

International reflections on the Primary Care workforce

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Primary care workforce

- Common challenges/ what makes primary care different?
- Context
- Workforce planning and policy in primary care- a case study
- Evidence base
- Principles for workforce planning- who is/should/can do it?

What makes primary care workforce different?

- Isolated/ small team workforce/independent practitioners
- Career routes/ structures
- Small business ethos/ limited HR management capacity
- Focus on single profession policy/ “planning”
- Geographic maldistribution
- Service provision and labour market linkage and overlap with other providers (NGO’s; social services; charities)
- Growth in non GP staff (unplanned- response to financial incentives/ funding)

“Towards a National Primary Health Care Strategy” (Dept of Health and Ageing, 2008)

- “the current supply of health professionals is insufficient to meet current needs”
- Flexible working/ training
- Definitions of roles, responsibilities and competencies
- Remove barriers to team based care
- New models of service delivery
- Improved criteria to determine areas of workforce shortage

World Health Report 2008

- “the health workforce is critical to PHC reforms”
- “without investing in their mobilization, they can be an enormous source of resistance to change, anchored to past models that are convenient, reassuring, profitable and intellectually comfortable”
(p110)

GPs: The global picture

- The number of doctors in OECD countries has increased by 35% over the past fifteen years to 2.8 million. Growth was driven largely by rising numbers of specialists – up nearly 50% between 1990 and 2005 - compared with the 20% increase in general practitioners (GPs).

Specialists now account for more than half of all physicians in most OECD countries, with the exceptions of Australia and Belgium.....

- Specialists generally earn substantially more than GPs, partially explaining the changing specialist/GP balance and the resulting concerns about GP shortages in several countries.(OECD 2007)

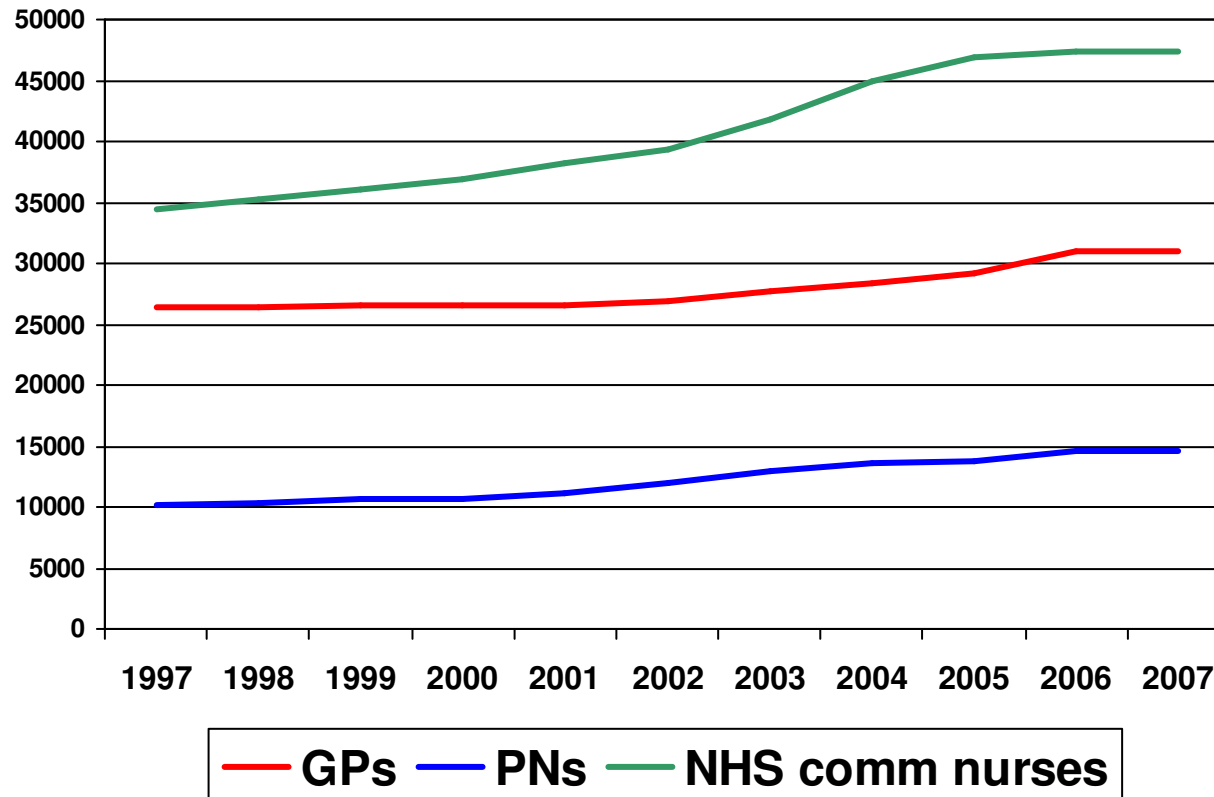
New models of delivery

- Shortages of GPs; access issues; rural/remote issues= -
- attempts to increase GP numbers; more use of non GP staff; attempts to gain economies of scale; use of electronic records
- E.g. The “retail health clinic” [USA] (Wilson 2008)
- Multi-practice [UK]

Case study: England

- GP practice growth and change in NHS England
- National reform led
- Political commitment
- Cost.....

NHS England: growth in GPs; practice nurses; NHS community nurses 1997-2007 (FTE)



NHS England : Staff mix: **Practice staff/ NHS primary care staff, 2007**
(FTE)

GPs	30,936
Practice nurses	14,544
Other direct patient care	5,011
Admin/ clerical	53,679
Qualified nurses, NHS community services	47,448

Case Study: NHS London

- A shift to primary care:
- Services focused on individual
- Localise where possible, centralise where necessary
- Integrated care and partnership working
- Prevention is better than cure
- A focus on health inequalities and diversity

NHS London

- “Workforce for London: A Strategic Framework”
- Develop new roles and skills
- Develop a London wide workforce plan with a new focus on training in community settings
- Targeted investment in training/education in community settings
- Improve productivity and innovation

NHS London: Scenario modelling

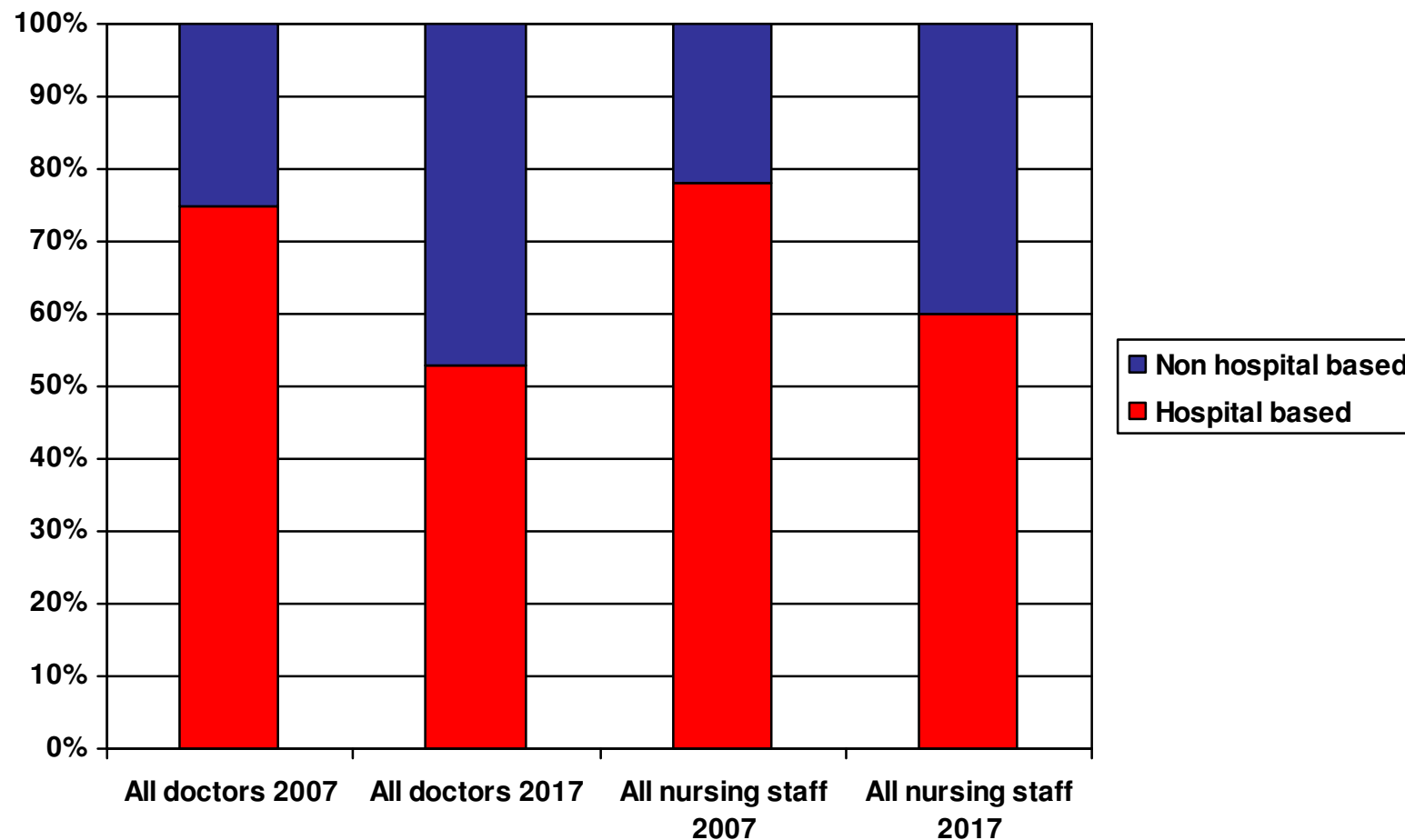
DEMAND	SUPPLY
Activity	Retirement
Productivity	Career progression
Changes in setting of care	Other staff outflows
Changes in role	Inflows from training
	Other inflows

= Actions needed to drive improvement in care and address mismatches in supply and demand

Scenarios:

- Workforce will grow by between 4% and 23% in 2007-2017, depending on level of productivity delivered
- % of GPs and doctors in community settings to grow from 25% to 47% of total NHS London medical workforce
- No. of advanced practitioners (nurses, AHPs etc) to double in next 5- 8 years
- 29% increase in assistant practitioners

NHS London: projections of % of staff in hospital / non hospital 2007-2017



NHS London: Key actions

- Align workforce planning with service planning across London
- Align education investment to explicitly meet service needs
- Develop a new education commissioning process working in partnership with education sector, employers, medical schools
- Develop capabilities/capacity to support more effective workforce planning across London

Evidence base of shifting the balance of care [to the community]

- (Johnson et al 2008)
- “There is much less evidence about the potential for shifting roles than other levels of shifting the balance of care. The high level evidence does, though, demonstrate the potential for a range of roles to be developed and substituted”: [mainly nurses in advanced roles]
- Small body of high level evidence (about 25 studies) about workforce implications of shift towards primary care/community teams

10 principles- who is/could/should...plan?

- 1. The main functions/stakeholders (e.g. finance, service planners, education providers, public/private sector employers) are committed to and involved in the planning process, with clear lines of responsibility and accountability being defined. There is also “buy in” and support from the political process.
- 2. Planning is built from a structured information base using current staffing, staff budgets/costs and relevant activity data.
- 3. Workforce planning approach is underpinned by predictable funding flows and services in short/ mid term
- 4. Workforce planning approach is supported by the required capacity of specialist staff
- 5. Workforce dynamics and “flows” between sectors and organisations within the system are monitored effectively

10 principles- who is/could/should...plan?

- 6. Workforce planning for different professions and occupations is aligned or integrated
- 7. There is a periodic overview analysis to identify need for, and scope for, change
- 8. “What if” analysis are used to model different scenarios of demand for services, and related staffing profile
- 9. Contestability: An agreed national/state/province workforce plan is developed and published on a periodic basis
- 10. A framework to monitor staffing changes in comparison to the plan is used- there is a cycle of review and update

References

- NHS London (2008). Workforce for London - a Strategic Framework
<http://www.london.nhs.uk/publications/corporate-publications/workforce-for-london--a-strategic-framework>
- Johnston L, Lardner C, Jepson R (2008) Overview of Evidence Relating to Shifting the Balance of Care: A Contribution to the Knowledge Base
<http://www.scotland.gov.uk/Resource/Doc/237140/0065049.pdf>
- Wilson J “Primary care delivery changes as nonphysician clinicians gain independence” *Annals of Internal Medicine*, 149 (8), 597-600