Primary Care Home – workforce redesign
Nav Chana and Clare Simpson
Thurs 29 June 2017
What we’ll cover

• A reminder of the 4 core characteristics of the Primary Care Home model and the key workforce redesign principles
• Quick overview of what we’ve learnt about how to meet population health needs through workforce redesign
• How our approach to workforce redesign fits with wider system change
• The workforce support offer to PCH sites
• How you can get involved
Core characteristics of a Primary Care Home

1. Whole population health management
2. An integrated, multidisciplinary workforce
3. Financial drivers aligned with the health needs of the whole population
4. Focus on 30,000 – 50,000 people
POPULATION BASED WORKFORCE DESIGN
The Quadruple Aim

• Improving the health of populations
• Improving the individual experience of care
• Reducing the per capita cost of care
• Improving the experience of providing care
  - Increasing joy and meaning for the workforce

Sikka et al (2015) BMJ Quality and Safety -
http://qualitysafety.bmj.com/content/early/2015/06/02/bmjqs-2015-004160.full
Determinants of population health outcomes

- Social circumstances and environmental exposure (45%)
- Health behaviour patterns (40%)
- Health care (up to 15%)

www.kingsfund.org.uk/time-to-think-differently/trends/broader-determinants-health
<table>
<thead>
<tr>
<th></th>
<th>Generally Well</th>
<th>Long Term Condition(s)</th>
<th>Complexity of LTC(s) and/or Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children and Young People</td>
<td></td>
<td></td>
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<tr>
<td>Working Age Adults</td>
<td></td>
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<tr>
<td>Older People</td>
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From roles...

GPs
Net growth of 5,000 by 2020

Nurses
Extra minimum £15m investment as part of general practice nurse development strategy

Physician associates
1,000 new funded

Clinical pharmacists
1,500 extra co-funded, on top of 470 already existing

Mental health practitioners
3,000 new fully funded practice-based mental health therapists

Physiotherapists

Paramedic practitioners

Welfare rights advisers

Care navigators

Medical assistants
Initially piloting the roles

Source: NHS England presentation
To functions...

The key link is to understand the care functions needed by that population segment e.g.

- Diagnosis
- Assessment
- Treatment
- Medicines management
- Specialist rehabilitation
- Crisis response
- Recovery
- Care coordination
- Navigation
- Functioning well
To teams…
<table>
<thead>
<tr>
<th>Life Course</th>
<th>Subdivisions</th>
<th>Generally Well</th>
<th>Long Term Conditions</th>
<th>Complexity of LTC(s) and/or Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Lower Risk</td>
<td>Higher Risk</td>
<td>Lower Risk</td>
<td>Higher Risk</td>
</tr>
<tr>
<td>Children and Young People</td>
<td>Neonates</td>
<td>Infants</td>
<td>Toddlers</td>
<td>Children</td>
</tr>
<tr>
<td>Working Age Adults</td>
<td>Young</td>
<td>Middle Aged</td>
<td>Older working age</td>
<td></td>
</tr>
<tr>
<td>Older People</td>
<td>65-80</td>
<td>80-90</td>
<td>90+</td>
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FIT WITH WIDER SYSTEM CHANGE
How we fit in

• Part of New Care Models (NCM) Programme and aligned with System Transformation led by NHS England
• Joint working with NCM Workforce Redesign team to identify ingredients of successful team-based working and workforce redesign
• Formal collaboration with national bodies, including HEE, NHSI and PHE on various projects
• Working through NCM to support joint working with the Royal Colleges
Building the model for national support

- Capturing, describing and sharing the ingredients of success
- Maintaining, maximising and connecting existing national networks
- Facilitation to support network functions through collaborative leadership
- Change management based on emerging best practice
- Enabling joint working through shared and common language and acting on national enablers and barriers
- Direct support
- Shared national commitment to prioritising joined up local support

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OUR SUPPORT OFFER
Practical local support
Workforce / Regional Advisers to share knowledge and expertise to……..

Help sites articulate & define the right approach for transforming their workforce

Help make useful connections locally, regionally and nationally

Knowledge Management
Change management based on emerging best practice
Facilitation to support network functions through collaborative leadership
Direct support

Share insights about the ingredients of success to help identify solutions and approaches for effective implementation

Hands-on support to localities to help them deliver sustainable change

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Overview

1. Quick assessment of a locality’s readiness to establish a Primary Care Home.

2. A how-to guide, supported by relevant specialist advice to help sites complete the development of their PCH workforce.

3. Connecting localities to people and resources that can help them further in their journey.
### PCH development grid to assess progress

<table>
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<th>PCH Enablers</th>
<th>Development Criteria</th>
<th>Increasing Maturity</th>
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<tbody>
<tr>
<td><strong>Engagement</strong></td>
<td><em>There is a programme of patient and community engagement and mobilisation</em></td>
<td><em>The development of the PCH is co-produced with all stakeholders</em></td>
</tr>
<tr>
<td><strong>Population Health Needs and Data</strong></td>
<td><em>All partners from constituent practices are engaged and committed</em></td>
<td><em>Population and patient cohort priorities and outcomes understood by all stakeholders (e.g. patients, staff, providers)</em></td>
</tr>
<tr>
<td><strong>Development of PCH Service Models</strong></td>
<td><em>There is engagement and support from NHSE regional teams</em></td>
<td><em>Care and information is integrated across providers, delivering personalised care for the whole population, 30 – 50k</em></td>
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<td><strong>Alignment of strategic and financial drivers</strong></td>
<td><em>Population budgets designed to PCH based on needs of population and agreed service models</em></td>
<td><em>Per patient cohort: Future PCH service models prioritising capacity and community care for ongoing physical, mental and social needs mapped</em></td>
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<td><strong>Evidence and Evaluation</strong></td>
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#### PCH Key Characteristics

1. **Provision of care to a defined, “optimal” registered population size of 30,000 to 50,000**
2. **Focus on personalisation of care for patients in population health planning, provision and outcomes**
3. **Integrated, multi-disciplinary workforce, with a strong focus on partnerships spanning primary, community, secondary, third sector, mental health and social care**
4. **Financial drivers aligned with the health needs of the whole population.**
How-to Guide
Three key elements of workforce redesign

1. Designing a workforce around population health needs
   • Modelling and planning the workforce
   • Personalisation of care

2. Leading change
   • Involve and engage
   • Collaborative leadership

3. Workforce redesign
   • Design of team and roles
   • Education and training
   • Technology
Examples of resources

- Case studies
- Workforce redesign
  - Workforce Demand tool (Primary Care)
  - WRaPT (HEE)
  - SWiPE
  - Signposting to relevant development options
- Expert advisers – Workforce advisers; NAPC Regional PCH Leads
- Networks – communities of practice; clinical advisers; Royal Colleges
- Relevant NCM / NAPC papers and reports, e.g. OD / staff engagement reports and papers
- Contact lists – external suppliers / expertise
- New role descriptors
- Data-sharing agreements / protocols templates
- Staff engagement tools and templates
- Population health management - tools and expertise
- Leadership – job descriptions, competences and networks
- Links to talent management / career development guidance and expert advice
- Signposting to relevant leadership development opportunities
Feedback / Questions
What next?

• Contact us if you are interested in finding out more about the guide or being involved in developing workforce products and services further – email pch@napc.co.uk

• We will be involving sites in the design, development and implementation of support packages and interventions
Want to know more about Primary Care Home?
Visit us at www.napc.co.uk/primary-care-home
@NAPC_NHS primarycarehome