a culture of true inclusion, fairness and equity across our primary care workforce will be at the heart of this plan and reflective of the Welsh Governments Strategic Equality Objectives.[34]

Key actions

25. Promote the availability of Welsh language training to all staff within primary care in line with the "More Than Just Words" action plan and existing statutory duties (Lead: HEIW)

26. Supporting under-represented and socially disadvantaged groups in accessing primary care careers through HEIW widening access program - (Lead: HEIW)

Outcomes

These actions will:

- ensure that the primary care workforce is equipped with the right skills to deliver care using the Welsh language
- ensure there are opportunities for under-represented groups to access careers within primary care.

4.9 Implications for workforce planning

The actions set out in this plan each contribute to the delivery of sustainable workforce models within primary care. Taken together they will:

- support a better understanding of the skills needed to meet population health needs
- promote teamwork and help to redefine roles to make the best use of skills
- develop flexible working models to attract and retain people
- support ongoing learning for the current workforce as well as educating the future workforce
- help to recruit and retain a diverse workforce
- integrate technology for remote healthcare and better information sharing and use data effectively to support health planning and delivery.

From the work undertaken, it is clear that future training pipelines will need to consider the requirement for additional workforce within primary care services to respond to population health needs. This will be modelled in line with action 14.

This section provides an overview of the current assessment of future training pipelines for key groups of staff and what this means for individual groups of staff highlighting key learning from the horizon scanning, data review and engagement.

An optimum model for primary will need to consider the inter-relationship across roles and professions to support an equitable and effective distribution of skills across Wales.

Workforce supply typically comes through four routes:

Attraction and recruitment

Attracting people to work within primary care through recruitment

Education and training

Providing excellent education and learning pathways and experiences at undergraduate, post graduate levels or through work-based learning

Retention

Creating new or extended roles for current and new workforce

Redesign

Retaining people in roles through career development, improved workplace well-being, flexible working and retirement options

4.9.1 General medical services

There is a need to expand the workforce providing medical and clinical care to respond to rising demand. There are a range of factors impacting on workforce supply and solutions will need to focus on all four quadrants as well as exploring opportunities for redeployment, encouraging people back in the workplace (returners) and potentially re-training.

General Practitioners (GPs)

Audit Wales[35] report that the total number of GPs working in Wales has remained constant and that the number of doctors per 1,000 patients in Wales is lower than England and Scotland but equivalent to Northern Ireland.

Workforce data held on the Wales National Workforce Reporting System (WNWRS) indicates that around 75% of GPs in Wales work within a partnership arrangement. On average, there are 5 FTE GPs for every 10,000 patients, with Aneurin Bevan having the lowest ratio and Powys the highest.

Locum use (FTE) as a percentage of all fully qualified GPs is comparatively low (between 4 and 7%) but varies between health boards with the higher locum use in Swansea Bay and the lowest in Hywel Dda.

This may reflect locum availability so should be interpreted with caution. There are more female GPs than males (by FTE and headcount) and a higher concentration of younger female GPs than males, but also a higher concentration of older, male GPs than female.

Wales is training more GPs than ever before, but the numbers are unlikely to be sufficient to meet current workforce gaps, let alone address future demand partly because of how the supply of the workforce is changing.

Workforce intelligence indicates that there has been a shift over the last 10 or so years and that many newly qualified GPs prefer to work in salaried roles or to locum (at least initially post-qualification) due to the level of responsibility of being a partner. There is evidence that locum GPs don't have the same level of workload intensity of responsibility of partners and therefore a shift away from partnership models is likely to increase workforce requirements.

The Big GP Consultation report[36] produced in 2022 eloquently sets out the views from younger GPs including those in training which were echoed in local discussions with GP trainees in Wales.

Discussions with trainees in Wales indicated they wanted to blend GP work with other opportunities to work in healthcare including specialist settings and urgent care and also to balance home and work. The median number of sessions that current trainees thought that they would work post-CCT was 6 (survey of nearly 100 trainees in Wales at ST2/3 level).

As part of the continued development of this plan, modelling will be undertaken taking a scenario-based approach to consider future numbers required. The publication of the NHS England Long Term Workforce Plan[37] has added impetus to the need to consider the long term position.

There is a risk that without an alignment in terms of training numbers, Wales could lose out if significant additional training places become available in England. In comparison, England are planning on increasing the number of GP training places by 50% to 6,000 by 2031/32.

By population share, this would mean that Wales should be training circa 300 GPs per year over the next 8 years, which would be an additional 50% above the current permitted level of recruitment of 200 per year (Typically, recruitment has been between 160 and 175 per annum depending on capacity within the training system and the quality of applicants).

The Royal College of GP's in Wales (RCGP Wales) have initiated Deep End Wales

project[38] which offers the opportunity for 100 GP practices which have the highest proportion of patients living in the most deprived areas to come together to identify common challenges and solutions.

The majority of these 100 practices are located across four HB areas in south Wales. Given the evidence presented earlier, which indicates that practices working with communities with people living in deprived communities have fewer staff that those working in areas with lower level of deprivation, it is critical that workforce planning approaches focus on equitable solutions.

Whilst the continued development of multi-professional approaches helping to deliver a prudent health care model will help to mitigate against gaps, GPs will continue to play an important role in terms of delivery of medical services.

Technology could act as a 'time-saver' balancing some of the gaps through improved clinical productivity through more efficient use of technical and digital solutions that increase direct clinical time. Accelerating digital transformation is a key enabler to help address workforce gaps.

Remote consultation, remote monitoring, the use of artificial intelligence/automation and wearables are considered to offer the most potential for freeing up clinical time. This applies also to urgent primary care services too.

However, there is more work to be done with the general population to support the use of digital models and to reduce resistance to change.

New models of working are needed that reflect the need for senior clinical leaders to operate within the managed practice environment, to act as 'professional leads' for a wider team of professionals. The development of 'Consultant GP' roles could offer career pathways for experienced GPs.

Factors impacting on the supply of GPs in Wales:

- An increasing trend towards LTFT training elongates the length of training resulting in a lower throughput of trainees
- Ranking of graduates at selection is directly related to the length of training through the GP Specialist Training programme; attracting high-ranking graduates is key to increasing throughput
- An increasing trend for more flexible working has changed the gearing ratio in terms of the numbers needed to fill a full time role. Recent work by the Nuffield Trusts suggests that the gearing ratio may need to be as high as 2:1 (i.e. two GPs need to be trained for one full time post needed), Audit Wales suggest a gearing ratio of 1.5:1
- Factoring in supervisory requirements to support muti-professional team working should be considered in future modelling. Effective supervision takes time which leads to a reduction in direct clinical time for the experienced GP
- Across the UK a cap on medical student places means that Wales is reliant on a significant number of International Medical Graduates (IMGs) joining the GP Specialty Training programme. The reliance on non-domestic medical graduates create future visits as visa issues are complex and create barriers to doctors remaining in Wales post-GP training.

In terms of workforce supply, there should be a significant focus on retention, particularly of the experienced workforce who play a vital role in training future generations.

However, GPs are reporting increased stress levels due to high workload and this is leading experienced GPs to consider leaving the workforce, either by bringing forward retirement dates, reducing hours, changing status (ie becoming a locum or salaried doctor).

Changes to the NHS pension scheme from October 2023 could compound this provision as partial retirement options become easier to access. In contrast, changes to the pension tax allowances have removed some barriers to GPs increasing clinical commitments.

Our assessment is that the number of GPs being trained in Wales needs to increase due to demographic changes, increased future demand and the impact of changes to workforce supply.

This can be delivered in phases, with phase 1 stabilising the intake to 200 places per year (subject to the quality of graduates being at a level that doesn't compromise the length of training). Further phases will need to be tested through demand modelling and be tested through a business case process.

Primary care nursing

There are a range of other nurses who work in primary and community settings including health visitors, district nurses and community midwives and General Practice Nurses (GPNs).

GPNs play an invaluable role within GP practices and are the second largest group of employed staff with over 1,400 nurses equating to 1,000 FTE roles in Wales. Every practice in Wales employs at least one GPN.

The age profile for practice nurses is heavily skewed. Of the 1,419 nurses employed over 50% are aged over 50, with 1 in 5 nurses aged over 60. Only 22% are aged under 40. This is a significant concern as increasing numbers of nurses approach retirement age and the data confirms that there is significant work to attract nurses into general practice at a much earlier stage in their careers.

Across Wales the average number of GPNs ranges from 45 FTE per 100,000 patients in Powys to just over 25 FTE per 100,000 patients in Cwm Taf Morgannwg, with the Wales average of 32 per 100,000 patients. There may be a correlation between the higher nursing ratios in health board areas that are in rural areas (mid, west and north Wales) reflecting the model of general practice in these areas because of the dispersed population base.

Future sustainability will depend on developing nursing roles that support the delivery of prudent health care and maximising enhanced, advanced and consultant level nursing practice – particularly in support of the management of long-term conditions.

Of the 1400 nurses employed within general practices, over 400 nurses are identified as working in an advanced, or extended role or as a nurse specialist. Less than ten nurses are identified as a nurse partner within the dataset. The development of clear career and development pathways for nurses is key to improving recruitment and retention. Increasing the wider skillset of nursing staff within primary care is also central to meeting future demands, particularly in the management of long-term conditions.

Data on the wider workforce within community services is not included within the scope of this plan, though we recognise the significant and important role that are undertaken as part of the delivery of comprehensive primary and community care provision.

Our assessment is that over the next 10 years, the number of nurses needing to be trained per year is around 75 primary care nurses (excluding community nurses) taking account of increasing demand and gaps as nurses retire from the workplace due to the ageing workforce profile.

Increasing the supply of GPNs will also facilitate the development of extended, advanced and consultant roles as it will provide natural career progression for nurses and support 'top of license' working in line with the GPN competency framework that was published in 2021.[39]

Other clinical staff providing direct patient care

The number of clinical staff providing 'direct patient care' has grown over the last few years including pharmacists, allied health professionals as well as non-registered staff such as health care assistants and phlebotomists.

The largest single group within the Direct Patient Care category are **Health Care Support Workers (HCSW) / Health Care Assistants (HCA)**. These important support roles are varied within a general practice context including supporting clinics, chronic condition management, wound care, phlebotomy and providing general support to a range of clinical staff.

There are over 400 FTE (600 heads) directly employed in these support roles and over 55 FTE phlebotomists. There is scope for more to be done by HCSW e.g. phlebotomy, wound care and are currently being done by qualified nurses that would free up nurses to undertake more complex work.

In light of population health need, there is likely to be a requirement to grow the non-registered clinical workforce including health care support workers and to consider the adoption of other models in line with policy direction (e.g. nurse associate roles).

There are opportunities to consider generic roles that span health and care settings to support the delivery of integrated care models.

The development of primary mental health services and the increasing need for mental health support within primary care settings for all ages, the inter-relationship between primary and the mental health workforce plan needs to be considered to deploy the right quality and level of skills within primary care.

There are three clinical roles in particular that have seen the largest growth since March 2020 when data capture began.

The number of **pharmacists and pharmacy technicians** has increased by **40%** and there are now over 200 FTE pharmacists or pharmacy technicians employed within general practice.

An analysis of the distribution of this workforce indicates a range of 0.02 per 100,000 patients to 0.12 with the lowest number per head in Cardiff and Vale and Betsi Cadwaladr and the highest in Powys. Demand for pharmacy skills has increased in primary care over recent years and this has led to more opportunities being available leading to skills shortages.

There is also a quality dimension with evidence suggesting that pharmacists improve medicines management within a GP practice environment.

Pharmacy technicians can work within protocols and can manage workflow from discharge letters from hospital. Pharmacists can also be trained in the management of minor illness and thereby relieving work from other practitioners.

The data suggests that pharmacists and pharmacy technicians are making a valuable contribution to the delivery of General Medical Services (GMS) and that this is a workforce that needs to continue to grow in light of demographic changes and a growth in long term conditions and polypharmacy.

80% of pharmacists and pharmacy technicians working in primary care are aged under 50 suggesting that there are no immediate concerns over retirement patterns over the next few years.

Our assessment is that all patients should benefit from pharmacy input at either a practice or cluster level focussing to support prudent, quality effective medicines management.

Regulatory changes determining how pharmacists are trained are likely to enhance the ability to deploy these skills in a wider range of care settings thereby extending their effectiveness within primary care.

The overall number of pharmacy professionals (pharmacists and pharmacy technicians) needing to be trained in Wales will be assessed through the demand modelling work and in alignment with the pharmacy workforce plan but our assessment suggests that an increased pipeline will be required over the next five years.

The number of **physician associates (PAs)** has more than doubled with around 40 FTE now in post within primary care. PAs are a non-regulated workforce who are due to become regulated by the General Medical Council in 2024. Due to the small numbers, the distribution of PAs in Wales is skewed as they are employed in relatively few practices.

An experienced (3 - 5 years in post) PA makes a significant contribution to GMS care with a defined scope of practice and effective senior supervision. An approach is needed to enable PAs new to primary care to develop the required skills in a supportive, appropriately supervised environment while they develop the scope of practice.

The role of PAs in primary care will be shaped through regulation due in 2024. Whilst there is further work to be done to establish a common framework that underpins the deployment of PAs in primary care, our assessment is that training numbers should be maintained pending further consideration of the position post-regulation.

In the meantime, effort should be focused on developing an effective model for the deployment of PAs in Wales when they are new to general practice.

Finally, the number of **paramedics** directly employed within General Practices has increased from 19.40 FTE in March 2020 to 26.63 in September 2022. A successful model of rotational education and employment is in place with the Welsh Ambulance Services NHS Trust (WAST).

There are only small numbers of other **allied health professionals** (such as occupational therapists and physiotherapists) employed directly by general medical practices (circa 15 FTE therapists in total). This may reflect that AHP staff may be employed by health boards but aligned within primary care and therefore not captured within the primary care workforce reporting tool. Indeed this is a clear policy[40] direction to encourage the employment of AHPs within a health board framework to support good governance but also to optimise utilisation.

Paramedics and advanced paramedics play important role in supporting general practices and there is likely to be continued growth in the workforce to maximise use of a skillset that can be deployed across the 24/7 period and in a variety of models (e.g. enhanced community care provision, urgent care settings).

As the population ages there is likely to be benefit from growing other **AHP** roles and increasing the numbers of AHPs available to support primary care. Given the specialist nature of the roles, the 'employ to deploy' model should be embedded to ensure equity of access and effective utilisation of skillsets.

The demand and capacity work will help to set out a 'optimum' workforce model at a cluster level considering local population health need and demographic trends and this can inform future workforce planning.

The **healthcare science profession** clearly has a role to play in primary care and there are examples of new service models within primary care settings such as audiologists providing first contact assessments and wax management, clinical photographers enabling remote diagnostics through teledermoscopy, and engineers delivering specialist rehabilitation, home ventilation and dialysis.

It is not possible to distinguish these roles within the dataset as these professionals are employed directly by health boards.

There are further opportunities to maximise the roles of other professionals with a need to embed multi-professional working across urgent primary care including GPOOH services and Urgent primary care centres as the current model may be unsustainable in light of pressures on GPs.

An assessment has not been made of the requirement for non-clinical roles as these are not commissioned through the education pipeline by HEIW and demand will be determined by business needs and driven by other factors such as the pace of digital transformation and technological change.

4.9.2 General dental services

This will be covered within the Dental Workforce Plan due to be finalised in early 2024. A summary of the key actions proposed to be taken forward within the Dental Workforce Plan is set out at Atodiad 3.

4.9.3 Pharmacy

This is covered within the Pharmacy Workforce Plan. A summary of actions from the Pharmacy Workforce Plan is set out at Atodiad 2.

4.9.4 Optometry

There are no specific recommendations for undergraduate optometry as this is not commissioned by HEIW. HEIW commissions a range of post-graduate education courses for optometrists including qualifications that support:

- patients with glaucoma and ocular hypertension
- patients with Age related Macular Degeneration (AMD), especially neovascular AMD and other medical retina conditions
- acute eye care presentations, through the prescribing of medication for conditions affecting the eye.

For 2024/25 the plan is to commission 119 post graduate course will be sufficient to support the ambition to have at least two optometrists with higher qualifications in each cluster area within Wales.

Provision for future years will be considered in light of national eye care priorities and the new optometry contract in place from October 2023. Actions that relate to optometry are set out at Atodiad 4.

4.9.5 Inclusion health

There is significant variation in the service models across Wales to provide care to other health inclusion groups e.g. refugees, asylum seekers, the homeless, sex workers.

A common approach to data collection regarding the workforce in these services would be a first step to understanding their needs.

There is very limited data on workforce requirements in this area, partly as services are not typically designated specifically as inclusion health. There are six prisons within Wales with a total prisoner population of around 5,200 prisoners.

The long-term projections for the UK prison population indicates an expected rise in the prisoner population up to 2027.

The Inquiry[41] conducted by the Senedd Health and Social Care Committee heard that there are particular issues in respect of some elements of the workforce within prisons:

- Nursing - health boards highlighted levels of turnover within the nursing workforce and the ageing prison nursing workforce, with implications for workforce stability, service development and the provision of specialist services.
  Contributory factors included: the level of job satisfaction; limited progression opportunities; disproportionate time spent on routine nursing activities such as dispensing medication; and decisions by prison nursing staff who develop specialisms to take up posts elsewhere.
- Clinical leadership - there is an overreliance on locum GPs had implications for accountability, continuity of care and clinical leadership. The introduction of salaried GP roles could strengthen clinical leadership in key areas such as chronic disease management, medicine management and substance misuse, as well as supporting career progression and enhancing the multi-disciplinary team approach. However, health boards noted challenges in recruiting to salaried prison GP posts.

In considering equity issues, attention should be paid to areas of Wales where there are multiple factors impacting on the ability for individuals to access care. This includes where there are multiple factors including people who have one or more protected characteristics but also other issues linked to deprivation.

Professionals working with populations who are multiply excluded may need additional support particularly where access to education and training may be impacted by workforce shortages, difficulties in securing backfill cover and where the training and education infrastructure is not well developed.

Section 5: Benefits

This section sets out the benefits that we aim to deliver through the comprehensive approach set out in this plan.

Benefits to citizens

- Supported by multi-professional teams who work together to deliver holistic and integrated care across Wales
- Our workforce will have a greater range of skills available and will be supported to develop their skills to meet the needs of their local communities
- To be treated compassionately by professionals who are culturally competent and responsive to the language needs of individuals.

Benefits to the primary care workforce

- Ability to deliver holistic care and to optimise the wellbeing of people living in Wales:
- Protected time to; teach and train others, develop and lead service improvement and participate in research
- Increased health and wellbeing and ability to access wider staff benefits
- More flexible working opportunities (apprenticeships, portfolio careers)
- Better access to leadership development bespoke for primary care
- Clear career pathways and progression routes
- Consistently high-quality training with increased access to primary care placements for students and trainees
- Improved recruitment and retention
- Staff will be attracted to work in primary care and will have choice and flexibility to develop along their career pathway with access to high quality education and training.

Benefits to health boards and employers

- A primary care workforce who has enhanced clinical, education, research and leadership skills to deliver the primary care model for Wales
- Delivery of the strategic goals within 'A Healthier Wales'
- Improved recruitment and retention across primary care
- Delivering prudent healthcare – people with the right skills delivering care in a timely manner
- Delivering the quadruple aim – high quality, improved outcomes and experience, better value health care and an engaged and motivated workforce.

Section 6: Implementation

This section sets out the proposed arrangements for implementing the plan. An implementation plan will be developed during 2023/24 in preparation for actions being taken forward from April 2024. This will be subject to a resource assessment.

Prioritisation

The actions identified in this plan will be delivered over a five-year period recognising the need for capacity and resources to support. A prioritisation exercise will be undertaken before April 2024 and all actions will need to be costed.

Prioritisation will need to take account of:

- actions that contribute significantly to workforce sustainability in the short-medium, and where they contribute towards the delivery of policy goals and support the delivery of statutory requirements or address quality and safety issues
- actions that are likely to have a high impact across the multi-professional workforce
- where actions can be taken forward within existing resources or with minimal investment, these will be progressed without delay.

Other actions may require the development of business cases. There are actions that will be taken forward at multiple levels (including practice, cluster, health board and national) and strong partnerships will be needed to support.

Governance and accountability

The development of this plan has been a partnership between HEIW and the strategic programme for primary care, supported by a wide range of other partners and stakeholders.

It is important that the joint governance and accountability arrangements continue into the implementation phase. The governance arrangements will be reviewed in light of the transition of the Strategic Programme into the NHS executive function.

HEIW will continue be accountable for actions that fall within its sphere of statutory functions as set out by Welsh Government.

An implementation plan will be developed that will include clear milestones for delivery and measures to assess the impact of individual and collective actions.

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Key contributors:

- Independent contractors and their staff
- Health boards
- Professional bodies
- Trade unions
- NHS Wales director peer groups
- NHS Wales national programmes
- Vice chairs and independent members of NHS bodies
- Other statutory and non-statutory organisations.

Glossary

ACD	Accelerated Cluster Development
AFC	Agenda for Change
AHP	Allied Healthcare Professional
AI	Artificial Intelligence
AMD	Age Related Macular Degeneration
CHD	Coronary Heart Disease
COPD	Chronic Obstructive Pulmonary Disease
CPD	Continued Professional Development
CMO	Chief Medical Officer
DHCW	Digital Health and Care Wales
FTE	Full Time Equivalent
GMC	General Medical Council
GMS	General Medical Services
GPN	General Practice Nurse
GP	General Practitioner
GPOOH	General Practice Out of Hours
GVA	Gross Value Added
HCA	Health Care Assistant
HCSW	Health Care Support Worker
HB	Health Board
HEIW	Health Education and Improvement Wales
IETS	Initial Education and Training Standards
IMGs	International Medical Graduates
LTFT	Less Than Full Time
LTC	Long Term Conditions
MECC	Making Every Contact Count
NHS	National Health Service
NPCB	National Primary Care Board
NWIP	National Workforce Implementation Plan
PAs	Physician Associates
PCMW	Primary Care Model for Wales
PCRG	Primary Care Reference Group
PCs	Professional Collaboratives
PHW	Public Health Wales
POCT	Point of Care Testing
PVD	Peripheral Vascular Disease
QI	Quality Improvement
RPB	Regional Partnership Board
SDM	Shared Decision Making
SEA	Science Evidence Advice
SPPC	Strategic Programme for Primary Care
SIFT	Service Increment for Teaching
UPC	Urgent Primary Care
VR	Virtual Reality
WAST	Welsh Ambulance Service NHS Trust
WHO	World Health Organisation
WNWRS	Wales National Workforce Reporting System

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Appendix 1- Primary care specific workforce plan actions

Key	An engaged, healthy and motivated workforce	Seamless workforce models	Workforce supply and shape	Excellent education and learning	Attraction and recruitment	Leadership and succession	Building a digitally ready workforce	Additional actions

Action	Decription of actions	Lead
1	Working with independent contractors and their representatives, develop a bespoke scheme to measure staff experience, engagement and wellbeing in primary care (all contractors, all settings).	HEIW
2	Deliver an effective programme of support for staff who are new to primary care including those who are newly qualified. Early priorities include:	
	(a) Preceptorship that is appropriate to the role including preceptorship for newly qualified general practice nurses (in line with Welsh Government (WG) guidance)	HEIW/WG
	(b) Formal mentorship scheme for newly qualified GPs, including GPs working in areas of greater deprivation, to help transition into partnership roles reviewing good practice within Wales and elsewhere	HEIW
	(c) Mentorship for newly qualified staff in urgent primary care settings	6Goals
	(d) Improving the transition from training into the workplace for all dental roles through mentorship training schemes	HEIW
	(e) Proving appropriate induction and learning modules for the non-clinical workforce including population health and health inequalities	HEIW
	(f) Develop a structured induction programme for pharmacy professionals (pharmacists and pharmacy technicians) who transition to new roles in primary care	HEIW
	(g) Develop a structured programme for newly qualified staff working in areas of greater deprivation and/or with health inclusion groups learning from similar programmes elsewhere in the UK.	HEIW
3	Produce supervision guidance to support high-quality supervision within multi-professional teams and develop a programme to upskill the workforce in supervision practice being mindful of regulatory, Higher Education Institutions (HEI) and WG requirements.	HEIW
4	Working with NHS Wales Shared Services Partnership (NWSSP), review and expand staff benefits that are currently not available to primary care staff and to explore potential to expand access.	HEIW/NWSSP
5	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 including the role of other prescribers using multiple methods to reach all population groups including those seldom heard.	SPPC/WG
6	Working with primary care academies, 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.	HEIW
7	Embed new roles in primary care that support population health and wellbeing: **(a)** Develop an exemplar model for the successful deployment of Physician Associate (PA) role in primary and urgent primary care settings and associated professional governance infrastructure required **(b)** Develop competency profiles, standardised job descriptions and education and training pathways that support the development of non-registered roles within primary care (e.g. community health workers, care navigators, social prescribers, social welfare advisors and others).	HEIW

Key	An engaged, healthy and motivated workforce	Seamless workforce models	Workforce supply and shape	Excellent education and learning	Attraction and recruitment	Leadership and succession	Building a digitally ready workforce	Additional actions
Action	**Decription of actions**							**Lead**
8	Improve workforce planning in primary care including non-traditional roles to develop a sustainable pipeline of workforce to reflect demand and local need to deliver equitable outcomes for citizens in Wales: **(a)** Develop a simplified workforce planning methodology for adoption at all levels of the primary care system to support workforce matched to health needs to help address the Inverse Care Law **(b)** Undertake demand modelling to identify size of education and training pipeline increases needed over the medium to long-term using scenario based planning across all settings including consideration of supervisory requirements within 'demand for labour' calculations (aligned with wider demand and capacity work programme) **(c)** Embed the new framework for enhanced, advanced and consultant practice to increase the number of people working in enhanced, advanced and extended roles within primary care settings **(d)** Include recommendations for increases in specific roles considering population health need and equity of access as part of future Education and Training Plan submissions as outlined within the Strategic Workforce Plan.							HEIW
9	Aligned with the national retention programme and specific actions identified within the Pharmacy and Dental Workforce Plan, establish a task and finish group to focus on primary care retention issues: **(a)** Explore options for improving understanding about why people stay in or leave their roles in primary care (including urgent primary care settings) focussing initially on professionals who are on the Performer's List **(b)** Explore options for development of a bespoke scheme to support retention in key areas including reviewing the scope and scale of the GP retainer scheme **(c)** Support health boards to consider local action on primary care retention as part of the local retention plans and national community of practice (facilitated by HEIW) **(d)** Promote good practice in retention through the adaptation of tools and guidance appropriate for primary care settings.							HEIW
10	Create a national role to increase the number of apprenticeships in primary care covering both clinical and non-clinical roles, considering any policy changes.							HEIW
11	Develop sustainable GP workforce solutions with a specific focus on: **(a)** Identifying levers to encourage the workforce to take up partnership or salaried roles including exploring roles for experienced GPs that help to retain them in the workplace ensuring equitable spread across areas **(b)** Reviewing levers to decrease reliance on locum or temporary staffing solutions including development of all Wales locum guidance.							HEIW
12	Working with NHS Wales Shared Services Partnership (NWSSP), undertake a feasibility study to facilitate temporary staffing solutions for other groups of staff working in primary care.							NWSSP

Key	An engaged, healthy and motivated workforce	Seamless workforce models	Workforce supply and shape	Excellent education and learning	Attraction and recruitment	Leadership and succession	Building a digitally ready workforce	Additional actions

Action	Decription of actions	Lead
13	**Improve education and training for the current workforce:**	
	(a) 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	HEIW
	(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	HEIW
	(c) Provide staff working with health inclusion groups and in communities with significant socioeconomic deprivation with appropriate training and education pathways that support inclusion health including the development of a competency framework for prison health staff	HEIW
	(d) Consider the opportunities offered by the new dual qualification route for GPs and public health practitioners and the GP with an Extended Role (GPwER) Framework for population health and health inequalities	HEIW
	(e) Implement training programmes to support the optometry contract reform including MECC, QI and Infection Prevention and Control (IPC)	HEIW
	(f) Develop a training plan and career pathway for staff who are working to support patients with long-term conditions recognising the need to continue to develop the 'expert generalist' workforce and those working in specialist roles (such as specialist nurses and AHPs)	HEIW
	(g) Provide education and training programmes that increase the range of people in primary care who can prescribe independently	HEIW
	(h) 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)	HEIW and National Mental Health Programme
	(i) Commission specific education and training that supports Remote Clinical Decision Making (RCDM) for all professionals	HEIW
	(j) Deliver education and training to expand the range of competencies for clinical and non-clinical staff working in urgent care settings as part of the Urgent Care Practitioner Framework.	HEIW
14	**Develop our future workforce by expanding education and training provision in primary care:** **(a)** Increase the number of pre-registration training placements in primary care for pharmacists, nurses, AHPs, healthcare scientists and other professionals to support high quality placements considering other requirements such as the need for practice education facilitator roles and support placements in more socioeconomically deprived areas **(b)** Increase the number of foundation doctors who have placements in primary care during foundation training (F1 and F2) **(c)** Expand post-registration (including GP specialty) provision in line with education and training pipeline and demand modelling (links with action 8b) **(d)** Provide equitable access to programmes that support successful integration into primary care for the multi-professional workforce (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 embedding changes in pharmacy initial education and training requirements **(e)** Develop Advanced Training Practice model in optometry and support the delivery of at least two practices offering higher qualifications in every cluster area across Wales **(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.	HEIW
15	Develop primary care specific guidance to increase opportunities for different models such as rotational roles, career portfolio models and flexible working across the multi-professional workforce to improve choice, flexibility and career development.	HEIW/SPPC
16	Working with Welsh Government, review, with a view to remodelling, current incentive schemes to attract and recruit people and consider applicability across all professional groups in areas where recruitment is challenging.	HEIW/WG
17	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 ensuring services in more deprived areas are positively represented.	HEIW

Key	An engaged, healthy and motivated workforce	Seamless workforce models	Workforce supply and shape	Excellent education and learning	Attraction and recruitment	Leadership and succession	Building a digitally ready workforce	Additional actions
Action	**Decription of actions**							**Lead**
18	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.							HEIW
19	Evaluate and further develop existing bespoke leadership programmes and support for cluster and collaborative leads and those aspiring to these roles.							HEIW/SPPC
20	Create a clinical fellowship in health inequalities / population health to identify actions that should be embedded in pre and post registration programmes.							HEIW
21	Develop and deliver professional management and leadership solutions for primary care that align with the leadership strategy for health and care in Wales. Early priorities include: **(a)** building a collection of development opportunities for management roles across primary care settings including a menu of learning interventions and extending opportunities (formal and informal) to meet specific needs including options for accredited training and development **(b)** Reviewing succession requirements for staff working in primary care management roles and career development pathways including apprenticeship opportunities							HEIW
22	Working with the Chief Digital Officer and DHCW, develop a digital roadmap for primary care, assessing implications on the future workforce requirements including education and training.							DHCW/WG
23	Roll out the new HEIW digital competency tool in primary care through the use of champions and roadshows and through primary care academies identify training and education requirements.							HEIW
24	Working with DHCW Digital Futures Team, improve access to immersive technologies for the workforce during their healthcare education and development in Wales.							DHCW
25	Promote the availability of Welsh language training to all staff within primary care in line with the “More Than Just Words” action plan and existing statutory duties.							HEIW
26	Support under-represented and socially disadvantaged groups in accessing primary care careers through HEIW widening access programme.							HEIW

Appendix 2- Pharmacy specific workforce plan actions

Key	An engaged, healthy and motivated workforce	Seamless workforce models	Workforce supply and shape	Excellent education and learning	Attraction and recruitment	Leadership and succession	Building a digitally ready workforce	Additional actions

Action	Decription of actions	Aligns with SWPPC actions
1	Agree a range of actions to be implemented with partners, which improve the mental health and wellbeing of the pharmacy workforce.	Action 1
2	Develop pharmacy job planning guidance and a toolkit which bring the right balance of service delivery, personal development of self and others, leadership, research and innovation when implemented by employers.	
3	The NHS Staff Survey, or an equivalent, will be extended to include those working for NHS contractors as well as those in NHS employment to assess progress with staff engagement, experience and wellbeing.	Action 1
4	The electronic "Catalogue of Workforce Solutions", a tried and tested collection of interventions to reduce pharmacy workforce pressures, should be reviewed and developed.	
5	Develop an inclusive, strategic, All-Wales approach to promoting all pharmacy team careers in Wales.	Action 18
6	Create and share an evidence base that describes pharmacy job roles and total reward package that will retain and attract the future pharmacy workforce.	Action 17
7	Develop bespoke solutions to improve attraction and recruitment into pharmacy roles in areas where rurality is a specific challenge.	Action 18
8	Develop Clinical Researcher and Clinical Academic career pathways for pharmacy professionals with equitable access to training and funding opportunities.	
9	To support consistent implementation of career development frameworks across all NHS services areas, all job descriptions for pharmacy roles are mapped to the skills and competencies of recognised national pharmacy career frameworks (e.g. Royal Pharmaceutical Society).	Action 15
10	Improve public awareness and understanding of the changing pharmacy roles in healthcare.	Action 5
11	As a foundation from which to build more collaborative working with the health and social care workforce, improve the understanding of how all pharmacy roles are transforming.	Action 6
12	Agree and implement a Consultant Pharmacist Strategy Wales.	Action 6
13	Commission a digital pharmacy project to complete a horizon scan of technological advances that will impact pharmacy workforce roles.	Action 23
14	Develop consistent generic digital skills, competencies and behaviours within the pharmacy workforce using the HEIW Digital Capability Framework.	Action 24
15	Develop Digital Clinical Leaders within Pharmacy to influence and lead digital transformation.	All Actions
16	Expand the access to immersive technologies for the pharmacy workforce during their healthcare education and development in Wales.	All Actions
17	Ensure all HEIW funded training programmes are delivered in accordance with the HEIW Quality Framework.	
18	Explore the opportunities for multi-sector training opportunities for pre-registration pharmacy technicians.	All Actions
19	Work with partners to develop proposals for the inclusion of genomics and advanced therapy medicinal products within the education and training of the pharmacy workforce.	
20	From 2026 all new pharmacists registrants in Wales will be supported to follow the Royal Pharmaceutical Society Foundation, Advanced and Consultant level framework.	
21	Improve access to central resources which support career development frameworks for all roles in the pharmacy team.	
22	Increase numbers of designated supervisors, tutors and mentors at all stages of pharmacy career frameworks.	All Actions
23	Increase multi-professional training opportunities for pharmacy professionals.	Action 13a
24	Establish tailored access routes for each pharmacy staff group to engage with the compassionate and collective leadership tools and resources available on Gwella.	Action 20

Key	An engaged, healthy and motivated workforce	Seamless workforce models	Workforce supply and shape	Excellent education and learning	Attraction and recruitment	Leadership and succession	Building a digitally ready workforce	Additional actions
Action	Decription of actions							Aligns with SWPPC actions
25	Develop and deliver clinical and professional leadership solutions aligned to the Workforce Strategy for Health and Social Care that reflects the pharmacy workforce requirements.							All Actions
26	Deliver an develop professional leadership solutions that align to the leadership strategy for health and care in Wales and reflect the pharmacy workforce requirements.							Action 22
27	Improve access to workforce information and ensure visibility of pharmacy data and outcomes in the HEIW Education to Employment Pipeline.							Action 9
28	Introduce a systematic analysis of data and workforce planning for a sustainable Pharmacy Workforce to enable better data driven commissioning.							Action 8
29	Develop workforce planning skills amongst pharmacy professionals in all health boards and all sectors and across different clinical specialities.							Action 8
30	Collaborate to ensure a clear narrative for pharmacy roles and workforce development running through all IMTPs with local adaptations.							All Actions
31	Report on the feasibility of a wider range of 'supply' options into the pharmacy registrant workforce.							All Actions

Appendix 3- Dental specific workforce plan actions

Key	An engaged, healthy and motivated workforce	Seamless workforce models	Workforce supply and shape	Excellent education and learning	Attraction and recruitment	Leadership and succession	Building a digitally ready workforce	Additional actions
Action	**Decription of actions**							**Lead**
1	Review and scope the Dental Nurse training offer in Wales and make recommendations to Welsh Government regarding funding via the apprenticeship route, in collaboration with HEIW's partner organisations.							HEIW
2	Develop innovative training offers to retain dental trainees in the workforce in Wales (e.g. targeted and incentivised early career training offers, longitudinal schemes, fellowships and potential tie-ins)							HEIW
3	Develop sharing of anonymised workforce and student data to identify employment destinations and retention of graduates in Wales.							HEIW
4	Develop needs-based dental workforce models and scenario planning to inform workforce size and shape, and the future commissioning of education and training.							HEIW/DPH
5	Increase the number of BSc Dental Therapy and Dental Hygiene course placements by 60% from its current contract							HEIW
6	Implement a one year top-up conversion programme in North Wales for Level 5 Higher Education Diploma Dental Hygienists to study and qualify as a Level 6 BSc in Dental Therapy							HEIW

Appendix 4- Optometry specific workforce plan actions

Theme	Action	Optometry specific areas of focus
An engaged, healthy and motivated workforce	Mentorship for newly qualified staff to ensure successful integration.	Optometry have supported newly qualified optometrists straight after training and newly qualified Independent Prescribing (IP): - Provide mentoring courses and peer review - IP peer review with experts from pharmacy and IP optometry
Seamless workforce models	Develop a toolkit that support primary care employers in understanding individual professionals' scopes of practice, regulatory and supervisory requirements (multi-professional).	- IP toolkit - Expectation documents to health boards - Multi-professional education events
Workforce supply and shape	Develop and deliver professional leadership solutions that align with the leadership strategy for health and care in Wales.	- Publication of a workforce development review and rapid eye health needs assessment: - WNWRS database held
Attraction and recruitment	Actively promote careers in primary are to attract our future workforce through Careersville and ensure primary care is considered within the development of an all-age careers.	- Careers fayres and Careersville - Internship for 3rd year optometry students
Excellent education and learning	Improve access to education and training for the current workforce.	- All optometry workforce must complete MECC, Infection prevention control, WGOS and quality improvement training - Over 3000 users on Y-Ty Dysgu - Increase commissioning (fil rate of 96%) - Multi-professional CPD Events - Reached 2 per cluster for medical retina/glaucoma/IP courses
	Develop our future workforce by expanding education and training provision in primary care.	- New contract in Wales means additional qualifications and placements required - Changes in IP placement regulations will mean optometrists can train in optometry practices - Practices offering PG placements - Remunerate placements – centralised payments to practices - Practices and supervisors' quality assured and managed by HEIW
Leadership and succession	Develop and deliver professional leadership solutions that align with the leadership strategy for health and care in Wales.	Eye on Leadership - Gwella HEIW Leadership Portal for Wales