

WORKFORCE PLANNING

TEN THINGS WE ALL NEED TO KNOW



Workforce Planning

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Dr Martyn Hughes, Director Somerset Training Hub

martyn.hughes@nhs.net

Somerset Training Hub

Things we all need to know about workforce planning

- There are simple approaches available
- Important to know what you are trying to achieve
- Roles and responsibilities are more important than status and title
- ARRS could increase WTE in primary care by 20% and headcount by 30%
- Hold on to the people you have
- Digital technology can lighten load
- Demand on services can be reduced or shaped
- Positive experiences of training in primary care are influential
- Every sector needs to help increase numbers of people choosing careers in health and care

Ten Things we all need to ask about workforce planning

1. Have we got a useful approach to workforce planning?
2. What service delivery issues need workforce consideration?
3. Is there any workforce shortfall we need to address?
4. Can we make better use of upskilling and skill-mix?
5. Are we making the most of ARRS?
6. Are we doing everything possible to retain our workers?
7. Can we make more use of digital technology and other innovations?
8. Can we reduce or reshape demand?
9. Are we training our own?
10. Are we investing in future supply?

Have we got a useful approach to workforce planning?

- Getting started
- Where are you now?
- Where do you want to be?
- How are you going to get there?

Useful approach to workforce planning

- Getting started - *define purpose, scope and alignment*
- Where are you now – *engage stakeholders, understand local health needs and service demands, identify workforce issues*
- Where do you want to be – *create shared vision, identify preferred model to deliver and its workforce requirements*
- How are you going to get there – *use workforce transformation, maximise supply and development, use gap analysis to create action plan, monitor progress*

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What service delivery issues need workforce consideration?

Consider:

- Maintaining core services
- Correcting shortfalls and making improvements
- Addressing inequalities & population health needs
- Restoring back
- Meeting new specifications or requirements
- Introducing innovations
- Getting ahead of the curve

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Is there any workforce shortfall we need to address?

Consider:

- What gaps in current workforce do we know are going to happen, what are at high risk of occurring and how can we prepare to deal with any unexpected changes
- Gaps can include people leaving, reducing hours, changing work patterns, becoming unskilled and the impact of conflicting priorities
- New services and new ways of working require different skills and skill mixes

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Can we make better use of upskilling or skill-mix?

Upskilling existing member of workforce and/or improving skill-mix can:

- Extend scope of that person's role in patient care
- Free up another member to work differently
- Manage workforce shortfall in practice
- Enable innovative at scale solutions across practices
- Support introduction of new services and new roles
- Enhance team work and relationships
- Improve wellbeing, career development & retention
- Can maximise benefits of apprenticeships, CPD allocation and e-learning

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Are we making the most of ARRS?

Consider how can new role recruits help us to:

- Improve GP capacity and resilience
- Enhance patient access, experience and quality of care
- Introduce new ways of working together
- Meet practice and PCN service specifications and requirements
- Enable self care, promotion, prevention and address inequalities
- Develop our neighbourhoods and communities
- Attract people to come and work in primary care

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Are we doing everything possible to retain our workers?

How well does induction, ongoing support, regular reviews, training, working conditions, communications, expectations and culture in your practice/s help your workforce to:

- Believe in their work and feel valued, trusted and invested in
- Have the skills to do their work and develop their career
- Have the time and resources to do a good job
- Maintain their emotional health and wellbeing

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Can we make more of digital technology and other innovations?

Which can improve our capacity by

- Reducing inappropriate demand
- Providing more efficient ways of service delivery
- Helping clinicians in assessment, investigation, diagnosis and management
- Enabling self care of acute and long term conditions and supporting prevention
- Reducing risk and improving patient safety
- Increasing ease and efficiency of administration and management
- Supporting workforce wellbeing

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Can we reduce or shape demand?

Consider:

- Active Signposting
- Group consultations
- At scale delivery across practices/PCN of urgent and LTC services
- Improved follow up regimes
- Enabling self care of acute and long term conditions
- Prevention to reduce demand on GP appointments

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Are we training our own?

Consider:

- Apprenticeships
- Trainee Nurse Associates, TNAs
- Student nurses
- Supervision of AHPs following Roadmap to FCP
- Medical students
- Pre-registration pharmacy technicians
- Undergraduate pharmacy students

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Consider:

- Contributing to career events at local schools
- Providing work experience placements
- Creating entry level apprenticeships
- Kickstart scheme application deadline now Dec 17th
- Converting volunteering into substantive work
- Maximise potential through talent management

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After today?

We will send summary of today's sessions to all practice and PCN managers by the end of October which will:

- Reiterate key messages
- Signpost to key information, resources and contacts
- Invite you to set workforce planning priorities
- Offer ongoing help and support

And now for the interactive sessions

- **New Roles**
- **Nursing Workforce Planning**
- **Thinking Out of the Box**
- **HR Employer Responsibilities**