



## **Regional Programme for Board Primary Care Workforce Sustainability and Transformation Terms of Reference (Agreed March 2016)**

The Programme Board is the collective body charged with facilitating and supporting regional partners with the intention of developing a workforce which enables the transformation of Primary Care into a sustainable forward looking healthcare provider. Its focus is on the emerging workforce crisis within Primary Care but will look at this within the context of the whole system, recognising that the future aspiration; is where partners work in collaboration to create whole system integrated workforce plans taking into consideration primary, secondary, community, private and voluntary health and care services.

### **1.0 Purpose & Objectives**

There are a number of programmes in place across the region surrounding Primary Care Workforce Sustainability. These programmes are delivering objectives which contribute to the 10 point action plan. Many of our organisations are delivering these on an individual basis. The aim of this Board is to support these programmes through regional collaboration and to ensure all stakeholders are fully engaged through active participation.

The system we work within is complex and we have an opportunity to collaborate to be more effective in achieving our common aims, optimising the resources, intelligence and networks available to individual organisations.

The end state is for the partners across the system to achieve clarity over roles and responsibilities across primary care. This will be done by capturing the comprehensive range of aims and objectives designed to support Primary Care sustainability, with a focus on workforce, into an overarching programme. The objectives which the group have agreed are the priorities over the next twelve month are clearly defined, where these are delivered by which organisation or group of organisations are best placed to do this needs to be discussed.

The primary objectives and deliverables over the next 12 months are:

1. Co-ordinate and prioritise access to a comprehensive baseline of workforce information for Primary Care which is understandable and useable.

#### **Immediate**

- Available to each Community Education Partnership Network (CEPNs) which work on Sustainability and Transformation Plan (STP) footprints and local practice level.

#### **Co-design**

- It will enable analysis of workforce requirements to make recommendations to Health Education England, South West region (HEESW) to inform



commissioning of undergraduate and postgraduate training and to provide an understanding for Primary Care training programmes.

2. Develop a region wide 'portal' of information to capture and support the spread of emerging new models of care delivery within Primary Care.

**Immediate**

- Provide rapid sharing of emerging models and initiatives which are having a positive impact on managing demand and the morale within a practice.

**Co-design**

- Provide a valuable communication tool with practical resources available to support adoption of models / roles or processes.

3. Understand the implications of different workforce models on demand, capacity and patient flow through Primary Care.

**Immediate**

- Identify the options to use existing data within practice to create a methodology to capture the demand, capacity and flow of patients across Primary Care. Support practices to use this to understand pressure points and identify options available to them.

**Co-design**

- Through the CEPNs consider the workforce requirements to meet this demand, capacity and flow of patients taking into consideration the patient pathways.
- Understand the workforce models being utilised in order to assess if demand is being managed through increased capacity or different patient approaches. Identify if different workforce models are more efficient and effective.

4. Understand existing communication and engagement nationally and locally around the topic of Primary Care sustainability and work existing networks to create a common message.

**Immediate**

- Look at existing communication methods to support and facilitate a consistent way to communicate with partners that simplifies messages

**Co-design**

- Develop a region wide communications strategy to which shows the golden thread from National strategy, regional policy and local implementation.
- Develop key messages which this board can use to upwardly influence to local politicians and MP's
- Develop a suite of tools to communicate outwardly within local communities.

5. Engage with evidence based research outcomes to understand practices at risk across the southwest and use this evidence to inform a range of options to support and enable practices, 22 month programme.



6. Understand and recognise the diversification of skills which can be developed and used to support Primary Care to create a multi-disciplinary team to meet the needs of the population and respond to the reduction in numbers of GPs.

**Immediate**

- Understand the education demand tool deadlines by HEESW

**Co-design**

- Through CEPNs prioritise where training can best be placed to provide maximum impact to demand on Primary Care
- Undertake a training needs analysis on each area of the workforce
- Identify various training mediums to support the gaps in skills identified ensure the demand is realistic and will meet the needs of practices

7. Consider career pathway options for development in Primary Care which include; practice placements across the range of staff required, learning during training and inform the options for portfolio careers.

**Immediate**

- Understand how many practices are training practices and agree a target % uplift of these

**Co-design**

- Increase the number of training practices for GP's, Practice Nursing and Pharmacists
- Identify and address the barriers to working across practices such as Indemnity solutions
- Market Primary Care as a good place to work in the south west

8. Take a strategic view of funding available to the southwest to support Primary Care

**Immediate**

- Hold CEPNs workshop to agree best way of using the funding available

**Co-design**

- Identify potential funding streams to support primary care within the South West

9. Facilitate a collaborative model of governance to support these objectives to provide the outlined deliverable below.

The purpose of the Programme Board is to supervise delivery of the above objectives which will be undertaken by a range of partners and stakeholders and their networks and provide strategic leadership and advice to the emerging CEPNs.

## **2.0 Functions and Duties**

The overall responsibilities of the Programme Board will be to guide achievement of the differing elements of Primary Care workforce sustainability and provide strategic leadership to and supervise delivery of the programmes through the CEPNs in a

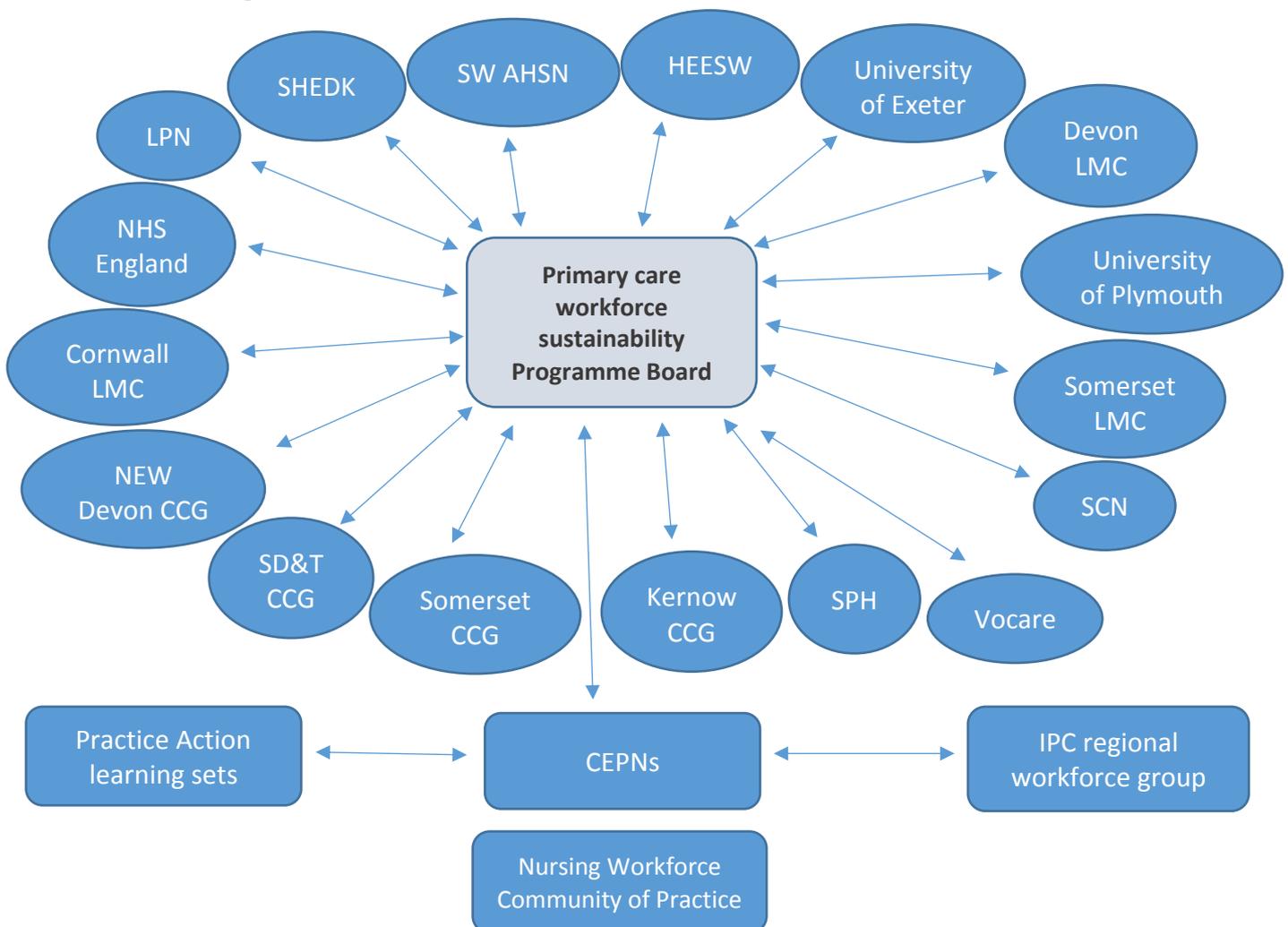


collaborative and co-ordinated way. Ensure that each programme related to Primary Care workforce sustainability is not duplicating.

- Where programmes are complimentary agree if a programme should be run in a collaborative way and in conjunction with the contributing organisation define the scope and the responsibilities of each contributing organisation to maximise the skills and expertise available;
- Identify opportunities to support emerging priorities, including different ways of working and funding
- Collaborate where appropriate on communications and ensure governance arrangements are in place about the programmes;
- Provide system leadership and provide information on other strategies which may impact or require the above deliverables to change contributing to whole system change
- Provide direction and strategic oversight to enable the programme to deliver its defined objectives within the agreed timescale;
- Resolve conflicts, understand barriers and identify solutions;

### 3.0 Reporting Arrangements & Communication

The governance structure is as follows:





### Reporting Arrangements

The Programme Board will receive programme updates quarterly the Community Education Provider Networks. The Programme Board will be open to sharing the programme progress with relevant regional and local bodies.

## 4.0 Membership

The Programme Board criteria for membership is that you are either leading a programme or you are primary service commissioner or provider service representative and shall consist of the following members, to be determined by each organisation: The membership of this meeting shall be reviewed regularly.

Name	Title	Organisation
Dr Rosie Benneyworth	Managing Director	SW AHSN
Pam Smith	Project Lead, General Practice Sustainability & Transformation Programme	NHS England South
Professor John Campbell	Professor of General Practice and Primary Care	University of Exeter
Professor Trish Livsey	Executive Dean	University of Plymouth
Lucy Watson	Director of Quality, Safety and Governance	Somerset CCG
Lorna Collingwood-Burke	Chief Nursing Officer	NEW Devon CCG
Karen Grimshaw	Executive Nurse	South Devon and Torbay CCG
Andrew Abbott	Director of Strategy	Kernow CCG
Dr Andrew Eynon-Lewis	Head of Primary and Community Care Education	HEE SW
Dr Mark Sanford-Wood	GP Medical Secretary	Devon LMC
Dr Peter Merrin	LMC Chair	Cornwall LMC
Roland Gude	Strategic Director	Sentinel
Dr Trevor Avis	Executive Director	Haytor Health
TBC		Exeter Primary Care
TBC		Devon Health
Peter Stokes	Chief Operating Officer	Kernow CIC
Alison Foulkes	Chief Executive Officer	Somerset Primary Healthcare
TBC		Vocare Somerset
Dr Harry Yoxhall	Medical Secretary	Somerset LMC
David Bearman	Chair	Regional LPN
Sunita Berry	Associate Director	Strategic Clinical Network



The involvement of Programme Team managers to inform Programme Board discussions will be determined as required by the Board during the course of programme delivery.

The Programme Lead – Integrated Care (SWAHSN) will manage the Programme Board, coordinating and attending all meetings (virtual and face to face).

## **5.0 Attendance**

Members are expected to attend all meetings. Where a member is unable to attend, they should send a nominated representative to the meetings, who should be fully briefed and able to operate with the authority of the group member.

## **6.0 Frequency of Meetings**

A meeting will take place, as a minimum, once every 3 months.

## **7.0 Authority**

The Board has no regional authority but will represent their organisations and take decisions from this board back to their organisation for agreement.

## **8.0 Conduct of Business**

The Programme Board will observe the requirements of the Freedom of Information Act 2000 which allows a general right of access to recorded information held by NHS organisations and Local Authorities, including minutes of meetings, subject to specified exemptions.

As programme partners, all represented stakeholders will operate an open approach to sharing information to support the programme delivery, in line with information governance rules and policies.

## **9.0 Administration**

Meeting notes will be recorded at Programme Board meetings and shared with Programme Board members within 5 working days. An agenda will be drafted and distributed to group members with supporting papers at least 5 days in advance of each meeting.