Strategic Workforce Plan for Primary Care Consultation Response

Working in partnership, Health Education and Improvement Wales (HEIW) and the Strategic Programme for Primary Care (SPPC) are consulting on key actions which will form the foundations of the Strategic Workforce Plan for Primary Care and we value your input.

This plan is designed to develop a sustainable workforce to deliver the primary care model for Wales. The plan supports the ambitions of *A Healthier Wales* and underpins the delivery of several national priorities, including the Strategic Programme for Primary Care, Primary Care Model for Wales, Accelerated Cluster Development, and recovery from COVID-19.

The actions contained within this form apply to all contractor professions, however for dentistry there is an opportunity to comment on dental specific actions that will feed into the wider strategic workforce plan. This separate form can be accessed

here: https://forms.office.com/e/sbsi8S0L96

Continue to section 2 to complete the survey or click here for more information on the plan: Strategic Workforce Plan for Primary Care - Strategic Workforce Plan for Primary Care - HEIW (https://heiw.nhs.wales/workforce/strategic-workforce-plan-for-primary-care/)

The survey will take approximately 15 minutes to complete. Please note, if you leave this form, your response will not be saved and you will need to resubmit your response.

Our commitment

As an organisation, Health Education and Improvement Wales are bound by ethical and legislative responsibilities around the handling of information. Our process of all personal data complies with the General Data Protection Regulation and the security of the data is assured through the implementation of HEIW's policies on information governance management.

The personal data we hold may be held as an electronic record on data systems managed by HEIW or as a paper record. These records are only accessed, seen and used as required and/or permitted by law by staff who need access to personal data so they can do their jobs and other partner organisations under data sharing agreements.

It is our duty to remind you of your rights under the Data Protection Act 2018 (DPA 2018). You are not required to complete this survey if you do not wish to.

Some questions have the option to provide free text, please ensure that you do not include any

identifiable information relating to patients or colleagues. For more information on how HEIW uses information, please see Privacy Policy at: https://heiw.nhs.wales/use-of-site/privacy-policy/

Firstly, we would like to ask you for some background information. This will help us to understand the views of specific groups, individuals and organisations and will allow us to better respond to those views

| | January 1 1 January 1 Janu |
|----|--|
| | As an individual |
| | As an organisation |
| | |
| 2. | Please tell us the name of your organisation * |
| | Royal Pharmaceutical Society |
| | |
| 3. | Please tell us where you work? * |
| | Primary Care Independent Contractor (including employees) |
| | Health Board/NHS Trust |
| | Professional Body (please state) |
| | Representative Organisation (please state) |
| | Welsh Government |
| | Local Authority (please state) |
| | Other |

1. Please tell us how you are responding? *

4. Please state which professional body *

Royal Pharmaceutical Society

| 5. In which area of Wales d | o you work? * | | | | | |
|---|-------------------------------------|-----------------|--------------------|-----------|--|--|
| All Wales | All Wales | | | | | |
| Aneurin Bevan University | / Health Board | | | | | |
| Betsi Cadwaladr University Health Board | | | | | | |
| Cardiff and Vale University Health Board | | | | | | |
| Cwm Taf Morgannwg University Health Board | | | | | | |
| Hywel Dda University He | Hywel Dda University Health Board | | | | | |
| Powys Teaching Health Board | | | | | | |
| Swansea Bay University I | Swansea Bay University Health Board | | | | | |
| Oon't Know | | | | | | |
| | | | | | | |
| Key Actions | | | | | | |
| Our proposed actions are groupe each theme in turn. | ed under seven ke | y themes and we | will ask you to co | omment on | | |
| Theme 1: An engaged | , motivated | and health | v primarv | | | |
| care workforce | , | | , 1 7 | | | |
| 6. Do you support the belo | w suggested a | ctions under T | heme 1: * | | | |
| | | | | No | | |
| | Yes | No | Partly | comment | | |
| Develop a bespoke scheme to measure staff | | | | | | |

experience,

| | Yes | No | Partly | comment |
|--|-----|----|--------|---------|
| engagement & wellbeing in primary care (all contractors, all settings) | | | | |
| 2. Support newly qualified staff when they take up roles: (a) Preceptorship that is appropriate to the role including preceptorship for newly qualified General Practice Nurses in line with WG approach | | | | |
| (b) Develop a formal mentorship scheme for newly qualified GPs to help transition into partnership roles. | | | | |
| (c) Mentorship for newly qualified staff in urgent primary care settings to ensure successful integration | | | | |

| | Yes | No | Partly | No comment |
|---|-----|----|--------|---------------|
| (d) Improve the transition from training into the workplace for all dental roles. | | | | |
| (e) Supporting roles within the non clinical workforce to improve recruitment and retention. | | | | |
| 3. Develop a supervision framework for staff that facilitates access to high quality supervision appropriate to people's roles covering both professional and restorative supervision including staff working in urgent primary care settings | | | | |
| 4. Support primary care to access to wider staff benefits that are available to other NHS staff (e.g., blue light scheme) | | | | |

As Pharmacy professionals and support staff play a significant and vital role in primary care, working within GP practices and community pharmacy; we look forward to seeing how the strategic primary care workforce plan and pharmacy workforce plan integrate to ensure delivery of a pharmacy workforce fit to meet the needs of the NHS in Wales.

We are very supportive of theme 1 and are pleased to see alignment of all the themes with the Strategic Pharmacy workforce plan.

Whilst we recognise the importance of the actions for the aforementioned healthcare professionals, we note the absence of a specific reference to pharmacists, pharmacy technicians and wider members of the pharmacy team.

For example, pharmacists and pharmacy technicians play an integral role in GP practices, and we are seeing increasing examples of pharmacists becoming partners in these practices. Hence, support for pharmacists to transition into partnership roles in General Practice should also be included. In addition, newly qualified pharmacy professionals will also need support when taking new roles in line with post-registration career frameworks for post-reg foundation.

With an ever-increasing number of pharmacists embarking on a prescribing course and a shift in policy to deliver care closer to home, pharmacists are ideally placed to manage acute conditions in the community. However, the access to a Designated Prescribing Practitioner to enable supervision and mentoring can be challenging for pharmacists, hence a 'supervision framework' could consider this, encompassing community pharmacists and those that work in GP practice. By helping to upskill pharmacists, pharmacy technicians and wider members of the pharmacy team, they will be able to provide even greater care for patient's management of acute and stable long-term conditions within primary care, helping to prevent those seeking services in secondary care.

Within the actions there could be a greater focus on the wellbeing of the workforce. Our 2022 health and wellbeing survey only further underlined the pressures on the workforce, suggesting 88% of all respondents were at high risk of burnout and 73% considered leaving their role or the profession.

Ensuring all professionals have protected time for service delivery, personal development, development of others, leadership, research and innovation.

Equity of access across all healthcare professions to mental health and wellbeing tools and support is essential.

Theme 2: Attraction & Recruitment

8. Do you support the below suggested actions under Theme 2: *

| | Yes | No | Partly | No comment |
|--|-----|----|--------|---------------|
| 5. Develop primary care specific guidance on flexible working to increase opportunities for different models such as rotational roles (for example, in the | | | | |
| deployment of Advanced Paramedic Practitioners) and career portfolio models (for example, the Integrated GP Fellowship) across the multi- professional workforce to improve choice and flexibility and support career development. | | | | |
| 6. Develop career pathways for roles in primary care: learning from NHS England, develop a national, multi- professional, integrated community and primary care core | | | | |

| | Yes | No | Partly | No comment |
|---|-----|----|--------|---------------|
| capability and career framework to support workforce development in all settings | | | | |
| 7. Increase number of placements in primary care settings for students and trainees and consider support requirements eg. Practice Educator Facilitation roles (links with theme 5: Excellent Education and Learning) | | | | |
| 8. Review and remodel current incentive schemes (e.g., #TWL) to attract and recruit people where recruitment is challenging and consider applicability across all professional groups | | | | |
| 9. Actively promote careers in | | | | |

| | Vec | No | Dowth | No |
|-----------------|-----|----|--------|---------|
| | Yes | No | Partly | comment |
| 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 | | | | |
| | | | | |

We support a cohesive and collaborative All Wales approach to promoting careers in primary care alongside careers in the whole of the NHS, inclusive of pharmacy. This must also ensure we capture our community pharmacy colleagues and work in collaboration with independent contractors.

Promotion of careers and recruitment should be in collaboration with the wider NHS and recruitment into roles in primary care should not be at the detriment of other settings. Incentive schemes and access to staff benefits should encompass those employed by the NHS and those employed by private contractors providing services on behalf of the NHS, for example, community pharmacy teams.

Theme 3: Seamless Workforce Models

10. Do you support the below suggested actions under Theme 3: *

| | | | | No |
|--|-----|----|--------|---------|
| | Yes | No | Partly | comment |
| 10. Working with Llais, develop and launch a | | | | |

| | Yes | No | Partly | No comment |
|--|-----|----|--------|---------------|
| national communicatio n 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 | | | | |
| 11. Develop a toolkit that supports primary care employers in understanding individual professionals scopes of practice, regulatory and supervisory requirements to support multiprofessional team development | | | | |
| 12. Develop a programme to support professionals who are or will be supervising other professionals to develop their skills in multiprofessional | | | | |

| | Yes | No | Partly | No comment |
|--|-----|----|--------|---------------|
| team leadership | | | | |
| 13. Support the development of integrated teams who have shared ownership for improving the health and wellbeing of the local population and ensure that new roles in primary care/UPC are effectively embedded: | | | | |
| (a) Support a better understanding of the skillset of AHPs within primary care/UPC settings and how best the skillset can be utilised and deployed effectively within these area to bring value and impact | | | | |
| (b) Establish the 'use case' for the successful deployment of Physician Associate (PA) role in primary and urgent | | | | |

| | Yes | No | Partly | No comment |
|---|-----|----|--------|---------------|
| primary care settings and associated professional governance infrastructure required | | | | |
| (c) Develop competency profiles, standardised job descriptions and education and training pathways that support the development of health coaches, care navigators and social prescribers | | | | |
| 14. Ensure that supervisory requirements for multiprofessional teams working are reflected into 'demand for labour' calculations for all professionals | | | | |

We are supportive of improving public awareness of the multi-professional workforce and ensuring patients can best access the services they require, in the right setting. Improving public awareness and those of other health professionals of the evolving role of all members of the pharmacy team and the training undertaken will be important. Of particular

note is the evolving role of pharmacists, with many undertaking prescribing courses to support patients in primary care in both GP practice settings and community pharmacy, those in the latter, delivering on the clinical services within the community pharmacy contract, 'presgripsiwn newydd'

Theme 4: Building a Digitally Ready Workforce

12. Do you support the below suggested actions under Theme 4: *

| | Yes | No | Partly | No comment |
|---|-----|----|--------|---------------|
| 15. Develop dedicated analyst roles that can support the creation of an advanced analytics function for primary care to support cluster and Pan Cluster Planning Groups in utilising 'big data' to drive population health management | | | | |
| 16. Roll out the new HEIW digital competency tool in primary care through the use of champions and roadshows | | | | |
| 17. Improve access to immersive technologies | | | | |

| | V | NI a | Davids . | INO |
|---------------|-----|------|----------|---------|
| | Yes | No | Partly | comment |
| for the | | | | |
| workforce | | | | |
| during their | | | | |
| healthcare | | | | |
| education and | | | | |
| development | | | | |
| in Wales | | | | |
| | | | | |

Digital innovation and implementation are key to releasing the clinical potential of our workforce, particularly our pharmacists.

Future advances will need both new workforce skills and hardware. We would encourage workforce planning to account for new skills needed in the future, but the 'use-case' is critical before adding to professional training burdens. HEIW should work closely with DHCW and other organisations leading on programmes to implement digital solutions as those currently in the planning stage will take up to 2030 to be fully implemented in Wales and would need to be considered when horizon scanning. DHCW employ pharmacists and pharmacy technicians who utilise their digital skills. There are some pharmacists across Wales undertaking the Digital Skills Academic Framework run by University of Wales Trinity St.David's a new course developed by the Welsh Institute for Digital Information, a partnership of DHCW, UWTSD and USW to develop to enhance digital workforce development in health and care.

The support of HEIW for such initiatives would be welcome in developing Digital Clinical Leaders. The workforce will need to be digitally supported in the training requirements to ensure we fully realise the potential of the system. The workforce must also be supported on an ongoing basis to ensure digital capability and use of the system is optimised.

Theme 5: Excellent Education & Learning

14. Do you support the below suggested actions under Theme 5: *

| | Yes | No | Partly | No comment |
|----------------------|-----|----|--------|---------------|
| | | | | |
| 18. Improve | | | | |
| Access to | | | | |
| Education and | | | | |
| Training for | | | | |
| the current | | | | |
| workforce: | | | | |
| (a) Through | | | | |

| | Yes | No | Partly | No comment |
|--|-----|----|--------|---------------|
| the multi- professional primary care Academies, facilitate a structured annual approach to ensuring the HEIW CPD strategy is utilised to support the education and learning across all contractors and settings and ensure high quality placements are available | | | | |
| (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 | | | | |
| (c) Provide staff working with health inclusion | | | | |

| | Yes | No | Partly | No comment |
|--|-----|----|--------|---------------|
| groups with appropriate training and education pathways that meet the complex needs of citizens (for example, prisoners, homeless people | | | | |
| (d) Implement training programmes to support a new Optometry contract including MECC, QI and Infection Prevention and Control (IPC) | | | | |
| (e) Develop a training plan and career pathways for all staff working in current long term conditions models | | | | |
| (f) Increase number of independent prescribers in primary care across all settings | | | | |
| (g) Develop a competency | | | | |

| | | | | No | |
|--|-----|----|--------|---------|--|
| | Yes | No | Partly | comment | |
| framework and training/educat ion pathway for practitioners in primary care who are working with people with mental health needs (aligned with Mental Health Strategic Plan) | | | | | |
| (h) Commission specific education and training that supports remote clinical decision making (RCDM) | | | | | |
| (I) Embed the Urgent Care Practitioner framework | | | | | |
| 19. 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 | | | | | |

| | Yes | No | Partly | No comment |
|--|-----|----|--------|---------------|
| pharmacists, nurses, AHPs and other professionals a nd ensure high quality placements are available considering other requirements such as the need for Practice Education Facilitator roles | | | | |
| (b) Increase the number of foundation doctors who have placements in primary care at F1 and F2. | | | | |
| (C) Expand post- registration (including GP specialty) provision in line with education & training pipeline and demand modelling (links with action 26a) | | | | |
| (d) Ensure that the multi- professional workforce has access to programmes | | | | |

| | Yes | No | Partly | No comment |
|--|-----|----|--------|---------------|
| that support their successful integration into primary care (including newly qualified staff and those transitioning from other part of the health and care system). Priorities include expanding GPN Foundation programme, new programme for AHPs and embedding changes in pharmacy initial education & training requirements | | | | |
| (e) Develop Advanced Training Practice model in Optometry to support the delivery of at least 2 practices offering higher qualifications in every cluster area across Wales | | | | |
| (f) Develop an educator development plan to drive | | | | |

Nο

| | Yes | No | Partly | comment |
|--|-----|----|--------|---------|
| quality and consistency in standards, recognise and value the educator workforce, and enable the development | Yes | No | Partly | comment |
| of a multi- professional, | | | | |
| cross sector approach to | | | | |
| ensuring the | | | | |
| deliverability and quality of | | | | |
| the future workforce | | | | |
| supply. | | | | |

15. You can use this box to make additional comments

We are supportive of a multi sector approach and professionals working across settings for the benefits of patients. A standardised approach to educator development across professions must enable cross professional supervision where appropriate to improve multi-professional working and interprofessional understanding.

We welcome the focus on increasing the number of pharmacist foundation (pre-registration) training placements available in primary care, as the foundation programme is multi-sectoral we must not lose sight of the need to ensure sufficient capacity across all sectors to increase the number of trainees being able to access the programme. Working collaboratively with employment organisations, both within the NHS and private companies who provide services contracted by the NHS (e.g. community pharmacies) is essential realise the benefits of this approach and understand any perceived potential pitfalls.

We must ensure we utilise the skills of our pharmacy professionals where they are needed for the benefits of patients. To support the pharmacist prescribing ambitions of 'Pharmacy Delivering a Healthier Wales', a strategy to facilitate increasing the number of DPPs available is needed.

Theme 6: Leadership & Succession

16. Do you support the below suggested actions under Theme 6: *

| | Yes | No | Partly | No comment |
|---|-----|------------|--------|---------------|
| 20. Develop a bespoke leadership programme for Practice Managers and Deputy Practice Managers acro ss primary care settings (GMS and Dental) | | | | |
| 21. Provide equitable access to national leadership programmes for our senior primary care workforce (for example, Advanced Clinical Leadership Programme) to embed a compassionate and collective leadership model and continue to develop self- directed learning and professional development opportunities through the Gwella leadership portal for all contractors | | | | |
| 22. Continue to offer a | | \bigcirc | | |

| | Yes | No | Partly | No comment |
|--|-----|----|--------|---------------|
| bespoke leaderships programme for Cluster leads and Collaborative leads including those aspiring to these roles to support Accelerated Cluster Development and further develop the leadership officer and support for leads using the Gwella leadership portal | | | | |
| 23. Develop an education and training programme for HB employed primary care management staff to equip them with the right skills and competencies and to create a succession pipeline into senior primary care management roles | | | | |
| 24. Create a Clinical Fellowship in health inequalities/po pulation health | | | | |

| to identify actions that should be embedded in pre and post registration programmes | Yes | No | Partly | No comment |
|---|-----|----|--------|---------------|
| 25. Develop and deliver professional leadership solutions that align with the leadership strategy for health and care in Wales | | | | |

We welcome the equitable access to national leadership programmes and look forward to this being extended to pharmacy colleagues, including those practising in community pharmacy.

These actions must align with the actions in the strategic pharmacy workforce plan for our pharmacy colleagues.

Gwella, along with Y Ty Dysgu, could further signpost to the Royal Pharmaceutical Society advanced and consultant e-portfolio system for pharmacists accessing the system, which is the system pharmacists in Wales must use to become consultant credentialled. This is important as the HEIW Strategic Pharmacy Workforce plan includes an action that from 2026 all new pharmacist registrants in Wales will be supported to follow the RPS Foundation, Advanced and Consultant level framework.

The clinical fellowship in health inequalities / population health should be open to pharmacy applicants as well as non-pharmacy specialities.

Theme 7: Workforce Supply & Shape

18. Do you support the below suggested actions under Theme 7: *

| | Yes | No | Partly | No comment |
|---|-----|----|--------|---------------|
| sustainable pipeline of workforce to reflect demand and local need to deliver equitable outcomes for citizens in Wales: (a) Undertake demand modelling to identify size of education & training pipeline increases needed using scenario based planning (aligned with wider demand & capacity work programme) across all settings | | | | |
| (b) Increase the number of people working in enhanced, advanced and extended roles within primary care settings | | | | |
| 27. Implement all Wales retention guidance in primary care settings and | | | | |

| | Yes | No | Partly | No comment |
|--|-----|----|--------|---------------|
| ensure that guidance appropriately reflects the needs of those working within primary care settings | | | | |
| 28. Create a national role for apprenticeship development in primary care to increase the number of apprenticeship s in primary health services and expand the number of people recruited through the apprenticeship route | | | | |
| 29. Support the development of sustainable medical workforce models reviewing levers to encourage increase in salaried and partnership roles decreasing reliance on locum /temporary staffing solutions | | | | |

| | Yes | No | Partly | No comment |
|---|-----|----|--------|---------------|
| 30. Develop a simplified workforce planning methodology for adoption through practice, cluster and PCPG level | | | | |

Demand modelling must consider the direction of travel for moving care from secondary to the primary care setting, ensuring the skills of pharmacy professionals are utilised in providing care for community based patients.

At the RPS we would like to be represented on any ongoing discussions around apprenticeships for pharmacy professionals, noting the current pharmacy technician apprenticeship model in place.

Additional Actions

20. This workforce plan will include the fundamental principles of Wellbeing, Welsh language and Inclusion. Do you support the suggested actions below: *

| | Yes | No | Partly | No comment |
|--|-----|----|--------|---------------|
| 31. In line with the "More than just Words" action plan: | | | | |
| (a) Promote the availability of Welsh language training to all | | | | |

| | Yes | No | Partly | No comment |
|---|-----|----|--------|---------------|
| staff within primary care | | | | |
| (b) Develop sustainable training and recruitment plans to ensure that the delivery of services in Welsh are enhanced across primary care | | | | |
| 32. Ensure that under-represented and socially disadvantaged groups have access to appropriate support and mentoring to support them in accessing and developing careers in primary care. | | | | |

As highlighted earlier, there could be a much greater focus on the wellbeing of the workforce.

Ensuring all professionals have protected time for service delivery, personal development, development of others, leadership, research, and innovation.

Equity of access across all healthcare professions to mental health and wellbeing tools and support is essential.

Further Questions

Terms of use

| 22. | Do you think there are any gaps within the suggested actions? * |
|-----|--|
| | Yes |
| | ○ No |
| | |
| 23. | Please highlight what else should be included, and why this matters to you? |
| | Job planning guidance for employers to allow the right balance of service delivery, development of self and others, leadership, research and innovation should be included. This is in line with the HEIW Strategic Pharmacy workforce plan. |
| | The Royal Pharmaceutical Society workforce wellbeing survey from 2022 showed 42% of the pharmacy workforce felt that they were not given any protected learning time. In addition, several studies have shown that pharmacists lack time and confidence to carry out research. Therefore, job plans should help with these vital aspects of professional practice and will positively impact on the workforce. |
| 24. | We would be grateful if you can share your email address so that we can monitor responses. However if you would prefer not to please leave this section blank. |
| | alwyn.fortune@rpharms.com |
| | |
| no | is content is created by the owner of the form. The data you submit will be sent to the form owner. Microsoft is t responsible for the privacy or security practices of its customers, including those of this form owner. Never give t your password. |
| Th | wered by Microsoft Forms e owner of this form has not provided a privacy statement as to how they will use your response data. Do not ovide personal or sensitive information. |