

North Central London
Workforce Planning Guidance
For
General Practices
and
Primary Care Networks

Table of Contents

INTRODUCTION	3
WORKFORCE PLANNING IN THE NHS	3
WORKFORCE PLANNING STEPS AND QUESTIONS	4
1. Defining the plan:	4
2. Mapping Service Change/Visioning the Future:	5
3. Defining the required workforce:	5
4. Understanding Workforce Availability:	7
5. Developing an Action Plan:	8
6. Implement, Monitor and Refresh:	8
LIST OF APPENDICES	9
Appendix 1: HEE Business Case Template	9
Appendix 2: Example Activity Analysis	17
Appendix 3: Example RACI Tool	20

Introduction

This guide has been produced by NCL Training Hub, to provide Primary Care Networks (PCN) and General Practices in North Central London information about workforce planning and a basic guidance for what to focus on and what questions to ask as part of the planning.

We recognise that each PCN and General Practice is different, and the steps recommended in this guidance may not be the answer you are looking for when planning your workforce. You can, of course, seek further help and support from your local borough training hub during your workforce planning.

Workforce planning should ideally not be an exercise that is carried out by a person on their own. It should engage and involve the whole of your practice or PCN, and members of different roles within the workforce should contribute to it. The information that is needed to produce a useful workforce plan is held within your workforce.

We have also included, in Appendix 4, a list of links and resources if you are interested to read more detailed information on the workforce planning methodology, and tools that are developed for other areas within the health and care sector.

We hope that you find this guidance useful.

NCL Training Hub
March 2023

Workforce Planning in the NHS

Changes within the NHS in terms of care settings, demographics and delivery methods require significantly different skills, capabilities and approaches to working. This requires careful planning to ensure that a sufficiently skilled workforce is in place to respond to these changes.

Workforce planning aims to ensure organisations strategically plan to have sufficient clinical and non-clinical staff, with the appropriate skills, to meet the current and future needs of their population. Effective workforce planning ensures appropriate levels of staff are available to deliver safe, high-quality care to patients and service users.

Creating an effective workforce requires an evidence-based workforce plan, integrated with finance, activity and performance plans. This must involve both the clinical and non-clinical workforce to acquire a good understanding of the challenges, issues as well as strengths and opportunities. Externally, a good workforce plan would also take into consideration

priorities and thoughts of the patients, partners such as the local authority or voluntary sector, regulatory bodies and commissioners. All of this intelligence should inform the thinking process as part of workforce planning.

A good workforce plan;

- Mitigates staffing crises and shortfalls in service
- Encourages teamwork often crossing multi-disciplinary boundaries
- Makes best use of current staff
- Articulates and plans for education and training needs
- May develop new, more flexible careers
- Improves staff engagement and staff satisfaction
- Contributes to ensuring patient safety by having the right skills in place to deliver effective care
- Provides a robust platform to support any business case
- Demonstrates to commissioners that as a provider we have a competent and skilled workforce to deliver high quality services to the local population
- Enables an effective response to government policy and targets

Health Education England identifies the following as traditional barriers to effective workforce planning:

- Lack of engagement and ownership
- Short term rather than long term focus / or lack of focus
- Top down approach
- Focus on the numbers
- Workforce planning happening in isolation from finance and service planning
- Starting point is often “what do we have now?” – limits innovative thinking
- Complex – large range of issues to consider

It is important to recognise that market forces significantly influence workforce planning; therefore, having an awareness of these can be useful.

Workforce Planning Steps and Questions

NHS uses the Six-Step Methodology for workforce planning. In this guidance, we will provide you with a brief overview of each step, and key questions to ask.

1. **Defining the plan:** This is the critical first step. You must be clear why a workforce plan is required and what it will be used for. You must determine the scope of the plan, whether it will cover a single service area, a particular patient pathway or a whole health economy and given this, be clear who is responsible for ensuring the plan is delivered and who else will need to be involved in the planning process.

Key Questions

- Why do you need the workforce plan and who is it intended for?
 - What is the problem you are trying to solve?
 - Who needs to be involved in developing the plan?
 - What are the aims and objectives for the plan?
 - What is the scope of the plan, i.e. what it covers?
 - What is the timescale for the plan?
 - Are there any other decisions that will affect or be affected by the plan?
2. **Mapping Service Change/Visioning the Future:** This is the first of three inter-related steps. This is the process of service redesign in response to patient choice, changes in modes of delivery, advances in care or financial constraints. You must be very clear about current costs and outcomes and identify the intended benefits from service change. You may want to create your own document to record all this information, but you can also use the business case template (or elements of it) that is created by Health Education England ([Appendix 1](#)).

You should identify those forces that support the change or may hamper it. There must be a clear statement about whether the preferred model better delivers the desired benefits or is more likely to be achievable, given anticipated constraints.

Key Questions

- Is there a clear vision for the future delivery of the plan or service?
 - What are the benefits of the plan or service change?
 - What options are there for the delivery of this plan or service?
 - Are there any changes or events that may impact on the delivery of the plan or service?
 - Do you have any control over these changes?
 - Have you considered the impact a successful or unsuccessful outcome of the plan may have?
3. **Defining the required workforce:** This step involves mapping the new service activities and identifying the skills needed to undertake them and the types and numbers of staff required. This will involve consideration of which types of staff should best carry out particular activities in order to reduce costs and improve the patient experience even where this leads to new roles and new ways of working.

For this section, it would be advisable to carry out an activity analysis, which breaks down specific activities that happen for each step in the service delivery process, e.g. patient pathway. The graph below shows a template activity analysis.

Mission statement: this should identify what you feel your practices mission is for a particular patient pathway.

System purpose: this list key goals and objectives for this pathway.

Process or pathway: what does your practice need to do to deliver it's purpose.

Activities: what are the specific activities that happen for each step in the process.

Time taken to complete activities: how long does it take to complete each activity listed. (e.g. 15 mins to complete an assessment, 5 mins to take a blood sample etc.)

Demand for each activity: The demand for each activity is then recorded as an absolute (e.g. 5000 births) or as a percentage (e.g. 85% of all patients have blood sample taken) for each activity.

Competences: what are the competences to deliver each of the activities

Roles: which roles can undertake these competences. This may include current roles but also identifying new roles or new ways of working.

Mission Statement					
System Purpose					
Process (or Pathway) – How do we do this?					
Activities					
Time taken to complete Activities					
Demand for each Activity (absolute or %)					
Competences					
Roles					
Location					

Please see [appendix 2](#) for an example of the activity analysis.

Key Questions

- What are the key tasks within this service?
- What skills are required for each task?
- Who are these tasks delivered by?
- Can these be delivered by a different role, which is easier to recruit into or less costly?

- What skills and competences will you need in your workforce to deliver these tasks?

4. **Understanding Workforce Availability:** This step involves describing the existing workforce in the areas under consideration, its existing skills and deployment, plus assessing any problem areas arising from its age profile or turnover. It may be the case that the ready availability of staff with particular skills, or, alternatively, the shortage of such staff itself contributes to service redesign and steps 2 and 3 will need to be revisited. Consideration should be given to the practicalities and cost of any retraining, redeployment and / or recruitment activities that could increase or change workforce supply.

Practices may find the RACI (Responsible, Accountable, Consulted, Informed) tool useful when defining roles, responsibilities and the time taken to undertake each activity.

Responsible: The person who does the work to achieve the task. They have responsibility for getting the work done or decision made. As a rule this is one person.

Accountable: The person who is accountable for the completion of the task. This must be one person.

Consulted: The people who provide information that helps the delivery of the activity, and with whom there is two-way communication. This is usually several people.

Informed: The people who are kept informed of progress and with whom there is a one-way communication. These are people that are affected by the outcome of the activity, so need to be kept up-to-date.

Roles \ Process Stage	Process 1		Process 2		Process 3		Total Hours
	RACI	Hours	RACI	Hours	RACI	Hours	
Service Area							
Role 1							
Role 2							
Role 3							
Service Area							
Role 4							
Role 5							
Role 6							
TOTAL							

Please see [appendix 3](#) for an example RACI tool.

Key Questions

- What staff do you have available now?

- What is the rate of staff starting and leaving your service?
 - What are your options to develop/build your workforce?
 - What are the options for new ways of working?
5. **Developing an Action Plan:** This step involves reflecting on the previous three steps and determining the most effective way of ensuring the availability of staff to deliver redesigned services, even if this means some further service redesign. A plan for delivering the right staff, with the right skills in the right place needs to be developed with milestones and timescales. You should also include in your plan an assessment of anticipated problems and how you will build a momentum for change, including clinical engagement.

Key Questions

- How well do the current skills, roles and numbers match the expected service need?
 - What key changes are needed to the current workforce?
 - Have you drawn up an action plan of your best options (this includes education and other strategies)?
 - How are you going to manage the change e.g. timescales, responsibilities, champions?
6. **Implement, Monitor and Refresh:** After the plan begins to be delivered, it will need periodic review and adjustment. The plan will have been clear about how success will be measured, but unintended consequences of the changes also need to be identified so that corrective action can be taken.

Key Questions

- What needs to happen to ensure the plan is implemented?
- How will you measure your progress against the plan's goals e.g. those agreed in step 1 and 2?
- What contingency plans or actions may be needed if the plan does not stay on course or goals are not being met?
- Who, how and when will the plan be reviewed?

List of Appendices

1. [HEE Business Case Template](#)
2. [Example Activity Analysis](#)
3. [Example RACI Tool](#)

Appendix 1: HEE Business Case Template

BUSINESS CASE SUBMISSION TEMPLATE

Title	
Version No.	

Type of business case

Revenue business case		
Capital business case		
Combined business case		

Version control

Version	Date	Changes from previous version
1.0	28/4/	Draft
1.1	25/06/	Amendments after first review

Business case sponsor

Name of persons responsible/lead	
Designation	
Department	
Contact details	

Notes:

- (i) Ensure all relevant support is involved as early as possible when developing business cases to ensure adequate lead-in essential technical advice. This includes financial and information advice but also appropriate procurement advice, i.e. for significant equipment purchase or tendering for sub –contractors.
- (ii) Ensure that a revenue stream is identified for proposals that will incur capital charges

Authorisation and support for proposal

Executive Director	X	
Associate Director / Corporate head of service	X	
Business Unit/Directorate Financial Manager	Case reviewed and supported: Yes /NA	
	Case reviewed and not supported: No /NA If 'no' please give reason:	
Cross Business Unit sign-off	Dialogue taken place and priority agreed Implications identified /can be met: Yes/No	

Business case development team

Please identify other individuals not already listed who have been involved in preparing this case. Include external stakeholders where appropriate.

Name	Department	Contact details: Tel/email
X		
X		
X	Projects	
X	Finance	

1.Executive Summary

2.The Strategic Case (non-financial)

3. Financial Case

	2021/22 £000's	2022/23 £000's	2023/24 £000's	2024/25 £000's	2025/26 £000's	Total £000's
Current Budget Projection	X	X	X	X	X	X

Options Appraisal

Do nothing is not an option

Option One:

1. Benefits

2. Risks

3. Mitigation

4. Financial Implications

	2021/22 £000's	2022/23 £000's	2023/24 £000's	2024/25 £000's	2025/26 £000's	Total 5 yrs £000's
Current Budget	X	X	X	X	X	X

Projected Spend	X	X	X	X	X	X
Saving	X	X	X	X	X	X

Option Two:

1. Benefits

2. Risks

3. Mitigation

4. Financial Implications

	2021/22 £000's	2022/23 £000's	2023/24 £000's	2024/25 £000's	2025/26 £000's	Total 5 yrs £000's
Current expenditure	X	X	X	X	X	X
Projected expenditure	X	X	X	X	X	X
Saving	X	X	X	X	X	X

Option Three:

1. Benefits

2. Risk

3. Mitigation

4. Financial Implications

	2021/22 £000's	2022/23 £000's	2023/24 £000's	2024/25 £000's	2025/26 £000's	Total 5 yrs £000's
Current expenditure	X	X	X	X	X	X
Projected expenditure	X	X	X	X	X	X
Saving	X	X	X	X	X	X

Options Summary

Option 1 would

Option 2 would

Option 3 would

Recommendation:

4. Benefits Realisation

The following baseline metrics will be captured before the Go Live date and then will be re-measured and analysed accordingly in the X month and X month Post Implementation Review to measure the actual benefits found against the business case expectations.

Objective	Metrics Measured	Baseline	Review Date

5. Risk Management

Risk i.e. risks identified when proceeding with the project	L'hood	Impact	Score likelihood x impact	Mitigation (Mandatory to document mitigation for any scores over 9)	Lead

6. Implementation Plan/Project proposal

FORMAL APPROVALS

On behalf of:	Name & position	Signature	Date

Appendix 2: Example Activity Analysis

Example Activity Planner: Delivering a Mega-Scale LTC Clinic

Mission Statement							
Enable an efficient and effective delivery model, improving patient outcomes; achieving target related work e.g. QOF & enhanced services							
System Purpose:							
Pre-planning: identifying patient cohort, staff and venue		Delivery: holistic reviews undertaken including social prescriber, diagnostics, patient monitoring			Post-delivery: reviewing results, may involve MDT, feedback of management plan to patient		
Patient identification and invitation	Resource planning	Psycho-social information gathering	Basic data gathering incl. BP, BMI, bloods etc.	Relevant monitoring -history and examination	Review results	+ - discussion e.g. MDT	Communication of management plan to patients and any referrals needed made – ensure medical records updated with any templates completed or necessary codes entered
Activities							
<ul style="list-style-type: none"> • Agreeing the scope of the mega clinic • Define patient cohort e.g. high risk LTC patients • Run EMIS search • Send invitation to clinic (query 	<ul style="list-style-type: none"> • Sorting the staff to deliver the clinic • Identifying a suitable venue • Ensuring IT access for the clinic • Sorting any additional equipment 	<ul style="list-style-type: none"> • Support patients to complete a psycho-social questionnaire • Identify those with unmet needs 	<ul style="list-style-type: none"> • Taking blood pressure • Weighing the patient • Taking bloods • +- undertaking additional exams e.g. foot check 	<ul style="list-style-type: none"> • Consultation with the patient to review the LTC • Examination 	<ul style="list-style-type: none"> • Review results 	<ul style="list-style-type: none"> • Discuss complex clinical cases • Agree management plan 	<ul style="list-style-type: none"> • Updating medical records • Informing patients by phone, letter or text • Generate any referrals required

booking system or walk in)	required for the clinic						
Time taken to complete activities (Numbers entered to demonstrate the case but are not accurate and vary from setting to setting)							
<u>1 hour fixed</u> meeting to agree scope of clinic <u>1 hour fixed</u> define cohort and EMIS search <u>5 mins per patient</u> sending mixture of letters and SMS invitations	<u>2 hours fixed</u>	<u>10 mins</u>	<u>20 mins</u>	<u>20 mins</u>	<u>10 mins</u>	<u>5 mins</u>	<u>10 mins</u>
Demand for each activity (absolute or %)							
60 patients	60 patients	60 patients	60 patients	60 patients	60 patients	60 patients	60 patients
Competencies							
<ul style="list-style-type: none"> • Clinical knowledge • EMIS knowledge • Access to SMS system • Using template letters • Postage 	<ul style="list-style-type: none"> • Knowledge of staff availability • Knowledge of venues • Able to communicate the plan to everyone involved 	<ul style="list-style-type: none"> • Knowledge of local services to signpost patients to 	<ul style="list-style-type: none"> • BP taking • Phlebotomy • Skilled in any additional examinations required 	<ul style="list-style-type: none"> • Clinical competencies relevant to the LTC 	<ul style="list-style-type: none"> • Clinical knowledge relevant to the LTC 	<ul style="list-style-type: none"> • Clinical knowledge relevant to the LTC 	<ul style="list-style-type: none"> • Clinical knowledge relevant to the LTC • Coding • EMIS
Roles							
<ul style="list-style-type: none"> • Clinician(s) • Data admin • Medical secretary 	<ul style="list-style-type: none"> • Practice/PCN manager 	<ul style="list-style-type: none"> • Care coordinator • Social prescriber 	<ul style="list-style-type: none"> • HCA 	<ul style="list-style-type: none"> • Clinician (Nurse, PA, pharmacist, AHP, GP) 	<ul style="list-style-type: none"> • Clinician (Nurse, PA, pharmacist, AHP, GP) 	<ul style="list-style-type: none"> • Clinician (Nurse, PA, pharmacist, AHP, GP) • Experts (e.g. local consultant) 	<ul style="list-style-type: none"> • Clinician (Nurse, PA, pharmacist, AHP, GP)

Mission statement: this should identify what you feel your practice's mission is for a particular patient pathway.

System purpose: this lists key goals and objectives for this pathway.

Process or pathway: what does your practice need to do to deliver its purpose.

Activities: what are the specific activities that happen for each step in the process.

Time taken to complete activities: how long does it take to complete each activity listed. (e.g. 15 mins to complete an assessment, 5 mins to take a blood sample etc.)

Demand for each activity: The demand for each activity is then recorded as an absolute (e.g. 5000 births) or as a percentage (e.g. 85% of all patients have blood sample taken) for each activity.

Competences: what are the competences to deliver each of the activities

Roles: which roles can undertake these competences. This may include current roles but also identifying new roles or new ways of working.

Appendix 3: Example RACI Tool

Process Stage	Child placed at risk		Child brought into care		Recruit adopter		Train and assess adopter		Matching adopter to child		Post placement support		Total hours
	RACI	Hours reqd.	RACI	Hours reqd.	RACI	Hours reqd.	RACI	Hours reqd.	RACI	Hours reqd.	RACI	Hours reqd.	Total hours reqd.?
Local Authority 1 -3													
Admin	R	3	R	3	RA	14	RA	7	R	5	R	7	39
Service Manager	A	7	A	5					R	10	R	14	36
Social Worker protection	I	14	R	20					A	5			39
VAA													
Admin					R	5	R	5	R	5	R	3	18
Marketing					R	10	I	0					10
Social Worker adoption					A	6	A	10	A	10	I	2	28
Therapist											RA	6	6
-													-
-													-
Total		24		28		35		22		35		32	176

Appendix 4: List of Links and Other Resources

1. [Six Steps Methodology for Integrated Workforce Planning](#)
2. <https://recipeforworkforceplanning.hee.nhs.uk/cookbooks>
3. [HEE Star](#)
4. <https://mhcswtoolkit.hee.nhs.uk/topics/workforce-planning/understanding-workforce-planning.html>
5. NHS England and Improvement has an **online community** for those responsible for this workforce to discuss and share information. Request access, or contact NHSI.workforce@nhs.net for more information.
6. <https://www.skillsforhealth.org.uk/integrated-solutions/workforce-development/primary-care-workforce-strategy/>